

Trust Board Meeting 30 September 2020
Agenda - Public Meeting

For a meeting to be held at 9.30am Wednesday 30 September 2020, by Microsoft Teams

		Lead	Action	Report Format
Standing Items				
1.	Apologies for Absence	SM	To note	verbal
2.	Declarations of Interest	SM	To receive & note	√
3.	Minutes of the Meeting held on 29 July 2020	SM	To receive & approve	√
4.	Action Log and Matters Arising	SM	To receive & discuss	√
5.	Patient Story - Neil's Journey to Healthy Living on Swale Ward	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.	Quality Committee Assurance Report & 16 June 2020 Minutes	MC	To receive & note	√
12.	Mental Health Legislation Committee Assurance Report	MS	To receive & note	√
13.	Finance & Investment Committee Assurance Report	FP	To receive & note	√
14.	Audit Committee Assurance Report	PB	To receive & note	√
15.	Workforce & Organisational Development Assurance Report & 15 July 2020 Minutes	DR	To receive & note	√
16.	Charitable Funds Committee Assurance Report & 21 July 2020 Minutes	MC	To receive & note	√
Quality and Clinical Governance				
17.	Covid 19 Update Report	LP	To receive & note	√
18.	Guardian of Safeworking Annual Report – Jennifer Kuehnle Guardian attending	JB	To receive & note	√
19.	Infection Prevention Control Annual Report	HG	To receive & ratify	√
20.	Humber Safeguarding Annual Report 2019/2020	HG	To receive & ratify	√
21.	Waiting Times Update	LP	To receive & note	√
22.	Yorkshire and Humber Care Record	JB	To receive & note	√



	Corporate			
23.	Board Assurance Framework Report	MM	To receive & note	√
24.	Risk Register Report	HG	To receive & note	√
25.	Winter Plan 2020/21	LP	To receive & note	√
26.	Managing Ligature and other Environmental Risks: Updated Guidance from the Care Quality Commission (CQC)	LP	To receive & note	√
27.	Board Quality Improvement Project Report	SM	To receive & note	√
28.	Items for Escalation	All	To note	verbal
29.	Any Other Business			
30.	Exclusion of Members of the Public from the Part II Meeting			
31.	Date, Time and Venue of Next Meeting Wednesday 28 October 2020, 9.30am venue to be confirmed			



Agenda Item 2

Title & Date of Meeting:	Trust Board Public Meeting – 30 September 2020		
Title of Report:	Declarations of Interest		
Author/s:	Name: Sharon Mays Title: Chair		
Recommendation:	To approve		To receive & note <input checked="" type="checkbox"/>
	For information		To ratify
Purpose of Paper:	<p>The report provides the Board with a list of current Executive Directors and Non Executive Directors interests.</p> <p>The interests for Dean Royles were updated and Director Inspiring Leaders Network removed.</p> <p>The interests for Pete Beckwith have been updated to reflect a family member is a student at Hull York Medical School</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) Monthly Board report <input checked="" type="checkbox"/>
Key Issues within the report:	Contained in the report		

Monitoring and assurance framework summary:

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



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

Directors' Declaration of Interests

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

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

Trust Board Meeting
Minutes of the virtual Public Trust Board Meeting held on Wednesday 29 July 2020
by Microsoft Teams

- Present:** Mrs Sharon Mays, Chair
Mrs Michele Moran, Chief Executive
Mr Peter Baren, Non Executive Director
Prof Mike Cooke, Non Executive Director
Mr Francis Patton, Non Executive Director
Mr Dean Royles, Non Executive Director
Mr Mike Smith, Non Executive Director
Mr Peter Beckwith, Director of Finance
Dr John Byrne, Medical Director
Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals
Mrs Lynn Parkinson, Chief Operating Officer
- In Attendance:** Mrs Michelle Hughes, Interim Head of Corporate Affairs
Mrs Helen Lambert, Deputy Director of Workforce and Organisational Development
Mrs Jenny Jones, Trust Secretary
Mr Adam Dennis, Communications Officer
Mr David Reade, Service User and Carer Lead (for item 126/20)
Alison, Service User/ Volunteer / Peer Mentor (for item 126/20)
Cathryn Hart, Assistant Director Research & Development (for item 137/20)
- Apologies:** Mr Steve McGowan, Director of Workforce and Organisational Development

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.

- 123/20 **Declarations of Interest**
The declarations were noted. Any further changes to declarations should be notified to the Trust Secretary. The Chair requested that if any items on the agenda presented anyone with a potential conflict of interest, they declare their interest and remove themselves from the meeting for that item.
- 124/20 **Minutes of the Meeting held 24 June 2020**
The minutes of the meeting held on 24 June 2020 were agreed as a correct record.
- 125/20 **Matters Arising and Actions Log**
The actions list was discussed. It was noted that for action 28/20 an update on the Population Health Management and links into LHCRE will be provided at the September meeting.
- 126/20 **Patient Story - Alcohol can affect anyone, look around, is it you?**
Dr Byrne introduced the patient story which was about alcohol. Alison joined the meeting along with David Reade to share her story.

Alison told Board members about her experiences and how she became dependent on



alcohol and how this had affected her in her personal and working life. When Alison realised that she needed help it was provided in different ways including detox treatment. Alison also attended Self Management and Recovery Training (SMART) which is a tool developed in America whereby a group of people can come together to interact and talk about their addiction. Alison found this to be a way for her to share her issues and in time she trained to become a peer support mentor enabling her to facilitate SMART groups and help others.

David explained that East Riding Partnership has an open access approach where service users can drop in. There is an easy accessible engagement process for people to receive intensive engagement and ex service users have been recruited as volunteers to help promote recovery. Alison mentioned about her experiences of hospital admissions and David reported that there is a liaison service in Hull Royal Infirmary where people can be seen by a nurse.

Mr Patton asked if there had been any increase in service use during the pandemic. The service volunteers had to be stood down at the start of the pandemic however on line support for patients is in place. The service has not been overwhelmed by people needing a service, and is more dynamic and different ways of working to engage with people have been developed. Additional support has also been provided by East Riding Partnership with the Trust, Alcohol and Drugs service and NACRO where on line chat facilities are available.

Virtual technology has been used to deliver SMART meetings while face to face meetings are not possible. Five virtual on line meetings are running as well as one to one meetings. With the guidelines changing it is hoped that a walk in outdoor meeting may be possible for those people who are vulnerable.

Mr Royles thanked Alison for sharing her story. Given there may have been an increase in alcohol use during the pandemic, he asked if there was anything more the Trust can do as a good employer to support staff with this. Alison explained that her story highlighted that anyone can be affected and it is about to get away from the stigmatisation associated with alcohol misuse and providing information and reassurance. Mrs Parkinson commented that the Trust is using experts by experience in peer support worker roles and the work of the East Riding Partnership is a highly valued service. Twelve peer support workers have been recruited for mental health services and Mrs Parkinson suggested that she have a discussion outside of the meeting with Alison to discuss the approach further.

The Chief Executive explained that in relation to alcohol usage this is being linked into staff health and wellbeing work and raising awareness. She endorsed the work of the East Riding Partnership and thanked all involved for their work.

On behalf of the Board, the Chair thanked Alison and David for joining the meeting to share the story.

127/20

Chair's Report

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

Non Executive Director Reappointment – The Chair congratulated Mr Patton on being reappointed by the Council of Governors for a further three year term ending on 31 December 2023.

Virtual Staff Awards – the quarterly meeting was held virtually to celebrate long service, retirees and employee of the month.

Virtual Events – services were held by the Trust Chaplain, Eve Rose for the NHS 72nd Birthday and Pride. Congratulations to the team on finding innovative ways to engage people in these events

Integrated Care Service (ICS) – it has been a busy month with planning and other meetings

Regional and National Meetings – attendance virtually of the Yorkshire and Humber Chairs meeting, Regulating the Care Quality Commission (CQC), Race Inequality session and two national Chair and Chief Executive meetings.

Governors – the first virtual Council of Governors meeting was held recently with positive feedback received. The October meeting will also be held virtually. Governor group meetings continue to meet virtually and the Chair thanked the Non Executive Directors and the Head of Corporate Affairs for their involvement in the meetings.

Resolved: The verbal updates were noted.

128/20

Chief Executive's Report

The report provided updates from each of the Directors along with a summary of activities undertaken by the Chief Executive who drew the Board's attention to the following areas:-

Discussion Forum - The Chief Executive along with Dr Fofie and the Chief Operating Officer took part in a discussion forum lead by Emma Hardy MP to discuss Mental Health and Covid. Regular meetings continue with local MPs with no issues raised.

Commendation - Dr Ami Gledhill (higher trainee) has received a commendation regarding her training this year which is a great achievement.

Meetings - I continue to use IT platforms to meet and speak to staff from all areas across the organisation. Morale remains high however staff are tired and the importance of annual leave and health and wellbeing is being promoted.

NHS 72nd Birthday – a virtual service was held to reflect and share thanks in the multi-faith service and was attended by the Bishop of Hull, the Lord Mayor of Hull and members of the public. Inspire Unit was also lit up blue for the weekend as part of the national #lightupblue campaign to shine a light on young people's mental health

Winter Planning - The Trust is actively planning for winter and the flu vaccinations with more peer vaccinators being requested and trained. The winter plan will come to the September Board for information.

Pride Events – these celebration events are taking place virtually and started with a service from our Trust Chaplain attended by the Lord Mayor of Hull.

Integrated Care System (ICS) - The Integrated Care System is developing with a real focus on integration. Andrew Burnell, Chief Executive of City Health Care Partnership will be leading on population health and Amanda Bloor, Chief Executive, North Yorkshire Clinical Commissioning Group (CCG) is leading on primary care and the flu programme.

Humber Alliance - Phase 3 planning is in progress with guidance due imminently. A summary will be provided to the September meeting.

Communication Update – a new website has been introduced which Adam Dennis, Communications Officer has been working on. The improved site is interactive and easy to navigate.

The team has also produced poster guidance around meetings and IT platforms which will be circulated to the Board outside the meeting

Professor Cooke was pleased to see the reinforcement of health and wellbeing links for staff. The Chief Executive explained that this is an important area of focus. Non essential meetings in August will be stood down and re-institution of meeting free Friday afternoons

will be progressed to allow clinical staff to prepare for the weekend and for corporate staff to plan for the week ahead. The Chief Executive suggested that the Workforce and Organisational Development Committee review the support offered to staff as the current position is likely to continue for some time.

In terms of the Mental Health campus provision, Professor Cooke asked for more detail on the involvement of patient and public in meetings. He was informed that an update will be provided at the September Board Time Out. Mrs Parkinson explained that service user and public engagement is key to progressing the work and there has been involvement in developing the clinical model. Service users were involved in the option appraisal workshops and a stakeholder reference group is being established which will include participants across the community so the arrangements that are already in place can be strengthened. Work is taking place with the Head of Patient and Carer Experience and Engagement to ensure there is service user engagement as the outline business case is completed.

Professor Cooke noted the new TRAC recruitment system and asked what the intended benefits are. Mrs Lambert, Deputy Director of Workforce and Organisational Development explained that the main benefit is in streamlining management tools and supporting candidates to access vacancies across the organisation. It will also benefit individuals as they will be able to add vacancies directly to the system. There will also be the facility to run management reports to monitor key performance indicators.

Mr Patton referred to the Continued Professional Development (CPD) funding stating it would be helpful to see how this is being spent and any benefits that are being realised going forward. Mrs Gledhill explained that this funding is good for the Trust and it has to be spent in this financial year. An action plan is being produced to show how the money will be used which will go to the Workforce and Organisational Development Committee.

The intention to remove paper pay slips was noted, however Mr Patton advised caution around certain groups of staff who may not have access to view their pay slips on line. It was noted that additional arrangements will be in place for any groups of staff identified.

Dr Byrne expressed his thanks to the Head of Patient and Carer Experience and Engagement for her work in arranging virtual Trust events for the Veterans Awareness week, Pride and the Sunday Services. He also wanted to thank Mr Dennis and the Communications team for their efforts during Covid 19 and for the briefings and for the design of the posters that have been circulated around the Trust.

Mrs Hughes reported that the Covid 19 information on the intranet has received over 21,000 views by staff which demonstrated it was proving an invaluable resource in addition to daily staff communications. The Humbelievable campaign which is part of the recruitment task and finish group includes the development of a new website that has been designed with involvement of over 20 staff groups and will provide a specific recruitment focus for the Trust. Poppulo is an internal communications system that is used by some NHS trusts and allows the targeting of communications to specific staff groups. This system will allow e mails to be sent to specific staff groups and is planned to launch in September.

Resolved: The report and verbal updates were noted.

The winter plan will come to the September Board for information **Action MM**

Phase 3 planning summary to be provided to the September meeting **Action MM**

Meeting posters to be circulated to the Board outside the meeting **Action MH**

The Workforce and Organisational Development Committee to review the support offered to staff **Action SMcG**

129/20

Publications and Highlights Report

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

Resolved: The report was noted.

130/20

Performance Report

Mr Beckwith, Director of Finance, presented the report which informed the Board on the current levels of performance as at the end of June 2020. An update was included for the indicators that had fallen outside of the normal variation range which were:-

- Friends and Family Test - Involvement
- Waiting Times
- Improving Access to Psychological Therapy (IAPT) 18 Weeks
- Sickness
- Cash in Bank

Mr Baren referred to the safer staffing dashboard in relation to Inspire Unit noting that there were no ratings included this month. Mrs Gledhill explained that the clinical supervision aspect was due to an oversight and the information had not been requested, However the clinical lead has confirmed full compliance with clinical supervision and it will be included in future reports. There were no ratings for other areas as the unit beds (Orion and Nova) are not fully open. It was felt unfair to include the ratings in the report which would be red because all the beds are not yet open The care hours per patient per day were noted as good and there is regular monitoring as it is a new unit and team.

Mr Smith commended the team for the CQUIN 72 hours follow up result which was impressive. He asked if the organisation is a positive outlier in this area. The Chief Executive said this is a key target linked to evidence and can make a difference to self harm and suicide incidents. She suspected that the Trust was probably a positive outlier for this.

The amount of cash in the bank was noted. Mr Beckwith explained that the increased amount is due to the national response where additional money had been given to organisations to ensure they could continue to operate during Covid 19. It is expected that this additional funding will be recovered at some point during this financial year. Mr Smith suggested that as this is a public document, the report could make it clearer that the increase is due to specific circumstances around Covid 19.

Mr Patton noted the slight increase in Datix incidents and asked if these were linked to Covid 19. Mrs Gledhill reported that the increase was in relation to self harm incidents on a particular unit which were of low or no harm.

The overall sickness absence figure of 4% noted by Mr Patton. He asked why there were differing levels in other areas of the report. Mrs Lambert explained that the 4% was across all of the organisation whereas the other figures are reported by each in patient unit.

Referral to Treatment (RTT) figures continued to drop and waiting times continue to rise. Mr Patton asked if there was any update on these areas. Mrs Parkinson explained that as previously reported due to the pandemic, some areas including paediatric autism and adult autism and physical health services (physio) in Scarborough and Ryedale have been paused due to the contact levels required. Speech and Language Therapy services cannot easily be provided using digital platforms. Face to face meetings are starting to resume and improvement plans are in place across all services. The Business Intelligence team are working to ensure that improvement trajectories can be demonstrated and that operationally clinical pathways lead to improved waiting times. This work will be completed in September and a report will be shared at the next meeting.

Waiting times are monitored by the Executive Management Team and also the Operational Delivery Group. Previously the Quality Committee has reviewed this detail and the Chief Executive suggested that this exercise could be repeated to gain assurance. This suggestion was supported.

Mr Royles acknowledged the work that has taken place during challenging times to allow the delivery of services. He recognised the positive trend in staff absence and turnover and felt that some staff who perhaps are working from home may not report periods of sickness as they do not have to go into work. Turnover is linked to job availability and suggested that the Workforce and Organisational Development Committee look into these areas at a future meeting to give a better picture. It was reported there are some sickness hot spots and the Chief Executive suggested it would be helpful for the Workforce and Organisational Development Committee to look at these areas and for Mrs Parkinson to work with the Director of Workforce and Organisational Development to prepare a report for the Committee.

The Chief Executive thanked the Executive Team for their continued work as this was a good performance report.

Resolved: The report and verbal updates were noted

An update on waiting times to be provided at the next meeting **Action LP**

A report to be prepared for discussion at the Workforce and Organisational Development Committee on sickness **Action LP/SMcG**

The Quality Committee to review waiting list information to gain assurance **Action HG**

131/20

Finance Report

Mr Beckwith presented the report which showed the financial position for the Trust as at 30 June 2020 (Month 3). Highlights from the report included:-

- The Trust recorded an operational break-even position at the end of June 2020.
- The reported year to date position included Covid expenditure claims of £2.669m. Claims for months one and two have been reimbursed with month 3 due next month
- Cash balance at the end of June was £25.494m, which is inclusive of the July block payment of £9.8m.

Mr Baren asked whether there is the potential to discuss secure services and the cost of the packages of care with CCGs to try and recover some of this cost. Mr Beckwith explained that traditionally NHS England would have been invoiced but this cannot be done currently due to the block payment arrangements. The scope to recover this directly is limited but it is being received through different processes with the regional team.

Resolved: The report was noted.

132/20

Quality Committee Assurance Report & 5 February 2020 Minutes

The report provided an executive summary of discussions held at the virtual meeting on 18 June 2020 which were reported verbally to the June meeting. The approved minutes of the meeting held on 5 February 2020 were presented for information. Professor Cooke explained that a further meeting is planned for 5 August.

Dr Byrne highlighted the work of Operations to keep services going during unprecedented times. He felt that in future years, the NHS is going to have to rebuild areas and that the Trust is in a good place to start from.

Resolved: The report and minutes were noted

133/20

Workforce & Organisational Development Committee Assurance Report & 13 May 2020 Minutes

Mr Royles presented the report which provided an executive summary of discussions held at the meeting held on 15 July 2020. The minutes of the meeting held on 13 May 2020 were included for information.

Discussions included the impact on recruitment and turnover and the changes that have been made. The appointment of Grace Gava as the chair of the Black, Asian and Minority Ethnic (BAME) group was noted. The insight report provided assurance of the work that is taking

place.

Mrs Lambert explained that work has started with Operations around the staff survey outcomes and planning taking place with each area.

Mr Baren referred to the Retirement Policy which has been reviewed and amended to make it easier for staff to return to work following retirement. He asked if this has resulted in more people returning to work and whether people are being approached on retirement. Mrs Lambert reported there has been some success through the “bring back” scheme across NHS organisations. Staff who have retired are contacted regarding returning and the change in the policy to allow only a 24 hour break will help.

Dr Byrne noted the amount of data that is provided to the Committee and asked if Mr Royles had a view on how this compared with others in the system. Mr Royles responded that the benchmarking data is positive in showing the position and allows details to be seen that can be compared commercially and it is showing the Trust is in a positive place. The Committee continues to monitor this data on a regular basis.

Resolved: The Board noted the update and the minutes

134/20

Charitable Funds Committee Assurance Report & 21 January 2020 Minutes

Details of the meeting held on 21 July were provided to the Board. The minutes of the meeting held on 21 January were presented for information.

Professor Cooke informed the Board that discussions included the redevelopment of Whitby Hospital and how the charity can get the appeal running. Performance was reviewed during the pandemic and a total of 5,184 hampers were sourced and distributed through the volunteers network which was a fantastic achievement. Wobble rooms were highlighted which are adding value for staff.

Mr Beckwith reported that good progress has been made. This was echoed by Mr Baren who was also impressed with the efficient way the NHS funding had been used to provide the hampers.

Mr Smith pointed out that if the NHS funding had been spent there was an opportunity to bid for additional funding which expired in the next few days. Mr Beckwith confirmed that this has been picked up by the team and they are taking it forward.

The Chair appreciated the case study that was included in the report which added information.

Resolved: The report and minutes were noted

135/20

Covid 19 Update Response

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

Highlights from the report included:-

- Maintenance of emergency planning arrangements
- Command arrangements for Bronze, Silver and Gold continue
- Operational pressures remained manageable across the Divisions
- Increase in demand for mental health services reported
- Bed occupancy has remained good despite a slight increase in the month
- Daily sit rep reports continue
- A slight rise in Covid 19 related absences reported connected to test, track and trace.

- Testing arrangements are in place, first phase of antibody testing will conclude on 31 July 2020.
- No issues raised around personal protective equipment
- Risk assessments for vulnerable groups including Black, Asian and Minority Ethnic (BAME), have been completed
- Focus on staff health and wellbeing and encouragement to take annual leave and breaks

The Chief Executive is involved in work around outbreak plans. The national level for the NHS remains at 4. It is important to continue to support staff and there are plans to give out lanyards and badges. Information on bookable office spaces will be communicated to allow staff to go into the office on a rota basis.

Dr Byrne passed on his personal thanks to Mrs Parkinson for her role in keeping services running. Mrs Parkinson responded that it was the operational managers who are the unsung heroes and without the collaboration with corporate services teams it would not have been possible.

Resolved: The report was noted

136/20

Safer Staffing 6 Monthly Report

The report presented by Mrs Gledhill showed the outcomes of the review of safer staffing requirements across our in-patient units using the National Quality Board (NQB) guidance and NHS Improvement 'Developing Workforce Safeguards'.

The report covered the period October 2019- March 2020 and provided a current position in relation to Care Hours per Patient Day (CHPPD) and key performance indicators (KPI) for each unit. Mrs Gledhill reported that some organisations have started to include Allied Health Professionals (AHPs) that are ward based and this is being progressed in the Trust. During Covid 19 beds have been protected however the report gave assurance that adequate staffing was provided in our units.

Resolved: The Board noted the report.

137/20

Research & Development Report

The report provided the Board with assurance/reassurance that work continues to enhance research in the Trust and ensure the Trust's obligations in relation to the delivery of National Institute for Health Research (NIHR) Portfolio research and performance targets are met.

Mrs Hart explained that the report covered the last six months. This year progress has been made with the research strategy although some objectives may need to be reviewed as a result of Covid 19.

An increase in funding has been seen from the Clinical Research Network as a result of last year's performance. Some other research which was paused at the start of Covid 19 has been restarted, however the prioritisation is for public health studies to help focus on Covid 19. Staff have been recruited into vaccine trials and are working closely with Hull University Teaching Hospital. Covid 19 also brought new opportunities for studies that previously the Trust would not have been able to take part in due to the remote delivery used. There is an emphasis on Black, Asian and Minority Ethnic (BAME) community and the Trust has joined a project team to encourage more recruitment of people into these studies.

Another opportunity being pursued is studies into depression in older people with multi morbidities and isolations that Covid 19 may have caused.

The Research Conference due to be held in May was postponed and a rearranged date of half days of 17 and 18 November have been agreed.

Professor Cooke commented that the additional performance funding was attributed to the success of Ms Hart and the team for achieving the number of people in trials and the width of people in these trials. The team has also been proactive in trying to get involved in research associated with Covid 19. As research Champion, Professor Cooke acknowledged the growth of research in the Trust and attributed it to the leadership of the Chief Executive and Medical Director.

Mr Patton appreciated the infographics included in the report and congratulated the team on their recruitment achievements. He asked if the use of virtual technology had helped to improve any aspects for the team. Ms Hart felt that there was more access to meetings across Yorkshire and the Humber and more people being able to join the meetings than previously as they are done remotely.

In terms of the Inspire Unit, Mr Baren asked if there were any research studies around Child and Adolescent Mental Health Services (CAMHS). Ms Hart said this was a timely question as agreement has just been reached to undertake a study with Inspire Unit run by Manchester and Professor Lavelle around physical health.

Dr Byrne thanked Ms Hart and the team for their work and for the response during Covid 19. The team had kept going and found extra areas of research and also supported the Emergency Planning response.

The Chief Executive noted the success in recruitment of participants into research studies and the consistent over achievement of targets. These studies make a difference to people's lives.

The Chief Executive declared an interest in the partnership agreement as chair of the Clinical Research Network and did not take part in any discussion related to the contract.

The Partnership Agreement the Trust has with the host of the Clinical Research Network (CRN), Sheffield Teaching Hospitals NHS Trust, has been extended by an extra year to 31 Mar 2023 under a variation to contract. The variation value is £0.326m and in line with the Trust's scheme of delegation approval is sought from the Board for the Chief Executive to sign the variation. Board members (excluding the Chief Executive) approved the signing of the contract variation

Resolved: The Board noted the report and approved the Chief Executive signing of the Yorkshire and Humber Clinical Research Network variation to contract in line with the Trust's scheme of delegation.

138/20

Our Black, Asian and Minority Ethnic (BAME) Workforce

The report provided an update on the Trust's support and actions for Black, Asian and Minority Ethnic (BAME) employees.

Mrs Lambert highlighted the following areas:-

- Equality Diversity and Inclusion group has been established.
- Work with young people is underway and with patients, carers and staff.
- The Steeping up programme has been paused and further updates are awaited around this work.
- The first meeting of the BAME group has been held
- Awareness training for bullying and harassment will be rolled out and the policy reviewed

Mr Royles asked about the impact of Covid 19 and the public Black Lives Matter campaign. Mrs Lambert explained that actions are being proposed to look at statutory and mandatory training around these areas to look at some modules that can be sourced.

Mr Smith raised the issue of detained patients for BAME and how this group of people is reviewed at the Mental Health Legislation Committee and suggested this may need further consideration going forward.

Resolved: The Board noted the report

139/20

Trust Constitution

A review has been undertaken to ensure the Constitution remains appropriate and meets the needs of the organisation. Key changes made were to annex 1 - a clarification of the description of public constituencies and a proposal for the appointed governor terms of office to be flexed. The changes were approved at the Council of Governors meeting on 16 July subject to a change on 14.4.3 of the reference to Chairman to be amended to Chair.

Resolved: The Board approved the changes to the Constitution

140/20

Risk Appetite 2020/2021

The report provided details of the context and guidance around risk appetite to assist in defining the Trust's tolerance for risk against each of its strategic goals over the next year. Consideration was given to the risk appetite for each of the Trust's Strategic Goals in line with the guidance and determined the ratings to be applied for 2020/21.

The Chair explained that she and the Chief Executive agreed that more time was needed for this discussion and that an appropriate time would be agreed to do this. In the meantime the report would be noted.

Resolved: The report was noted.

An appropriate time to be identified to discuss the risk appetite in more detail Action MM

141/20

Health Stars Annual Review

An update was provided to the Board on the progress Health Stars is making against the agreed charity strategy for the Trust's charitable funds. During the year there was a change in the workforce which has now stabilised. The report has also been discussed at the Charitable Funds Committee.

The Chair thought this was a good report and showed the work done with the Inspire Unit appeal and Covid 19. The Chief Executive acknowledged that Health Stars have been superb during the pandemic alongside volunteers to help support staff.

Resolved: The Board noted the annual review

142/20

Health Stars Operating Plan Key Performance Indicator (KPIs) 2020/21

Following presentation to the Trust Board in February, a suite of KPIs has been established. Indicators have been categorised across the following themes and linkages to the Trust's Strategic Goals made: -

- Finance (Strategic Goals 5 and 6)
- Engagement (Strategic Goals 1,2, 3 and 4)
- Patient/Staff Centred (Strategic Goals 4 and 6)
- Governance (Strategic Goal 5)

The indicators were discussed at the Charitable Funds Committee and provide a framework that can be monitored.

Resolved: The report was noted.

143/20 **Council of Governors Public Meeting Minutes 16 January 2020**
The minutes of the meeting held on 16 January were presented for information

Resolved: The minutes were noted

144/20 **Items for Escalation**
No items were raised

145/20 **Any Other Business**
No other business was discussed.

146/20 **Exclusion of Members of the Public from the Part II Meeting**
It was **resolved** that members of the public would be excluded from the second part of the meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.

147/20 **Date and Time of Next Meeting**
Wednesday 30 September 2020, 9.30am by Microsoft Teams

Signed Date
Chair

Agenda Item 4

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

Summary of actions from July 2020 Board meeting and update report on earlier actions due for delivery in September 2020						
<i>Rows greyed out indicate action closed and update provided here</i>						
Date of Board	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
29.7.20	128/20(a)	Chief Executive's Report	The winter plan will come to the September Board for information	Chief Executive	September 2020	Item on the agenda
29.7.20	128/20(b)	Chief Executive's Report	Phase 3 planning summary to be provided to the September meeting	Chief Executive	September 2020	Item on the part II agenda
29.7.20	128/20(c)	Chief Executive's Report	Meeting posters to be circulated to the Board outside the meeting	Head of Corporate Affairs	August 2020	Emailed 3.8.20
29.7.20	128/20(d)	Chief Executive's Report	The Workforce and Organisational Development Committee to review the support offered to staff	Director of Workforce & Organisational Development	September 2020	Picked up as part of the Workforce insight report
29.7.20	130/20(a)	Performance Report	An update on waiting times to be provided at the next meeting	Chief Operating Officer	September 2020	Item on the agenda
29.7.20	130/20(b)	Performance Report	A report to be prepared for discussion at the Workforce and Organisational Development Committee on sickness	Chief Operating Officer/Director of Workforce & Organisational Development	September 2020	Picked up as part of the Workforce insight report
29.7.20	130/20(c)	Performance Report	The Quality Committee to review waiting list information to gain assurance	Director of Nursing, Allied Health and Social Care Professionals	October 2020	Item not yet due



29.7.20	140/20	Risk Appetite 2020/2021	An appropriate time to be identified to discuss the risk appetite in more detail	Chief Executive	September 2020	Taking place after September Board meeting
Outstanding Actions arising from previous Board meetings for feedback to a later meeting						
Date of Board	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
29.1.20	11/20(a)	Quality Committee Assurance Report and 9 October 2019 Minutes	High reliability organisations discussions to be continued at a future Board Time Out	Medical Director	June 2020	Due to Covid 19 the June Board Time Out has been cancelled and rearranged for September. Revised to December
29.1.20	11/20(b)	Quality Committee Assurance Report and 9 October 2019 Minutes	Quality Improvement and Patient Safety Board Development Session to be arranged	Medical Director	June 2020	Due to Covid 19 the June Board Time Out has been cancelled and rearranged for September. Revised to December
26.2.20	28/20	Chief Executive Report	Update on the Population Health Management and links into LHCRE to be provided at the April meeting	Medical Director	April 2020 revised to September	Item on the agenda
25.3.20	47/20	Chief Executive's Report	Diversion and Liaison Services offending and referrals data to be reviewed for the Mental Health Legislation Committee.	Medical Director / Chief Operating Officer	March 2020	To address this regular MAPPA updates have been added to the Mental Health Legislation Committee Agenda which will include the data that is available to us. It is on the agenda for the next committee.
25.3.20	53/20(b)	Operational Plan 2020/21	Draft 18 month plan to come to the Board in October, subject to any guidance issued before then	Director of Finance	October 2020	Item not yet due
20.5.20	85/20(c)	Performance Report	Quality Committee to undertake a deep dive around clinical supervision	Director of Nursing, Allied Health and Social Care	August 2020	Presentation went to the meeting of the Quality Committee on August 5 th .

				Professionals		Complete.
24.6.20	100/20	Patient Story – Accessing Volunteer Support Midst COVID-19	An update on the work of voluntary services and the proposed campaign around physical health to be provided through the Chief Executive's report	Chief Operating Officer	September 2020	Revised to October
24.6.20	108/20	Quality Committee	The Quality Committee to review the quality, safety and impact during Covid 19	Director of Nursing, Allied Health and Social Care Professionals	October 2020	Item not yet due

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

New Proposed Format Board Public Workplan 2020/2021 – (no August or December meeting) (v12)

Chair of Board: Sharon Mays
Executive Lead: Michele Moran

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

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

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

Agenda Item 5

Title & Date of Meeting:	Trust Board Public Meeting: 30 th September 2020			
Title of Report:	Patient Story – Neil’s Journey to Healthy Living on Swale Ward			
Author/s:	Name: Lisa Arnold Title: Senior Patient & Carer Experience co-ordinator			
Recommendation:	To approve		To receive & note	√
	For information		To ratify	
Purpose of Paper:	To inform Board members of how;			
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 (continued)	Date
	A meeting took place between the service user and senior patient and carer co-ordinator. Also in attendance was Swale Manger.	10.02.20		
Key Issues within the report:	<p>The key messages of the Board story are:</p> <ul style="list-style-type: none"> • How the healthy weight CQINN, helped to initially encourage Neil. • Following his diabetes diagnosis, he decided to take his health and fitness serious. With the support he received from staff on Swale Ward he wanted to make changes. • Being able to use the gym equipment assisted to motivate Neil and how he was able to inspire others. 			

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	√			Values Based Recruitment will be realised by implementation of the



				framework.
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	

Neil's Journey to Healthy Living on Swale Ward.

1. Introduction

The purpose of this update is to inform Board members of how;

- Feeling settled and supported on Swale and having hope for his future made Neil want to start to take care of himself and take his diabetes diagnosis seriously.
- Neil was motivated to lose weight and get healthy which has resulted in a positive impact on Neil, not just physically but with his self-esteem.
- Neil has helped and encouraged other to follow his lead.

2. Attendance at the Board meeting

In attendance will be Neil (Inpatient at The Humber Centre) and Katie Frederick, Acting Ward Manager, Swale Ward, Humber Teaching NHS Foundation Trust.

The format of the story will be a presentation by Neil and Katie Frederick.

3. Key Messages

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

- How the healthy weight CQINN helped to initially encourage him to follow a new healthier diet and exercise plan.
- The positive health benefits he has noticed within himself.
- By seeing the weight loss and fitness improvements, helped him to encourage others to follow.

Agenda Item 7

Title & Date of Meeting:	Trust Board Public Meeting – 30 September 2020			
Title of Report:	Chief Executive's Report			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	✓
Purpose of Paper:	To provide the Board with an update on local, regional and national issues.			
	To ratify the policies identified in the report			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Monthly report to Board	✓
Key Issues within the report:	<ul style="list-style-type: none"> Identified within the report 			

Monitoring and assurance framework summary:

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



Chief Executive's Report

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

Around the Trust

1.1 Staff Health and Wellbeing

Our work on staff health and wellbeing continues. I have started a shiny minds 'ripple message', which was one of gratitude and thanks to staff who have the app for all that they are doing.

1.2 Lanyards and Badges

Staff should have received their new lanyards and thank you badges during the month.

1.3 Virtual Meetings

Virtual team meetings are carrying on with myself dialling into several per week and meeting staff by sessions such as 'Meet Michele' which had over 90 people attending. Morale remains good though staff are tiring hence our support to rest and take holidays.

1.4 Infection Prevention Control (IPC) Guidance

The national Infection, prevention and control guidance has been reissued, which has been comprehensively reviewed within the organisation. No immediate changes are being made to our advice and working but this will be reviewed on a regular basis as the situation changes. Areas have been rated in relation to requirements and this has been circulated to staff.

1.5 International Conference Guest Speaker

Debra McAdam a support worker in Child and Adolescent Mental Health Services (CAMHS) was selected as a guest speaker at an international conference for aromatherapists in Japan. Sadly due to Covid 19 the conference was unable to take place as planned. However she was able to present on line and able to represent the Trust. Debra explain all about the unique innovative service that she has created, and noted all the support that Humber has given her in order to enable her to progress this work. Debra was able to share the positive impact that the service has had on the young people that she works with to aromatherapists around the world.

1.6 Research

Another positive for our fabulous research team. Hull University Teaching Hospitals (HUTH) have been awarded UK Vaccine Task Force funding (administered from Department of Health and Social Care (DHSC) via Local Clinical Research Networks (LCRNs) to establish the Hull City Region Vaccine Delivery Hub, which is really good news. Humber are part of the bid and will be providing some funded research staff support. The funding is specifically to allow sites to develop additional infrastructure in readiness for future participant recruitment to Covid-19 vaccine trials and for the immediate need for vaccine preparedness during the financial year 2020/21.

As you may be aware HUTH is currently a site for the Oxford vaccine trial and we've helped with that as a participant identification centre (PIC). We're also currently going through the approval process for us to become a PIC site for Public Health England (PHE's) SIREN antibody study with HUTH and it's anticipated that a new vaccine trial will be coming to Hull later this year which we'll be supporting as part of this new vaccine hub.

All exciting developments and it is great being able to collaborate with HUTH so our staff and community have the opportunity to participate and potentially benefit.

2 Regional

2.1 Highlights from the East Riding Health & Wellbeing board Meeting

The new Chair is Councillor Walker who as part of her introduction wishes to make Health & Wellbeing Board more distinctive from Health and Wellbeing committee/scrutiny

Refresh of Terms of Reference:

- Membership to remain as is
- Review frequency of meeting – proposal to maintain statutory committee meetings but to also look into introducing workshop meetings where wider participation or more in depth conversations are required. Octobers meeting to be more of a workshop – possible – refresh ideas on the Life Course approach using covid recovery as the theme

To add Covid / Covid Recovery as standard agenda item and to look at a refresh of the Joint Strategic Needs Assessment (JSNA)

2.2 Integrated Care Service (ICS) Mental Health Partnership

- The ICS Mental Health Partnership has submitted bids for an extended Perinatal service dealing with families suffering trauma a birth and a bid for staff resilience hub.
- The ICS has developed clinical priorities which will underpin all ICS work which are listed below;
 - Be open and transparent with our Patients, the Public and All Staff about the challenges we are facing and provide clear communications
 - Work together and embed shared ownership of care, treatment and risk across Humber, Coast and Vale, the health and care sectors and with the Patients
 - Share patient health and care demand lists across Humber, Coast and Vale to ensure our people have fairer and easier access to services, starting with hospital services including Cancer and Diagnostics and continue into other sectors as soon as possible e.g. Mental Health
 - Ensure equity of access to advice and guidance, specialist healthcare services, diagnostics and treatments across patient cohorts
 - Review and prioritise health and care needs of patients based on clinical risk and vulnerability ensuring the process is transparent and takes into account the holistic needs of the patient
 - Ensure integrated health and care pathways are deployed throughout Humber, Coast and Vale, that make effective use of resources available across the system, embed best practice and create optimum and alternative pathways to meet the needs of the patient whenever possible
 - Enable patients to manage their own health conditions and promote prevention over cure by improving existing arrangements and where required developing and implementing new models and support tools
 - Ensure alignment of resources to support the needs of the patient, with a particular emphasis on investment in the primary and community sector and services
- Risk Stratification is also another area being developed across all key development areas.
- Peter Reading is leading on Brexit.
- The Scarborough review has formally recommenced. This is how the last strategy developed and Simon Cox will be leading the work.
- The first ICS BAME network took place (I am part of that Board), highlights from the first meeting included:

A presentation from West Yorkshire and Harrogate was given on how they have progressed with their internal BAME network. West Yorkshire has a network of networks within their ICS. The team think the reason why it has worked is because their executive team are well vested in the BAME agenda. They are working on funding a BAME Fellowship programme to address the gap in their organisational leadership structures. This will be funded through Transformation funds, Leadership Academy and their Health Foundation programme.

2.3 Hull/York Medical School (HYMS) Update

The school is dealing with admissions this year following the changes to the A level results and the “lifting” of the cap on student numbers. Following meetings, and a lot discussion with Medical Schools Council, Department of Health and Social Care (DHSC), Health Education England (HEE) and the Department of Education (DoE), HYMS have now had confirmation that all additional medical student places this year will be fully funded and their future clinical placements will be funded.

HYMS had already responded to our applicants by accepting many of those who had dropped a grade based on their Ofqual algorithm grades and HYMS found themselves in a reasonably comfortable position once the centre assessed grades were released. As a result HYMS will be taking in the region of an additional 20 students into Phase 1 this year, giving us a total cohort size of just under 260 (140 in York, 120 in Hull) assuming that all students, including overseas students, register and start the course. A few students have opted to defer entry to 2021. Obviously this means that HYMS will need more Primary Care placements from this year and then hospital and other placements from 2022 – but this should be manageable and we are already in conversation with the Clinical Deans and Associate Directors of Primary Care Education to plan for this.

3 National

National news continues in the publications and Covid update reports

4 Director’s Updates

4.1 Chief Operating Officer Update

4.1.1 Multi-Agency Public Protection Arrangements (MAPPA)

Multi-Agency Public Protection Arrangements (MAPPA) are the statutory arrangements for managing sexual and violent offenders. Responsible Authorities (including Police, National Probation Service and Prisons) have a duty to ensure that the risks posed by these offenders are assessed and managed appropriately.

Duty to Co-operate agencies (which includes health Trusts) work with the Responsible Authority and have a crucial role in reducing risk and protecting the public. By working in a coordinated way, individuals who pose the greatest risk to the public are identified and risk assessed with a management plan implemented via multi-agency panel meetings.

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

The Trust continues to fulfil its responsibilities to MAPPA as a Duty to Cooperate agency and we have achieved 100% attendance across all required meetings. Aspects of the work have been altered by the COVID 19 pandemic however we have maintained our requirements.

Within the Trust we have three points of contact within the relevant divisions. This has been widely communicated and this point of contact system is working well. Quarterly meetings are held to discuss common issues and advisers are invited as required e.g. colleagues from performance and

I.T. The plan of work is reviewed and this is then communicated to the Head of Probation thus maintaining our inter agency relationships.

Training on MAPPA awareness for our staff has been suspended due to the COVID pandemic but this will be reinstated as virtual training and we await the development of this by Police and Probation. In the meantime we have increased communications about our points of contact availability within the Trust so that staff can have a one to one consultation to receive advice and support about potential MAPPA cases. There has been good uptake for this.

Our training to other agencies regarding mental health has also been suspended due to the pandemic but in the same way it is now being developed as virtual training and will be rolled out shortly. We remain available to other agencies to consult with us and there has also been good uptake for this.

Regular updates in MAPPA policy are undertaken and in response our own policy is updated accordingly. Currently there is consultation on several MAPPA chapters and we have given input on this. It is positive to be able to influence national policy and as MAPPA is a relatively small community, it does genuinely feel that our voices are heard.

This month will see submit an article to the MAPPA annual report which will be focussed on staff stress and coping through COVID. This year has seen improvements in our reporting for MAPPA audits after support from colleagues regarding Lorenzo reporting mechanisms.

4.1.2 Redesigning Inpatient Mental Health Services

Our Redesigning Inpatient Mental Health Services project is progressing well and work on developing the Outline Business Case (OBC) is moving forward. Our stakeholder workshops in support of the qualitative options appraisal process have now been concluded and these were attended by a wide variety of stakeholders all with a different but important perspective to bring to the process. The workshops provided an overview of the progress to date to ensure participants were fully briefed on the strategic context.

Work on progressing the OBC has been focussed in the last month on the economic case and financial modelling work which will be concluded by the end of September. There are 4 shortlisted options under consideration and by the middle of October a preferred option should emerge. With the support of KPMG we have started to explore potential funding options and reviewing procurement solutions.

4.1.3 Hull Mental Health Support Teams Project

Hull has successfully bid for two Education Mental Health Support Teams (MHST's) which will bring a brand new workforce to Hull for children, young people and families to support children and young people within schools with mild to moderate emotional and mental health needs. The monies attached to bid are within the region of three quarters of a million pounds. Dr Louise Mowthorpe, Lead Psychologist in CAMHS is the clinical lead for the MHST project. The bid will enable us to recruit permanent staff for the project including a full time Service manager and 8 Education Mental health project workers.

The ambition is for the MHST's to support a population of 16,000 children and young people across the 2 teams in Hull. The MHST's will operate a hub and spoke model, integrated into schools and colleges and providing support through targeted focus on early help, intervention and prevention work. The MHST's will be co-produced with children, young people, parent/carers and colleagues within schools or part of the wider education system such as school nurses, youth workers etc.

The MHST's will:

- Work with children and young people in the context of their life – to deliver a whole family and system approach – enabling the child and their families to fully engage with shared decision making;

- Enable school staff to enhance their knowledge and understanding of mental health, and emotional wellbeing, and to grow in confidence with offering low level intervention and prevention within school and community settings;
- Support school staff to identify, with confidence, those children who have underlying traits suggestive perhaps of a neuro developmental disorder which may require onward referral;
- Increase capacity to intervene early, especially for the vulnerable groups identified in the table below; and
- Provide support for the implementation and maintenance of the Whole School Approach, already implemented through the Headstart programme.
- Policies and practices meet local need and national guidance to ensure a framework is created to support, nurture and develop our children's young minds and emotions.
- Everyone working with children and young people have a toolkit that will enable them to identify emotional health issues early and provide effective timely support to young people and their families.
- Teachers will have access to specific support and training to develop a self-help toolkit to effectively manage their own emotional and mental wellbeing which in-turn will impact positively on their students' needs.
- Timely access to consultation and support for complex needs
- Children and young people are confident to discuss their thoughts and feelings and support their peers.
- Children and young people are able to find and access support when and where they need it
- Parents confidently and appropriately are able to support their children and young people with emotional health and wellbeing.
- Effective targeted evidenced based interventions which reduce the need for specialist/ clinical services.
- Direct access to specialist and risk interventions and support in a timely and safe way.

We also plan to bid for additional MHS Teams for further Hull schools. This investment will complement our existing Social Mediation and Self Help in schools programme (SMASH).

4.1.4 Peer Support Workers

As part of our ongoing work to embed recovery principles and practice across all of our mental health services we have progressed with recruitment to peer support worker roles. Interviews had originally been planned to take place in March 2020 but had to be postponed due to the covid 19 emergency. Derek Raitt, Professional Head of Occupational Therapy kept in contact with all of the applicants during this period. Interviews have now been held and the outcome is that 17 people have been appointed to these roles for our adult mental health services.

MIND have also recruited an additional 5 peer support worker' as part of our Community Mental Health Team Transformation and a post has been recruited to as part of our new Specialist Community Forensic Team. A training and induction plan is in place and our new staff will commence in their roles from September.

4.2 Director of Nursing, Allied Health and Social Care Professionals

4.2.1 White Ribbon Accreditation

The White Ribbon movement began in Canada in 1991, following a massacre of female students at a university in Montreal following which a small group of men formed together and looked for a way for men to oppose violence against women. They decided to encourage men to actively show their opposition by wearing a white ribbon.

White Ribbon UK is part of the global White Ribbon movement to end male violence against women. It works through engaging with men and boys, raising awareness, influencing change and providing resources to make change happen. This includes recruiting ambassadors and champions for White Ribbon who will sign the pledge to make the White Ribbon Promise to never commit, excuse or remain silent about violence against women and girls. White Ribbon

Accreditation enables a whole organisation to demonstrate its commitment to stop violence against women.

Raising awareness of and reducing domestic violence is a priority area in relation to delivery of the Trust safeguarding and patient safety strategy.

What do you need to do to become White Ribbon Accredited?

In order for the Trust to become an accredited organisation you need an Executive Sponsor and a lead to take forward the development and implementation of the associated action plan. The Executive Lead is Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals as domestic violence falls within the safeguarding duties. The lead for the plan is Sally Bainbridge, Safeguarding Practitioner.

White Ribbon UK provides support in the development of a comprehensive action plan for organisations to effectively marshal their resources and personnel to challenge male violence against women and make a genuine difference. The action plan provided is specifically designed for health organisations, this enables the Trust to build on existing gender equality and diversity initiatives within our organisation, identify where there are gaps and how we can work towards addressing these gaps to ensure there is a culture of respect and gender equality. White Ribbon UK's team will work with our organisation to support us through the accreditation process as no two action plans are the same. Organisations may apply creativity and their own experience to the action plan. Once an organisation can demonstrate a commitment to the plan it becomes eligible for the White Ribbon Award .

What is the White Ribbon Award?

The award is an official White Ribbon accreditation that entitles an organisation to White Ribbon training and campaigning guidance, use of White Ribbon branding on official documents and signage, and exclusive access to a network of other accredited organisations to promote fundraising, awareness and events.

How will the Trust benefit from being White Ribbon Accredited?:

- improve the experience of HNFT service users and stakeholders
- improve HNFT safety culture, safety and morale
- increase the knowledge and skills of staff to address violence against women
- improve HNFT reputation
- become an employer of choice
- make a difference in our communities to end violence against women

4.2.2 Autism Strategy Development –Update

The Trust is currently working with staff, patients, carers and partners to develop an Autism Strategy for the Trust.

The work is being led by Clarissa Thompson, the Trust's Autism Access Lead who is working under the direction of Trish Bailey, Clinical Lead for Children's and Learning disability services. The strategy will be relevant for all services provided by the Trust.

To inform the strategy Clarissa is looking at the experience of using Humber services for autistic people (14+ years) and their carers/family, identifying what services are available and how things can be improved. Data is being gathered from several sources including:

- Directly from autistic people and their carers via a survey and in depth case studies. The survey is being designed with consultation from autistic people.
- Lorenzo documentation
- Directly from staff and services about their knowledge and confidence levels working with autistic people.

- Literature searching from recent research, policy documents and local strategies about what is best practice
- Research into what other trusts have in terms of autism provision

Findings so far indicate a number of objectives for the Trust.

- Improving access to diagnostic services for adults and children
- Creating a clear Autism Pathway to support an individual's journey following diagnosis, this should include support to create an autism passport for individuals to use at appointments.
- Autism Pathway for 14-18 year olds (needs to be completed with education and local authority)
- Access to specialist services that are not being provided within the region e.g. Sensory assessments and interventions (adults)
- Clear links between Trust and external Autism services (including a clear outline of what services external agencies can provide e.g employment support, social groups...etc.)
- Establishing an Autism Aware workforce with all staff completing at least a basic awareness training module (this has been done in other trusts with a short video within Equality and Diversity Module).
- Provision of appropriate training for frontline staff to enable them to recognise an autistic individual and make reasonable adjustments to their practice.
- Autism Portal on the Intranet for staff teams to enhance their service provision e.g. guidance on autism friendly environments, communication guidance, available services...etc.
- Opportunity for the trust to set an example as a gold standard employer of autistic people (linking in with voluntary services as well).

Progress to date indicates we are on track to have a first draft for consultation by October 2020.

4.3 Medical Director

4.3.1 Virtual Events

The Patient and Carer Experience team have continued with their successful virtual services which were developed in response to COVID with the latest one being centred around the Launch of the Hull Freedom festival. We were honoured to have the Lord Mayor of Hull open the event. We have also supported a dementia awareness week which has been incredibly well received. The team are working closely with communications as with regard to developing an enhanced calendar with a forward view. Patient, carer and staff experience forums have also been continuing virtually and have proved invaluable to the team's leading on both the community and inpatient service redesigns a part of their requirement and desire to undertake meaningful engagement . The team have also been asked by the Royal College of Psychiatrists to share their co-production work which has been has been flagged by NHSE as an exemplar of good practice.

4.3.2 Inhouse Pharmacy

The Pharmacy team are just about to complete the project to bring our ward based dispensing in-house. This has been a complex task for operational, technical and regulatory reasons, however the teams tenacity under the leadership of Dr Liat Chong our Chief Pharmacist, combined with the super cooperation of clinical, operational and corporate colleagues means. This change will have significant value in terms of improving patient experience with regard to timely discharge and access to medication in addition to supporting the Trust's efficiency work. This project builds on the successful transformation work which saw the trust move to electronic prescribing across virtually all of its inpatient settings in the past year following a successful joint bid with the clinical systems team for capital funding to NHSE.

4.3.3 "Murder in Mind" Event

The Medical Education team are completing preparation for their psychiatry showcase event 'Murder in Mind' which is taking place. We have had an incredibly successful marketing campaign which has seen over 500 people register for the virtual event.

4.3.4 Leadership and Management Fellow

We have also been successful in having the Royal College agree to us having a Leadership and Management fellow. We are incredibly fortunate to have an outstanding higher Trainee Dr Michael Cottle be accepted onto this scheme, I will be his designated mentor and he will focus on 2 projects this year working with Mandy Dawley in the Patient and Carer Experience team and Lee Rickles in our Information Technology and Informatics team.

4.3.5 Medical Appraisal

The Trust has also put steps in place to restart medical appraisal in October (In Line with GMC Guidance) under the direction of Dr Srikanth Sajja, the Trust Lead appraiser. There has been a key development in that the GMC are currently trialling a much shorter version of the current paperwork as there has being an acknowledgement that essence of appraisal with the benefits to doctors, organisations and systems needs to be refreshed.

4.4 Director of Workforce & Organisational Development

4.4.1 Flu

The Trust takes its first batch of vaccines on 28th September and is in the process of training 70 peer vaccinators across all sites to deliver the vaccine. The Trust achieved a 75% take up rate last year and will this year aim for 95%.

4.4.2 Menopause Awareness

The Trust's approach to menopause awareness was highlighted in a recently published article in SOM (supporting Occupational Health and Wellbeing Professionals) www.som.org.uk

4.4.3 Remote Working Policy and Procedure

The Trust has agreed a remote working policy and procedure which sets out the processes for working remotely either temporality (as many are doing during COVID) or on a more permanent basis.

4.4.4 Leadership Programmes

Both the Leadership Programme and Senior Leadership Programmes commenced again during September following the delay as a result of COVID. A key part of the PROUD programme, the intention is for all managers to have been on a programme during the next two years.

4.4.5 My Compliance on ESR

The new 'My Compliance' portlet in ESR went live on 28th August 2020, providing an individual compliance score for every staff member and instant access to restoring compliance through online training / course booking. It is hoped this will further improve compliance rates.

4.4.6 Learning Centre

During the COVID shutdown, the trust has taken the opportunity to modernise and renovate the training centre. Opened again in September this now means the trust can deliver risk assessed socially distanced learning again.

4.4.7 Gender Pay Gap

The Trust gender pay report, together with an action plan, was agreed at Workforce Committee in September and will be published on theTrust website ahead of the 31st March 2021 deadline.

4.5 Director of Finance

4.5.1 Leader Provider Collaborative

Work is continuing on 3 Business Cases which outline Clinical Models, Governance arrangements and the ability of Humber Coast and Vale Provider Collaborative to lead on the 3 service areas previously reported to Board (Adult low/medium secure, Adult Eating Disorders and CAMHS).

Drafts of Business Case will follow the Trusts internal governance process's and will also be shared with provider partners during October prior to submission to NHSE early November 2020.

Work is progressing on due diligence but this is dependent on timely information from NHSE to enable the Collaborative to operate in Shadow from October 2020 – 'Go Live' April 2021 is subject to key criteria agreements being in place

4.5.2 Clinical Systems Update

A significant amount of work has been progressed on Upstream Video Conferencing and a number of important enhancements have been delivered which include:

- o the ability to have up to four people on the call
- o flexible session duration
- o ability to run someone else's video call
- o ability to email the consultation link as well as send it by SMS
- o rolling 3 month appointment horizon

The Clinical Systems team have recently undertaken SystemOne core train the trainer training and all successfully passed. The Team has also progressed the ability to print FP10's from both Lorenzo and S1 in preparation for changes to the provision of medications to support the change in pharmacy services from the 1st October.

4.5.3 Business Intelligence

The Business Intelligence team has responded rapidly to support phase 3 planning requests in relation to capacity and demand and performance trajectories. Longer term capacity and demand capability is being developed within the Business Intelligence team.

In addition the team has also completed and submitted annual vaccination and immunisation reporting to NHSE for 2019/20.

The first CMHT Transformation evaluation (national submission) has been developed for data collection, this is currently being reviewed with clinical colleagues to enable submission to be made on time.

4.5.4 Information Technology

The Trust has now completed 99% migration to Windows 10. There remains a small number of devices that will not be migrated due to their software compatibility with Windows 10 (i.e door control systems). Each of these devices has specific cyber security controls to mitigate risk. The Trust has also deployed enhanced countermeasures system to warn and stop denial of service attacks

CareCert Update

There are two types of CareCert notifications,

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

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

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

	Issued	Deployed or no Action required
High Priority	6	6
CareCert Bulletins	33	33

4.5.5 Electronic Pay Slips

The Trust went live with Electronic Payslips in August which is reflective of the Trust's strategy of utilising e systems where possible. Staff have responded well to the move with only a small number of requests to provide payslips by email. This has been accommodated by Payroll staff to support the move to e payslips.

Communication will continue to ensure that employees of the Trust are supported.

4.5.6 Internal Audit Re-procurement

The Trust has led a consortium which included the 4 CCGs in the Humber area to re-procure Internal Audit and Counter Fraud Services. A separate report appears on the agenda to identify the outcome of the procurement.

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 conform to the required expectations and standards in order for Board to ratify the following policy.

Policy Name	Approving Committee	Date Approved	Lead Director
Remote Working Policy	Workforce & OD Committee	16/9/20	Director of Workforce & OD

6 Communications Update

Marketing and Communications Strategic Plan Refresh 2019-2022 – Year 2, 6 month update

The 2019-2022 Marketing and Communications Plan was refreshed to take account of our refreshed Trust strategic objectives in 2019. The plan was developed in line with the Trust Strategic Objectives to ensure not only that the marketing and communication strategy is contributing to achieving the Trusts organisational objectives but also that the voices of our service users, patients, carers and family and partner organisations were heard within in. Through this process we are also able to ensure that the marketing and communications objectives are in line with the Board's ambition for the Trust for the next three years.

The Plan provided detail on key milestones in Year 1, 2 and 3 against our aims of progressing

- Our Profile
- A Provider of Choice
- An Employer of Choice
- We are Key Partners
- Excellence & Innovation

All of the milestones in Year 1, the enabling year December 2019 to March 2020 were delivered on or ahead of schedule and at the 6 month point in year 2, a number of the milestones identified have been met and the rest are on target.

Communications Update - 15th July – 15th Sept

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:

- The COVID-19 update now goes out three times per week as follows:

- Monday – standalone email
- Wednesday and Friday – as part of The Global
- Health and Wellbeing Hub
- GP and Stakeholder newsletters

Key Projects

- **Humblebelievable – recruitment campaign**

The recruitment website is now live with the domain join.humber.nhs.uk. The site has been registered on search engines such as Google and is receiving visits directly as well as organically, which indicates a good level of Search Engine Optimisation. This work continues to take place to ensure it reaches a higher ranking for common recruitment search terms. It can currently be found as a top result for search terms including ‘join humber’.

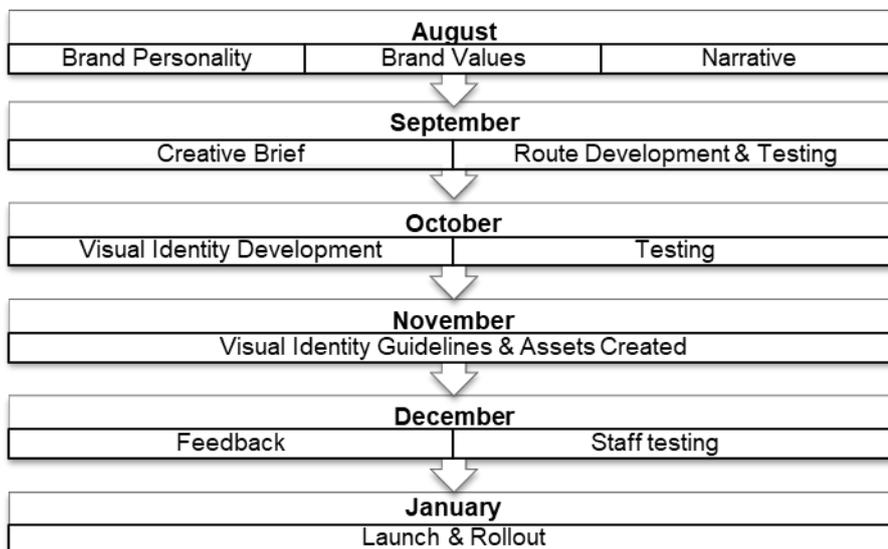
Since last month, the join.humber.nhs.uk website has received the following results:

Users	Pageviews	Avg Session Duration	Most viewed page
1,134	2,754	01:46 mins	/jobs/ (1,633 views)

We continue to work with services to promote newly available and upcoming roles under the new recruitment brand #Humblebelievable. We have released a number of posts on social media to promote the website itself, as well as specific roles that have been difficult to recruit for in the past, as part of the overall campaign. The team continue to promote these roles throughout our Trust social media channels.

- **Brand Project**

Following the completion of the research an updated timeline has been produced for this project with the aim of launching our new visual identity in January 2021.



- **‘Together We Can’ Book Update**

The book comprises of 12 chapters, covering positive news stories during COVID-19, from all around the Trust. These accounts were put together by various teams and individuals who worked in collaboration with the Communications team to tell their story. It also includes illustrations from staff, their patients and families and many photographs from across the patch, during this time.

We hope this book brings joy to our staff and their relatives, as a momentum and token of appreciation for their continuous hard work at this time.

The design of the book is now fully complete and delivery expected before the end of September. The book will be stored at Trust HQ and made available to order on the Trust website, with two options: electronic copy (free – with an optional £1 donation to Health Stars via text message) and physical copy (£6+ donation to Health Stars via JustGiving).

When ordering a physical copy, the user will be prompted to complete a form on the website page, which will provide us with their name and delivery details. All postage and packing will be organised by HQ reception, using the external postage service.

External Communications

- **Awareness Dates**

Pride Month (July)

Every July, the LGBT community celebrates in a number of different ways including the annual Hull in Pride event. Across the globe, various events are held during this special month as a way of recognising the influence LGBT people have had around the world.

The Trust developed a week-long programme of virtual events named 'Humber Pride Week 2020' from 27th July – 1st August, to promote awareness and engage with our audience. Speakers ranged from lived experiences, to individuals representing local and national organisations like MESMAC and Hull Pride. MS Teams backgrounds and posters were designed in house to foster engagement and staff were encouraged to wear rainbow colours during the week to show their support.

The overall aim of this campaign was to create and share supportive content that contributes to increasing LGBT and Trans awareness. Further, to boost staff moral and public confidence by highlighting positive and uplifting stories from the Trust, whilst also using the opportunity to support our staff and communities by reinforcing diversity and inclusion goals and guidelines. Feedback received was overwhelmingly positive and the speakers involved noted their thanks for involvement.

Engagement rates for external campaign:

- Reach (views): 10,000+
- Engagement (shares + likes): 200+

Big Latch On and World Breastfeeding Week (1 – 7 August)

Hosted by the World Alliance for Breastfeeding Action, Breastfeeding Week takes place in August each year. The aim of this awareness week is to inform, anchor, engage and galvanise action on breastfeeding and related issues. The 'Big Latch On' is also held on July 31st.

The Communications team worked with ISPHNs and the Children's Centres to share their press release and messaging regarding the work they were doing to promote breastfeeding support in Hull and East Riding, particularly the change in services during COVID-19 and how best to access services.

Other awareness dates covered:

GCSE Results Day (20th August) – promoting support from our ISPHNs service School Nurses

World Suicide Prevention Day (10th September) – promoting support from our MHRS and Mind Hull and East Yorkshire partnership

- **Media Coverage**

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

Positive new stories published		Negative new stories	
Local media	9	Local media	5
Website/Social Media	10		
TOTAL	19	TOTAL	5

- **Website**

	Target	Performance over period
Bounce Rate	50%	62%
Social Referrals	12% (a 10% increase in 2019 position)	2.60%

- **Social media**

	Target	Performance over period
Engagement Rate	4%	16%
Reach	+50,000 p/m	57,735
Link Clicks	1500 p/m	1314

We have used our social media platforms to post positive and supportive content and to celebrate staff and volunteers. These platforms are also used to share messages from partner organisations, as well as national NHS and PHE campaigns such as the #HandsFaceSpace promotions.

We support services to place bespoke and highly targeted promotional adverts on our facebook page.

- **Service Support**

The team continues to provide support to services by communicating important messages through our Trust website, social media platforms and PR. As part of this, we are currently working closely with the Safeguarding Team to provide support around obtaining the White Ribbon Champion Status.

As part of our ongoing collaborative work with the Workforce, HR and Recruitment teams, we have completed the design of the latest #Humbleivable – Destination Humber Recruitment packs and Workforce Forms. The team are now working with the Volunteer Service to develop and design the Voluntary Services Induction Booklet. These packs will be located on the new Trac recruitment system.

We have worked closely with the complaints and PALS team to implement a new Complaints form on the Trust website, as well as a new Complaints Feedback form.

- **Design**

The team continue to provide design support where necessary for services across the Trust. Where we are unable to provide support in-house, we work closely with services to outsource appropriately.

- **GP Bulletin Newsletter**

We have worked with our Primary Care colleagues to create and release our first GP newsletter. Each month we will be sending a roundup of latest news, service updates and information for GPs and primary care colleagues across Hull, East Yorkshire and North Yorkshire to keep them up to date with developments at our Trust. The team are also working on a similar email to keep our external stakeholders informed of Trust developments. A copy of the latest email [can be viewed here](#).

- **Proactive Mental Health Campaigns**

We are currently developing Proactive Mental Health campaigns to support predicted surge. We are working with contacts within services that have experience increased demand and acuity of patients, to put together a programme of campaigns aimed at aiding the reduction of service pressures.

- **World Mental Health Day 2020**

The team have also developed a communications plan for the upcoming World Mental Health Day 2020 that will incorporate important messaging for external stakeholders around mental health services and availability. This will include the use of eye-catching design in order to increase engagement.

Internal Communications

- **Poppulo**

We launched Poppulo to all staff on Wednesday, 9 September by issue of The Global. As part of the launch the Communications team created a video to explain what Poppulo is and how it will help to shape the future of staff communications.

Our results from our first send showed that of the 3,220 people that The Global was delivered to, 2,161 (65%) staff opened the email and 758 (24%) click on a link within the email. These figures exceeded Poppulo's average target figures of 65% for the Open Rate and 10% for the Click Through Rate.

	Target	First Send
Open Rate	65%	67%
Click Through Rates	10%	24%

- **Annual Members' Meeting**

Due to the COVID-19 restrictions our Annual Members' Meeting was held virtually on Thursday, 17 September. The event was promoted on our intranet, website and social media channels and an invite has been sent to our stakeholders.

The event also featured in Whitby Gazette/the Gazette and Herald and Scarborough News.

- **Staff Awards**

Given current restrictions due to COVID-19 we are unable to hold our Staff Awards ceremony in the same way as we usually do. Following a survey in which 65% of staff were in favour cancelling the awards and sending a thank you to all staff, we decided to cancel our plans to hold a virtual event in favour of sending a staff awards pack to all staff.

The pack is to say thank you and acknowledge the extraordinary efforts of all our staff and will include a few exciting surprises.

- **Intranet**

Current performance:

	Target	Performance over period
Bounce Rate	40%	60.67%
Visits	+20% on 2019 average	+361%

7 Health Stars Update

NHS Charities Together Stage 1 – BAME Funding

Health Stars were successful in securing a grant of £50,000 from NHS Charities together to support staff and the local community who are Black, Asian and minority ethnic. The grant is for a project in partnership with Health Tree Foundation, the charity for Northern Lincolnshire and Goole NHS Foundation Trust. It will see a BAME coordinator recruited to support our local BAME community.

NHS Charities Together Stage 2

Stage 2 is the community partnerships grant round. This is a grant across the Humber Coast and Vale Integrated Care System (HCV ICS) area. All charities in the ICS will need to work together to put in a grant in partnership as well as working with community partners. The grant is for £623,000.

A lead charity has been agreed for this phase which is the Health Tree Foundation at Northern Lincolnshire and Goole NHS Foundation Trust. This charity is also managed by HEY Smile Foundation similar to Health Stars.

The criteria for the grant are listed below. Health Stars are working with the Charitable Funds Committee to share ideas from our trust to the group.

- a) Preventing admission to NHS facilities, for example by early intervention programmes
- b) Facilitating discharge from NHS facilities, for example with end of life care or community health projects
- c) Supporting patients to recover more quickly in the community after leaving hospital
- d) Supporting initiatives that seek to remove health inequalities and disparity in health outcomes with a focus on diversity in the population

NHS Charities Together Stage 3

Stage 3 is the recovery grant aimed at support staff. This is being given out based on £22 per person employed by each NHS Trust.

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

The NHS Charities website states the following about the stage 3 grants

“Use of the funds for recovery projects can take a number of forms; these could include, but are not limited to, the following examples; adjustments and resumption of normal services; longer-term plans to support staff health; projects that improve well-being and mental health; plans to support specific staff cohorts reducing disparity and focussing on diversity; plans that have a role to play in wider economic or social recovery, for example through employment or training; projects that may dovetail with social prescribing plans that will support staff.”

Humber Centre Shop

The Humber Centre have approach Health Stars to propose the idea of Health Stars jointly running the Humber Centre Shop alongside the team at the Humber Centre.

A proposal outlining further detail is being presented to the September Charitable Funds Committee for review. It will require some investment from Health Stars. The idea is that all future income would then come into the Humber Centre fund at Health Stars.

Whitby Appeal

Health Stars presented a Whitby Hospital Appeal paper to the September Charitable Funds Committee. They are excited to get their next major appeal launched and begin fundraising. The target proposed is an ambitious yet achievable £200,000.

Michele Moran
Chief Executive
September 2020

Agenda Item 8

Title & Date of Meeting:	Trust Board Public Meeting – 30 September 2020			
Title of Report:	Publications and Policy Highlights			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To receive & note	
	For information	x	To ratify	
Purpose of Paper:	To update the Trust Board on recent publications and policy.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Monthly update	✓
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"> I. We are the NHS: People Plan for 2020/2021 II. Workforce Race Equality Standard (WRES): Indicators for the NHS medical workforce III. Implementing phase 3 of the NHS response to the COVID-19 pandemic IV. COVID-19 Insight V. CQC and Getting It Right First Time (GIRFT) have today published a new Memorandum of Understanding (MoU) agreement. CQC 24 July 2020 VI. Public Health England launches new Every Mind Matters campaign VII. NHS service recovery and winter preparation at risk from current testing shortages VIII. National Institute for Health Protection IX. Resolution Matters 			

Monitoring and assurance framework summary:

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

✓ Tick those that apply

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



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

Publications and Policy Highlights

The report provides a summary on recent publications and policy.

1. **We are the NHS: People Plan for 2020/2021** NHS England 30 July 2020

[We are the NHS: People Plan 2020/21 – action for us all](#), along with [Our People Promise](#), sets out what our NHS people can expect from their leaders and from each other. It builds on the creativity and drive shown by our NHS people in their response, to date, to the COVID-19 pandemic and the [interim NHS People Plan](#). It focuses on how we must all continue to look after each other and foster a culture of inclusion and belonging, as well as take action to grow our workforce, train our people, and work together differently to deliver patient care.

This plan sets out practical actions for employers and systems, as well as the actions that NHS England and NHS Improvement and Health Education England will take, over the remainder of 2020/21. It includes specific commitments around:

- Looking after our people – with quality health and wellbeing support for everyone
- Belonging in the NHS – with a particular focus on tackling the discrimination that some staff face
- New ways of working and delivering care – making effective use of the full range of our people's skills and experience
- Growing for the future – how we recruit and keep our people, and welcome back colleagues who want to return

The arrival of COVID-19 acted as a springboard, bringing about an incredible scale and pace of transformation, and highlighting the enormous contribution of all our NHS people. The NHS must build on this momentum and continue to transform – keeping people at the heart of all we do.

Lead: Director of Workforce & Organisational Development

Presentation provided to Workforce and OD Committee. Workforce Strategy being updated to take into account this plan. New strategy timetabled to come to Board in December.

Workforce Race Equality Standard (WRES): Indicators for the NHS medical workforce
NHS England 7 September 2020

A bespoke set of WRES indicators have been developed for the NHS medical workforce. This document outlines the rationale for these indicators and explains how they will work. A full set of data against these indicators will be analysed and presented as part of the annual WRES data report for NHS trusts later this year.

The WRES was introduced in 2015 to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

Lead: Director of Workforce & Organisational Development

We will report on these new indicators as part of our WRES submission.

Implementing phase 3 of the NHS response to the COVID-19 pandemic NHS England 7 August 2020

We have published in this single document a range of supplementary materials to support implementation.

This document includes:

1. Urgent actions to address inequalities in NHS provision and outcomes
2. Mental health planning
3. Restoration of adult and older people's community health services
4. Using patient-initiated follow-ups as part of the NHS COVID-19 recovery
5. Finance: 2020/21 phase 3 planning submission guidance
6. COVID-19 data collections: changes to weekend collections

Lead: Chief Operating Officer

This report has been utilised to inform our Phase 3 planning work and to ensure that our operational service plans are in line with expected restoration and recovery of activity. This planning work is overseen by our Continuity of Service Planning group, developed as part of our response to the pandemic, which is attended by senior division and corporate service managers to ensure that our approach is robust.

COVID-19 Insight CQC July 2020

In this month's report,

<https://www.cqc.org.uk/sites/default/files/20200715%20COVID%20IV%20Insight%20number%203%20slides%20final.pdf> we explore further the need for providers and other organisations to collaborate to tackle COVID-19. We look at what concerns have prompted us to carry out a number of inspections in recent months, and at the challenges that providers have faced in caring for people detained under the Mental Health Act or subject to a deprivation of liberty. We want these insight reports to help everyone involved in health and social care to work together to learn from the first stages of the pandemic. This includes:

- sharing and reflecting on what has gone well
- understanding and learning from the experience of what hasn't
- helping health and care systems prepare better in the future.

Better care through collaboration looks at

- the importance of collaboration among providers
- views on shared local vision for services
- the importance of shared governance
- the challenge of ensuring enough staffing capacity.

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

Some useful insights in the report. Report added to the October Quality Patient And Safety (QPAS) agenda for discussion and noting.

CQC and Getting It Right First Time (GIRFT) have today published a new Memorandum of Understanding (MoU) agreement. CQC 24 July 2020

The agreement sets out how CQC will work with those leading the GIRFT programme to:

- safeguard the wellbeing of people receiving health and social care in England

- promote patient safety
- support improvements in care.

GIRFT is a national programme designed to improve care within the NHS by reducing unwarranted variations. It tackles variations in the way services are delivered, and shares best practice between trusts. It identifies changes that will help improve care and patient outcomes, as well as delivering efficiencies. The programme started as a pilot within orthopaedic surgery. It has since been extended to include over 40 clinical specialties. The formal agreement between both organisations is underpinned by the following principles:

- making decisions that promote people's safety and encouraging high-quality care
- respecting each other's independent status
- cooperating in an open and transparent way
- ensuring an efficient and joined up approach that streamlines information requests to providers.

In line with these principles, the agreement confirms that the GIRFT team will regularly update CQC on the findings of their reviews of individual clinical specialities. They will inform CQC of any safety concerns identified during those reviews. And they'll share their final reports and recommendations before publication.

CQC and GIRFT will:

- liaise closely where providers are failing to implement action plans in response to GIRFT reviews
- cooperate to promote safety
- work together in the public interest to support service improvement.

Lead: Medical Director

Humber Teaching NHS FT welcomes this announcement; we are currently in the planning phase with the GIRFT national team to discuss the benchmarking data which they have recently completed. This is a joint session, but in line with the GIRFT approach its predominantly aimed at clinicians and senior managers the plan and deliver day to day care. Benchmarking ourselves has been a strong component of our improvement journey in the past 3 years and this is a welcome additional opportunity to explore strengths and opportunities for improvement.

Public Health England launches new Every Mind Matters campaign Public Health England 9 September 2020

Mental health campaign supports the wellbeing of children, young people and their parents. Most families have experienced upheaval in their daily lives during the pandemic. With children and young people now back at school or college, the new Public Health England (PHE) [Better Health – Every Mind Matters campaign](#) provides NHS-endorsed tips and advice to help children and young people's mental wellbeing, and equip parents and carers with the knowledge to support them.

Research reveals that the COVID-19 outbreak has caused an increase in anxiety in young people. What's more, over two-fifths (41%) of children and young people said they were more lonely than before lockdown and more than a third said they were more worried (38%), more sad (37%) or more stressed (34%). New PHE survey data found that two-thirds of parents say their children's behaviour has changed since the start of the pandemic

(69%) and when asked their top 3 worries around COVID-19, over half (52%) said the mental wellbeing of their children topped the list of their biggest worries.

As we adapt to a new normal many parents and carers anticipate their children will experience new stresses. This includes facing the challenges of catching up with missed education, starting new schools or colleges and building relationships with friends again. Nearly a quarter of parents surveyed say that not knowing what action to take has prevented them supporting their children's mental wellbeing (22%), and more than a third (38%) want more advice on how to support their mental wellbeing when returning to school.

Lead: Head of Corporate Affairs & Medical Director

The campaign will be incorporated into our own mental health support initiatives including internal, web and social media messaging.

The Medical Director will also ensure that the philosophical contents of this report will be reiterated at the various internal and external meetings that he attends building on the trusts commitment to reducing health inequalities.

NHS service recovery and winter preparation at risk from current testing shortages NHS Providers 15 September 2020

Trust leaders from across the country are expressing increasing concern that current testing shortages are starting to impact on NHS service recovery and winter preparations due to staff and their family members being unable to access a test, increasing NHS staff absences. NHS staff are having to self-isolate in the absence of a test for either them or their loved ones, taking valuable NHS staff away from the frontline where they are needed.

With the number of COVID-19 cases increasing every day, the NHS is facing renewed pressure on its services while also preparing for winter and continuing to recover other services and planned activity. If staff absences continue to increase due to a lack of testing ability, these pressures will accelerate.

Trust leaders are particularly concerned about the lack of appropriate detailed operational information on the shortages, such as how big they are and how long they will last, that is preventing them from managing this problem effectively.

Lead: Chief Operating Officer

This report has been shared with our Children's and Learning Disability Division, they were are aware of many of the issues it raises as a consequence of their own contact with children, young people and their families during the Covid- 19 pandemic. It is being utilised to support the ongoing planning work that is in place to address the anticipated rise in demand for services and the response we will need to make working with our system partners.

National Institute for Health Protection National Health Executive 18 August 2020

The Government has created its new National Institute for Health Protection (NIHP), which will start work immediately, with a single command structure to advance the country's response to the coronavirus pandemic.

Under the new organisation, the efforts of Public Health England and NHS Test and Trace will be brought together, as well as the analytical capability of the Joint Biosecurity Centre

(JBC) under a single leadership team. It represents the first step towards becoming a single organisation, focused on tackling Covid-19 and protecting the nation's health. As an effort to minimise disruption to the vital work dealing with the pandemic, the organisation will be formalised and operating from Spring 2021.

The new organisation will support local directors of public health and local authorities on the frontline of the Covid-19 response. Key responsibilities of the new NIHP will include:

- NIHP local health protection teams to deal with infections and other threats
- support and resources for local authorities to manage local outbreaks
- the COVID-19 testing programme
- contact tracing
- the Joint Biosecurity Centre
- emergency response and preparedness to deal with the most severe incidents at national and local level
- research and reference laboratories and associated services
- specialist epidemiology and surveillance of all infectious diseases
- the Centre for Radiation, Chemical and Environmental Hazards
- global health security
- providing specialist scientific advice on immunisation and countermeasures

The NIHP will be a new organisation whose primary focus is to ensure we have the best capability to control infectious disease and deal with pandemics or health protection crises. It will take on existing UK-wide responsibilities and it will work with local government, the NHS and the devolved administrations to ensure we have the strongest possible health protection system for the whole of the UK. It will build on the existing strong working relationships between the four nations of the UK, including on data-sharing, alert levels and border issues. It will report directly to the Health and Care Secretary and support the clinical leadership of the four UK chief medical officers.

The government is immediately bringing together PHE, NHS Test and Trace and the Joint Biosecurity Centre under the interim leadership of Baroness Dido Harding, with a single command structure and operating model to tackle the Covid-19 pandemic. Supporting Baroness Harding in her role will be Michael Brodie, who has been appointed Interim Chief Executive Officer of PHE. Michael is currently CEO of the NHS Business Services Authority. Duncan Selbie, the outgoing PHE Chief Executive, will be taking on a role as a senior advisor to the Department of Health and Social Care on global and public health.

Lead: [For noting](#)

Resolution Matters NHS Resolution July 2020

This publication highlights a number of areas to note.

- Mediation in healthcare claims: Mediation is an effective forum for claims resolution and provides injured patients and their families with the opportunity to receive face-to-face explanations and apologies. We recently published an evaluation of our claims mediation service and retendered the contracts for delivering the service. [<read more>](#)
- Practitioner Performance Advice offers behavioural assessments remotely: In response to the Covid-19 pandemic, parts of the organisation swiftly adapted service delivery to meet the demands of the changing landscape. As part of this work, Practitioner Performance Advice is delivering behavioural assessments remotely to support organisations managing performance concerns. [<read more>](#)

- New resources to support general practice: Since we extended our services to include general practice indemnity eighteen months ago, we have developed our primary care resources to sit alongside our clinical negligence schemes. These now include: podcasts, videos and Covid-19 guidance to help support beneficiaries of our schemes. [<read more>](#)

Lead: Medical Director

This is a helpful report and the emphasis on mediation is an important step which is applicable not just late in the claims process but just as importantly early in the complaints process. The report will be shared with our head of patient experience and Head of Legal. We had provisional plans in place to work with NHS resolution to deliver some focussed training and targeted insights which was place on hold during COVID but hopefully we will be able to get up and running and do remotely.

Agenda Item 9

Title & Date of Meeting:	Trust Board Public Meeting– 30 th September 2020			
Title of Report:	Performance Report - Month 5 (August)			
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 August 2020.</p> <p>The report is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits presented in graphical format.</p>			
Governance: <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:	<p>Commentary is included below for those indicators that have fallen outside of the normal variation range.</p> <p>Friends and Family Test (FFT) - Involvement - The majority of Augusts FFT responses are attributed to Primary Care.</p> <p>GP practices use the MJOG text facility patients only answer the key question (overall, how was your experience of our service).</p> <p>Due to the small number of FFT returns for other areas data can become distorted and the Patient Experience Team continue to work closely with services to encourage proactive uptake of the survey</p> <p>Waiting Times - A separate report is on the agenda in relation to waiting times.</p> <p>Out of Area placements – Out of area placements continued to increase in August due specifically to a rise in demand for functional older peoples mental health beds.</p> <p>Analysis of our acute bed flow demonstrates that this is not due to delays in discharge or deterioration of length of stay but a rise in acuity of need. The position is being monitored closely</p>			



	<p>and action is being progressed to try and address this</p> <p>Cash in Bank - The cash balance at the end of June was £27.1m, this exceeds the upper control limit and is influenced by the fact the position is inclusive of the September Block payment (£9.8m).</p> <p>Compliments – Due to visiting restrictions we are not receiving as many compliments as we did pre Covid-19. the Patient Experience Team are reminding teams on a regular basis to capture compliments and enter them onto the Datix system.</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:
Aug-20

Caring, Learning and Growing

Chief Executive: Michele Moran
Prepared by: Business Intelligence Team



Humber Teaching NHS Foundation Trust

Integrated Board Report

For the period ending: **Aug 2020**

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

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

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

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

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

Humber Teaching NHS Foundation Trust

Integrated Board Report

For the period ending:

Aug 2020

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

PI RETURN FORM 2020-21

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Aug 2020**

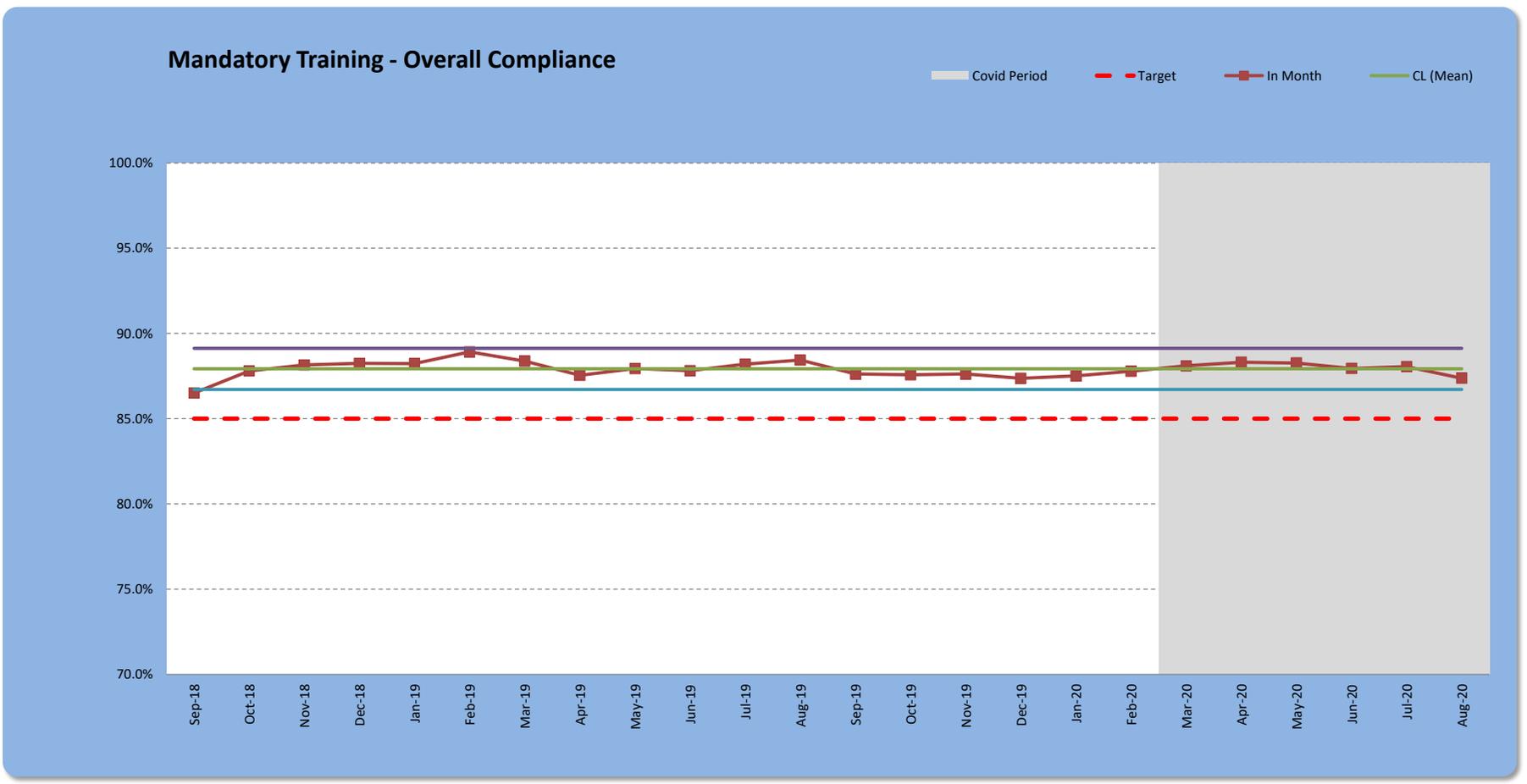
Indicator Title	Description/Rationale	Executive Lead
Mandatory Training	A percentage compliance based on an overall target of 85% for all mandatory and statutory courses	Steve McGowan

KPI Type
WL 5

Narrative

Above Target, 0.7% reduction on last month.

Target: 85%
 Amber: 75%
 Current month stands at 87.4%



PI RETURN FORM 2020-21

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Aug 2020**

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

KPI Type
WL 2 VAC

Narrative

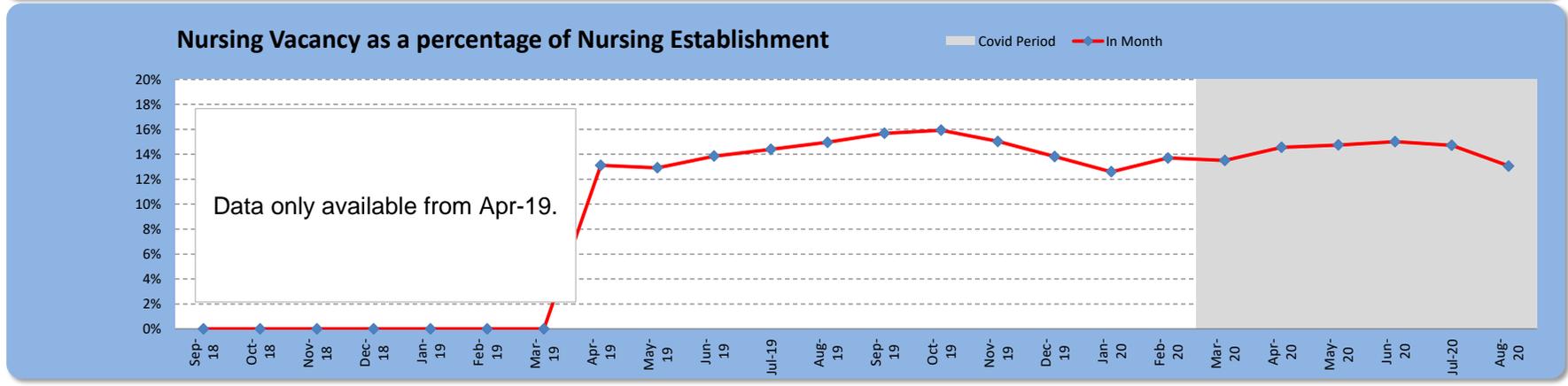
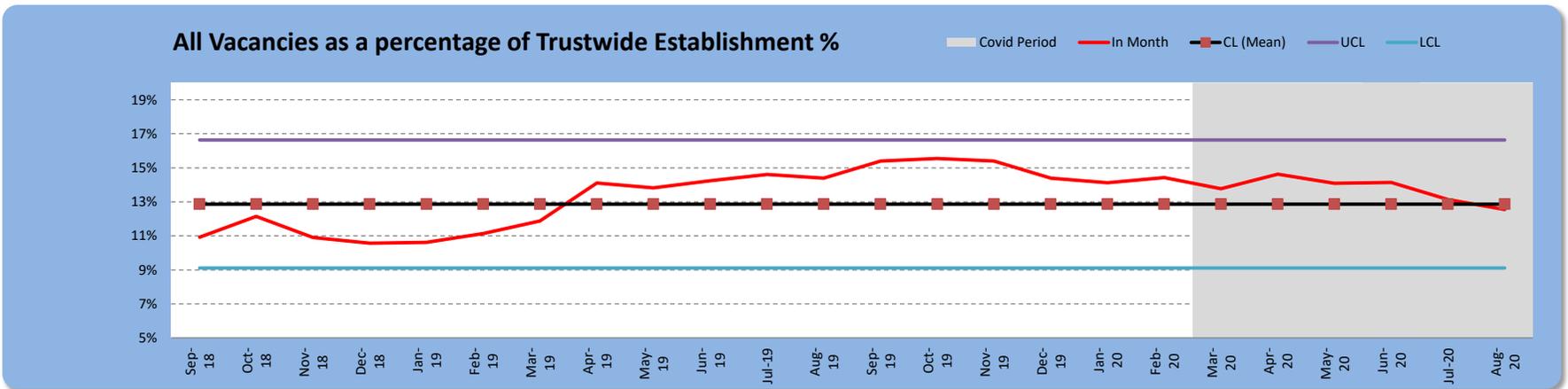
Vacancies dropped by 0.6% when compared to the previous reporting period.

Nursing Vacancy rate has reduced by 1.6%.

Breakdown for Month

	Trustwide	Nursing
Est	2920.3	834.7
Vac	383.4	122.9
	13.1%	14.7%

Current month stands at 12.5%



PI RETURN FORM 2020-21

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Aug 2020**

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

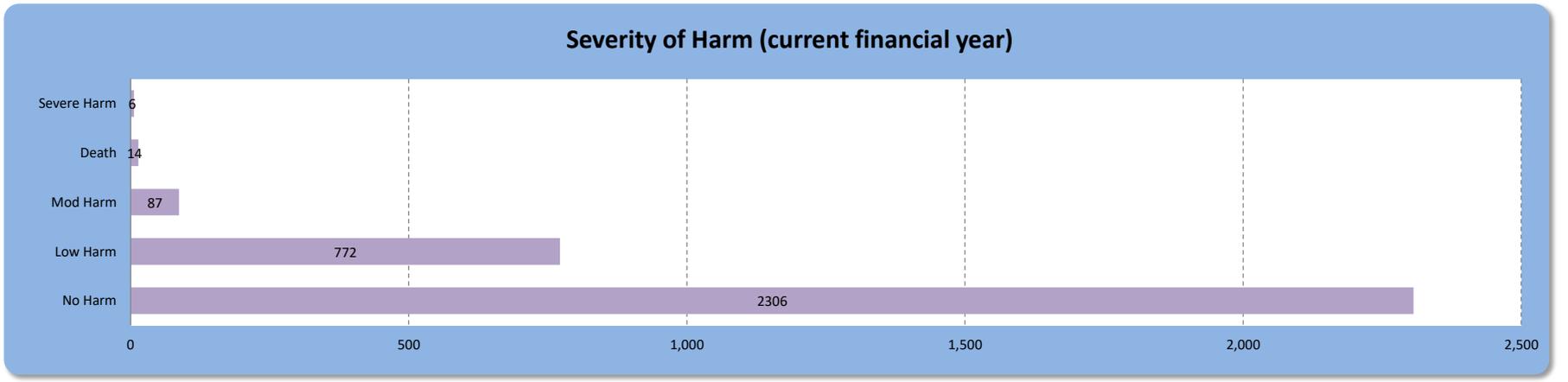
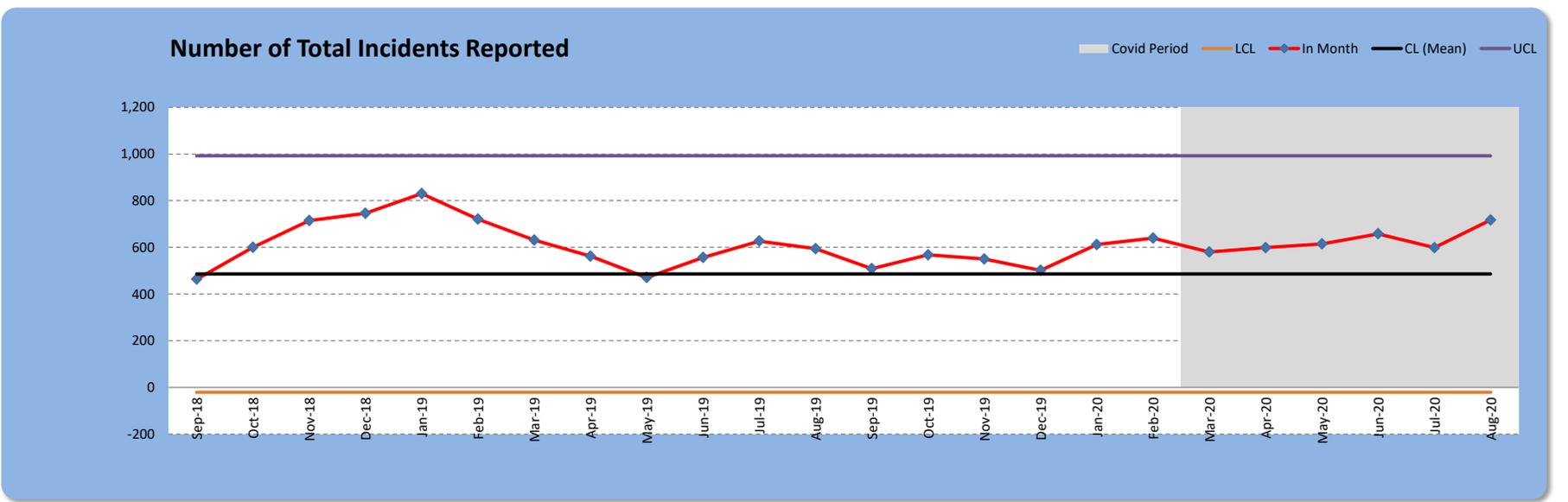
Narrative

Increase of 118 when compared to the previous month.

UCL: 992
LCL: -21

Current month stands at 717

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: **Aug 2020**

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

KPI Type
WL 9a

Narrative

Greyed out area on chart signifies Covid19 period.

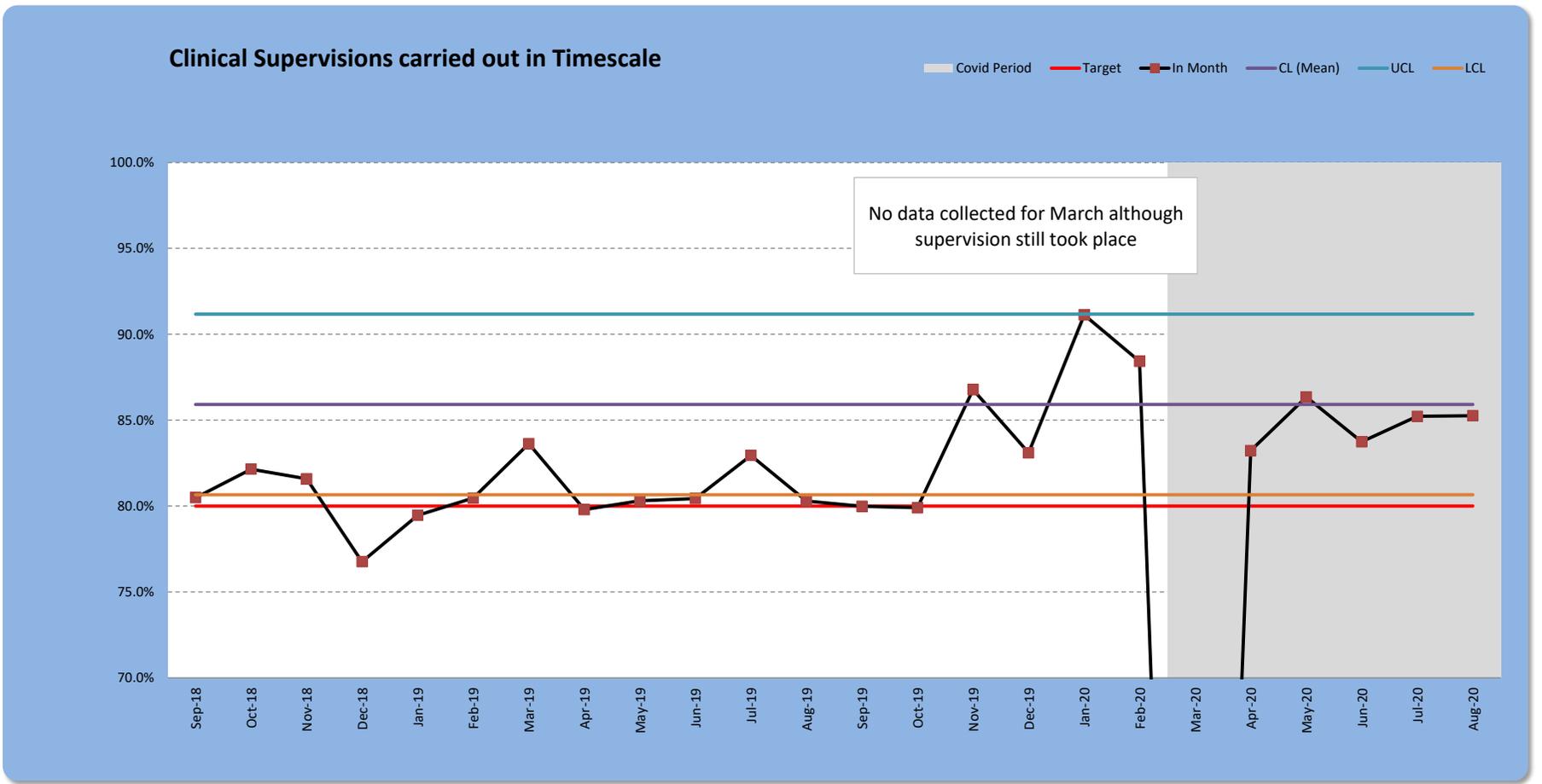
Performance remains above target for August and remains consistent with the previous reporting period.

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 QUALITY DASHBOARD

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



Show 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)	Jun-20	Jul-20
										Registered	Un Registered	Registered	Un Registered												
Adult MH	Avondale	Adult MH Assessment	31.6	80%	18.30	14.6%	↓	0.0%	→	76%	89%	100%	115%	0	5	0	0	88.6%	95.3%	91.7%	100.0%	1.1%	2.2	0	0
	New Bridges	Adult MH Treatment (M)	38.0	99%	8.55	7.7%	↓	5.7%	↑	69%	109%	74%	113%	0	0	0	0	63.2%	96.9%	91.7%	100.0%	6.3%	3.4	3	5
	Westlands	Adult MH Treatment (F)	31.2	89%	10.09	26.7%	↑	9.6%	↓	74%	105%	96%	139%	2	7	0	0	66.7%	92.5%	87.5%	90.9%	6.8%	5.0	4	3
	Mill View Court	Adult MH Treatment	26.2	97%	Joint facility as COHORT and COVID ward with MVL. Figures provided once ward re-established to regular provision									0	0	0	0	100.0%	92.5%	81.8%	93.8%	5.7%	4.8	1	2
	Hawthorne Court	Adult MH Rehabilitation	21.6	72%	12.98	0.0%	↑	0.0%	↑	76%	76%	107%	138%	1	1	0	0	66.7%	90.4%	66.7%	84.6%	3.4%	-0.8	3	1
OP MH	PICU	Adult MH Acute Intensive	25.6	84%	27.93	38.9%	↑	15.7%	↓	84%	205%	98%	161%	1	6	0	0	100.0%	89.8%	100.0%	100.0%	9.8%	9.0	3	1
	Maister Lodge	Older People Dementia	35.4	70%	17.37	13.8%	↓	0.0%	→	64%	117%	100%	112%	0	6	0	0	93.3%	92.4%	81.8%	96.2%	6.6%	0.0	0	2
Specialist	Mill View Lodge	Older People Treatment	24.0	0%	Joint facility as COHORT and COVID ward with MVC. Figures provided once ward re-established to regular provision									0	0	0	0	66.7%	96.4%	90.9%	92.9%	3.4%	1.9	1	1
	Pine View	Forensic Medium Secure	24.7	65%	9.57	8.3%	↓	0.0%	→	136%	72%	100%	100%	0	0	0	0	96.0%	96.5%	100.0%	100.0%	4.9%	1.0	2	2
	Derwent	Forensic Low Secure	26.2	78%	14.41	34.7%	↓	3.0%	↑	90%	89%	97%	118%	1	5	0	0	96.9%	94.0%	100.0%	89.5%	11.9%	2.4	2	1
	Ouse	Forensic Low Secure	23.2	89%	8.06	15.6%	↓	0.0%	↑	72%	90%	100%	115%	0	5	0	0	100.0%	99.2%	100.0%	100.0%	11.9%	2.4	2	2
	Swale	Personality Disorder Medium Secure	28.3	60%	15.02	40.1%	↑	0.0%	→	95%	100%	100%	130%	0	1	0	0	96.3%	90.3%	90.0%	100.0%	6.7%	0.0	1	1
Child & LD	Ullswater	Learning Disability Medium Secure	27.9	60%	18.74	28.4%	↑	0.0%	→	92%	83%	100%	73%	0	0	0	0	77.8%	94.7%	81.8%	100.0%	12.2%	0.0	1	3
	Townend Court	Learning Disability	30.8	63%	20.76	30.9%	↓	0.0%	→	56%	83%	61%	143%	0	2	0	0	No Ret	94.1%	70.0%	100.0%	6.5%	5.0	4	4
	Inspire	CAMHS	45.0	65%	23.58	0.0%	→	0.0%	→	74%	68%	81%	68%	0	0	0	0	100.0%	89.5%	89.5%	100.0%	8.1%	3.0	1	1
CH	Granville Court	Learning Disability Nursing Treatment Physical Health	47.8	Not Avail	n/a	26.4%	↓	0.0%	→	76%	95%	100%	99%	0	0	0	n/a	96.4%	84.1%	100.0%	76.7%	5.8%	1.4	1	1
	Whitby Hospital	Community Hospital	34.1	88%	10.66	0.0%	→	0.0%	→	96%	82%	100%	93%	1	0	0	n/a	91.7%	95.6%	88.9%	70.0%	3.7%	0.2	1	0
	Malton Hospital	Physical Health Community Hospital	26.1	76%	11.55	Not on eRoster	→	Not on eRoster	→	97%	105%	103%	102%	0	1	0	n/a	89.3%	80.8%	75.0%	47.6%	9.4%	4.8	2	2

Exception Reporting and Operational Commentary

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

Please note, STARS (Specialist Treatment and Recovery Service) will be included in the report for August.

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

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

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

Registered Nurse Vacancy Rates

Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
17.10%	16.80%	18.60%	16.11%	15.70%	15.00%	13.10%	13.90%	12.80%	12.64%	12.50%	9.60%

Slips Trips and Falls

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

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

PI RETURN FORM 2020-21

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Aug 2020**

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

Narrative

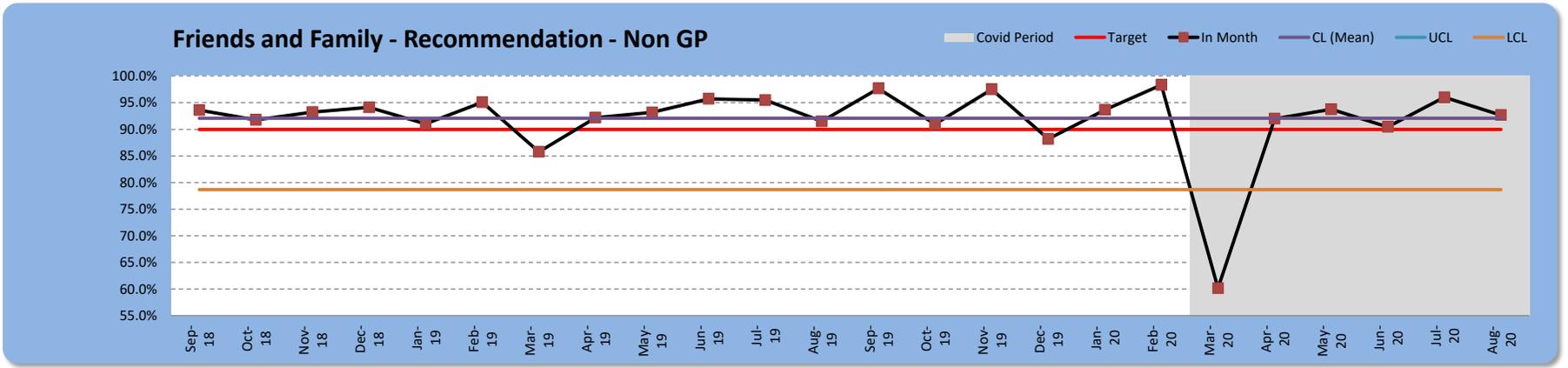
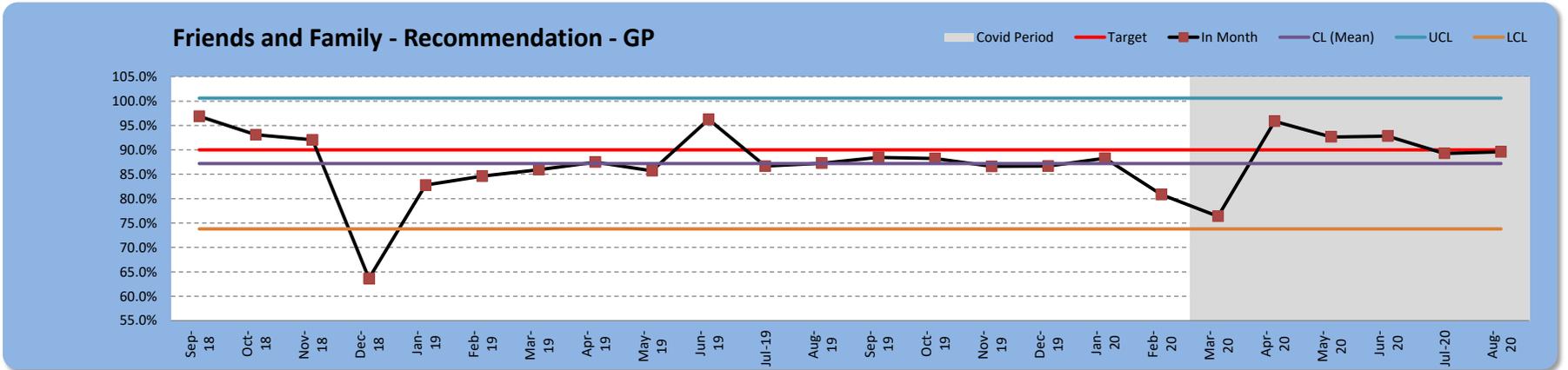
GP Recommendation is high but marginally below target at 89.6% for August.

Non GP is above target at 92.7% for August.

Target: 90%

Amber: 80%

Current month stands at 89.7%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2020**

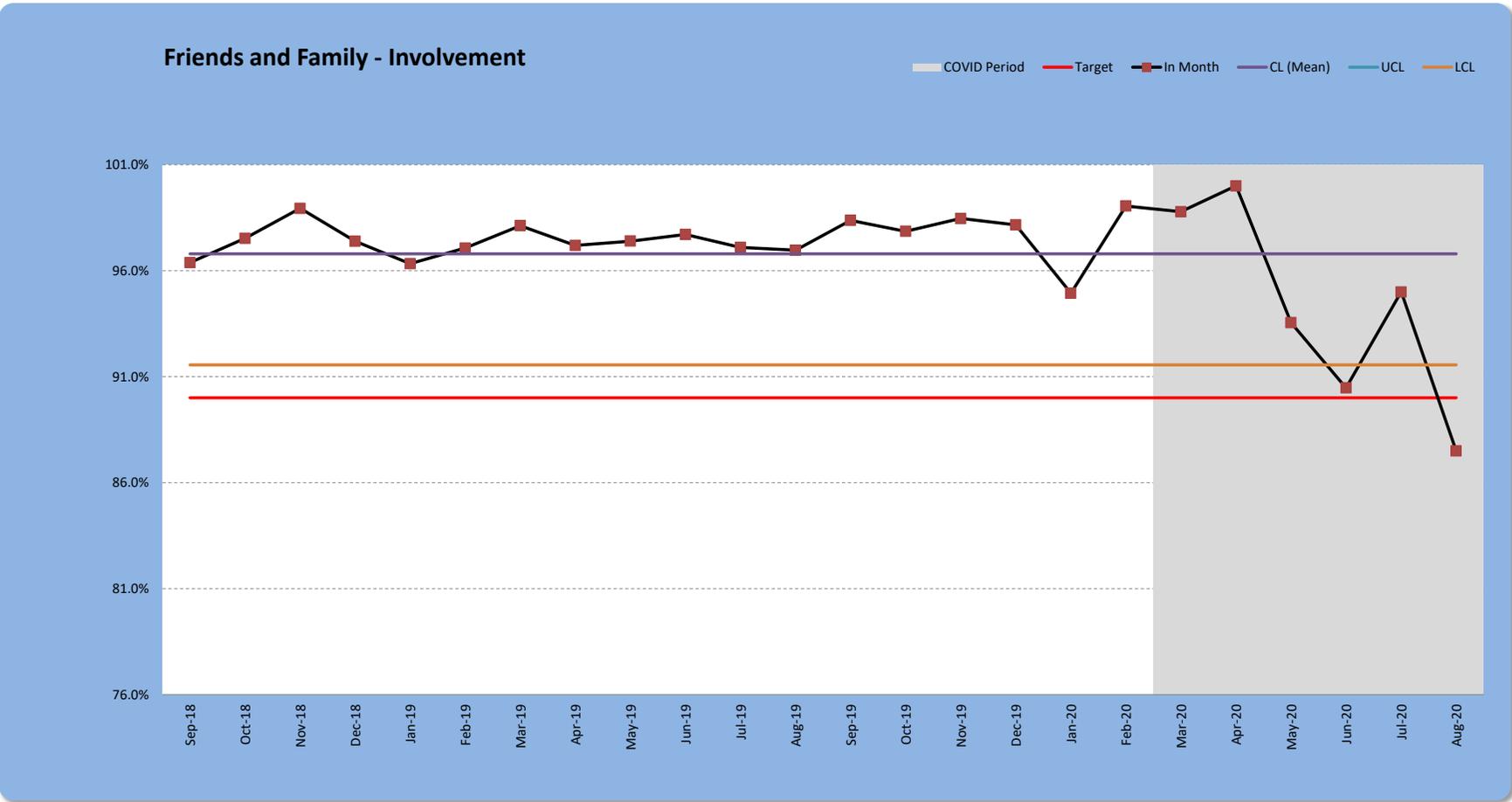
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Friends and Family Test	Results of the overall surveys completed where patients felt they were involved in their care	John Byrne	CA 3c %

Narrative

Performance has reduced by 7.5% when compared to the previous month.

Target: 90%
Amber: 80%

Current month stands at 87.5%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2020**

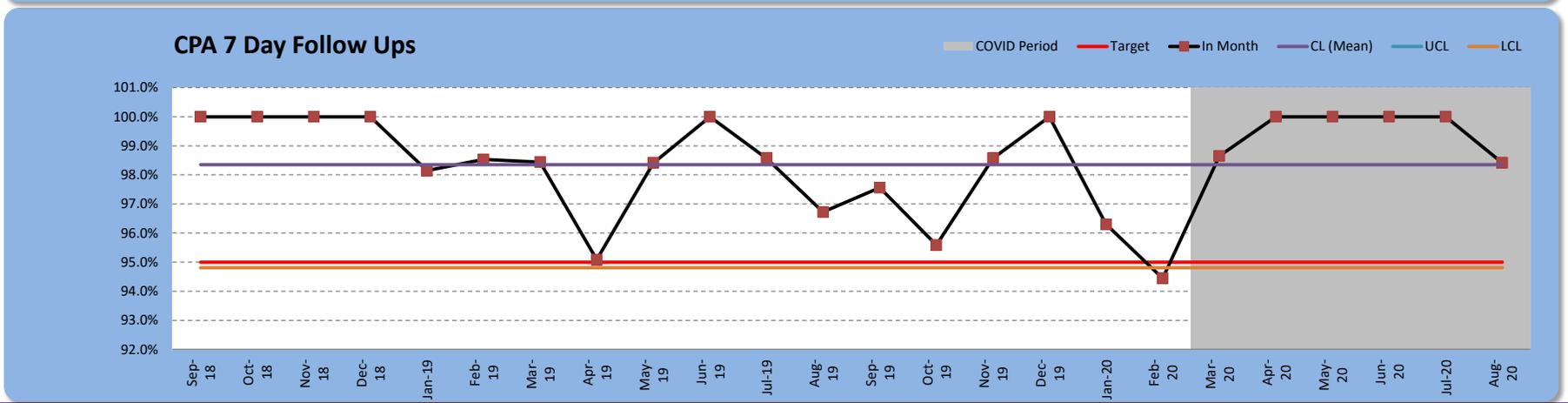
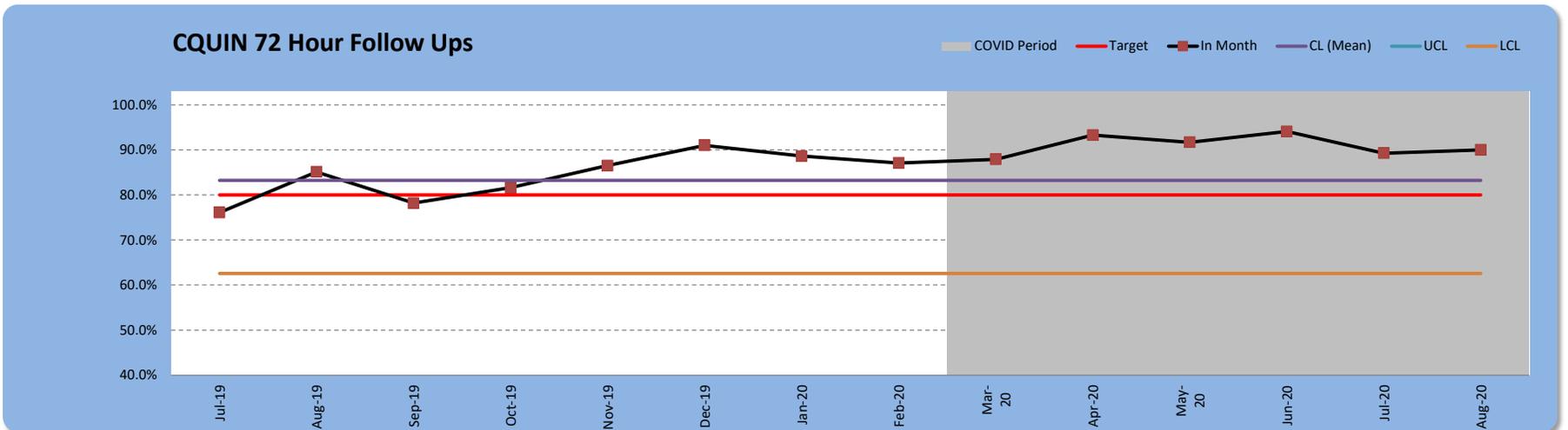
Indicator Title	Description/Rationale	Executive Lead
72 Hour Follow Ups	This indicator measures the percentage of patients who were in the CQUIN scope and had a follow up within 72 hours of discharge	Lynn Parkinson

KPI Type
OP 12

Narrative

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

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



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2020**

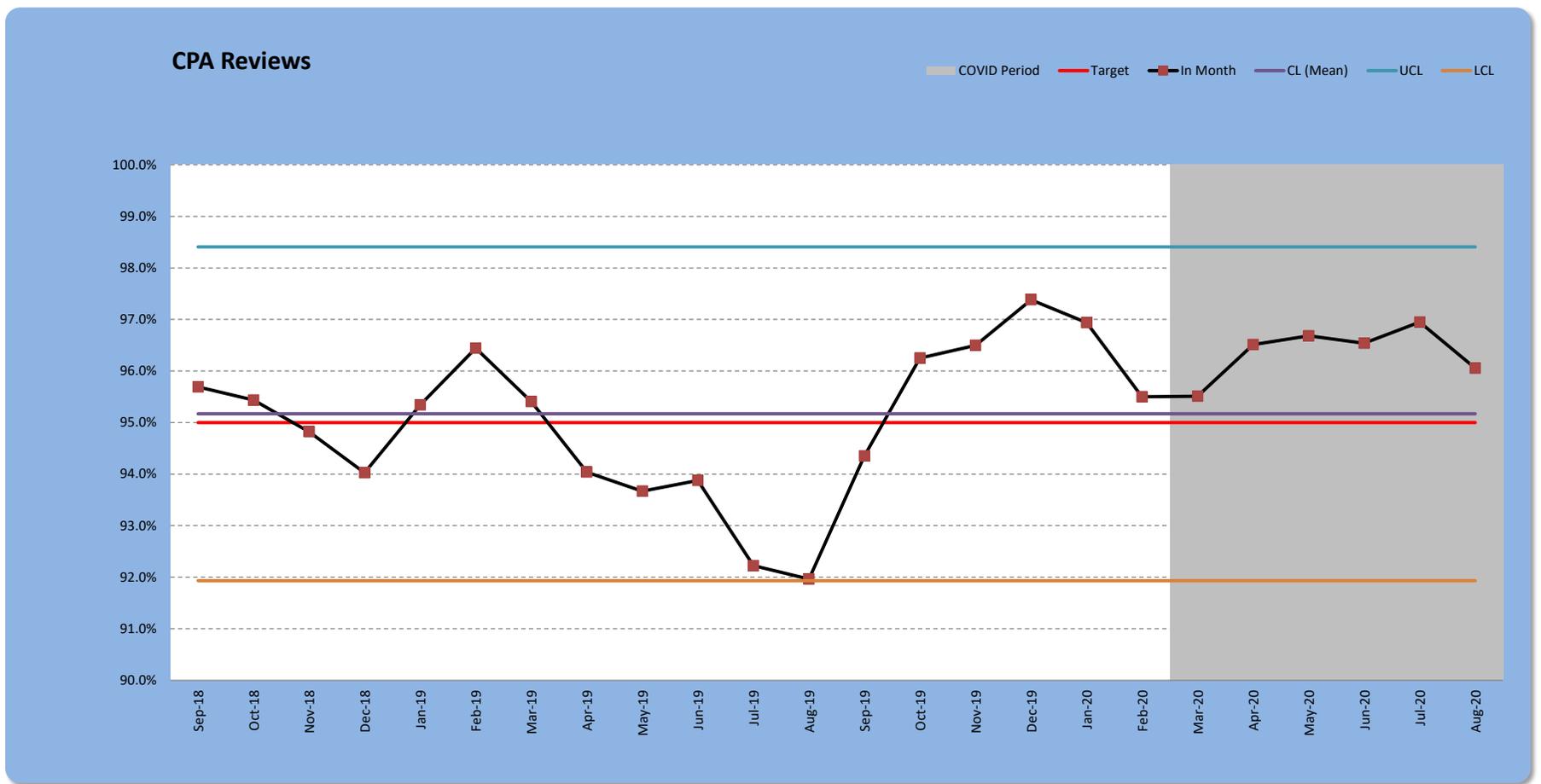
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Care Programme Reviews	This indicator measures the percentage of patients who are on CPA and have had a review in the last 12 months	Lynn Parkinson	OP 7

Narrative

Performance has reduced by 0.8% when compared to the previous month but remains above target.

Target: 95%
Amber: 85%

Current month stands at 96.1%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2020**

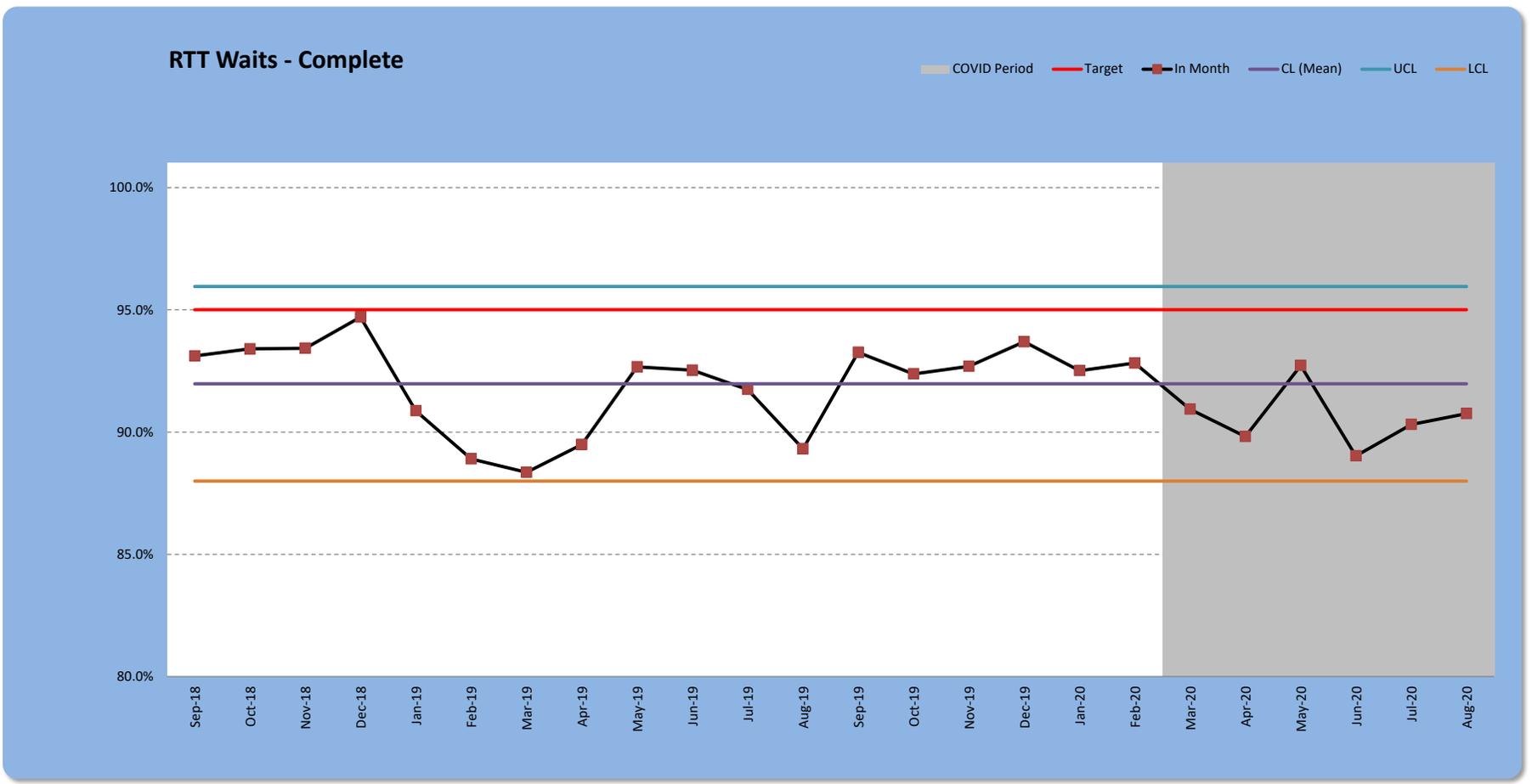
Indicator Title	Description/Rationale	Executive Lead
RTT Experienced Waiting Times (Completed Pathways)	Referral to Treatment Experienced Waiting Times (Completed Pathways) : Based on patients who have commenced treatment during the reporting period and seen within 18 weeks	Lynn Parkinson

KPI Type
OP 20

Narrative

Increase of 0.5% when compared to the previous month.

Target: 95%
 Amber: 85%
 Current month stands at 90.8%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2020**

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

KPI Type
OP 21

Narrative

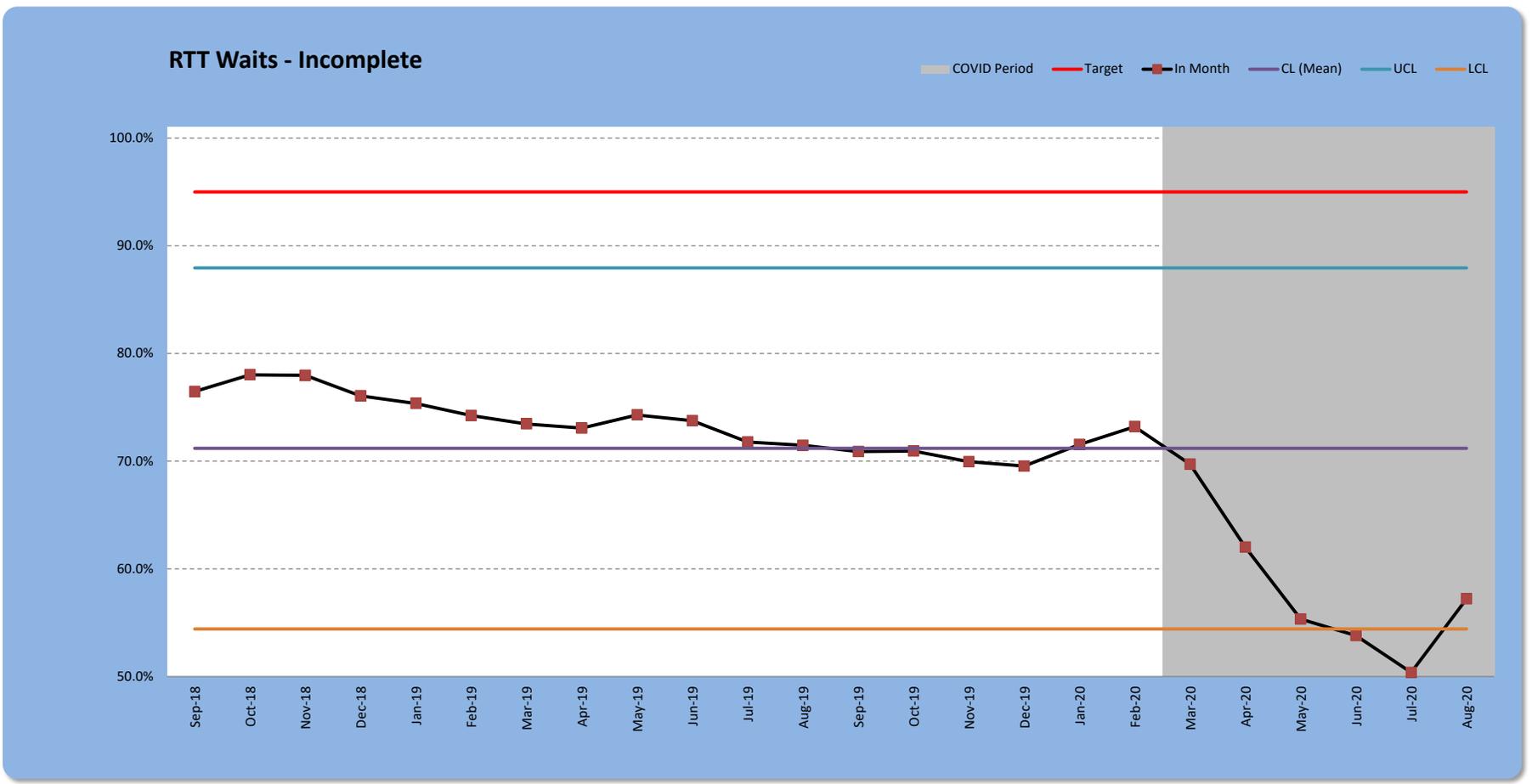
Low performance is Good.

Increase (Deterioration) of 6.8% when compared to the previous month but remains within the Control Limits

Target: 95%

Amber: 85%

Current month stands at 57.2%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2020**

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

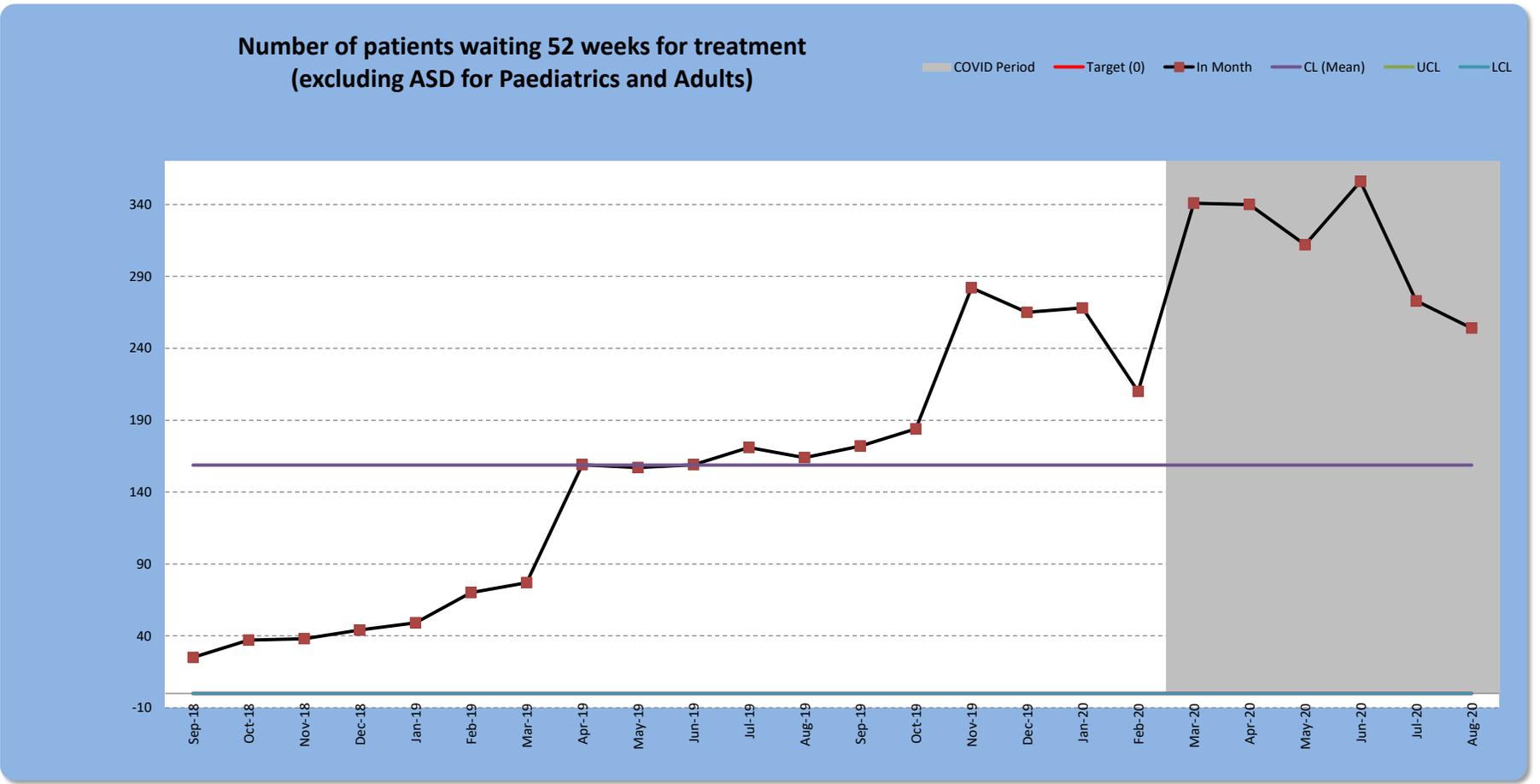
KPI Type
OP 22x

Narrative

Decrease of 19 when compared to the previous month.

Target: 0
Amber: 0

Current month stands at 254



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2020**

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

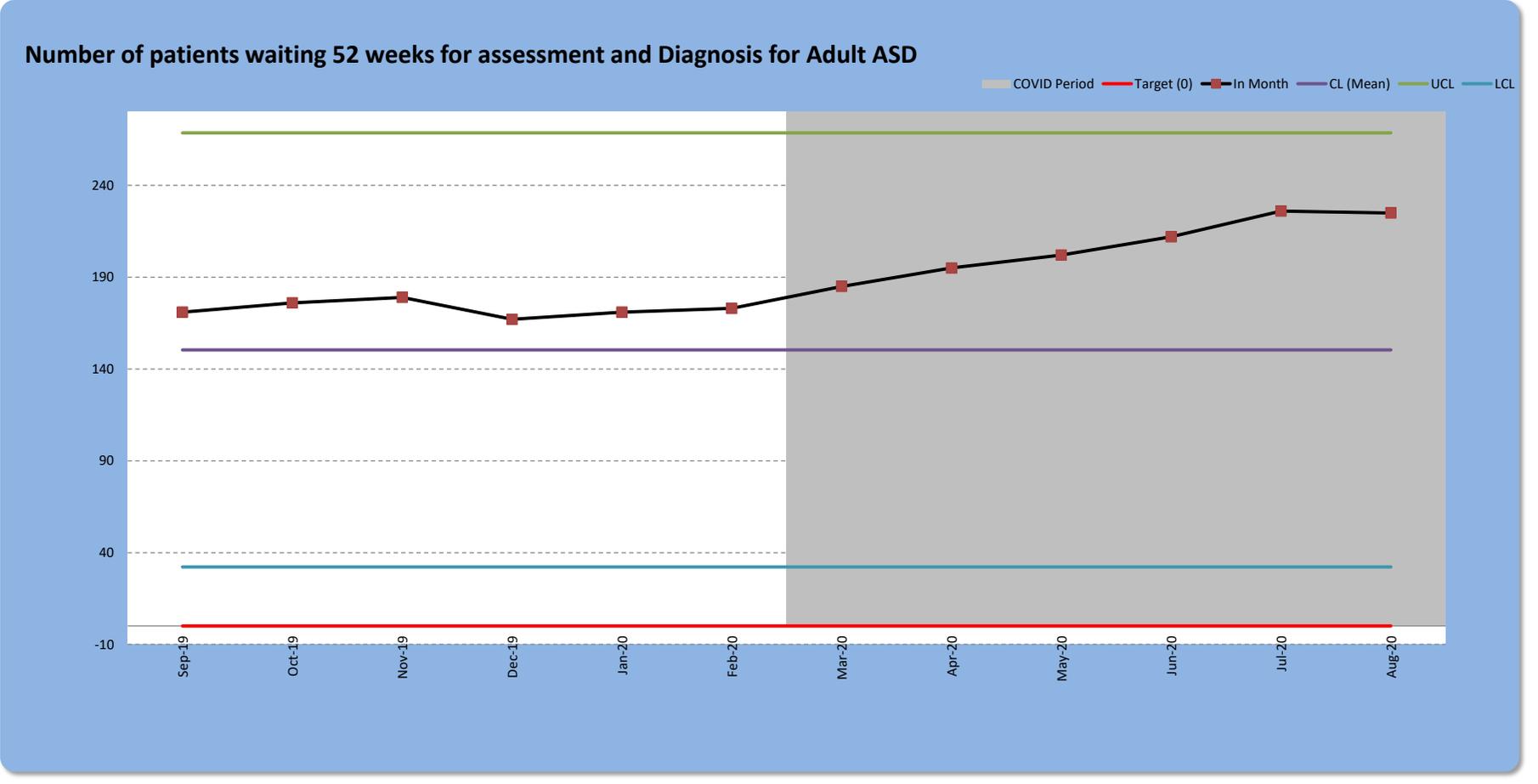
KPI Type
OP 22u

Narrative

Decrease by 1 when compared on the previous reporting period.

Target: 0
Amber: 0

Current month stands at 225



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

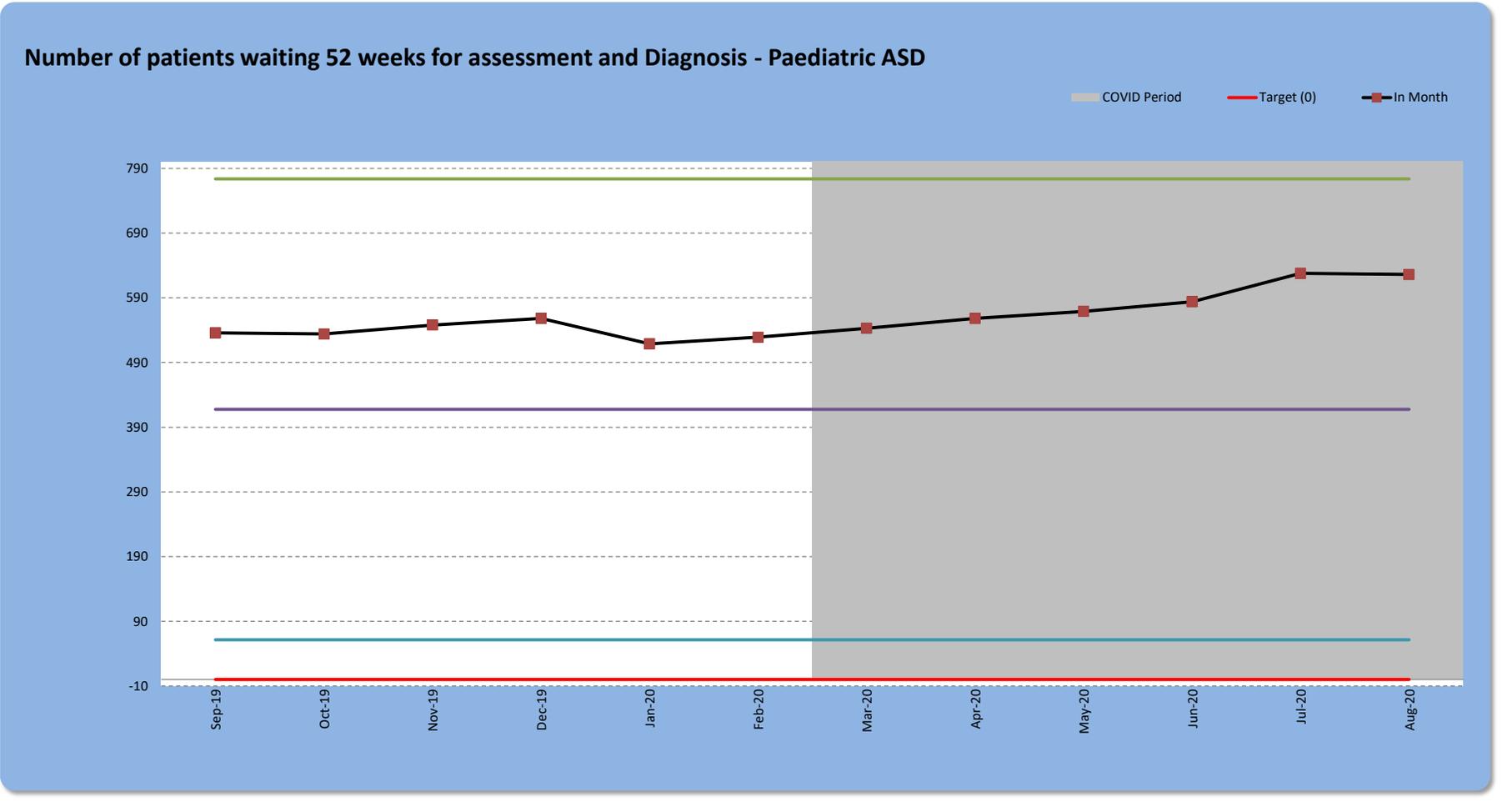
For the period ending: **Aug 2020**

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

Narrative

Decrease of 2 when compared to the previous reporting period.

Target: 0
 Amber: 0
 Current month stands at 626



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2020**

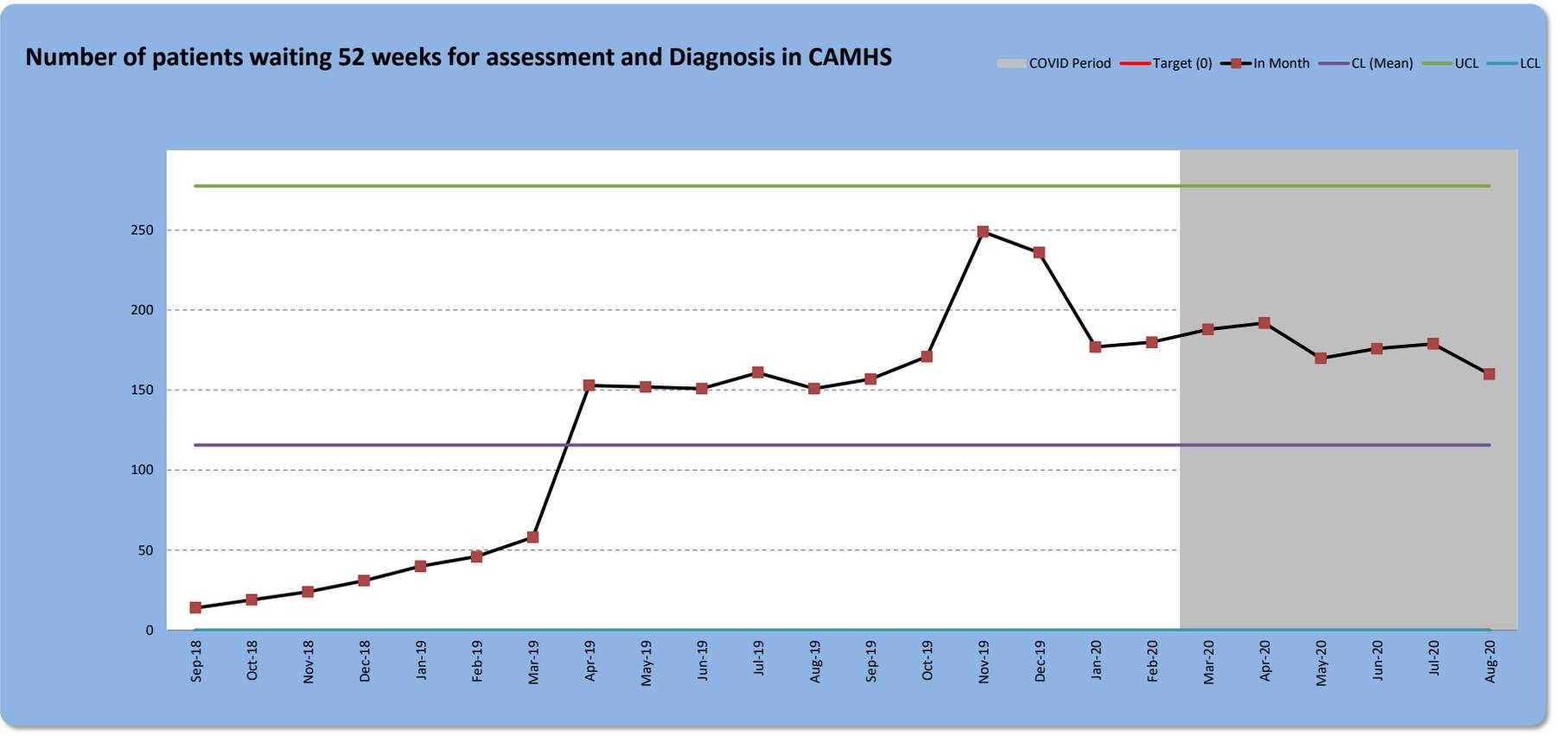
Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks (excluding paediatric ASD)	Lynn Parkinson	OP 22j

Narrative

Decrease by 17 when compared to the previous month.

Target: 0
Amber: 0

Current month stands at 160



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2020**

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

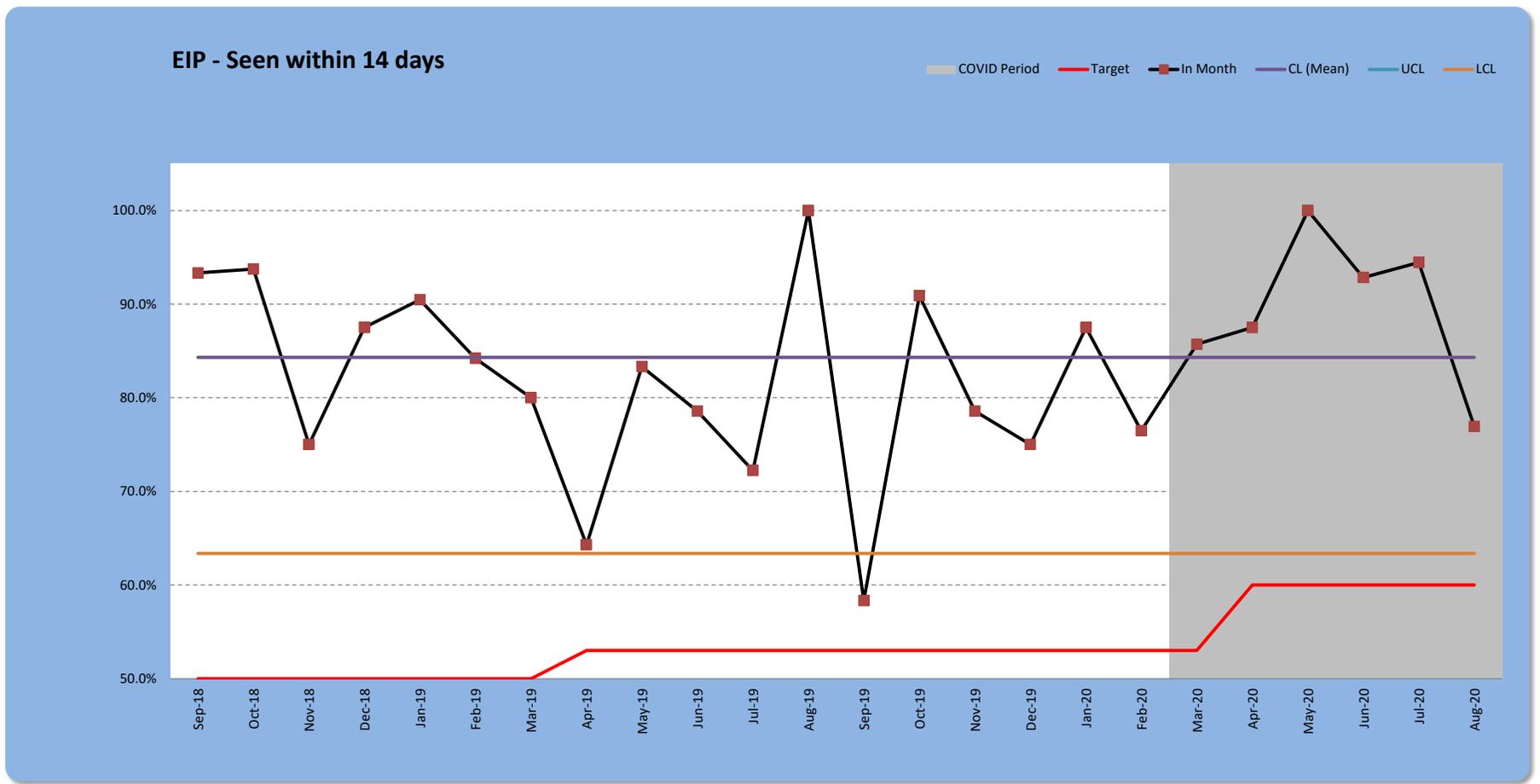
Narrative

Reduced by 17.5% when compared to the previous month but remains above the 60% target.

Target has increased to 60% in 2020/21.

Target: 56%
Amber: 51%

Current month stands at 76.9%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

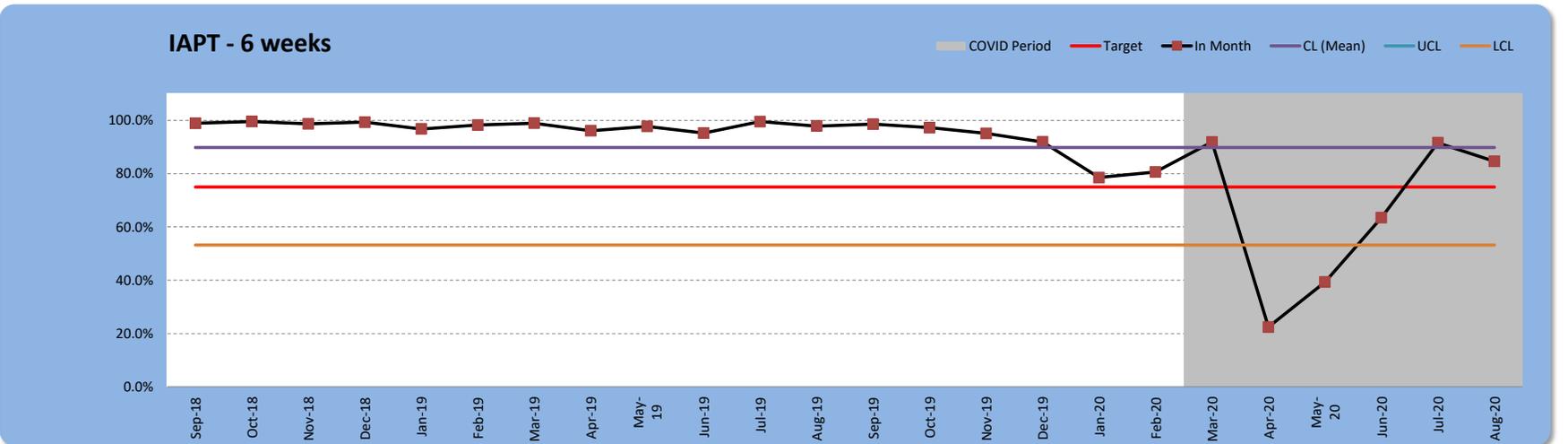
For the period ending: **Aug 2020**

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

Narrative

Performance has reduced by 5.1% but remains above the target of 75%

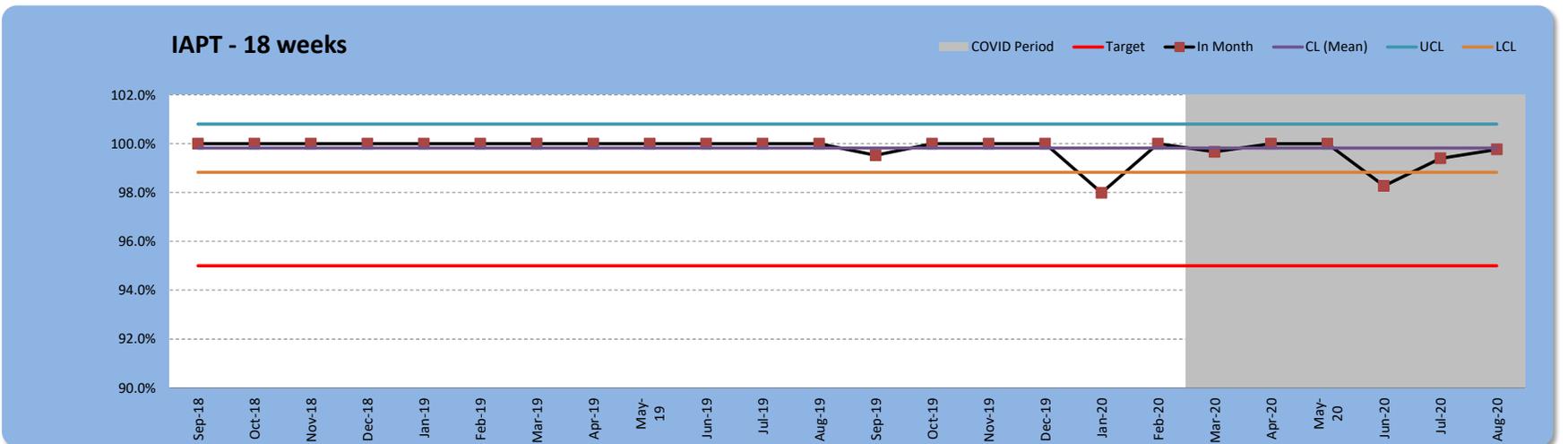
Target: 75%
 Amber: 70%
 Current month: 84.7%



Narrative

99.8% Achievement in the month, an increase of 0.4%

Target: 95%
 Amber: 85%
 Current month: 99.8%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2020**

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

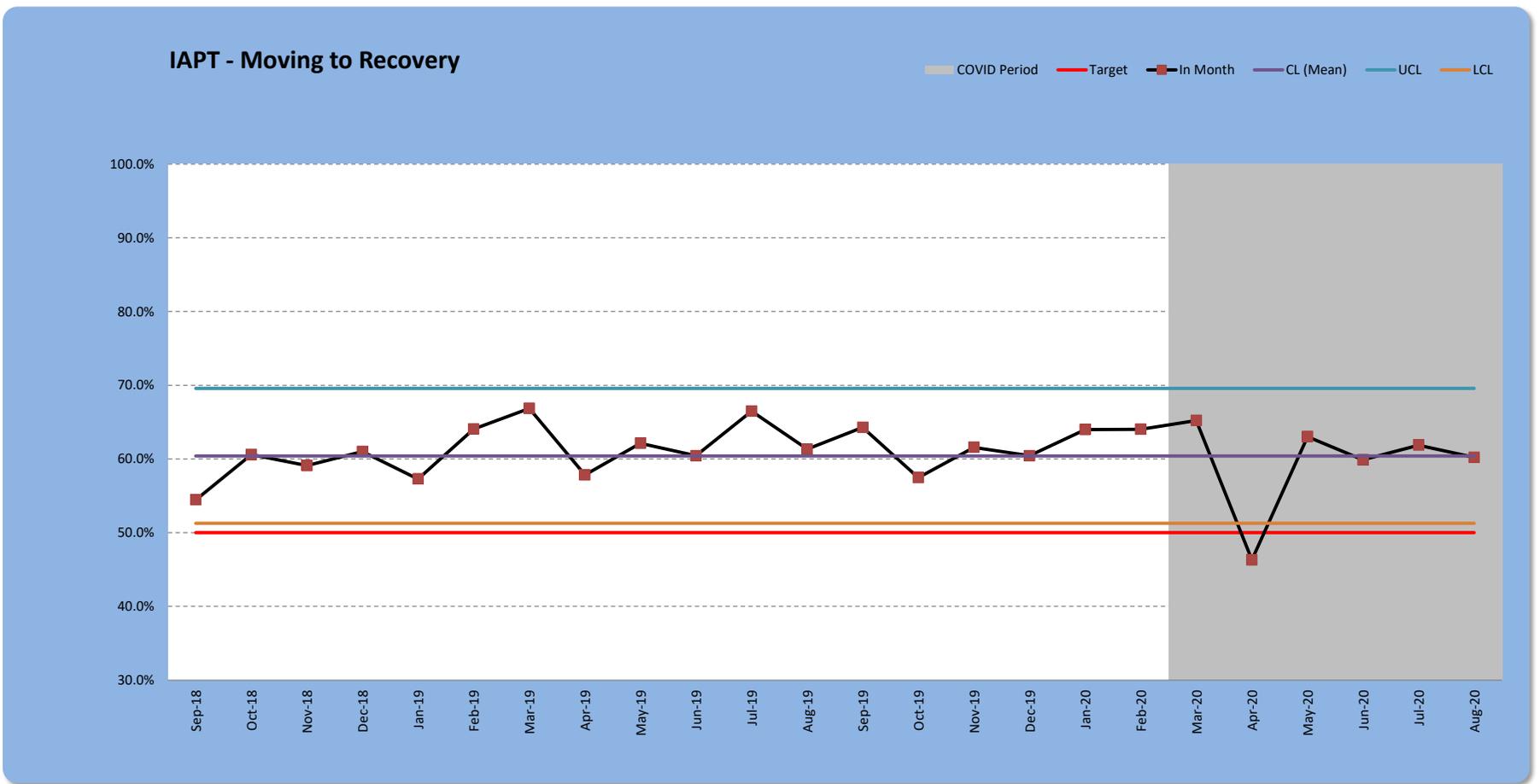
KPI Type
OP 11

Narrative

Performance has reduced by 1.5% when compared to the previous month. Performance remains above the 50% target.

Target: 50%
Amber: 45%

Current month stands at 60.2%



PI RETURN FORM 2020-21

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Aug 2020**

Indicator Title

Description/Rationale

Executive Lead
Lynn Parkinson

KPI Type

Out of Area Placements

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

ST 4b

Narrative

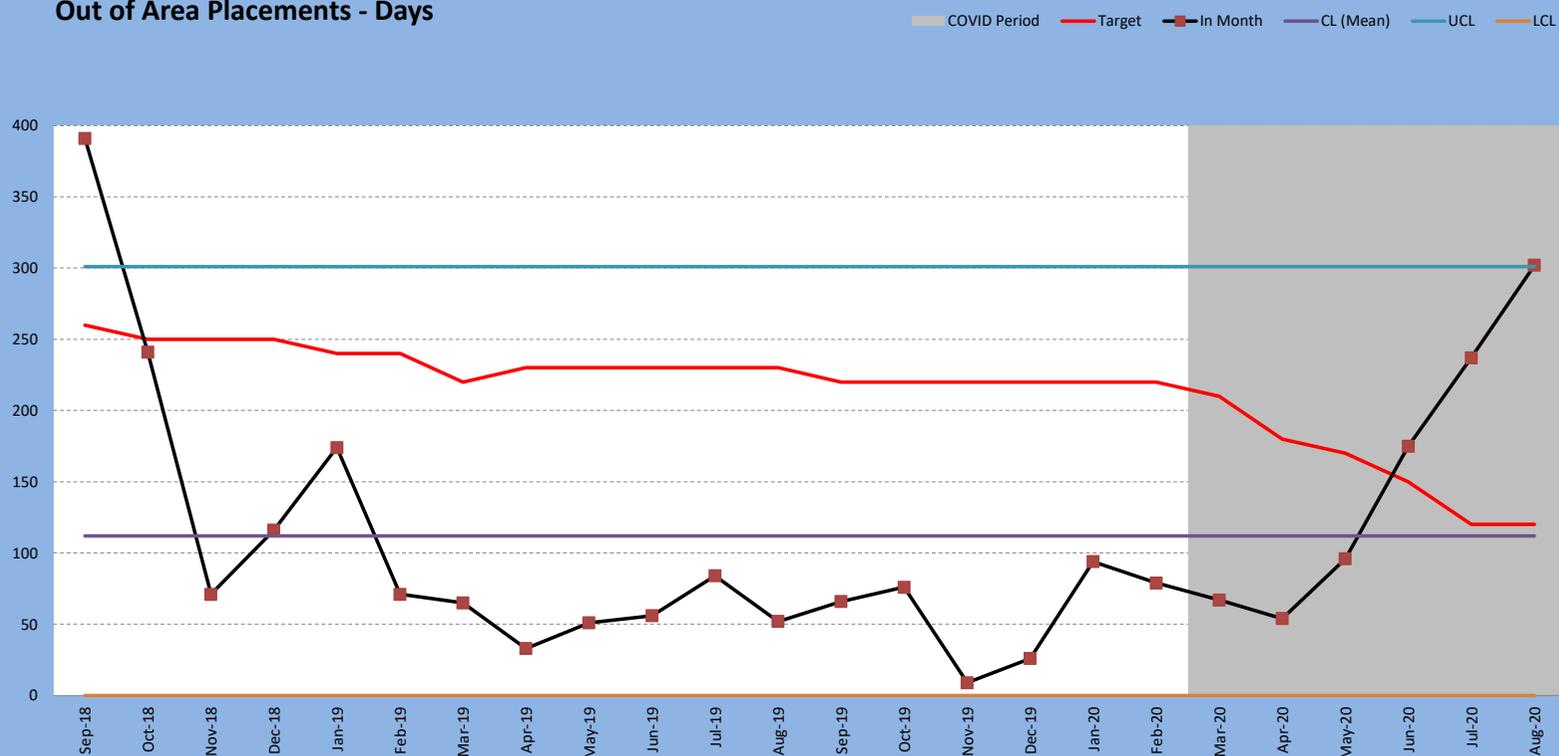
Out of area days continue to increase rapidly over the last three months and are now above the threshold. Main impact due to reduction in bed availability during the Covid period

Target: 120

Amber:

Current month stands at 302

Out of Area Placements - Days



PI RETURN FORM 2020-21

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Aug 2020**

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

KPI Type
OP 14

Narrative

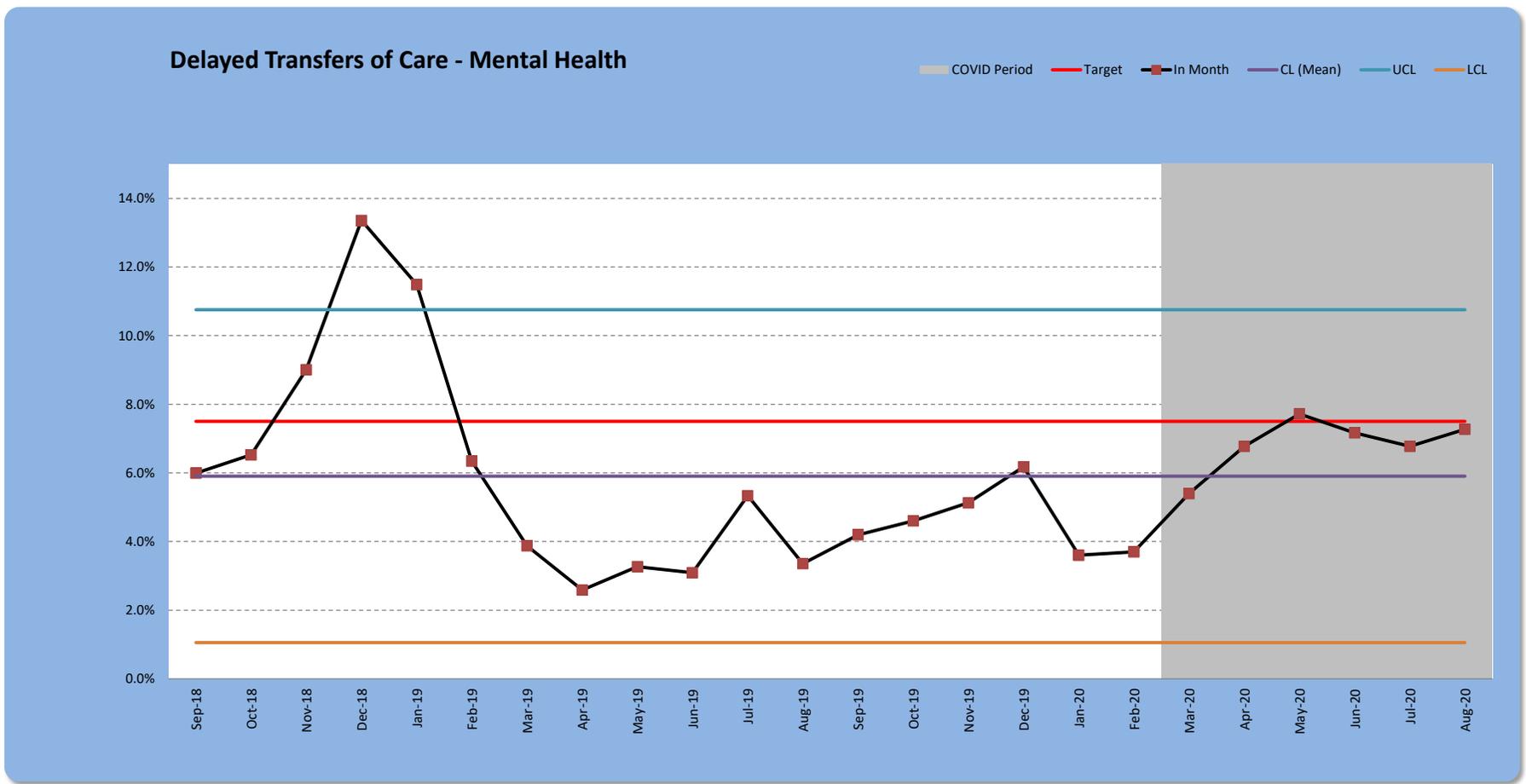
Performance has reduced by 0.5% compared against previous month.

Low performance is Good.

Target: 7.5%

Amber: 7.0%

Current month stands at 7.3%



PI RETURN FORM 2020-21

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending:

Aug 2020

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

KPI Type
WL 1

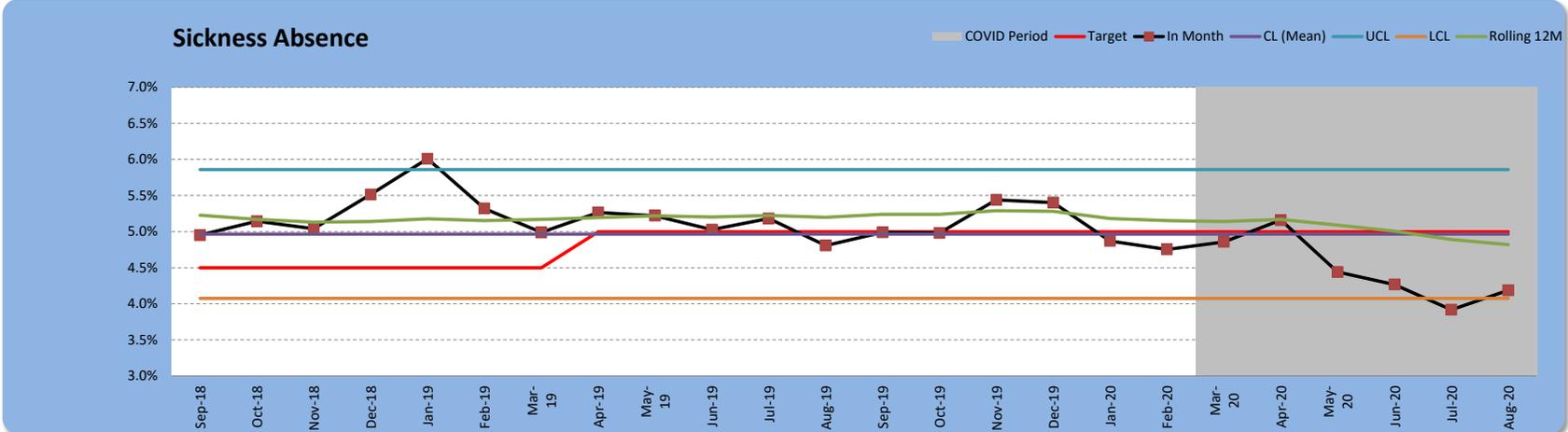
Narrative

Sickness/Absence Rate for Aug-20 is 4.2%. Final position for Jul-20 was finalised at 3.9%.

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

Target: 5.0%
Amber: 5.2%

Current month
4.2%



PI RETURN FORM 2020-21

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Aug 2020**

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

Narrative

Within target

Target: 0.83%

Amber: 0.70%

Current month stands at 0.7%



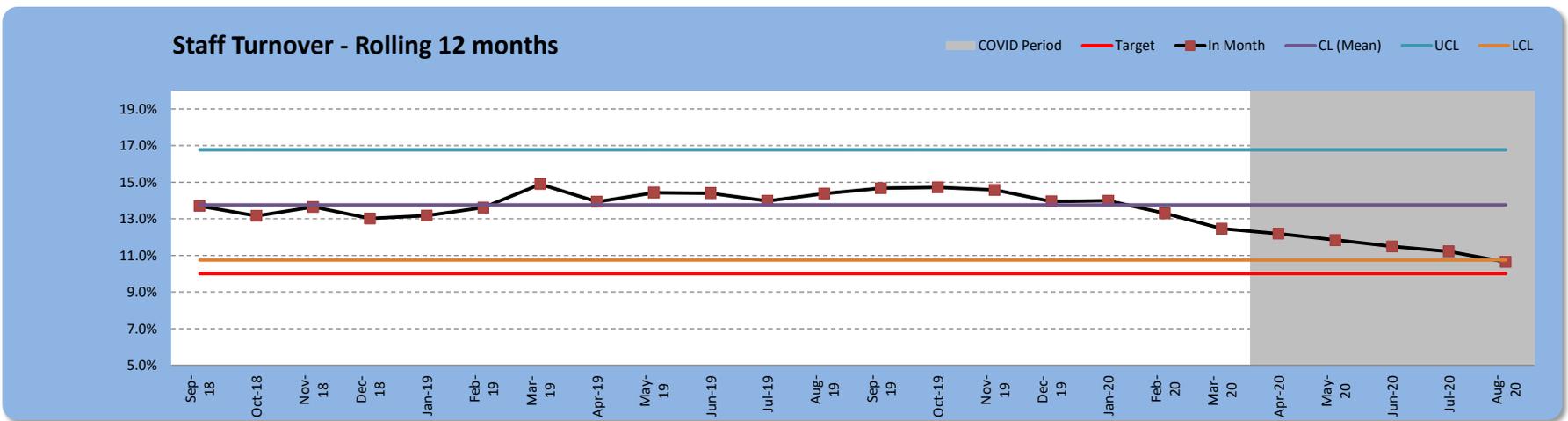
Narrative

Exceeds Target

Target: 10%

Amber: 9%

Current month stands at 10.6%



PI RETURN FORM 2020-21

Goal 5 : Maximising an Efficient and Sustainable Organisation

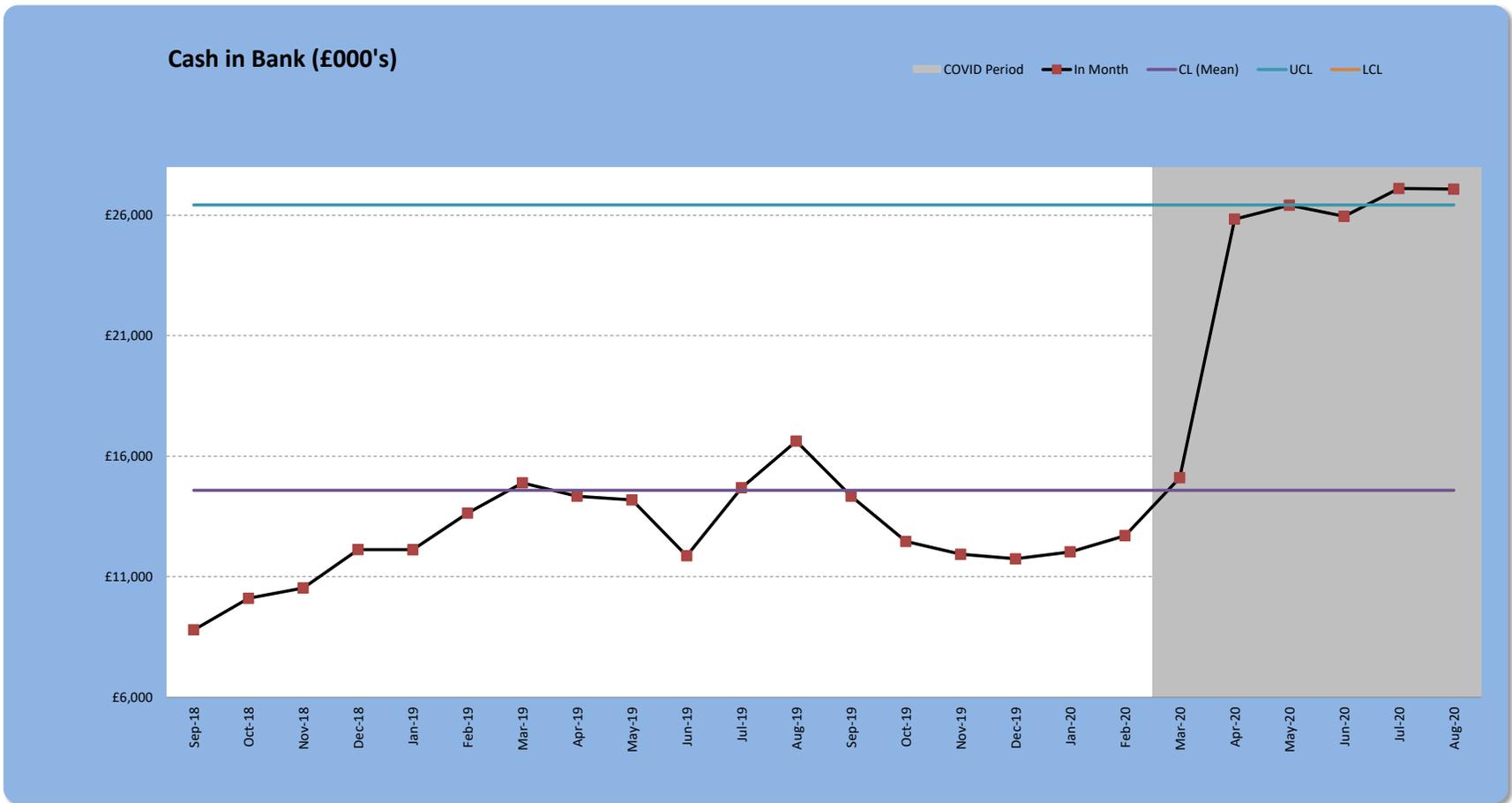
For the period ending: **Aug 2020**

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

Narrative

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

Current month stands at £27,079 ,000



PI RETURN FORM 2020-21

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Aug 2020**

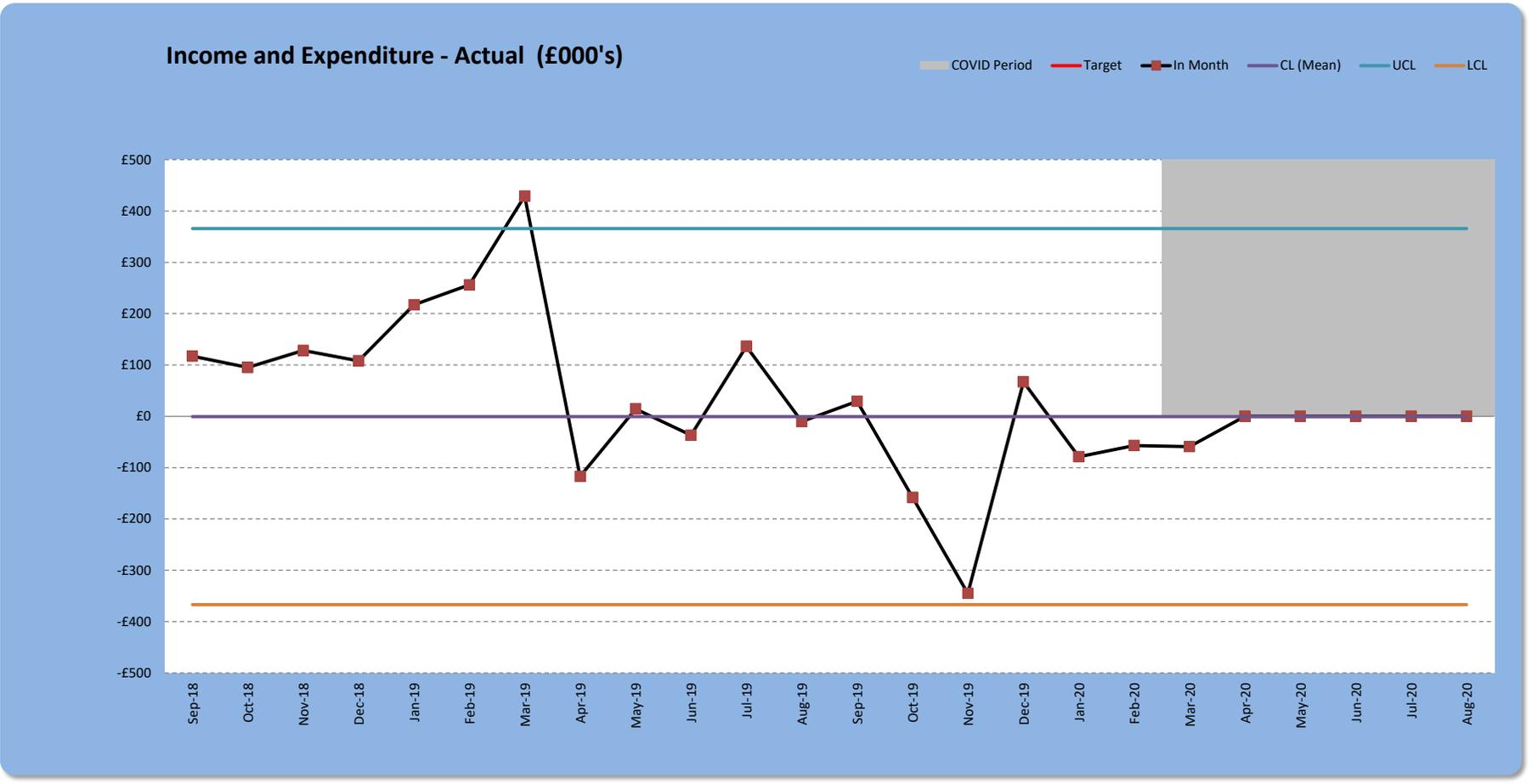
Indicator Title	Description/Rationale	Executive Lead
Income and Expenditure (£000's)	Review of the Income versus Expenditure (£000's) by month	Peter Beckwith

KPI Type
F 4b

Narrative

The Trust is at break even status

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



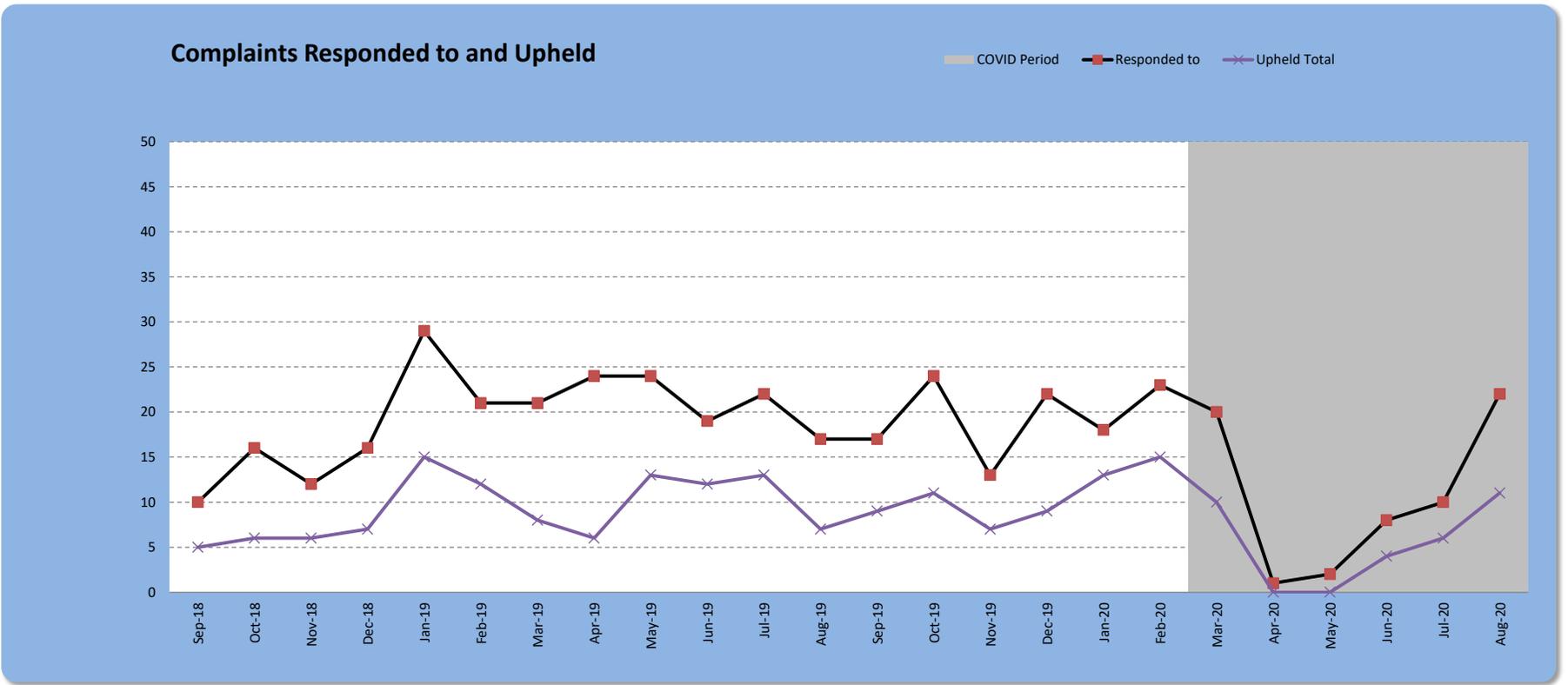
PI RETURN FORM 2020-21

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Aug 2020**

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

Narrative
Upheld Results
During the month, the following number of complaints was responded to 22
Of the number of complaints responded to in the month 11 were upheld which equates to 50.0%
YTD Upheld
48.8%



PI RETURN FORM 2020-21

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Aug 2020**

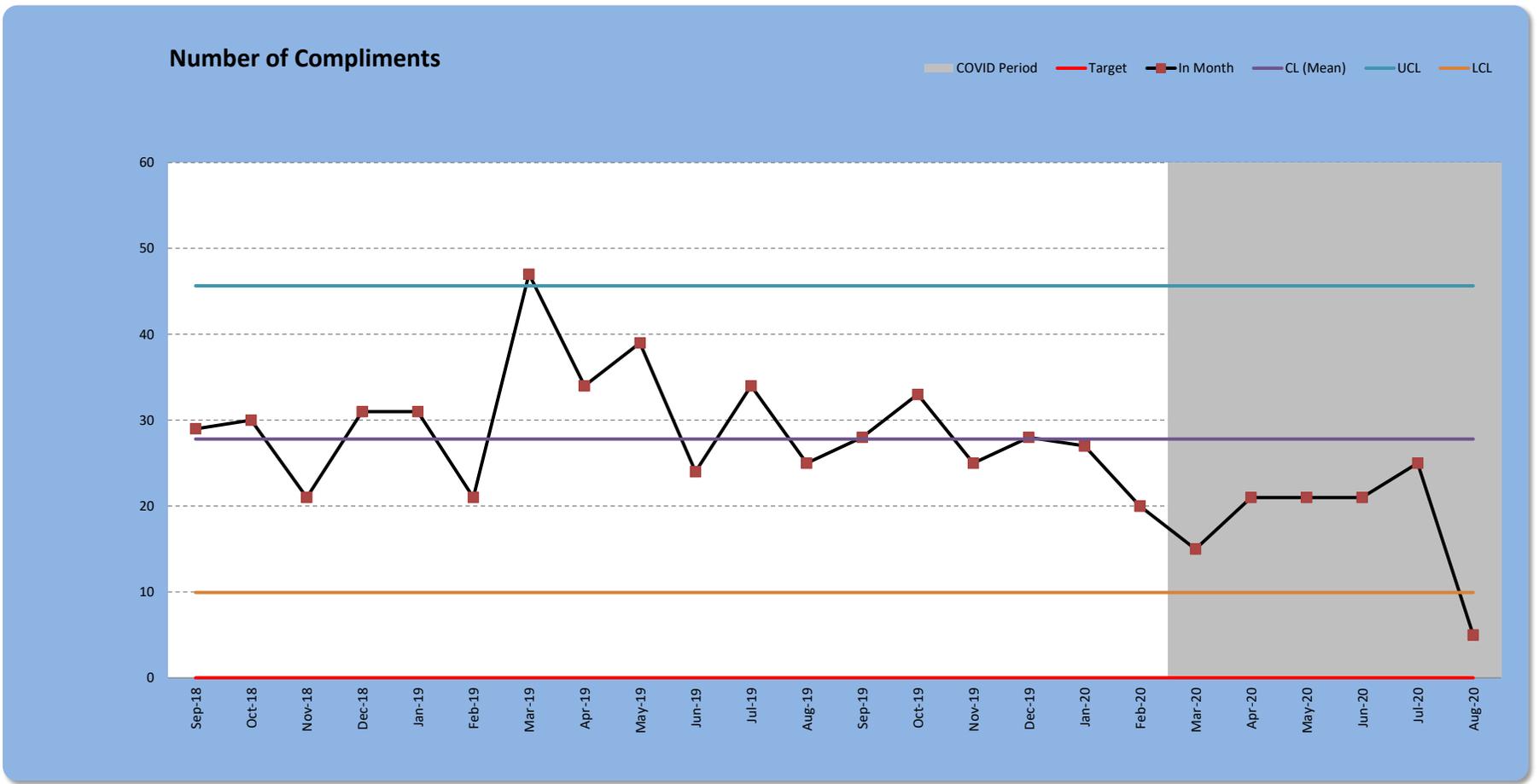
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Compliments	Chart showing the number of compliments received into the Trust	John Byrne	IQ 7

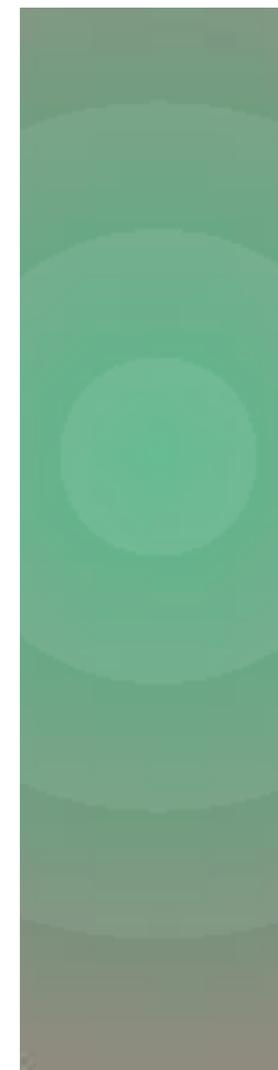
Narrative

5 compliments received in the month

Target: 0
Amber: 0

Current month stands at 5





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: 17/09/2020



Agenda Item: 10

Title & Date of Meeting:	Trust Board Public Meeting – 30 th September 2020			
Title of Report:	Finance Report 2020/21: Month 5 (August)			
Author/s:	Name: Peter Beckwith Title: Director of Finance			
Recommendation:	To approve		To receive & note	X
	For information	X	To ratify	
Purpose of Paper:	This report is being brought to the Trust Board to present the draft financial position for the Trust as at the 31 st August 2020 (Month 5).			
	The report provides assurance regarding financial performance, key financial targets and objectives. The Board are asked to note the financial position for the Trust and raise any queries, concerns or points of clarification.			
Governance: <i>Please indicate which group or committee this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	✓
Key Issues within the report:	<ul style="list-style-type: none"> • An operational surplus position of £0.030m was recorded to the 31st August 2020. • The overall position becomes break-even after donated asset depreciation charges have been included. • Within the reported position is year to date covid expenditure claim of £4.799m, details of which are included in the report. • Cash balance at the end of August was £27.079m, which is inclusive of an additional Block payment of £9.8m. 			

Monitoring and assurance framework summary:

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



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



FINANCE REPORT – August 2020

1. Introduction and Purpose

This report is being brought to the Trust Board to present the financial position for the Trust as at the 31st August 2020 (Month 5). The report provides assurance regarding financial performance, key financial targets and objectives.

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

2. Income and Expenditure

2.1 For the period April to August the normal contracting arrangements between NHS organisations have been ceased and the Trust will receive a block income allocation.

For the purpose of Month 5 reporting all NHS clinical income has been grouped together with expenditure for clinical services reported as Gross.

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

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

The Trust recorded an operational breakeven position at the end of Month 5, 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
Total Income	136,010	11,418	11,268	(150)	56,709	57,109	400
Expenditure							
Clinical Services							
Children's & Learning Disability	27,337	2,297	2,171	126	11,645	11,384	261
Community & Primary Care	30,085	2,562	2,500	62	13,033	12,909	125
Mental Health	43,752	3,713	3,491	221	19,014	17,757	1,257
Secure Services	9,957	827	892	(65)	4,145	4,431	(287)
	111,131	9,399	9,054	345	47,837	46,481	1,356
Corporate Services							
Chief Executive	2,159	211	244	(33)	814	882	(67)
Chief Operating Officer	6,573	507	487	20	2,873	2,954	(81)
Finance	10,036	888	967	(79)	4,537	4,367	170
HR	2,879	257	272	(15)	1,285	1,273	12
Director of Nursing	2,137	206	224	(18)	987	936	51
Medical	1,765	122	106	16	738	675	64
Finance Technical items (including Reserves)	(1,834)	(403)	(475)	71	(2,964)	(2,387)	(577)
	23,715	1,788	1,826	(38)	8,270	8,699	(429)
Total Expenditure	134,846	11,187	10,880	307	56,107	55,180	927
EBITDA	1,164	230	388	(157)	602	1,930	(1,327)
Depreciation	2,942	245	253	(8)	1,226	1,266	(41)
Interest	148	12	12	(0)	61	60	1
PDC Dividends Payable	2,341	195	195	0	976	968	8
PSF Funding	(951)	(79)	(79)	(0)	(396)	(395)	(1)
Operating Total	(3,316)	(143)	6	(149)	(1,264)	30	(1,294)
BRS	(3,316)	(143)	-	(143)	(1,264)	-	(1,264)
Operating Total	(0)	(0)	6	(6)	0	30	(30)
Excluded from Control Total							
Donated Depreciation	220	18	6	12	92	30	62
Ledger Position	(220)	(18)	0	(19)	(92)	(0)	(91)
EBITDA %	1.0%	2.2%	3.8%		1.2%	3.8%	
Surplus %	-2.8%	-1.4%	0.1%		-2.5%	0.1%	



2.2 Trust Income

Trust income year to date was £0.298m ahead of budget. The income is based on a block allocation calculated by NHS England based on previous income figures.

2.3 Clinical Services

2.3.1 Children's and Learning Disability

Year to date expenditure of £11.384m represents an underspend against budget of £0.261m

2.3.2 Community and Primary Care

Year to date expenditure of £12.909m represents an underspend against budget of £0.125 m

2.3.3 Mental Health

An underspend of £1.257m was recorded year to date for Mental Health. Budget pressures in Mental health unplanned care due to additional staffing costs, has been offset by the underspend in Mental Health planned care from current vacancies.

2.3.4 Secure Services

An overspend of £0.287m was recorded YTD for Secure Services. The main reasons for this is the use of Agency Staff (£0.165m), to which the Service are actively recruiting and Enhanced Packages of Care (£0.109m). Negotiations with NHSE are ongoing to resolve this issue. The remaining balance relates to a number of less material issues which are being monitored closely.

2.4 Corporate Services Expenditure

The overall Corporate Services expenditure was £0.429m overspent. The main pressure sits within Finance Technical, when this line is excluded corporate services are reporting a £0.148m underspend.

- The Finance directorate is reporting a year to date underspend of 0.170m.
- The Human Resources directorate has a year to date underspend of £0.012m.

2.5 COVID Expenditure

At the end of August 2020 the Trust recorded £4.799m of Covid related expenditure, details of which are summarised below. Claims have been submitted for all the expenditure, of which £2.908m has been received, with a further £1.140m due in September (*The August Claim has still to be validated*). The claim income has been included within Finance Technical.



COVID 19 Revenue Claim	April £m	May £m	June £m	July £m	Aug £m	Total £m
Pay Costs	0.258	0.414	0.397	0.183	0.162	1.414
Non Pay Costs	0.281	0.302	0.201	0.302	0.436	1.522
Income Top Up	0.100	0.399	0.317	0.576	0.444	1.836
Syringe Drivers			0.027			0.027
Total Costs in Position	0.638	1.115	0.942	1.061	1.042	4.799
PSF Claim	0.079	0.079	0.079	0.079	0.079	0.395
Total Claim	0.717	1.194	1.021	1.140	1.121	5.194
Claim Confirmed	0.618	1.295	0.995	1.140		4.048

3. Statement of Financial Position

The Statement of Financial Position in Appendix 1 shows the Trust's assets and liabilities as at 31st August 2020. In month, the net current asset position decreased by £0.392m to £6.720m. This was related to an increase in trade debtors in month due to a quarterly invoice being raised to Health Education England, which is expected to be paid in September.

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

3.1 Cash

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

Table 2: Cash Balance

Cash Balances	£000s
Cash with GBS	26,947
Nat West Commercial Account	81
Petty cash	51
Total	27,079

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

3.2 Capital Programme

Year to date the capital expenditure spend is £2.262m comprising of expenditure for IT services (£0.240m), Informatics (£0.198m), LHCRE (£1.038m) and Property Maintenance (£0.453m).

£0.333m of Covid related capital expenditure has been recorded year to date. £0.202m relates to Estates projects and £0.131m on IT related projects. £0.117m of capital funding has been received year to date for Video conferencing and laptops.

4. Recommendations

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



	AUG-20 £000	JULY-20 £000	Movement £000	COMMENTS
Property, Plant & Equipment	110,482	110,236	246	
Accumulated Depreciation	(25,763)	(25,515)	(248)	
Net Property, Plant & Equipment	84,719	84,721	494	
Intangible Assets	10,996	10,579	417	
Intangible Assets Depreciation	(1,926)	(1,915)	(11)	
Net Intangible Assets	9,070	8,664	429	
Total Non-Current Assets	93,789	93,385	923	
Cash	27,079	27,103	(24)	Additional Block payment received in April
Trade Debtors	6,204	5,409	795	Additional invoice to Health Education England, expected to be paid September
Inventory	150	150	0	
Non Current Asset Held for Sale	990	990	0	
Other Current Assets	1,574	2,246	(672)	
Current Assets	35,997	35,898	99	
Trade Creditors	3,007	3,131	(124)	
Accrued Liabilities	26,270	25,655	615	Additional Block payment received in April
Current Liabilities	29,277	28,786	491	
Net Current Assets	6,720	7,112	(392)	
Non-Current Payables	1,216	1,216	0	Local Government Pension Scheme Liability
Non-Current Borrowing	4,170	4,157	12	Loan interest accrual
Long Term Liabilities	5,386	5,373	12	
Revaluation Reserve	18,568	18,568	0	
PDC Reserve	62,499	62,499	0	
Retained Earnings incl. In Year	14,056	14,056	0	
Total Taxpayers Equity	95,123	95,123	0	
Total Liabilities	129,786	129,283	503	



Agenda Item 11

Title & Date of Meeting:	Trust Board Public Meeting – 30 September 2020			
Title of Report:	Quality Committee Assurance Report & 16 June 2020 Minutes			
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:	<p>The Quality Committee is one of the sub committees of the Trust Board</p> <p>This paper provides an executive summary of discussions held at the meeting on 5th August 2020 with a summary of key issues for the Board to note. The approved minutes of the meeting held on 16th June 2020 are presented for information</p>			
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) QC Assurance Report	✓
Key Issues within the report:	<p>The following items were noted for escalation to the Trust Board</p> <ul style="list-style-type: none"> The committee commended and recommended all the work and assurance received through the covid period 			

Monitoring and assurance framework summary:

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

✓ Tick those that apply

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

Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	✓			
Quality Impact	✓			
Risk	✓			
Legal	✓			To be advised of any



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

Executive Summary - Assurance Report:

Key Issues

The Key areas of note arising from the Quality Committee meeting held 5 August 2020 are as follows:

The minutes of the meeting held 9th October 2019 were agreed with a minor amendment, noting all actions were closed on the action tracker. It was agreed a Covid Pandemic focused insight summary report would come to the next Quality Committee to describe the work undertaken to maintain quality and safety during the COVID surge period and any changes made to service delivery that we are embedding in practice.

Presentation – Clinical Supervision

A presentation was given by the Deputy Director of Nursing to look at the current status of clinical supervision in terms of compliance, recording and going forward improving the quality of supervision. The presentation included the idea of launching the work to improve quality with a 'supervision week', to include meeting teams and sharing the learning and the different approaches, along with training and a relaunch of the supervision passport. Feedback was received with the endorsement of ideas. The Committee welcomed and valued the information as a really good approach and invited an update on progress later in the year.

Quality Insight Report

The Committee noted the really interesting and helpful report focusing on the CQC closed cultures work, with an update on the refresh of the Peer Review Programme, the Learning Disabilities Mortality Programme, the Healthwatch annual report and positive feedback from the CQC on our infection prevention and control process noting some outstanding practice from the Trust.

Review of Long Term Segregation (LTS) and Cared Away From Others (CAFO)

The Committee noted the report which gave pen pictures of the four patients within the Trust. This was felt very helpful and gave assurance in terms of restrictive practice in this area. It was noted from the mental health legislation position that CAFO is the best way of a least restricted option.

Divisional Quality Improvement Priorities (QIPs)– progress update

The Committee was updated in relation to the good progress made from the Children's and Learning Disability and Forensic Services Divisions in relation to their quality improvement initiatives, noting the progress on all divisional QIPs since the implementation of these plans.

Quality Committee Risk Register

The quality risk register was reviewed noting the inclusion of the silver command risks and the latest BAF report, Queries were responded to on a number of risks, updates were given on risks that had been reviewed since the paper was submitted, noting where further updates had been requested.

Annual Clinical Audit report

The Committee welcomed the report focusing on the level of reporting, allowing clear communication with divisions, showing a snapshot of the current status and areas needing more support. The Deputy Director of Nursing was thanked for a good overview.

Research and Development – six monthly update report

The report was welcomed and the chair thanked the Medical Director and the Assistant Director of Research, Cathryn Hart for their work. It was noted this year's annual conference has now been arranged as a virtual conference on 17th and 18th November 2020.

Annual Zero Events report

The report was noted with really good progress on the quality improvement approach and non-execs confirmed they felt assured regarding moving this agenda forward on patient safety.

Annual Safeguarding report

The committee agreed a great report, being detailed, well laid out and easy to read, providing good assurance, noting the excellent work the team is doing supporting staff and working with our partners in the community.

Annual Infection Control report

Assurance was received from the reporting noting the targets achieved and links with the zero events and IPC board assurance framework. The team was thanked with acknowledgment for their hard work, expertise and support.

Summary list and status of policies reporting to Quality Committee

The report was noted and commended showing a good position statement with all policies in date and those due to expire in the next few months currently undergoing review.

Minutes from reporting groups

The minutes from the Quality and Patient Safety Group, including the effectiveness review and terms of reference was noted, showing the work QPaS is undertaking. It was noted the scheduled Drugs and Therapeutics Group meeting had been cancelled due to Covid but the group has met recently to cover any backlog of work and minutes would be included at the next quality committee meeting.

The approved minutes from the June 2020 meeting are attached

Quality Committee

Minutes

For a meeting held on Thursday 8th June 2020
2.00pm – 4.00pm (Virtual meeting via MS Teams)

Present		
Mike Cooke	Non-Executive Director and Chair	MC
Mike Smith	Non-Executive Director	MS
Dean Royles	Non-Executive Director	DR
Michele Moran	Chief Executive	MM
Hilary Gledhill	Director of Nursing and Allied Health Professionals	HG
Tracy Flanagan	Deputy Director of Nursing	TF
John Byrne	Medical Director	JB
Kwame Fofie	Clinical Director and Deputy Medical Director	KF
Oliver Sims	Corporate Risk Manager	OS
Clive Brookes	Interim Deputy Chief Operating Officer	CB
Mandy Dawley	Head of Patient and Carer Experience and Engagement (item 11&12)	MD
Su Hutchcroft	Compliance Officer (minutes)	SH

17/20	<p>Apologies for Absence Apologies were received from Lynn Parkinson. CB attended as deputy and noted he had to leave the meeting at 3.00pm.</p> <p>MC welcomed everyone to the first virtual Quality Committee run on MS Teams. MC explained the meeting planned for 1st April 200 had been cancelled due to Covid-19 but there had still been work going on in the background and contact with the group, along with MC having regular contact with HG over this period. MC also thanked people for the Covid-19 leadership and communications and noted this gave him, as chair, assurance moving forward with the Covid process. It was noted a separate assurance group for ethics had been set up with JB. This has met a couple of times and MC thanked them for their contributions.</p>
18/20	<p>Minutes of the Last Meeting The minutes of the meeting on 5th February were accepted as a true record.</p> <p>MC noted that the Committee had seen two of the four divisional QIPs at the last meeting in February and enquired if there was the intention to view the other two. HG confirmed these will go on the work plan. All divisions are now getting back on track.</p> <p>Action – For Secure Services and Children and LD QIPs to be added to the work plan for August</p>
19/20	<p>Action List and Matters Arising The action list was noted with all actions closed.</p>
20/20	<p>Quality Committee Work Plan 2020 MC noted in light of Covid, the work plan which would have been reviewed at the April meeting was reviewed as part of the Effectiveness review (see item 22/20) and amended accordingly.</p>

	<p>HG noted the Annual Clinical Audit plan and the QPaS Effectiveness Review and ToR had been deferred from today's meeting due to Covid-19 and will be presented to the next QPaS and then to August Quality Committee.</p> <p>MC commented that we are currently in the restoration and recovery phase of Covid and once we have passed through this phase, suggested a review to look at the learning and how we have performed through the Quality Committee. MM explained she has been looking at the link with Gold command decisions from the quality point of view and feels it would be good to have Quality Committee and the Ethics Committee sighted on this, for patient safety, ethics and policy work. She will discuss further with EMT. HG noted that policies have come through QPaS as listed on the QPaS report front sheet.</p> <p>Action – Annual Clinical Audit Plan and QPaS Effectiveness Review and ToR to be included on August Quality Committee agenda.</p> <p>Action – to include a Quality review and learning from Covid at an appropriate meeting</p>
21/20	<p>Quality Committee Assurance Report to Board (February 2020) This item has been included to give all committee members oversight of the report which goes to the Trust Board following each committee. MC confirmed this report was taken to the February Board meeting and well received.</p> <p>MC noted he would take a verbal assurance report to the Trust Board next week due to current situation and the written report would go to the July Trust Board.</p>
22/20	<p>Committee Effectiveness review including Terms of Reference annual review This would have been part of the April committee meeting which was cancelled due to the Covid-19 pandemic. MC noted the report was therefore completed and MC added comments which were then reviewed by HG and JB. The report was presented to the Trust Board in May along with all the other committee effectiveness reviews. It was well received and a good level of assurance was noted.</p>
23/20	<p>Quality Insight Report HG updated the meeting on the key items in the report and comments were noted</p> <ul style="list-style-type: none"> • CQC position statement, currently CQC are not coming on site but still having the relationship meetings and regular catch up meeting, which have been very positive. CQC are currently very interested in long term segregation at the moment and following a complaint from a patient's relative they have requested a large amount of information from us. CQC have confirmed they were very happy with the information sent through. It was noted at the last CQC Engagement meeting, that the CQC will be working very differently going forward but as yet there are no full details on this change, although it was noted there could be more focused unannounced inspections across services and the well led inspection could be unannounced or short notice. DR enquired regarding complaint as understood the CQC did not investigate complaints. HG confirmed the CQC will pick up concerns and raise this concern with the provider and seek assurance from the provider. • JB noted conversations among provider community regarding the CQC and the approach going forward, noting the focus on patients voice. Previous conversations have been held in Mental Health Legislation Committee (MHLC) around the human rights based approach focusing on restraint and restrictive practice. This has been discussed at MHLC and Trust Board but need to remember the change of language. MS noted the human rights based approach is good for both MHLC and compliance, and also Quality Committee, with the patient stories recently included in one of the reports showing examples of human rights. • MM felt there are no concerns regarding the organisation if there are any unannounced inspections over the next few weeks but noted regarding the area of long term segregation, the CQC feel it is unacceptable stating we are unable to get other providers to take the patient in a more suitable environments and it is therefore more about demonstrating the work we have undertaken trying to transfer a patient and discussions that have taken place. MM confirmed she is taking this further with various areas but noted CQC are adamant that it is the providers responsibility to move a patient on, not

	<p>the receiving provider.</p> <ul style="list-style-type: none"> MS noted Page 3 (indicator overview) and enquired if this was missing some data as no national figures. HG confirmed she would update and circulate after the meeting. MC enquired regarding the concerns in reduction of safeguarding reports and noted the amount of safeguarding meetings has been increased but the reporting has decreased. HG confirmed this had been looked into further. Numbers have decreased nationally and the reasons are included in the report. During May the reporting levels have risen again for both adults and children. It is expected further to the extra training added; the reporting levels should decrease with better standards in reporting. HG confirmed there is a piece of work being completed on the standards of supervision, and ensuring the quality conversations with staff in supervision and teams meetings are taking place. It was noted there is a deep dive planned around this. MC noted he was pleased to see the SI action plan closures noted in section 3.3 and confirmation the standards are still present. It was good to note the clinical governance framework has been refreshed and good assurance on the significant event internal audit with a high level of compliance shown. <p>MC thanked HG for a really useful insight report and thanked both HG and JB for the work ensuring quality is high on the agenda at all times.</p>
24/20	<p>Infection Control Board Assurance Framework</p> <p>HG noted the key to success on the first surge of Covid has been due to the Infection Prevention and Control Team (IPC) working extremely hard and this shows in the assurance given. HG commented they are a very small team and was pleased to note that they are currently out to recruitment for a further full time staff member which is definitely needed.</p> <p>The report is being presented at the next Trust Board meeting, with the front sheet showing where areas of further work are required. HG confirmed all of this work is on track and progressing and will be reported to the next QPaS meeting with closure and further assurance and an update to the next Quality Committee. It was noted those areas which are blank in the national audit show no gaps in assurance.</p> <p>MC felt it has been good to use the national tool kit and passed thanks to the team, who have a good reputation for being responsive and practical.</p> <p>KF felt the Trust has worked very hard with the clinical advisory group which both Debbie Davies and Tracy Flanagan attend. IPC issues have come to this group to be reviewed and it has seen the hard work going into preparing the information and guidance.</p> <p>MS stated well done for both the work and the quality of the report, which are both excellent.</p> <p>TF commented on the excellent work the IPC team has done, there has been lots of guidance which has required interpretation and this is where the team have excelled and worked with the matrons to give a tailored approach in each environment, which has been well received. It was noted at the CQC catch up call this, they confirmed they will be using this as part of the emergency support framework so all the effort so far will stand in good stead in providing assurance to the CQC. Through the IPC network, it was felt other Trust have seen more challenged and feel our team have managed the relationships really well, to ensure practice is exactly where it needs to be</p> <p>CB reiterate from the Ops side, the excellent support coming through from IPC which has been integral with coping with the Covid issues and very much welcome the appointment of the additional member of staff.</p> <p>The Quality Committee commended the report to the Trust Board and thanked the team and Hilary for all the hard work and leadership.</p> <p>MD joined the meeting</p>
25/20	<p>Quality Committee Risk Register (including COVID Quality Risk and BAF)</p>

Risk Register

OS updated the meeting with the key points explaining the document contains the current Quality Risks and due to Covid-19, a Silver Command Risk Register was created and details of the quality risks are included in this report. It was noted the risk register is being updated daily and therefore the latest version will be presented to trust Board next week which has had some amendments following reviews yesterday along with some additional risks aligned to documents but assurance ratings remain the same.

- The Quality Committee risk register contains 16 risks rated 9 or above with 8 risks reduced below 9 or closed since the last report
- There is one new divisional related risk added, most new divisional risks have been added to the Silver Command risk register which will be reassigned for ongoing management when we move back to more normal practice
- The only risk to increase on this register is Command Risk 49 (increased demand on IPC team) which was increased due to significant demand on a very small team and to reflect the possibility of a second peak and the impact if situations change. This was increased through Silver Command
- The quality related BAF has not been seen earlier due to Covid-19 and will be presented to the next Board meeting following the amendments from the Audit Committee earlier this week. In future this will be presented at Quality Committee earlier to allow full discussion.

Questions from the meeting included

- MH6 was discussed regarding the S136 suite at Miranda House. MS enquired if the details were not current as it stated only one S136 suite. OS confirmed he would get this reviewed with the division at the next ODG (Operational Delivery Group). OS explained the risks were reviewed by divisions along with ODG who receive assurance reports and will escalate risks where required. It was noted the quality risks are also reviewed through QPaS now these meetings have been reinstated and this feeds into the report to come to Quality Committee. MS raised the point that all members of EMT who know there are two S136 suites at Miranda House has received this report and missed this information on MH6
MM noted for the minutes she strongly disagreed with the last comment, The report does go to EMT. MM confirmed we had only one S136 suite at present. A second one is in the process of being constructed but is not ready. MS retracted his comment and explained that he had been informed through MHLC that there was a second suite and this was being used for A&E screening and therefore he reported this to the Board. MM confirmed there were some rooms being used at Miranda for A&E to reduce the ED capacity due to Covid but confirmed the second S136 suite has not been signed off as yet. MM confirmed the risk was correct as we only have one S136 suite in use at present due to Covid and this is currently being looked at.
- SR15 (Malton Vacancies) HG noted this is not reflected on the safer staffing dashboard and requested a review. OS confirmed he had requested an update and will follow this up.
- SS48 – HG noted this risk has remained static. OS confirmed this has been raised with the division and they have closed off some risks but this risk still remained. This will be picked up with the division again to get some movement on this risk
- DR enquired regarding the risks for staffing, if these be managed at divisional level as this would allow movement of staffing where require and also as a general comment rather than specifically for the committee, he wondered if 9 was the right levels to review or should this be raised to 12. OS stated the level of 9 was showing the same risks as QPaS and this could be raised to leave QPaS seeing 9 and above and Quality Committee seeing 12 and above. MC felt it was worth the Executive team to steer this but noted in the past had been worth looking at slightly below to ensure all risks covered. OS suggested it may be worth looking at this level for the next meeting and review for the following meeting as we move out the Covid period.
- MC noted a group of risks around access which scored has reduced significantly. One has reduced from 20 to 12 and one from 15 to 9, and noted he would like to hear information more on the following risks, LDC 30, 34, 33 and 34 along with the CAMHS

	<p>risk regarding the permanent consultant. OS noted these access risks had been discussed at Silver Command recently and there will be some work on these looking at a diagnostic piece with the impact Covid has had on waiting lists and the performance impact. As these details comes through the risk may well rise. It was also noted the CAMHS risk may rise due to schools currently being closed</p> <p>JB confirmed there was no update on the medical consultant as yet but this is stable with the two locums. LDC 32 and LDC35 related to ADHD, and understand the challenge to the waiting list was exacerbated by the CHCP situation, and wondered if we needed to understand the context of the particular risks and if this is really one risk duplicated or is this two, using the example of NP4 which talks about use of locums at Northpoint surgery but in fact would apply to all surgeries</p> <p>OS confirmed he will get the risks reviewed by the division, and noted regarding the GP recruitment, this has been reviewed by Sue Wardlow and a number have been closed down. They are still being viewed separate as practices but OS will discuss regarding have this as a generic entry covering all surgeries</p> <p>The committee noted the current risk programme and the report being presented to Trust Board the following week. The discussion on risk scores was noted along with the review of residual risks been created by our response to Covid. MC commented that the command risks with Gold and Silver Command has worked very well indeed along with the flow between the two groups, and noted thanks to Michelle Moran and all involved with this.</p> <p>BAF</p> <p>The BAF shows three areas for Quality Committee to review. It was noted it will be a slightly updated report going to Trust Board as OS was unable to bring the latest updates to Quality Committee due to the Covid work.</p> <p>Overall ratings update</p> <p>SG1 has decreased from amber to yellow based on overall assurance, CQC action plan and SEA audit</p> <p>SG2 has increased back to amber in relation to the uncertainty of covid on service performance</p> <p>SG6 has maintained the green rating, and this will continue to be reviewed on a monthly basis.</p> <p>The BAF detail and overview was noted and commended to the Trust Board.</p> <p>OS left the meeting</p>
26/20	<p>Controlled Drugs Annual Report</p> <p>JB noted the Controlled Drugs report is not on the annual work plan but was taken to QPaS and it was felt it should be presented to the Quality Committee. Following discussions the Trust Board around controlled drugs it was felt the report should feed into Quality Committee to provide the assurance on the controlled work carried out in the Trust. Instances have increased as we reported other people's incidents along with those in the Trust. It was also noted electronic prescribing will see increased reporting but this should make it a safer system as we are picking up the errors. The report is presented for information and JB was happy to take any questions. JB also noted recruitment of pharmacy technicians across the Trust as part of the workforce skill mix, this will provide the technical expertise on the wards in regards to drugs and allow the technicians to pick up issues and give assurance.</p> <p>MC felt the report was really helpful and thanked Weeliat Chong for the report. It gave a sense of no harm but better reporting, reporting more and being a more proactive system</p> <p>MS commented on page 5 of the report (CD related incidents) would give a better result as a bar chart.</p> <p>MM commented she was pleased to see the report, which doesn't usually come to Quality Committee. It was suggested this should come through a couple of times a year as assurance. JB noted this was an annual report but it was felt a 6 monthly assurance report</p>

	<p>could be added in relations to medicines management via QPaS. MM will discuss further with HG to add to the work plan.</p> <p>ACTION – Assurance report to be added to QPaS and QC (HG)</p> <p>CB left the meeting</p>
27/20	<p>Equality, Diversity and Inclusion Annual report</p> <p>MD noted the report has been brought to Quality Committee for the service users and carer elements and has been to the Workforce Committee for the staff elements.</p> <p>Key points in the report included</p> <p>Update on four priorities for last year with content in the report showing the comprehensive year of achievements and outcomes including the communication with young people with protected characteristics. This includes</p> <ul style="list-style-type: none"> • Work with the SMASH young people particularly the LGBGT group with developing posters to go around the Trust identifying people to services and Hull PRIDE being very successful. • Browse aloud included on the Trust website, as an accessibility tool for individuals where English is there second language or those with sight impairment etc. • March event in the lecture theatre for 90 people with 10 children from Cottingham High School. MD thanked both MC and MM who presented at this, and from this event priorities were identified for the coming year. • One of the priorities identified was improving access to digital technology, in particular hard to reach groups. Over the last 13 weeks the movement on virtual technology has been phenomenal with the ability to link the various groups and forums via MS Teams and Skype. This platform will be taken forward to start to link with other diverse populations starting with links with the Hull Afro Caribbean Association as well as HANA (Humber All Nations Alliance) who we already have a good relationship with. Due to the current Black Lives Matter campaign, this is an area for focus, and currently looking at how to involve these groups with our forums and the Equality and Diversity Groups. <p>MS noted this was a really good report and wonder given the current covid situation and the higher incident of infection and deaths for the BME population whether this should be included? It was suggested the risk assessment of BAME staff and how this has been promoted along with findings and any changes could be included in next year's report.</p> <p>DR noted the report had been welcomed at the Workforce Committee, and it was nice to see that the diversity inclusion agenda can be focused around staff, which is important but sometimes the access to services and health and equalities and social inclusion gets missed, and the fact we are able to focus on these issues in their own right at Quality Committee is really good for the organisation. These reports then stimulate discussions such as Black Lives Matter and risk assessments for staff. In hindsight and given the opportunity we have, a lot of people have said we could have reasonably foreseen the impact from Covid in terms of those socio-economic groups and BAME staff in the lower groups that were effected in terms of Covid and wondered if we are expecting a mental health wave as a result of this and might we be expecting a similar impact on these communities. Is this an opportunity for us following this report to look at we can ensure these people can access the services in a timely way, acknowledging this is part of the wider debate. HG felt this was very relevant to this report and given what we know currently, there is an action around BAME and future services and MD and HG have already had a conversation around this. MM agreed it was a good point and that this needs to be weaved into work.</p> <p>JB noted that MHL has reviewed the data with the BAME question in mind for the last two years which has in effect reviewed the mental health act on the BAME communities and can take assurance that this has been thought about. MS explained it may have not been reported to board due to our low numbers but it is important to know this has been considered. MM noted this should be in the statutory mental health act report we complete</p>

	<p>and will check with has been included.</p> <p>DR commented that whilst doing a lot of reading into this area he is conscious of picking up in the press some of the language used around BAME as unhelpful with clustering groups together which can hide areas and as an organisation we can recognise some of these issues as we talk about BAME, for example black members of the public as opposed to Asian members of the public may have very different experiences and is there an opportunity to take a different approach about how we are addressing this issue with a better understanding and professional point of view of what we are doing.</p> <p>MC noted the comments and felt the March event was excellent with JB working with MD for the staff prospective and MD from the patient and public involvement prospective shows it really does work and we should commend the work at the Board when they see this report.</p> <p>The report was noted, commended and the further progress encouraged.</p>
28/20	<p>Patient and Carer Experience Team Annual Report</p> <p>MD explained the report highlights the last 12 months work with the team across the Trust covering the 12 priorities, which sit under the six organisational goals.</p> <p>MD updated the meeting on the areas of surveys with the following information</p> <ul style="list-style-type: none"> • The annual GP survey (July 2019) is a new addition to the report. Six of our eight practices were above the national for overall experience. On comparing other to national feedback it's a 50/50 split with our practices regarding experience on making an appointment locally to nationally, and being involved with in their care, being listened to on care and concern. There is still some work to be done to improve experience but a lot of work is already underway in the background. This should will be captured in the July 2020 annual survey • Family and Friends Test (FFT) – MD has already noted a difference in the FFT test in May this year. 450 patients completed a form in May and for the first time, since collecting information via text message; we have 92.7% satisfaction, which is good news as primary care services have lowered the score previously. One practice has scored 100%. Feedback is showing positive comments on feeling safe in the care of the GP, use of PPE, face to face treatment and virtual technology • Community Mental Health users survey – February 2019, the final report published was August 2019 and MD has worked with the division to look at ways to improve areas of weakness. Three questions scored in the top 20% of organisations, the majority of questions scored in the mid area and six questions scored in the bottom 20%. From a Trust prospective this year's survey will be finishing this month, with results due in July and the report due August. Meetings have been booked with the division to look at the current results along with a workshop in October this year for the service users to action plan and ensure the division is moving forward on any areas with weaker scores. This will give a robust action plan in place before the next survey. • Mental Health Inpatient Survey – this has been participated in again this year follow a number of years of not been completed. Held Aug- Nov 2019 capturing patient's views and perceptions whilst receiving care in our inpatient services. Four of the question areas scored in the top 20% including hospital food, decisions about treatment and discharge and medication which showed a strong result compared to previous years. The results have showed some strong themes with the majority of questions in the mid 60% range and no questions in the bottom 20%. <p>Moving forward with the agenda, there has been a lot of work going on. A virtual patient experience forum was held in May with all areas represented together. It was agreed to continue to host the larger forums but also continue with sub forum on a quarterly basis. There is also a lot of work outside the forum agenda which is continuing in the virtual world.</p> <p>JD noted thanks to MD for the great report and added the context that this is year two of a five year strategy ant this the second report detailing work against the strategy. It was noted there has been new work delivered which has not been reported on yet and this will include the work with Veterans which has culminated in the Veterans Aware Trust status which</p>

	<p>wasn't on the radar 18 months ago showing the building on the strategy. JB also commented that we are now able to look at the patient experience in the GP, community and inpatient setting together for the first time and felt the primary care setting is important in assessing the characteristics of surgeries, as good surgeries get really good feedback but bad surgeries get hardly any feedback so is worth looking at the patient survey data when looking at new surgeries. JB also commented regarding the BAME conversation held earlier, the work plan will look at all the nine areas and will pick these areas up over the five year plan as they all have equal value as a group.</p> <p>The committee noted an excellent report showing the large amount of work completed over the year.</p> <ul style="list-style-type: none"> • HG noted she would expect the safety partner roles from the patient safety strategy to be included as an action moving forward. • It was suggested it would be good for next year's report to include a section on 'what this means for our next steps' and outcomes with information about the difference this is making, building on the foundation of this year's work • Page 9 of the report, with the least positive perceptions from staff, MS felt it may not be best reporting it in this way showing 25% felt in their experience there were enough staff available. Other reports have shown that 75% felt there were not enough staff and suggested it should be consistent across all Trust reports. • The report is part of the organisations DNA and has been a really important approach over the last four years, and pulls together all the work from patient and carer experience, showing we can do this work in any setting. It shows we are still listening and working on responding to issues. • JB noted regarding the complaints side of the report and wanted to highlight the Healthwatch report on the shifting mind set with a closer look at hospital complaints. This has been briefly discussed at Trust Board and was agreed we would benchmark our complaints approach in Trust against this report. MD has done this and shows we fare reasonability well, alongside noting the work which will take place next year. <p>MM agreed this was a good report and showed the large amount of work that has been completed. She felt there was an element of the next steps, but agrees this needs to be focused in next year's report. It was felt it signals the agenda, links into the journey and the strategy and is please it also links into the strategic objectives and goals. It was felt to be a good solid document. MM suggest this was also the right time to look at an easy read document to get out to the larger group of people</p> <p>MC commented on the good feedback received along with the ideas which may enhance the report going forward. MD thanked everyone for the support especially the executive team and those who attend the forums and events hosted and really appreciates this support.</p> <p>The Quality Committee commended the report to Trust Board and MC thanked Mandy for her hard work</p>
29/20	<p>Policies for approval from QPaS</p> <p>HG noted there were no policies from QPaS to approve this month and confirmed all policies were still currently in date</p>
30/20	<p>Quality and Patient Safety Group minutes</p> <p>HG explained that during Covid19 there were a large number of policies, procedures, SOPs and guidance which required to be amended or a new document written, as listed on the summary front sheet. HG noted the amount of work put in to keep these documents update due to the frequency of updated guidance coming through initially.</p> <p>All documents followed governance procedures and were approved by either one of the command groups or a director, then each one reviewed at QPaS in May. The majority were approved as noted although some documents did require a further update due to additional changes in government guidance and these will return to the July QPaS for approval.</p> <p>MC thanked HG, JB and KF for their work over the last 12 weeks.</p> <p>MM noted that QPaS has a lot of groups reporting through it and from an assurance point of</p>

	<p>view would like to see a comment noted in the minutes of any issues note or that assurance were received.</p> <p>Action – QPaS minutes to include short sentence on reporting group minutes regarding any issues noted or assurances received</p> <p>The minutes for March 2020 were received and noted along with a summary of the May 2020 meeting. The committee interrogated a few issues and received assurance back.</p>
31/20	<p>Drugs and Therapeutics Group minutes</p> <p>The minutes for February 2020 were received and noted along with a brief summary of items discussed at the May 2020 meeting.</p> <p>MS enquired regarding items 20.4/20 Clozapine guidelines and the comment regarding removing or updating. KF confirmed these had been discussed at the last meeting (May 2020) and are currently under review and confirmed the intranet has been updated accordingly.</p>
32/20	<p>Drugs and Therapeutics Group – Terms of Reference</p> <p>JB noted the ToR had been reviewed specifically looking at membership, ensuring the right people were attending the meeting.</p> <p>The committee welcomed and supported the Terms of Reference</p>
33/20	<p>Items Arising from the meeting requiring Communication, Escalation or Risk Register consideration and any lessons learnt</p> <p>DR noted as assurance that as the organisation moved into the Covid period and agreed it would stand down some committees and take a lighter touch governance approach due to the crisis, to allow the executive team the capacity for priority work. He explained there is always a degree of trepidation from NEDs in terms of statutory duties and responsibilities and fulfilling these, but felt the reassurance through this committee with the progress made such as the Equality and Diversity report, the Quality Accounts, the subcommittee meetings that have taken place. Business that has been completed well and diligently is really reassuring, having continued despite the fact the at people have concentrated on the crisis in hand and it feel really good from an organisational point of view in terms of systems and processes in place allowing those things to happen and not stop because they were not been looked.</p> <p>MC agreed this was a really good point and has received really good assurance from the reports provided. MC thanked HG and JB for their work and thanked MM for her Command leadership with the link to quality throughout the escalation process.</p>
34/20	<p>Any Other Business</p> <p>MC noted it was good to see the early production of the Quality Accounts, which again was a good document and received lots of assurance and good feedback from partners.</p>
35/20	<p>Date and time of next meeting</p> <p>The next meeting will be held on Wednesday 5th August 2020. It was agreed further meeting details will be confirmed nearer the date.</p>

Agenda Item 12

Title & Date of Meeting:	Trust Board Public Meeting – 30 September 2020			
Title of Report:	Mental Health Legislation Committee Assurance Report following meeting of 06 August 2020.			
Author/s:	Name: Michael Smith Title: Non Executive Director and Chair of Mental Health Legislation Committee			
Recommendation:	To approve		To receive & note	✓
	For information	✓	To ratify	
Purpose of Paper:	<p>The Mental Health Legislation Committee is one of the sub Committees of the Trust Board</p> <p>This paper provides an executive summary of discussions held at the meeting held on 06 August 2020 and a summary of key issues for the Board to note.</p>			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Board Assurance report	✓
Key Issues within the report: <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<ul style="list-style-type: none"> The Committee had a substantive discussion concerning how our staff are currently facilitating the maximisation of family visiting to our inpatient units within the constraints of the Covid-19 pandemic guidelines. The Committee discussed a national report on the LedeR (Learning Disabilities Mortality Review) programme. Noted that the Trust reports all deaths and supports the CCG with regard to investigations. The committee received positive feedback from the CQC with regard to progress with the remote Mental Health visits which they have undertaken to date. 			

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:

Committee noted key items and assurances regarding:

- Meeting was quorate and was attended by Laura Sheriff from the Care Quality Commission (as an observer)
- A regular meeting clash with the AMHP (Approved Mental Health Professional) forum was identified and the team will work to resolve this
- The Mental Health Legislation steering group has met and is starting to get into its rhythm
- The use of S4 (admission in cases of emergency) was noted though the changes are not statistically significant given the low number of application (from 4 to 5, in quarter), in addition it was noted that initial COVID restrictions and shielding for staff had for a short period created challenges
- The use of CTOs (Community Treatment Orders) is decreasing. The National clinical director for Mental Health has made it clear that this was one of his ambitions, however it's not mandated,
- The Trust will liaise with the police regarding the use of s6 (conveyance to hospital) via the Crisis Care Concordat
- 6 monthly Medic's training sessions on the MHA / DoLS (Deprivation of Liberty Safeguards) to be extended to AMHPs
- Received Patient and Carer Experience Annual report
 - commended the report
 - noted the results of the MH inpatient survey and largely positive results with non in the lower quintile
 - noted specific MH objectives for 2020 including standardising the process for patient involvement in recruitment and involving carers in patient care planning
- Received verbal update on RRI
 - training restarted having made appropriate modifications including Personal Protective Equipment and alternative locations that have capacity for social distancing
 - incidents of violence and aggression are continuously tracked and where data shows local concerns these are investigated.
- Noted re-establishment of Liberty Protection Safeguards group from November, in line with deferred implementation (to April 2022)
- Received two reports on Mortality in relation to Learning Disability. Noted that the Trust reports all deaths and supports the CCG with regard to investigations
- Considered the Trust's position in relation to the Care Quality Commission Insight

- report and triangulation of our strategic priorities with this
- Approved the reviewed Mental Capacity Act 2005 Deprivation of Liberty Safeguards Policy
 - Discussed internal audit plan for mental health legislation and passed to the Steering Group for further discussion and agreement
 - The committee had a verbal update from the CQC with regard to progress with the remote Mental Health visits which they have undertaken to date and were pleased to hear Laura Sheiriff comment positively on the work and evidence she has seen presented to her in recent months by our clinical teams.

Key Issues:

Insight report:

- Implementation of Liberty Protection Safeguards - aim for full implementation of LPS by April 2022.
- Learning Disability Mortality Review report and NHSEI Action from Learning report, setting out its response to the latest LeDeR annual report. The report also provides examples of the local changes that have been made to services and work which is happening nationally in response to common themes raised through the LeDeR reviews.

Quarterly performance report – main items:

- CQC Mental Health Act visits – Committee assured that patient and carer involvement in care planning is improving and is being regularly audited.

Exceptions:

There were 13 exceptions to the lawful application of the MHA in Q1, unable to identify any trends. Individual actions have been carried out to prevent further errors in these areas. 4 exceptions were in relation to unlawful detentions; 2 of these were administration errors and the other 2 were due to patients being admitted informally with no capacity to consent to their admission and treatment.

The outcome of a recent discussion at the Quality Committee was to stand down the unlawful detentions as a zero event as there will always be administrative errors on detention paperwork. The MHL Committee agreed that only those unlawful detentions that are not related to administrative errors should be reported as zero events.

Agenda Item 13

Title & Date of Meeting:	Trust Board Public Meeting – 30 September 2020																										
Title of Report:	Finance and Investment Committee Assurance Report																										
Author:	Name: Francis Patton Title: Non-Executive Director and Chair of Finance Committee																										
Recommendation	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To receive & note</td> <td>✓</td> </tr> <tr> <td>For information</td> <td></td> <td>To ratify</td> <td></td> </tr> </table>			To approve		To receive & note	✓	For information		To ratify																	
To approve		To receive & note	✓																								
For information		To ratify																									
Purpose of Paper:	<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 19th August 2020 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>19.8.20</td> <td>Remuneration & Nominations Committee</td> <td></td> </tr> <tr> <td>Quality Committee</td> <td></td> <td>Workforce & Organisational Development Committee</td> <td></td> </tr> <tr> <td>Finance & Investment Committee</td> <td></td> <td>Executive Management Team</td> <td></td> </tr> <tr> <td>Mental Health Legislation Committee</td> <td></td> <td>Operational Delivery Group</td> <td></td> </tr> <tr> <td>Charitable Funds Committee</td> <td></td> <td>Other (please detail)</td> <td></td> </tr> </tbody> </table>				Date		Date	Audit Committee	19.8.20	Remuneration & Nominations Committee		Quality Committee		Workforce & Organisational Development Committee		Finance & Investment Committee		Executive Management Team		Mental Health Legislation Committee		Operational Delivery Group		Charitable Funds Committee		Other (please detail)	
	Date		Date																								
Audit Committee	19.8.20	Remuneration & Nominations Committee																									
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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 month two performance and the focus on key areas particularly the need to apportion Covid-19 funding and the Primary Care recovery plan. Notes the update on the Operational and Corporate Services Budget Reduction Strategy performance. 																										

Executive Summary - Assurance Report:

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

A summary of the key areas discussed are that Month four performance showed that the Trust had recorded an in month operational surplus position of £0.023m, after the BRS risk reserve has been included. After including donated asset depreciation in the position, the reported position for Month 4 Year to Date was breakeven.

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



A deep dive review of Primary Care showed an improved position on last year from a circa £0.500m deficit to a circa £0.100m deficit.

In terms of BRS whilst the Block funding will impact on major schemes there is confidence that the overall financial plan target can be delivered.

A detailed capital and disposals review showed the Trust to have a clear capital programme, clear disposal plans and some potential capital monies from HC&V

The committee also received risks appertaining to FIC and assurance reports from Digital Delivery and Capital and Estates Group.

Key Issues:

The key areas of note arising from the Committee meeting held on 19th August were:

- In terms of the Insight report the key issues raised were: -
 - At Month 3 HC&V recorded a breakeven position, which included £23m of Covid-19 expenditure and £18m of True up adjustments.
 - The National Finance position at Month 2 recorded a £2.6bn adverse variance. Clinical commissioning groups reported a year-to-date overspend of £560m and £460m of this deficit related to COVID, the overall commissioning overspend at Month 2 was £2.5bn. Providers identified £1.6bn of COVID expenditure and reported a £45m adverse variance (breakeven v planned surplus)
 - In terms of pensions two things of note. Firstly, the deadline for pension scheme members to adopt 'scheme pays' for 2018/19 tax liabilities has been extended. Secondly the government are consulting on remedial actions in relation to previous reforms to the NHS pension scheme. The previous reforms, to public service pension schemes in 2015 included transitional protection for people closer to retirement, however the courts have now ruled that this directly discriminated against some younger pension scheme members. The government is therefore consulting on proposals to remove this discrimination which will apply to all individuals who joined the scheme on or before 31 March 2012 and were members on or after 1 April 2015. Affected members will be given a choice on which set of pension benefits (old scheme or new scheme) they would like to have for the remedy period (1 April 2015 to 31 March 2022).
- In terms of the month four financial performance in month a £0.023m surplus operational position was recorded to the 31st July 2020 inclusive of the BRS risk reserve, when including donated asset depreciation, the reported position for Month 4 Year to Date was break even.

Within the reported position is year to date Covid-19 expenditure claim of £3.457m all of which has been received. Year to Date staff costs of £40.114m are £0.326m below budget. Capital Spend as at Month 4 was £1.634m, mainly related to the LHCRE (£0.621m) project and COVID 19 (£0.323m).

The Children's and LD Division has a year to date expenditure underspend of £0.136m and a net underspend of £0.088m; the Community and Primary Care Division has a year to date expenditure underspend of £0.063m and an overall division underspend of £0.187m; the Mental Health Division has a year to date expenditure underspend of £1.036m and an overall underspend of £1.092m; the Secure Services Division is showing

a year to date division net overspend of £0.181m; Corporate (excluding Finance Technical) is showing a year to date underspend of £0.034m.

In the vast majority of cases the underspends relate to vacancies (overall at Month 4 the Trust is underspending on staffing by £0.326m) and the committee sought and received assurance that this was not at the detriment to patient care although it is obviously an ongoing pressure on existing staff.

Cash at the end of July stood at £26.886m due to the Trust received two Block income receipts in April (£9.8m) meaning that the underlying cash balance was £16.081m

The aged debtors outstanding at the end of August were £5.409m. This is a reduction of £0.720m compared to the June Aged Debt balance of £6.129m. NHS outstanding debt reduced by £0.544m and non-NHS debt by £0.176m. Trade Creditors stood at £3.132m of which £1.003m have been approved and can be paid on the system, £2.128m are awaiting approval on the Trusts Financial system

Performance against the better payment practice code for NHS and Non-NHS are currently 94.74% and 95.78% respectively. This performance is compared to the national target of 95% of invoices being paid within 30 days of the invoice date.

- The committee received a deep dive report on Primary Care which showed a marked improvement in performance versus last year. Overall Primary Care was budgeted to deliver a deficit of £0.081m this year versus a deficit of circa £0.500m last year. After detailed analysis it is felt that this will now be £0.097k although there is some potential update in that forecast.
- The committee received an update on BRS delivery which showed that the Major Schemes target saving position is £4.516m.

The effect of the Covid-19 Block funding, which will be in place until October, is likely to have a significant effect on the BRS Major Schemes. NHSI have indicated that during the remainder of 2020/21 that system wide funding will be in place and that systems will be required to breakeven. As a number of schemes are dependent on additional resources which includes Mental Health Investment Standards the effect on the Major Schemes BRS schemes is not clear at this stage. To date savings of £0.533m have been made relating to Major Schemes.

The Divisional and Corporate Savings have been profiled at £1.092m for Month 4 and are showing savings of £1.036m which is an underachievement against the profiled savings of £0.056m. This is made up of an underachievement on Mental Health of £0.081m offset by an overachievement of £0.024m on Secure Services and £0.001 from the Chief Executive. All Corporate and Divisional Services are forecasting that the annual target savings will be achieved

- The committee received a Capital update including disposals. In terms of Trust funded capital there is a £7.4m plan made up of £4.1m internal funding, £2.7m external funding and £0.566 from Townend Court NR funding. This has been allocated as £2.2m to IT schemes and £5.2m to Estates schemes.

From an HC&V perspective the original capital plans were approved, capital notified to the ICS in July 2020, inclusive of the announced critical infrastructure funding for the system, was £81m. In addition to this, as part of phase 3 planning, HC&V has identified a further capital resource requirement of £85m of which we have bids in for £1.7m (£0.5m

for Covid-19 safe working and £1.2m for Hawthorn Court and Townend). None of the phase 3 monies have been confirmed and this will be dependent on funding sources.

In terms of disposals Victoria House is expected to complete this month, Hallgate and Westend need revaluing, Chestnuts will become vacant once works to Cottingham clinic are complete and the potential disposal of Hawthorne has been impacted by Covid-19.

- The committee received the section of the Board Assurance Framework (BAF) for Quarter 2 2020/21 relating to Trust finances and sustainability and reviewed the 5 key risks and overall BAF. The overall assurance rating against Strategic Goal 5 - Maximising an efficient and sustainable organisation - currently remains at 'yellow' for the Quarter 2 2020/21 position which is representative of the challenges and uncertainty linked to the national COVID-19 situation.
- The committee received assurance reports from Digital Delivery and Capital and Estates Group.

Agenda Item 14

Title & Date of Meeting:	Trust Board Public Meeting – 30 September 2020		
Title of Report:	Audit Committee Assurance Report		
Author/s:	Name: Peter Baren Title: Non Executive Director, Chair of Audit Committee		
Recommendation:	To approve		To receive & note <input checked="" type="checkbox"/>
	For information		To ratify
Purpose of Paper:	<p>The Audit Committee is one of the sub committees of the Trust Board.</p> <p>This paper provides an executive summary of discussions held at the meetings held on 11 August 2020 and a summary of key issues for the Board to note.</p>		
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>	Audit Committee	Date	Remuneration & Nominations Committee
	Quality Committee		Workforce & Organisational Development Committee
	Finance & Investment Committee		Executive Management Team
	Mental Health Legislation Committee		Operational Delivery Group
	Charitable Funds Committee		Other (please detail) Assurance report <input checked="" type="checkbox"/>
Key Issues within the report:	Identified in the report		

Monitoring and assurance framework summary:

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



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

Executive Summary - Assurance Report:

A meeting of the Audit Committee took place via MS Teams on 11 August 2020. It is a requirement of the Terms of Reference and the NHS Audit Handbook for an assurance report to be prepared for the Trust Board as soon as is practical after the meeting takes place, and presented at the next Trust Board meeting.

Key Issues:

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

- Internal Audit Progress Report
- Internal Audit Strategic and Annual Plan 20/21
- Internal Audit Annual Report
- Counter Fraud Progress Report
- External Audit Progress Report
- Emergency Preparedness Resilience and Response Report
- Procurement Activity Report
- Tender Waiver Update
- Board Assurance Framework
- Trustwide Risk Register and Secure Services RR Deep Dive
- Establishments Visits Update
- Information Governance Policies and Assurance Report
- Cyber Operational Readiness Support (CORS) Remediation Plan
- Insurance Provision
- Update on any changes to Contracts/Agreements

Risks and Major Items Discussed

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

Workforce Planning	Good Assurance
eExpenses IT General Control	Good Assurance

The Committee were assured that the Reports were issued with 'Good Assurance' and that many of the actions had already been completed with the others having short completion dates. The Humber Care audit was the only one still to be received from 19/20 with the draft showing reasonable assurance, while the Cyber Resilience report for 20/21 was also ready in draft, with good assurance. From the recommendation follow up work, it was accepted that three medium recommendations had had revised completion dates, but over 95% had been actioned within the original timescale.

The transition to a new Internal Audit provider was discussed (anticipated from 1 October 2020). Audit One anticipated a smooth handover given that the regular staff would be TUPED over, but any specialist staff would ensure that they completed their current work in progress, which may be into October. The Committee thanked AuditOne for their services over the years.

The 20/21 Plan and 19/20 Internal Audit Opinion were received in final form, with very minor

amendments from those reported on at the last meeting. It was noted that the Plan could be flexed during the year if needed.

The Counter Fraud report contained an update on counter fraud activity and progress against the agreed work plan for 19/20 with an agreed plan for 20/21. Three proactive exercises had been finalised and a further three in progress. The Committee were keen that these reports were finalised in a more timely manner in future. Five hold to account investigations were ongoing and progress noted.

The external auditors, Mazars, presented the Final Audit Letter covering the 19/20 Annual Accounts. The content was in line with the various year end reports already presented, and an additional Fee of £2,000 accepted in relation to the additional work verifying the capital values in the accounts, the valuations being complicated by the impact of the Covid 19 disruption.

The 6 monthly Procurement Activity report gave very good assurance with regard to the systems and diligence being exercised by the procurement team in difficult times. A consistent 92% of all orders were from the NHS catalogue, although by value much lower due, mainly, to capital expenditure. Assurance was received around PPE procurement, Brexit and a new Mobile Telephony contract.

Six new single tender waivers have been issues since the last report, and these, together with progress on previous tender waivers, were discussed and noted.

The Quarter 2 working version of the 20/21 Board Assurance Framework (BAF) was presented, with progress against each of the six Strategic Goals. While these were all considered, the Committee has specific oversight of Goal 3, and requested that further narrative be included with regard to our Lead Provider Collaborative position in the Integrated Care Service (ICS).

The six risks on the Trustwide risk register were tabled and discussed, together with the four Command risks that had been reduced. Eight risks rated at 9+ were included on the Secure Services risk register, and the systems/plans to manage these explained and discussed. The assurance was accepted but the Committee stressed that a divisional representative should always attend for this review.

Establishment visits are to be conducted by finance staff, virtually in present circumstances, to ensure the systems for managing local monies, patient property and related transactions. The new Harlequin system acquired for this area was highlighted, and this is being rolled out. The Committee will receive regular updates as this was an area where low assurance internal audit reports had been received.

The Information Governance policies were noted as fully up to date, and the latest group minutes showed quoracy. It was noted that the group had discussed the IG Annual Report and, as a result, some changes were recommended. The Report will therefore come to the audit committee in November.

The Cyber (CORS) assessment of the Trust was completed on behalf of NHS Digital earlier in the year, and the committee received a summary. The current cyber security risk exposure has been highlighted as medium, which is similar to other trusts assessed. An action plan to enable the trust to achieve Cyber Essentials Plus was tabled and discussed. The remediation plan is being progressed via the office of the SIRO, with an element of external support from NHS Digital. While this plan will be followed up via the Audit Committee, it was agreed that the full Board should be aware of this assessment and its responsibilities to commit to the

plan in order to achieve Cyber Essentials Plus within an acceptable timescale. An item for the October Board was suggested.

The Trust's insurance provision is obtained from NHS Resolution with further cover through QBE Insurance (property top up) and AXA (vehicle insurance). The Committee received assurance that the provision was well managed, with the increase in Clinical Negligence cover from £401k in 19/20 to £493k for 20/21 being explained by our increased primary care activities. A possible c£15k increase in property insurance was also noted, due mainly to increased property valuations.

Agreed actions

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

Matters deferred for future consideration

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

Matters to be brought to the attention of the Trust Board

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

- The good assurance from the procurement report
- An assessment of 'medium risk' relating to the Cyber (CORS) review, with related action plan and October Board agenda item
- The increased insurance costs.
- A well-managed handover anticipated to the new Internal Auditors from October.

Agenda Item 15

Title & Date of Meeting:	Trust Board Public Meeting – 30 th September 2020											
Title of Report:	Workforce and Organisational Development (OD) Committee Assurance Report and 15 July 2020 Minutes											
Author:	Name: Dean Royles Title: Non-Executive Director and Chair of Workforce and OD Committee											
Recommendation	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To receive & note</td> <td>✓</td> </tr> <tr> <td>For information</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> </table>				To approve		To receive & note	✓	For information	✓	To ratify	
To approve		To receive & note	✓									
For information	✓	To ratify										
Purpose of Paper:	<p>The Workforce and Organisational Development Committee is one of the sub committees of the Trust Board</p> <p>This paper provides an executive summary of discussions held at the meeting held on 16th September 2020 and a summary of key points for the Board to note. The minutes of the meeting held on 15 July 2020 are attached for information.</p>											
Governance		Date		Date								
	Audit Committee		Remuneration & Nominations Committee									
	Quality Committee		Workforce & Organisational Development Committee									
	Finance & Investment Committee		Executive Management Team									
	Mental Health Legislation Committee		Operational Delivery Group									
	Charitable Funds Committee		Other (please detail)									
Any Issues for Escalation to the Board:	<ul style="list-style-type: none"> • None 											

Executive Summary - Assurance Report:

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

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

The committee also received a presentation from the Community and Primary Care division on their action plan based on the 2019 staff survey results, updates from the reporting groups



Equality, Diversity and Inclusion, Staff Health and Wellbeing and the Medical Education Committee. Reports were also received on gender pay gap, recruitment task and finish group, CPD monies as well as a presentation on the NHS People Plan.

Key Issues:

The key areas of note arising from the Committee meeting held on 16th September 2020 were:

Minutes of the meeting on 13th July were approved and the action log was updated with agreement for those closed actions to be removed.

Welcomed Grace Gava to the meeting and congratulated her on taking up the chair of the BAME staff network group. She has hit the ground running and the committee is looking forward to the development of the group and hearing more from her and the group in the future.

A presentation was given from the Primary and Community Care Division on actions they are taking to improve staff survey results. The Committee noted the highs and lows of their staff survey results. Noted the action plan in place and the recognition and focus in terms of post COVID peak activity. The executive highlighted the organisational infrastructure in place to support this and improve the staff experience. It was anticipated that the recent organisation restructure would provide additional focus to this area of work. The Committee welcomed the updated and looked forward to the plans improving survey results

Received three assurance reports. Good activity and assurance coming through in all area. The committee suggested the work around GPs in the education and training assurance report should link into the Primary Care Strategy and to include progress and ensuring the narrative into the insight report.

The Remote Working policy was received. This had been through all the usual consultation channels. The policy was well received. The Committee Recognised this is dynamic environment and requested regular monitoring of impact and an early formal review date.

The Workforce insight report was highlighted to the committee. The Committee explored areas of progress and those needing further development. Talked about challenges and benchmarking taking place. Looked at mandatory training with a further report coming to next meeting on plans to improve those areas not currently compliant. Given the detail in the insight report the committee were increasingly assured on work in the area and will look to make the report more strategically focused for future meetings with opportunities to deep dive as and when required. It was noted that flexibility seems to have had a positive effect on sickness absence.

Risk register was considered. Noted changes. Discussion about the current versus inherent risks that have been taken was reviewed. Noted some updates to be provided in September will be provided at next meeting. The potential for COVID staff burn out is on gold risk register. Discussion will be held as to whether this needs to be incorporated into the Workforce and other risk registers as appropriate at a further date.

Received update on the NHS People Plan, background context and the work the Trust has been doing in particular around the employer actions. The actions will be maintained as a dynamic report which will help feed the organisation. Progress been made on those actions that feed into the HCV system so it can be seen the contributions the organisation is making to the broader HCV system and Helen Lambert is maintaining list of this.

Committee received a verbal update on the phase 3 planning work. Plan is underway in terms of bringing activity back to pre COVID levels based on the availability of workforce and the requirements to work differently for infection control reasons. There is a broader issue in terms of the mental health investment standard and the increased workforce that is going to be required as part of this in addition to transformation funding coming through to make sure we see further investment in terms of mental health.

Received gender pay gap report. Welcomed report early on in cycle. Welcomed that it has come with an action plan. Discussion on work taking place supporting this and working on lowering gender pay gap and also held discussion on lower paid roles and benchmarking from other organisations.

Recruitment and Retention Group update was given which was welcomed and noted. Committee agreed to keep this as a regular item and will move the item up agenda for the next meeting in order to have a more substantial discussion.

Update on CPD monies report was received. Good news story and recognised challenges in terms of spending during COVID. The Committee highlighted the importance of promoting this investment in staff development and through stories it appropriate forums and at the board.

**Minutes of the
Workforce and Organisational Development Committee
held on
Wednesday 15th July 2020, 14:00 – 16:00pm,
Microsoft Teams**

Present:

Members:

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

Other attendees:

Michele Moran (MM), Chief Executive, (attended until 4pm)
Helen Lambert (HL), Deputy Director of Workforce and Organisational Development
Colette Conway (CC), Nurse Recruitment Project Lead
Oliver Simms (OS), Corporate Risk Manager
Jennifer Kuehnle (JK), Guardian of Safe Working
Patti Bowden (PB), Clinical Lead Secure Services (attended until 14:45)
Paula Phillips (PP), General Manager Secure Services (attended until 14:45)
Jessica Norton (JN), Personal Assistant, (Note taker)

35/20	Apologies for Absence None.
36/20	Declarations of Interest None declared.
37/20	Minutes of the meeting held on 13th May 2020 The minutes of the meeting held on 13 th May were accepted as an accurate record subject to a minor change on page 3 under stat man training 'slimmed' instead of 'slimed.
38/20	Action Log Action Log was reviewed and discussed.
39/20	2019 Survey Results (Presentation) Presentation was given by the secure services division. In terms of response rates to the survey, this was low compared to the rest of the Trust. They have produced an action plan based on both this year's survey and last years. The presentation covered the background and context, areas which had good results, those areas that could do better as well as the top 10 scores and lowest scoring questions. Division aiming to carry out workshop style events with staff and teams to put the action plan into motion. The draft action plan will form outline of ideas the division have whilst working on understanding Trust strategy which will feed into divisional strategy for the team. The managers also want to measure the responses to staff perception such as the assumed number of staff needed within the division to undertake the jobs and staff basis of unrealistic time pressures. There is also more clarity on roles needed which HR is supporting the division with to allow staff get a feeling of value in their roles and in what they are offering.

In terms of the main areas of improvement, this action plan will allow the division to work with people who feel disconnected with their senior management by setting up sessions and meetings to make sure staff are feeling more connected. Also looking to advertise what is available for the staff to utilise such as food availability, break out areas and use of a gym.

Offer was made by Mike Cooke to walk around and meet their teams to engage with staff.

The committee noted that Ouse Ward under this division appears as an outlier on all staff metrics and it would be good to see this turned round.

John Byrne added that, in terms of patient engagement, there has been some very positive work over the past year with his team who are keen to continue to support. He highlighted that the staff survey gives the impression that the division have a big job on their hands. However, there are some positives in the survey. Furthermore, he stated that the Trust needs to patient with regard to moving things along as need to first look at increasing participation in the survey and also to make some changes that will demonstrate the division is on it, which will, in itself, move the scores.

Michele Moran added her welcome to the divisional leads and recommended that the managers focus on the pulse checks to see if the issues are the same since COVID to make sure efforts are in the right area.

Committee received comments from Lynn Parkinson around the issues of culture in the Humber Centre and noted that conversations have taken place in terms of driving this forward.

Resolved: The report was noted.

40/20

Chairs logs from any groups reporting to this committee

- a) Staff Health, Wellbeing Engagement Group – this was the first meeting since COVID outbreak commenced. Engaged conversations took place at the meeting which had good representation for Trust areas. Reflection and learning from COVID was undertaken which led to a lot of ideas to take forward in the revised action plan. COVID has cemented this group in terms of its value in the Trust.
Francis Patton commented that the champion role is a good idea and the pathway with psychologists is good. In terms of the breakout room position, this is connected with the work already underway in respect of staff room areas and COVID site assessments with the assessments incorporating the needs and issues as they progress around the sites. Mike Cooke agreed with Francis Patton's comments and was pleased to see this group going and was encouraged to see this was reaching areas of the Trust not normally reached.
- b) Equality, Diversity and Inclusion Group – last meeting took place in May and was well attended. Equality, Diversity and Inclusion report went to board including actions and plans for days ahead. The group is working in development with LGBT and pride and as such, the group is preparing communications to go out for staff. The BAME network is nearly ready to progress. Humberbility is about to launch also. Multi faith group to come further on in the year. At the meeting, conversations took place on equality, BAME, COVID impact and risk assessments. The BAME risk assessments were well received. As a result of the current situation, the Trust is undertaking a data cleanse in Electronic Staff Record (ESR) to ensure the Trust is capturing staff with protective characteristics. At the meeting, concerns were raised regarding racist behaviour from patients to staff. As a result, HR and the Equality, Diversity and Inclusion lead are preparing documentation making sure staff and managers know what they can do in this situation.

The BAME staff group has a new chair, Grace Gava. There are plans for an all staff BAME call as an introduction with plans to be shown, allowing the opportunity for the attendees to express their ideas and influence the groups agenda. In terms of BAME, Steve McGowan is producing a paper for the Trust Board in July to update on what the Trust is doing to show that the Trust is In a stronger position than it was a few years ago.

In terms of patient and staff racism, Mike Cooke suggested carrying out joint training or case studies looking at some of the good practices elsewhere that the Trust could consider. John Byrne agreed that it is positive for the Trust in how they are picking up BAME work but there is more work to do as there are other protective characteristics to make sure that they are not forgotten about.

Recognition was given to John Duncan and Mandy Dawley in light of the work they are doing.

Hilary Gledhill raised that there have been around 35 incidents in 12 months and agreed that there is concern over the severity and outcome of these incidents. The Trust is therefore working up a zero event to give better reporting to increase awareness but also obtain better quality data. This is going to Trust Board in September.

Michele Moran has linked in with national groups and the work on BAME by the Trust has been distributed around for information. This was well received. Michele Moran is picking up with chief constables in terms of racism with local officers and CPS. This is with the aim to increase sentences for those that abuse NHS staff.

- c) Medical Group assurance report, update report and minutes were taken as read. Highlight was drawn to the recent award by HYMS and the securing of 20 medical students as first trust to do this and get them up and running. In terms of the Primary Care piece, the group is putting the education component together which will take 2-3 years to come to fruition but will see benefit at the end. On HYMS, the group is looking for the Trust to help students that missed their placements due to COVID. Committee were assured by the positive feedback from the inpatient units and GP practices relating to the Medical Student Volunteers and were hopeful this will inspire some to consider work in Primary Care and General Practice for future and long term.

Operational Delivery Group assurance report taken as read. The groups focus is on operational issues which effect and impact workforce. The group is focusing on workforce plan and are supporting the undertaking of accountability reviews across the division which dives into details of performance aspects in terms of workforce. Committee was assured that this group provides governance and ownership as deployment has previously been where the Trust has lacked.

Resolved: Chairs logs were noted.

Grace Gava to be invited to a future meeting

Action: JN

41/20

Policies for Approval

Two policies, Statutory and Mandatory training and Retirement, were presented to the committee for approval. These policies have been refreshed, giving more clarity and setting out options available for staff. Committee were asked to note that in the retirement policy, the section on wind down is subject to a further recently requested amendment.

Committee agreed that it was good to see that the Trust has reduced the amount of training needed rather than increased as well as clarified clearly what is statutory, mandatory and what is role specific. Also good to see that there is a process and practice for the Trust to have flexibility to keep good staff who are nearing retirement age.

Resolved: Policies approved

42/20

Workforce Insight Report (Including Risk Register)

An overview of the insight report was given by Steve McGowan. Highlights include:

Sickness – only just above 5% including COVID sickness which is significantly better than it was 2 years.

Turnover – better than 12 months ago and significantly better than it was 2 years ago

Vacancies – 165 more staff in organisation than 12 months ago, 33 staff in organisation since April. Focus on recruitment and benefits of retention coming through. Plans in place to tackle areas around vacancies. Work on retention and sickness is now showing results.

DBS Checks – improvement on DBS from operational services.

Retire and Return - In terms of retire and return figures, these show 5 permanently back with 16 retire and retuning back on the bank. Service specific figures are covered in accountability reviews were the Trust celebrates successes and also cover outliers.

Committee congratulated Steve's team on the work done and on those areas of focus which are now picking up.

Francis Patton raised a query on the staffing metrics 2.5 on page 56. Interesting that on average 25% of workforce is off due to vacancy, sickness or maternity which is a large part of the workforce. Also noted that, looking at the metrics, the Mental health division is struggling and are outliers in many other metrics. Steve McGowan confirmed that the Mental Health accountability review is on Monday so Lynn Parkinson and he will be addressing performance then. Francis also noted that 3.2 staff turnover the trend is excellent but the monthly trend doesn't seem to change whereas performance is coming down. It is however recognised that the Trust is performing remarkably well in terms of benchmarking compared to the rest of the patch. John Byrne concurred and pointed out that it is tempting to focus on the deficits but the benchmarking data shows the Trust to be in a better position than the Trust sometimes think but there will always be teams and services that need to do some catching up.

Lynn Parkinson confirmed that in terms of Mental Health division there are challenges around this division. In terms of detail, this will be delved into on Monday in the accountability reviews. There has been positive success around recruitment. The division has seen an increase in demand and challenges however the Trust is working with the division and the division is sited on the issues and working on the areas which need focus.

The Children's and Learning Disability review was this morning and showed real improved performance showing a maturing leadership team across the division. The committee welcomed the leadership Peter Flanagan and Trish Bailey had brought.

Resolved: The report was noted.

43/20

Risk Register

Oliver Simms presented the risk register to the committee.

Report includes two risk register extracts. The first one has the nine risks which sit on the Workforce and OD risk register which score nine and above. Five have rating of 9 and four with a rating of 15 or above. The four highest ratings also sit on Trust wide risk register and these were reported to the Trust Board last month. Silver command risk register also included to make committee aware that this is in place and is reviewed on a weekly basis and this is managed by silver command with gold command receiving updates on the risks fortnightly. Committee assured that risks linked to COVID are been monitored. Attention was drawn to risk 34 and risk 52 which based on scores they are both incorporated in the Trust wide register and reported to board in June and quality committee.

Quarter one section on board assurance framework has been to board and is brought to this committee to note. Any comments to incorporate in quarter 2 version.

This risk register is reviewed on a monthly basis with Workforce Director.

Francis Patton stated that this is one of the best risk registers he has seen in a few Trusts he has

worked in however he raised some minor points of improvement including the gaps in control on risks page 86 onwards. Not all gaps seem to flow into additional actions completed and for additional actions as well as do not have details as to when these will happen or when we will have feedback. Oliver Simms took these comments on board and will update for next committee. For the action for July, Oliver Simms will look to colleagues for update as since produced report, this action may have progressed further due to time lapse. Will be updated for next committee.

John Byrne added that we now have some great products coming out of HR with professional support where required.

Mike Cooke commented that he believes that the Trust does risk well and assurance well through the risk register work. Register gives a good sense of overall risks including COVID and shows workforce is stabilised.

In terms of what is the biggest risk, Oliver drew attention to the test, track and trace risk due to the impact and increase of surge at back end of COVID as well as in terms of demand on services and staff.

Resolved: The risk register was noted.

Oliver Sims to update risk register (gaps in control)

Action: OS

44/20

Long Term Working Arrangements for Staff

Verbal discussion by the committee was undertaken on the long term working arrangements for staff at the Trust. Dean Royles has seen many organisations send a lot of staff home to work differently in very short order due to tactical and safety reasons. A number of these have worked effectively and some haven't. As we look into the longer term change for staffing on how people work, want a committee discussion on how the Trust is moving from a tactical to strategic way of thinking and how the Trust will support staff and managers to work in this new way going forward. Is it estates strategy that drives it or the way people work to drive the estate strategy? Additionally how support vulnerable people working from home. There are a range of things to debate and consider with strategic oversight and plans needed.

Michele Moran outlined to the committee the discussions held at the Executive Management Team meetings. Assurance papers to come to committees as to where the Trust is up to. Operationally doing a lot in terms of next stage in line with guidelines but mindful of local outbreak plans and infection rates across the patch. Linking into this as not about just the Trust but about the wider system.

Michele Moran confirmed that it is the clinical model/operation piece/service model that drives the estate strategy. The Trust has this covered and learning from transformation is already done. The Trust is currently working on what we need to keep and what we need to change. Will not go back to how the Trust was before COVID even if a vaccine or treatment becomes available. Looking at a hybrid approach between those working remotely and those needing support. The Trust is doing this by carrying out risk assessments, providing equipment etc. Trust is aware that there are at risk staff which the Trust is looking to protect and will continue to do this for those at risk or those shielding. In terms of estate, some sites may not open again or they may change purpose. Currently looking at rotas for staff and option of bookable hot desks. As governance guidelines come through, the Trust will consider this but will do what is right for staff. Aware that people need social contact and will look at assisting those that are not getting on with working from home. Paper also going to Quality committee on how these changes would affect quality.

John Byrne added that the Trust has been much more aggressive in terms of remote working than many other organisations, to its credit, with some actions having to be done at speed. Making remote working an enjoyable and productive experience is easier said than done and may require investment. This may generate some savings but is a work in progress. The key thing is we keep everyone on board during the transitions. John further added that the Trust needs to be aware of its younger staff that may be potentially disadvantaged as they may not have the home space to

	<p>facilitate long term home working.</p> <p>Mike Cooke agreed that, in terms of this approach, the Trust is getting this right. The Trust can appeal to those who like transactional type of working but also those that need human contact. This can also be a recruitment and retention bonus for the Trust. Michele Moran confirmed that the Trust already have staff which have been recruited on the back of the work done for COVID. Additionally, looking at also running a recruitment campaign around London.</p>
45/20	<p>6 Month Safer Staffing Report Update on safer staffing was provided to the committee by Tracy Flanagan.</p> <p>Committee were asked to note that the format has changed and the threshold around assurance was made more explicit. The report shows a lot of positives with improved trajectory on most wards. Areas with issues such as Hawthorn, Westlands and Townend are showing a different picture since change of function for those units.</p> <p>Committee were asked to note that some areas have shown 12 periods of meeting sickness target.</p> <p>Francis Patton thought that this was a good report as it was thorough and keeps committee assured. Committee agreed that this provided a good summary and was very helpful.</p> <p>Resolved: The report was noted.</p>
46/20	<p>Recruitment Task and Finish Group Steve McGowan presented an update on the plan.</p> <p>Data shows the Trust has been successful in recruiting more nurses, GPs and consultants.</p> <p>Francis Patten felt that the report gives assurance that the Trust is giving the right focus to recruitment and retention and can see that it is now beginning to deliver results.</p> <p>Mike Cooke commented that the granularity that has being brought in is helpful. The insight report is performance orientated and this report gives an overview on anything else the Trust is doing and evidence of good practices elsewhere that we are looking to adopt.</p> <p>John Byrne raised the question of what the Trust can say if the CQC did an impromptu well led inspection, if take the BAF risk register as starting points, the Trust can point to an improving picture in the data as well as solid plans in place where it's not 12 to 18 months into this work. Risk register is more balanced rather than on money. Committee noted that this is a long term plan and there is more confidence in terms of the risks now than years previously.</p> <p>It was highlighted that though it seems slightly ambitious in terms of nursing and this may need refining, Hilary Gledhill, Tracy Flanagan and Colette Conway are working hard on this aspect of recruitment and there are lot of actions behind this. Numbers will change when other actions are achieved.</p> <p>Resolved: The report was noted.</p>
47/20	<p>Guardian of Safe Working Report Report was taken as read. Jennifer stated that they are pleasantly surprised that during COVID they didn't have a rise in exception reports. Believe that during this exceptional time, the doctors have gone above and beyond. Any concerns reflect the wider population. Trust is giving out messages regarding working and remote working and this is well received by the junior doctor cohort.</p> <p>Resolved: The report was noted.</p>
48/20	<p>To Review the Meeting</p>

	<p>Committee agreed that the meeting was content rich and felt different in terms of governance. Agreed that the feed from other groups is beneficial. Would like to think about having discussion items as this was seen as helpful. Reports are well written and comprehensive. Good to have divisions attending to look how things are on the ground. Thanks were given to Paula Phillips and Patti Bowden for their presentation.</p>
49/20	<p>Any Other Business Lead Provider for Care Homes York and North Yorkshire- there is a request regionally to help care homes. Specially looking at winter. The Trust declared interest and this was supported.</p>
50/20	<p>Date and Time of Meetings in 2020:</p> <ul style="list-style-type: none"> • Wednesday 16 September 2020, 14:00 – 16:00 pm • Wednesday 18 November 2020, 14:00 – 16:00 pm

Agenda Item 16

Title & Date of Meeting:	Trust Board Public Meeting – Wednesday 30 September 2020			
Title of Report:	Charitable Funds Committee Assurance Report 22 September 2020			
Author/s:	Name: Mike Cooke Title: Non Executive Director and Chair of Charitable Funds Committee			
Recommendation:	To approve		To receive & note	√
	For information		To ratify	
Purpose of Paper:	<p>The Charitable Funds Committee (CFC) is one of the sub committees of the Trust Board.</p> <p>The report includes details of the meeting held on 22 September 2020 and the minutes from 21 July 2020, which are attached for information.</p>			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Assurance Report	√
Any Issues for Escalation to the Board:	<p>Annual Accounts have been received and are approved subject to minor amendments</p> <p>The Charity have been successful in a bid for NHS Charities to support the Trust and wider communities Black, Asian and Minority Ethnic population.</p> <p>Whitby Fundraising appeal name of “Whitby Hospital Appeal” was supported with a fundraising target of £200k.</p>			

Monitoring and assurance framework summary:

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



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

Key Issues:

A meeting of the Charitable Funds Committee (CFC) was held on 22 September 2020. The meeting was positive and well attended with good progress and assurance being made in this area.

Key Issues

The Committee

- Welcomed both Andy Steele and Sophie Holmes from 360 Accountants to the meeting
- Approved the 21 July 2020 CFC minutes (attached) as an accurate record subject to one minor amendment to the heading title for item 14/20 to read "declarations of interest rather than declarations of engagement.
- Noted the progress on the actions list and workplan.
- Received a presentation from 360 Accountants on the 2019/20 draft accounts. An independent examination was undertaken and no errors have been identified, feedback was provided on the transparency of funds zones and use of Zero accounting.
- The Committee was pleased to note the trends and noted the drop in income which is explained by the Impact Appeal timelines.
- The Committee considered and approved the draft accounts subject to some minor amendments and further commentary on future plans focussing on Whitby and Bridlington.
- Noted the really helpful insight report, formally thanking Mr Barber, Mrs Winterton and Mrs Poxon for all of their hard work. The Committee also expressed their gratitude on the specific work they are doing tailored to Humber as this is really making a huge difference.
- Noted the good progress made in relation to the successful application for BAME funding monies and acknowledged the benefits of being part of a wider network, building on the existing work in the Trust that is being led by Mr McGowan and Grace Gava.
- Noted the need for a proactive approach for use of the NHS Charities stage 2 prevention funding and stage 3 staff wellbeing funding, the latter being influenced by the existing Health and Wellbeing staff group.
- The Committee approved the Humber Centre Shop Proposal and we look forward to receiving one or two break even scenarios.
- The Committee welcomed the publication of the COVID-19 booklet due to be published late September / early October.
- The Committee noted the good discussion around Whitby, approved the target funding for the appeal suggesting some amendments to the wish list. The name of the appeal was agreed with a logo to subsequently be designed, the committee also supported securing a part time fundraising role with Smile but working in the Community.
- Reviewed and noted the positive Circle of Wishes Update and Finance Report, and welcomed the KPI's paper. The committee requested further analysis in future reports on income ratios including and excluding grant funding.
- Noted that it was good to see consistency in the papers.
- Received, discussed and agreed the risk register, noting that the Execs feel it reflects what is going on. There is a need to bear in mind the second COVID wave.
- Approved the simplification of fund zones.

Charitable Funds Committee
Minutes of the Charitable Funds Committee Meeting
Held on Tuesday 21 July 2020, 10.00am – 12noon, via Microsoft Teams

- Present:** Professor Mike Cooke, Non-Executive Director (Chair)
Peter Baren, Non-Executive Director
Peter Beckwith, Director of Finance
- In Attendance:** Michele Moran, Chief Executive
Steve McGowan, Director of Workforce and Organisational Development
Dean Royles, Non-Executive Director (observing)
Andy Barber, Hey Smile Foundation Chief Executive
Victoria Winterton, Head of Smile Health
Kristina Poxon, Fundraising Manager
Kerrie Neilson, PA (minutes)
- Apologies:** Sharon Mays, Chair
Rachel Kirby, Communications & Marketing Manager
Ann Newlove, Smile Health Operations Manager

Professor Cooke welcomed Dean Royles who was in attendance for observation purposes.

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 22 September 2020.

14/20 **Declarations of Interest**
None declared.

15/20 **Minutes of the Meeting held on 21 January 2020**
The minutes of the meeting held on 21 January 2020 were agreed as a correct record.

16/20 **Action List, Matters Arising and Workplan**
The actions list was discussed and the following was noted:

79/19 CFC Finance Report

It was noted that this action is now closed and fund zones have been split between restricted and unrestricted within the finance report elsewhere on the agenda.

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

17/20 **Insight Report**

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

- NHS Birthday & Thank You
- Events Cancelled
- Fundraising – Walk for Health Stars, Grants, Contactless donations
- NHS Charities (COVID spend and next stages)

Ms Winterton explained to the Committee that insight reports were produced and circulated for both the March and May meetings, although it was noted that both meetings got cancelled due

to the COVID-19 pandemic.

She updated further on the NHS 72nd Birthday and said it was not as big as the Trust had hoped and not many people was involved in the clap. However, the thank you video was well received on social media. A thank you banner was also put up on the main road near Trust HQ.

In relation to postponed events, discussions are underway with the relevant Executive leads as to what can still go ahead, and a plan will be produced once clarity has been sought.

It was noted that in response to COVID-19 Health Stars found new ways of working and raising funds.

The Committee discussed Appendix A NHS Charities Funding which is a breakdown on how the COVID-19 has been spent and accounted for. Ms Winterton reported that other income was received however, that was not specifically for COVID. It was noted that the restricted money received for COVID amounting to £56k from NHS Charities Together is in the COVID fund.

Professor Cooke welcomed questions and or comments. Mr Barber expressed his thanks to Ms Winterton and Ms Poxon for their hard work. He added that the team changed the processes really quickly were able to operate from home. The team have been able to maximise the NHS Charities Together funding. There is a lot of good work going on in the background to ensure that we generate as much funding as possible.

Mr Barber noted that there is some great partnership work going on between volunteering and health stars. He noted his thanks again to Ms Winterton and Ms Poxon in relation to them delivering out to the volunteer services.

The Committee briefly discussed the case study dated July 2020 (Appendix 1) within the report. Professor Cooke asked for the case study to be included in the July Board Assurance Report to give the Board more background information.

Mr Baren thanked Health Stars for their efforts with the food hampers as this was a real achievement. He also noted that he was pleased to see that the money received had been spent pretty much immediately.

Mr Baren then referred to the list of expenditure and asked for clarity on what a wobble room is. Mrs Moran explained that we are one of the first Trust's to introduce wobble rooms and this has now gone nationally. A wobble room is a room where staff can go to relax, listen to some music and gather themselves in a crisis. Maister Lodge was the first area to do that and that is something that will remain a permanent feature. This has gone down really well with staff and we are encouraging all areas to have one, including community services. Mrs Moran thanked Health Stars on behalf of the staff and the Trust Board as that was really well received.

Professor Cooke formally thanked the Health Stars team.

Ms Moran asked if the Health Stars food hamper case study has been included in the Trust book. Mr Barber indicated that he would also like to include another great case study relating to Dean Windass in the Trust book.

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

Ms Winterton agreed to forward the two case studies to Rachel Kirby so those can be included in the Trust COVID-19 book. ACTION VW/RK

It was requested that Health Stars and the Director of Workforce and Organisational Development meet to discuss progressing the NHS Charities phase III opportunity in relation to projects which support BAME communities before the deadline of 31 July 2020. ACTION AB/VW/SMc

Circle of Wishes Update (CoW) and Finance Report

Ms Winterton presented the new report format that provided the Committee with a review of the current finance position of Health Stars Charitable Funds as well as an update on the progress Health Stars CoW. Ms Winterton highlighted the following key issues within the report:-

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

It was noted that the report is in a new format and has been updated based on previous feedback from Committee members.

In relation to income and expenditure it was noted that a full income and expenditure account is attached at appendix A, for the 1st quarter of 2020/21 £92.8k of income has been raised. Direct and Operating expenditure for the period totalled £60.2k, leaving a net surplus for the 1st quarter of £32.6k.

Income includes grant income from NHS Charities Together along with fundraising from the COVID-19 appeal.

May income in donations includes £24,558 from the closing of Whitby League of Friends. The event and appeal income in June includes the money raised from the Mighty Black and Whites Rugby Shirt appeal.

It was noted the funds raised through the Barclays & HEY Smile Foundation Impact Appeal Ball are still to be received.

Ms Winterton confirmed that 5 out of the 9 “in progress” wishes have now been completed.

Professor Cooke welcomed views on the formatting as well as the content of the report. Mr Baren said it would be useful if we could see last years’ actual. Ms Winterton explained that it would be difficult to pull out the data from previous years. Mr Barber referred to page 5 of the report and stated that the terminology on the column headings should be amended with the column heading “restricted” amended to read “designated”.

Mr Baren made reference to the KPI’s on page 3 of the report and stated that it would be useful to see next time how the operating expenditure as a % of total expenditure compares to the budget or what we expected it to be. He then referred to the fundraising ratio as he thought they were 2 KPIs general fund raising and the other relates to special projects such as Inspire. He advised he is not sure where the £56k fits in as that is not normal fund raising. He would like us to go back a year or so we can see the different type of KPIs for the type of fund raising involved. Mr Barber provided clarity and assurance and noted we are performing very well.

A discussion arose around a review of fund zones and how funding can be maximised or utilised to support staff engagement. Mrs Moran highlighted that staff have been well supported over the last few months with COVID funds. Mr Barber is to produce a short paper for the next committee to identify how funding could be utilised for staff engagement, to enable this to be considered by the committee.

Professor Cooke formally thanked Whitby League of Friends for their donation to the Trust.

Resolved: The Committee noted the report and verbal updates. Mr Barber agreed to produce specific KPI’s for fundraising appeals going forward that are separate to the day to day operational KPI’s. **ACTION AB.** Mr Barber will produce a short paper for the next Committee to identify how funding could be utilised for staff engagement, to enable this to be considered by the committee. **ACTION AB**

Post meeting note – It was clarified after the meeting the statement Mr Barber made in relation to the terminology on the column headings need retracting. It was confirmed the funds are restricted.

19/20 **Impact Appeal Update**

This item was not discussed - deferred until the next meeting.

Resolved: To be brought back to the September meeting.

20/20 **Monthly Board Assurance Report**

It was noted that going forward, to ensure a consistent approach across all sub committees, the Monthly Board Assurance report will be a 'to note' on all future agendas so there is ownership of the assurance across all committees. The report will be included in the papers at the next meeting.

Resolved: The verbal update was noted by the Committee. It was agreed that the July Monthly Board Assurance Report will be included in the papers for the September meeting and every meeting thereafter to ensure consistency. **ACTION MC/PB/VW/KN**

21/20 **Committee Annual Effectiveness Review**

Professor Cooke presented the report with the completed effectiveness review for the 2019/20 financial year. It was noted the effectiveness review was completed and agreed virtually to enable this to be presented to the May Trust Board. It was brought to the Charitable Funds Committee for information and noting.

It was noted the report was very well received by the Trust Board. Professor Cooke thanked both Mr Beckwith and Ms Winterton for their help in terms of drafting the report.

The Committee agreed that the governance is improving however, it was noted there is still more work to do. Committee members welcome that to encourage the strategic importance of this Committee.

It was noted the Charitable Funds Committee Terms of Reference (ToR) were approved by the May Board as part of the committee effectiveness reviews.

Professor Cooke formally thanked everyone for being effective.

Resolved: The report and verbal updates was noted.

22/20 **Risk Register**

Ms Winterton presented the report that provided the Charitable Funds Committee with an updated risk register in relation to Health Stars and Charitable Funds. It was noted that amendments from the last meeting have been made and one new risk has been added in relation to the coronavirus pandemic.

Professor Cooke welcomed questions and comments. Mr Beckwith reported that the COVID-19 risk has been added to the risk register as that will have an impact on fundraising events. Mr McGowan wondered if there was a risk in the way that we have got the funds set up about how much is accessible for staff. The Committee had a detailed discussion about reducing restrictions. Mr Beckwith explained that a lot of work has been done to un restrict the funds meaning a good 60-70% of the funds are now unrestricted. It was noted this was raised at a previous Board meeting.

Mr Baren highlighted that going forward it would be useful to have some narrative where some of the risk scores have changed from meeting to meeting. He expressed his concern on quarter 2. Mrs Moran referred back to the staff risk and advised the staff engagement fund was set up specifically for staff and we will continue to add to that. She emphasised the need to remember

the terms of reference for the funds as Trustees but stressed that it cannot replace what the NHS is providing.

Mrs Moran referred to HS7 and noted that it needs to be re scored as she feels this is a major risk. She also made reference to previous conversations about HS2 and HS3 and noted that she is still concerned about those. Mr Beckwith added that HS2 should be re scored, although he noted we will never get below moderate because of the impact so the likelihood is we put as the lowest possible, as a 1 but the impact of that happening will remain a 4 so it will always be a moderate risk, therefore both should be scored as a 1 and a 4.

Ms Winterton noted her thanks to Mr Beckwith for all of his help with the risk register.

Resolved: The report and verbal updates was noted. It was requested that a further review of the risk register is undertaken with the Executive Management Team (EMT) and Oliver Simms in light of the current situation. Potential for the impact of events reducing the impact of the reputation of the NHS. **ACTION PBec/VW**

Mr Beckwith agreed to have a discussion with Mr McGowan about how we can support staff and communicate access by working with Mr McGowan. ACTION PBec/SMc

23/20

Operations Plan 2020/21 & KPI's

Ms Winterton presented the report that provided an update to the Charitable Funds Committee on the proposed suite of Key Performance Indicators (KPI) for 2020/21 against which regular performance updates can be presented to the Committee. Following the presentation to the Trust Board in February, a draft suite of KPI's has been established.

Indicators have been categorised across the following themes:-

- Finance
- Engagement
- Patient/Staff Centred
- Governance

It was reported that indicators are attached at Appendix A.

Mr Barber reported that the model is now a lot more simplified and he thanked Ms Winterton and the rest of the team for their work.

Professor Cooke asked the Committee for their views on whether the report does justice to the previous operating plan. Mr Beckwith confirmed he is happy and it is broadly consistent with the previous plan. Mr Baren asked about the previous KPI's and whether it reflects the operating plan that came over a year ago. Mrs Moran felt it is a lot better than what we had previously and now the Charitable Funds Committee along with the Trust Board can now hold Health Stars to account. Professor Cooke said now that the staff structure is in place for the operational directorate it might be worth refreshing the presentation into the teams, especially given that there are some managers who would take this forward very positively.

Mr McGowan raised a question in relation to whom we benchmarking against and why those were chosen. Mr Barber advised that they all have a similar size of demographics and charity. We are unable to benchmark against any Acute Trusts as they have more footfall. There is also a national comparison which is reviewed every year through NHS Charities Together. Mr Barber referred to the national benchmarking data and suggested that it could be submitted to this Committee on an annual basis.

Resolved: The report and verbal updates was noted. It was requested that Ms Winterton have a discussion with Mr McGowan outside of this meeting about utilising the senior leadership forum in terms of refreshing the presentation. **ACTION VW/SMc**

Mr Barber agreed to submit the national benchmarking data on an annual basis. ACTION AB

24/20

Health Stars Annual Review

Mr Barber presented the report that provided an update to the Charitable Funds Committee with a review of Health Stars activity from the 2019/20 Financial Year. The key updates within the report was:-

- Overview of 2019/20
- People
- Presence
- Projects

The report updated on the progress Health Stars is making against the agreed charity strategy for the Humber Teaching NHS Foundation Trust Charitable Funds.

A key aspect under review is the increased focus on grant funding and digital fundraising. Both of these aspects will remain a prime source of income for at least the next 12-18 months, as events continue to be at risk due to the nature of their operation in most cases being mass gatherings.

Mr Barber advised from a stakeholder perspective one of the aspirations from a legacy aspect is to work with the teams to create a small pot of Charitable Funds that service users can access to steer the direction of those funds.

It was noted that community investments is a key area of work for this year, as we want to maximise the potential of the Bridlington funding, Driffield and ERCH.

Mr Barber touched upon volunteering, recovery services and positive assets. He confirmed that he is regular having conversations with Natalie Belt and Sam Grey.

It was reported that the circle of wishes reduced towards the end of the financial year due to COVID-19. However, a strong performance was noted from a wishes perspective again.

In relation to the finances it was noted that the Trust has performed very well considering the aspects we have been faced with.

Professor Cooke welcomed views from Committee members. Mr Baren felt this was a good review. Mr Beckwith stated that it is a fair reflection of the year and we are moving in the right direction. He did express his concern in relation to the turnover of staff but hopefully this should stabilise now. It was noted the report will be presented to the July Trust Board, subject to some minor changes been made in terms of how Health Stars support the Trusts values and goals and also a bit more of a focus on 2020/21 will look. Mrs Moran stated she is pleased with the report and the progress being made.

Mr Barber thanked everyone for the good progress made.

The highlight for the Committee was the Impact Appeal.

Resolved: The report and verbal updates was noted.

25/20

Health Stars Budget 2020/21

Mr Barber presented the report that provided the Charitable Funds Committee with a budget for discussion to enable the Health Stars team to have something to report against at future meetings. The detailed budget is attached at Appendix A. The key updates from within the report was:-

- Budget Narrative
- Budget Figures

The report provided a draft budget for 2020/21 taking into account the current position of the charity, NHS Charities Together predicted funding, and realistically predicting project priorities and timelines.

In the coming year the Trust is anticipating for every £1 sent of costs we will generate £2.67. This is based on a realistic expectation of projects to which we can source income within the year. It also factors in that a large percentage of the teams time will be focused on reducing the fund balances and investing into services and our NHS teams.

In addition to providing finance reports to the Charitable Funds Committee we will review the financial plan quarterly with the Trust Finance Director as figures can fluctuate month to month with grant funding.

As highlighted in year, if we discover a greater opportunity for project income, we will request to adjust the staffing structure with support from Executive Leads and the Charitable Funds Committee.

Mr Barber thanked Mr Beckwith for all of his hard work. Staff costs maintained as tight as we can.

The main aspect of focus for this year is the grant income. We are hoping to evolve wishes into projects with the help of Ms Winterton and Ms Poxon.

Mr Baren advised he is slightly concerned about the activity levels because of that he wondered if it would be worth having a further discussion about this outside of the meeting.

Mrs Moran felt that a more detailed conversation is required about expenditure vs income.

Resolved: The report and verbal update was noted by the Committee. The budget presented was the baseline budget and the budget was approved to be used going forward. It was agreed a further discussion needs to take place between Health Stars and Executive leads in relation to operating costs. ACTION AB/PBec

26/20

Items for Escalation or Inclusion on the Risk Register

Professor Cooke summarised the first virtual Microsoft Teams meeting and noted that it was very productive, whilst also explaining that it has been a very productive area over the last few months. He requested that all of the following is included in the July Board Assurance Report.

The Committee

- Welcomed Dean Royles to the meeting with his insight into Whitby.
- Approved the 21 January 2020 CFC minutes as an accurate record (attached).
- Closed down the one remaining action from the action log.
- Noted the insight report and in particular the NHS 72nd birthday celebrations.
- Reviewed how the NHS Charities monies had been utilised and received a case study on the Food Hampers during the COVID Response, a copy of which is attached to this report.
- Requested that Health Stars and the Director of Workforce and Organisational Development meet to discuss progressing the NHS Charities phase III opportunity in relation to projects which support BAME communities.
- Reviewed and noted the Circle of Wishes Update and Finance Report, including the performance ratios which the committee requested be developed further. The committee welcomed the new report format which has been updated based on previous feedback from members.
- Reviewed the annual effectiveness review for 2019/20 which has been reported to board earlier this year, noting the positive work and progress being made.
- Received and discussed the risk register, requesting that a further review of the risk register is undertaken with the executive management team.

- Received and reviewed the Operating Plan KPI's – these are reported elsewhere on this agenda, but provide a framework for the committee to review the performance of Health Stars.
- Received the Annual Review which is reported to the Trust Board elsewhere on this agenda.
- Received and discussed the budget for 2020/21 and acknowledged further discussion to take place between Health Stars and executive leads in relation to operating costs.
- Welcomed the update on the Whitby Hospital Redevelopment, noting the scheme is due to handover to the Trust in July 2021 and that internal governance and oversight has been established including representation from Health Stars. The Committee asked for a paper to be brought to the next meeting to look at fundraising plans and targets for this key project.
- Endorsed the publication of a COVID booklet covering stories of peoples' experiences during the COVID pandemic.

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

27/20

Any Other Business

Mrs Moran updated the Committee on the development of a COVID-19 booklet covering stories of people's experiences during the pandemic. The total cost for the book is not yet known. The books will be printed but will also be available in pdf format. The book will be sold through Amazon and other places like that and will also be able to be downloaded. Mrs Moran asked for Committee approval for all of the proceeds to go in to Health Stars.

Mr Beckwith noted that the proceeds raised from selling the book will go into the staff engagement zone (Big Thank You).

Mr Royles thanked everyone for the opportunity to observe the Committee and the valuable work it does.

Resolved: The Committee noted the verbal updates. The Committee agreed that all of the proceeds raised from selling the COVID-19 book will go to Health Stars into the staff engagement zone (big thank you). Mrs Moran agreed to circulate the draft booklet to Committee members. **ACTION MM**

27.01/20 **Whitby Update**

Mr Beckwith presented the report that provided the Charitable Funds Committee on the current progress in relation to the NHS Property Services (NHSPS) led scheme in relation to the re-development of Whitby Hospital.

It was noted that work on the main tower block at Whitby Hospital commenced on 29 June 2020, works are expected to take 12 months and complete in June 2021 with handover in July 2021. The total scheme cost is £13.233m, capital is secured via NHSPS.

The Executive Management Team have approved the establishment of a project oversight group to oversee the project development and provide regular updates, membership of the group includes health stars and regular updates will be provided on fundraising for this scheme. Work on fundraising had been progressing and a list of potential items to support the development was being pulled together by the project manager and a fundraising plan was being developed. This work was paused due to the COVID19 but plans are in place for this work to be relaunched in July 2020.

Professor Cooke welcomed feedback from others. Mr Baren stated this is a huge opportunity for us. He emphasised the need to have effective representation at the project oversight group.

Professor Cooke noted that he is really pleased with the scheme. He asked if there are any early concerns. Ms Winterton asked about getting some steer and guidance on the name of the appeal and where that vision lies, is it with the project group or the Charitable Funds Committee.

The Committee briefly discussed names for the Whitby Appeal. Mr Baren suggested the name Step 200 as there 199 steps up to the Whitby Abbey. This was well received as a good suggestion.

Professor Cooke wished the project group all the very best in moving forward and he looks forward to receiving updates in between meetings.

Resolved: The report and verbal updates was noted. The Committee requested that a paper is submitted to the next meeting in relation to fundraising plans and targets for this key project.

ACTION PBec/AB/VW/KP

28/20

Date and Time of Next Meeting

Tuesday 22 September 2020, 10am – 12noon, via Microsoft Teams.

Signed:Chair: Mike Cooke

Date:

Agenda Item 17

Title & Date of Meeting:	Trust Board Public Meeting – 30 th September 2020			
Title of Report:	Covid-19 Response – Update (September)			
Author/s:	Name: Lynn Parkinson Title: Chief Operating Officer			
Recommendation:	To approve		To receive & note	√
	For information		To ratify	
Purpose of Paper:	This report provides an overview of the ongoing arrangements and continuing work in place in the Trust and with partner organisations to manage the Covid-19 emergency during the last month. The paper provides and update on the planning in place to address the NHS Response to Covid-19 as set out in the letter to Chief Executive Officers from Sir Simon Stevens and Chief Operating Officer Amanda Pritchard from NHS England in April 2020 and the approach we are taking to address the requirements of phase 3 and 4 recovery planning.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Monthly report	√
Key Issues within the report:	The report provides an update on the Trusts Emergency Preparedness, Resilience and Response (EPRR) and command arrangements in place to respond to the Covid-19 emergency during the last month. It gives an overview of the key issues relating to patient and staff testing, personal protective equipment (PPE), staff health and wellbeing, service changes and the approach we are taking to plan for phase 3 and 4 (recovery and restore) of the pandemic.			

Monitoring and assurance framework summary:

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



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

Covid- 19 Summary Update September 2020

1. Introduction

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

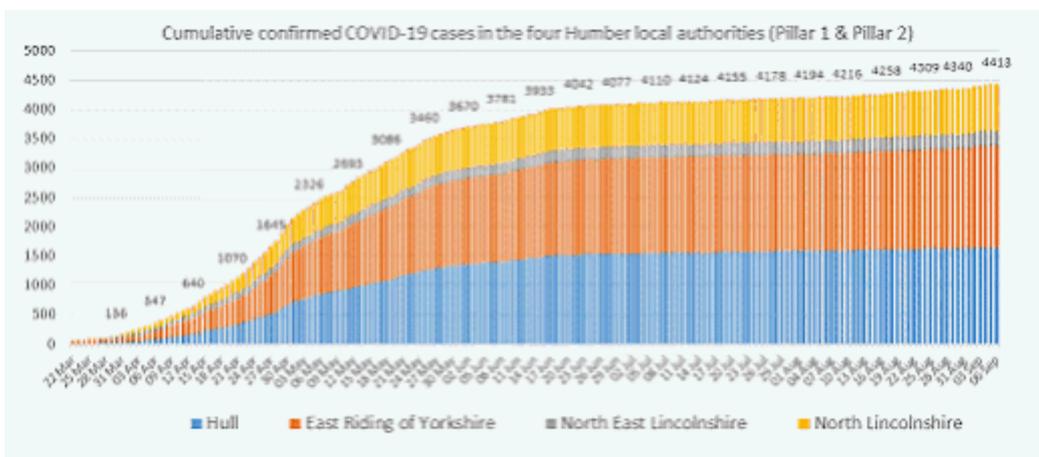
In summary this letter required that the systems:

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

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

As of 15 September 2020, there are 40,772 confirmed cases across the Yorkshire and Humber area, 740.4 per 100,000 resident population. This represents a rise when compared to the last report to the Board which in July was 554.3 per 100,000 resident population. In the Humber region there are now 4,572 confirmed cases of COVID- 19.

There have been 344 hospital deaths due to COVID- 19 across the Humber area. This includes 209 deaths registered by HUTH, 119 deaths registered by NLAG, 15 deaths registered by CHCP (East Riding Community Hospital) and 1 death registered by HTFT. York Teaching Hospitals NHS Trust recorded 214 deaths over the same period.

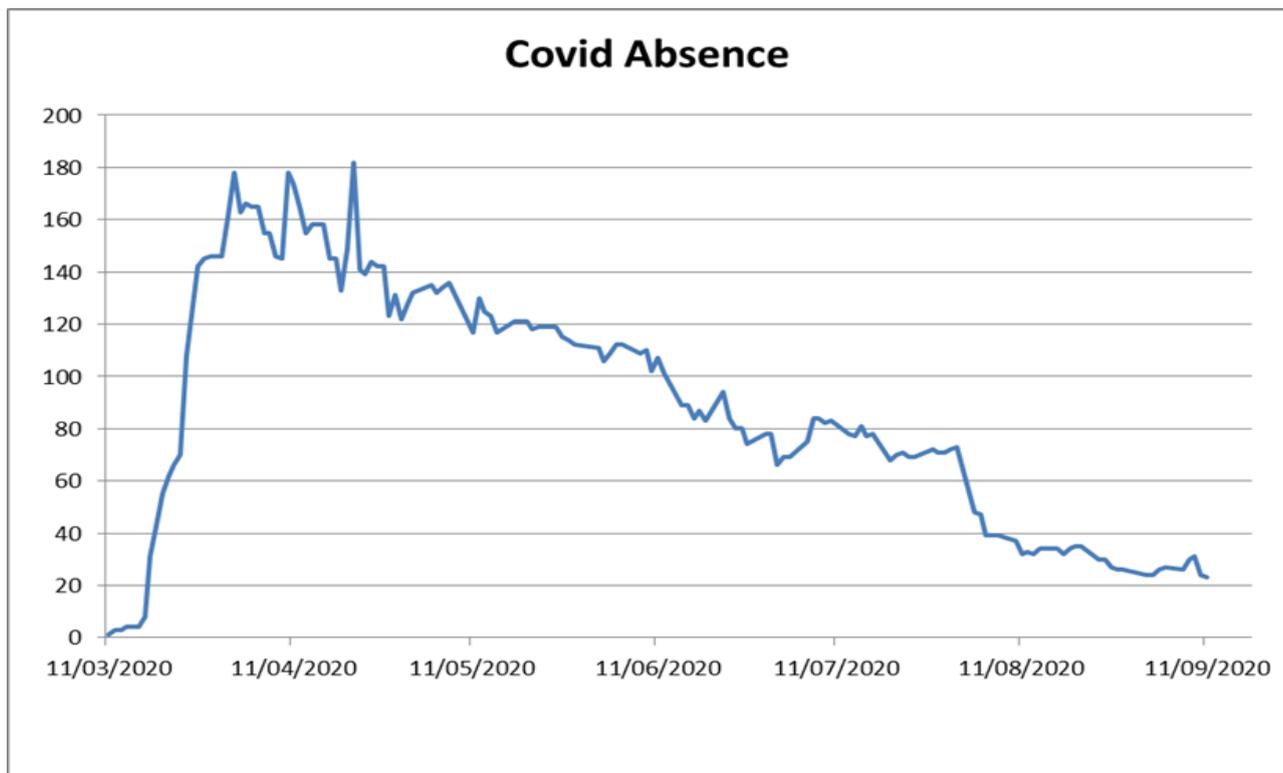


2. Emergency Preparedness, Resilience and Response (EPRR) and Command Arrangements in response to Covid- 19-19

The letter also set out that NHS EPRR incident level moved from Level 4 (national) to Level 3 (regional) with effect from 1st August, however, NHS organisations were required to retain their EPRR incident coordination functions given the uncertainty and ongoing need. The Trust therefore continues to maintain business continuity and EPRR command arrangements. Through our Gold Command the remit of our command structure has been expanded to include winter planning due to the interdependencies between our ongoing response to Covid- 19 and winter pressures. The arrangements are being kept under continual review by Gold and Tactical Silver command. Sitrep reporting remains in place and is provided to Gold command daily.

Operational service pressures have risen but have remained manageable over the last month with the highest pressure seen in unplanned care within the mental health division due to an increase in demand, this is most evident in increase in demand for older people's acute beds. Capacity and demand modelling work demonstrates that our shortfall of older people's beds is likely to persist through winter and therefore we are putting short and medium contingencies in place to enable us to access more beds. Our overall bed occupancy has remained above its usual level in September but continues to be good and is between 70-75%. We have not had any Covid-19 positive patients in our inpatient beds since 6th June 2020.

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



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. In September our older people's beds that had been temporarily moved from Mill View Lodge to Hawthorne Court have now been moved back. Hawthorne Court is now our Covid-19 positive isolation cohort ward for our mental health and learning disability patients and

operational plans are in place to stand this service up within an hour of a patient receiving a positive test result. This configuration optimises the use of our mental health beds and available staffing particularly as we prepare to manage Covid-19 alongside the expected winter pressures. Isolation beds remain available on Darley ward at the Humber Centre should any of our secure service inpatients require them. Due to the redevelopment work taking place at Whitby Hospital our ward there will not be required to manage patients who are Covid-19 positive whilst it has been decanted to a temporary ward. We are awaiting confirmation from North Yorkshire and York Clinical Commissioning Group whether they require Fitzwilliam Ward at Malton hospital to be a Covid-19 cohort ward. Our Covid-19 Rapid Response Team is still stood down as we have not had any patients testing positive since early June, however we will resume the service again if that position changes.

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. Recently however, in line with the national position, access to local Pillar 2 testing is under pressure due to increased demand. We have raised our concerns through the EPRR and ICS escalation routes and are monitoring this very closely. Now that schools have reopened we have instances of staff absences due to leave required to care for children with covid symptoms and local school/year group closures as an outbreak precaution. We have seen a rise in staff requiring testing during September which correlates with schools reopening. Lack of access to testing is compounding this position. As a consequence of the impact of lack of access or delays in accessing tests the level risk related to this has been raised on our gold command risk register.

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

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

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

The infection control team continues to support all areas, clinical and corporate to ensure that PPE is used in line with PHE guidelines and that staff are effectively trained and competent to do so. Revised national infection prevention and control (IPC) guidance was issued 20th August 2020. The guidance outlines the IPC measures to be taken in an effort to support the remobilisation of our healthcare services. The guidance is applicable to all our clinical settings including mental health and learning disability services, community services and primary care areas. A series of joint meetings have taken place with all the clinical inpatient area managers, the matrons and a selection of clinical leads, service managers within primary care, the community and mental health planned care settings. The key principles within the document have been discussed and a plan agreed to ensure the level of infection control measures and PPE that are being adopted within each clinical setting are in line with the recommended guidance and are commensurate to the perceived level of risk within those areas. All inpatient areas have been assessed and categorised (high, medium or low risk) in accordance with the guidance and this has been communicated to all areas. All of this is predicated on the importance of maintaining the focus on our “back to basics” and “stop, think, socially distance” campaigns.

5. Safe Working in our Environments

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

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

A separate exercise has been undertaken in conjunction with the Infection Prevention and Control team to assess inpatient donning and doffing of PPE facilities. Whilst these are in place across the estate, adaptations have been identified to facilitate the provision on a longer term basis, in some instances we are procuring mobile units to accommodate space shortages.

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 is being made available as we understand the importance of staff coming together for some activities i.e. appraisals, clinical supervision, however this needs to be balanced with the need to maintain infection control requirements. During September the safe bookable space has been utilised for these purposes.

6. Covid-19 Risk Register

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

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

Command Risk 7	As a result of COVID-19 related absences included sickness and staff being in isolation, there may be staffing level shortfalls which could impact on patient and staff safety and continued delivery of services.	16	16
Command Risk 34	Increased levels of anxiety, fatigue and potential mental health impact to staff working across Trust staff as a result of the COVID-19 national emergency and the implemented changes / different ways of working adopted by the organisation which could impact on the quality and	16	16

	sustainability of services.		
Command Risk 42	Reduced bed base both nationally and locally leading to mixed population of patients, including age, sex or diagnostic group and resulting in increased use of out-of-area beds.	16	16
Command Risk 64	National and local issues with COVID-19 testing capacity and responsiveness for test results in the system which may impact on Trust staffing levels and the continued safe delivery of services.	16	16

7. Staff Health and Wellbeing

We continue to recognise that for all of our staff, this is a unique and challenging time. Since the start of our response to this pandemic help and resources have been shared and built on through the Trusts Health and Wellbeing Hub on our intranet 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.

Whilst our Covid-19 related sickness absence has been stable and our non-Covid-19 related absence is below 4%, during September our staff are continuing to tell us that they are feeling fatigued. The executive management team, our senior managers and clinical leaders remain focussed on this issue and continue to take steps to address this. The importance of rest breaks and taking annual leave has been stressed repeatedly and managers are ensuring that this is taking place. A rise has been seen in numbers of referrals to our occupational health department for staff experiencing stress and anxiety (this has been reflected in the raising of the risk level of command risk 34 on our risk register). Staff continue to have daily access to our psychologist for support and the Trust continues enhance its offer of support via the “ShinyMind” app

Our communications team have continued their efforts to maintain a focus on staff health and wellbeing . A daily Covid-19 update continues to be issued to all staff Monday to Friday. This daily newsletter contains guidance from the Trust and Government, also relevant updates from our stakeholders. An “Ask the Exec” session was held on Thursday, 27th August, these continue to be received 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.

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

support our BAME staff as a vehicle to raise and address any concerns, chaired by Grace Gava (one of our matrons) initial engagement with this was very positive.

8. Covid-19 Clinical Advisory Group

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

- Ensuring that we continue to have staff trained with the required physical health care skills to effectively manage a next surge of Covid-19 within our inpatient areas
- Providing clinical leadership to our flu campaign and promoting the need for peer vaccinators
- Continuing to ensure that our covid related changes and interventions do not increase restrictive practices.
-

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

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

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

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

During August as part of the NHS North East and Yorkshire Phase 3 Covid-19 planning and preparation the Humber Cost and Vale Integrated Care System (ICS) has participated in exercises to assess and understand what capacity is available and what activity this could deliver for the remainder of 2020/2. Central to this request is ensuring local health and care systems remain ready and resilient for the predicted and ongoing Covid-19 response requirements in this period. We have made submissions to NHSE/I to set out our expected activity across our services and related financial submission have been made too.

The Trust continues to work closely with our system partners across a wide range of forums and the work is now focusing generally on our plans to achieve an ongoing Covid-19 response, restoration of all usual activity and the anticipated usual winter pressures. Specific system recovery workshops and planning sessions have been held at HCV Partnership and subsystem levels, the Trust has participated and shaped the plans that have been developed to date. Our

services continue to support the care home sector across our patch by working closely with our local authority partners. Updated national hospital discharge guidance has been received this month, this requires hospital discharges for medically fit patients to be achieved within an hour from acute hospitals and new guidelines have been published to describe patients who should meet the “criteria to reside” in hospital. Our community services are finalising plans to submit to the CCG as to what additional resources are required to meet the requirements of this guidance.

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

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

10. Conclusion

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

Agenda Item 18

Title & Date of Meeting:	Trust Board Public Meeting – 30 September 2020			
Title of Report:	Guardian of Safe Working Annual Report September 2020			
Author/s:	Name: Dr Jennifer Kuehnle Title: Speciality Doctor Hull and East Riding Memory Services and Guardian of Safe Working			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	To inform the Board of rota gaps and vacancies and issues relating to the safe-working of junior doctors.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	
Key Issues within the report: <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<ol style="list-style-type: none"> 1. Alteration of work schedules have led to a significant drop in exception reports and improvement in Junior Doctor morale. 2. The provision of adequate rest facilities remains an area of concern. 			

Monitoring and assurance framework summary:

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



ANNUAL REPORT ON ROTA GAPS AND VACANCIES: DOCTORS AND DENTISTS IN TRAINING

Executive summary

- Hours Monitoring completed by the Junior Doctors in May 2019 led to an alteration in the work schedule in August 2019 to more accurately reflect the intensity of work during on-call shifts.
- The alteration in the work schedule appears to have been extremely successful with a 10 fold reduction in the number of exception reports being submitted.
- Work is ongoing regarding reviewing the rest and sleep facilities for doctors working on call. The Trust has received money to review these facilities however progress was interrupted by the COVID outbreak. This has recently restarted in collaboration with the Junior Doctors.

Introduction

The introduction of the 2016 TCS has meant clear limits to the number of hours junior doctors can work being set. It has also provided a framework for–

- trainees to be able to report safety concerns in the workplace
- trainees to record if they worked beyond their scheduled hours
- fining departments directly for the most serious breaches of working hours
- providing work schedules to doctors before starting a job and in more detail than previously
- trainees to inform if they are not able to attend education and training opportunities
- the establishment of a junior doctors forum (JDF) to discuss work and training issues

The contract also requires that every Trust has a Guardian of Safe Working (GoSW), whose responsibilities include ensuring that issues of compliance with safe working hours are addressed by the doctor and/or employer/host organisation, as appropriate and providing assurance to the Board of the employing organisation that doctors' working hours are safe.



Rota Rules Enshrined in the 2016 Contract

- Max 13hr shift length, with no more than 5 consecutive long shifts, or 4 consecutive long evening shifts.
- Max 8 consecutive shifts, with a minimum of 48 hrs rest following completion.
- A minimum of 30mins break for 5 hours work and a 2nd 30mins for more than 9 hrs.
- Maximum of 72hrs in 7 consecutive days.
- Maximum of 4 consecutive nights, with a minimum of 46 hours rest when 3 or more night shifts worked.
- Max average of 48 hrs/wk – can opt out of EWTD allowing 56 hrs.

NROC (Non-resident on call)

- No consecutive on-call periods, except Saturday and Sunday, no more than 3 in 7 consecutive days.
- Day after a NROC must be less than 10hrs, or 5hrs if minimum rest not met.
- Expected rest – 8hrs in 24hrs, with 5hrs continuous between 2200 and 0700

The role of the guardian of safe working hours

The guardian is a senior appointment and the appointee does not hold any other role within the management structure of Trust. The guardian ensures that issues of compliance with safe working hours are addressed by the junior doctor and/or Trust, as appropriate. The guardian shall provide assurance to the Board that junior doctors' working hours are safe in concordance with the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 but additional oversight of the working hours of junior doctors still working on the 2002 contract.

The guardian:

- acts as the champion of safe working hours for doctors in approved training programs
- provides assurance to doctors and employers that doctors are safely rostered and enables work hours that are safe and in compliance with Schedules 3, 4 and 5 of the terms and conditions of service
- receives copies of all exception reports in respect of safe working hours. This will allow the guardian to record and monitor compliance with the terms and conditions of service
- escalates issues in relation to working hours, raised in exception reports, to the relevant executive director, or equivalent, for decision and action, where these have not been addressed at departmental level
- requires intervention to mitigate any identified risk to doctor or patient safety in a timescale commensurate with the severity of the risk
- requires a work schedule review to be undertaken, where there are regular or persistent breaches in safe working hours, which have not been addressed
- has the authority to intervene in any instance where the guardian considers the safety of patients and/or doctors is compromised, or that issues are not being resolved satisfactorily; and



- distributes monies received as a consequence of financial penalties to improve the training and service experience of doctors.

The guardian reports to the Board of the Trust directly or through a committee of the Board, as follows:

- The Board must receive a Guardian of Safe Working Report no less than once per quarter. This report shall also be provided to the Local Negotiating Committee, or equivalent. It will include data on all rota gaps on all shifts.
- A consolidated annual report on rota gaps and the plan for improvement to reduce these gaps shall be included in a statement in the Trust's Quality Account, which must be signed off by the trust chief executive. This report shall also be provided to the Local Negotiating Committee, or equivalent.
- Where the guardian has escalated a serious issue and the issue remains unresolved, the guardian must submit an exceptional report to the next meeting of the Board.
- The Board is responsible for providing annual reports to external bodies as defined in these terms and conditions, including Health Education England (Local office), Care Quality Commission, General Medical Council and General Dental Council.

The Guardian and Director of Medical Education have jointly established a Junior Doctors Forum to advise them. This includes junior doctor colleagues from the organisation and includes the relevant junior doctor representatives from the Local Negotiating Committee as well as the Chair of the LNC. This year during the months of April and May in conjunction with the Director of medical education the Guardian organised weekly 'check-in' meetings with the junior to support juniors during the pandemic. This was reduced to fortnightly, then monthly as COVID pressures eased but can be increased in frequency as appropriate should there be a 'second wave'.

Annual Data Summary

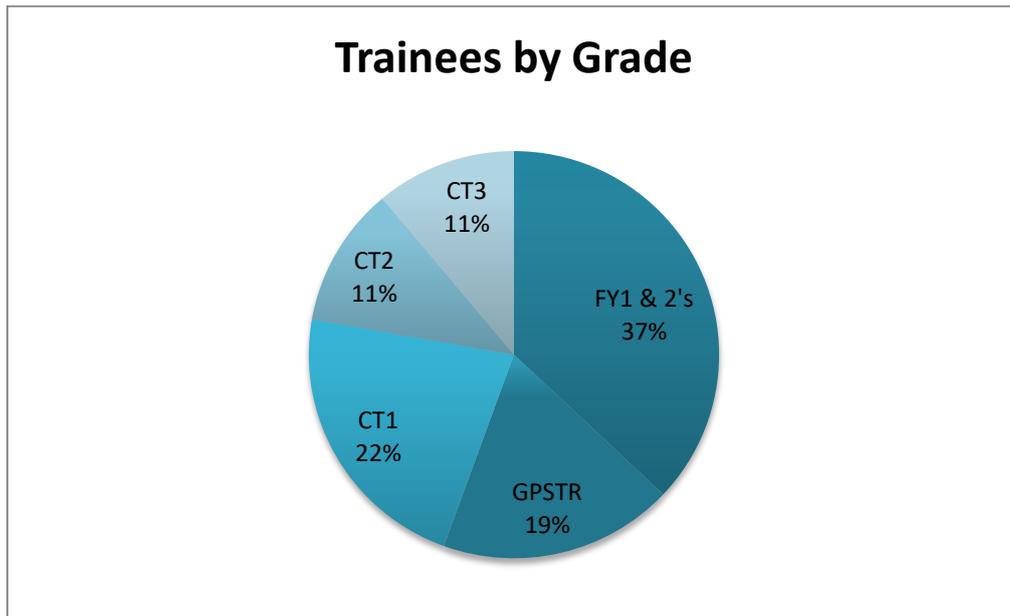
Number of doctors / dentists in training (current):	27 (= 24.6 WTE) (excluding Grimsby trainees)
	10 FY doctors (9.6 WTE), 5 GPSTR's, 12 Core Trainee's (10WTE)
Number of doctors / dentists in training on 2016 TCS (current):	27
Number of Locum Appointment for Service (LAS) doctors	3
Current Oncall Rota Gaps	1

We currently have no gaps in our junior doctor workforce; this has been achieved by increasing our number of Core Trainees (including appointing 2 'Locum Appointment for Training' Doctors) and employing 2 LAS doctors. This data reflects the national data, in that nationally the fill rate for core training posts in psychiatry has increased from 79% in 2018 to 99% in 2020¹. However it is notable that nationally this reflects a reduction in the number of



core training posts rather than an increase in trainees (366 doctors in 463 posts in 2018 and 347 doctors in 349 posts in 2020)¹. This is not the case for Humber who have had an increase in the numbers of core trainees from 25 in 2018, and 22 in 2019, to 27 this year.¹

There are currently 2 trainees who do not participate in out of hours on calls, resulting in 1.7 WTE rota gaps (9% based on a full complement of 19 WTE)². This represents a significant reduction on last year's figure and the appointment of 3 LAS doctors means these gaps have been consistently filled.

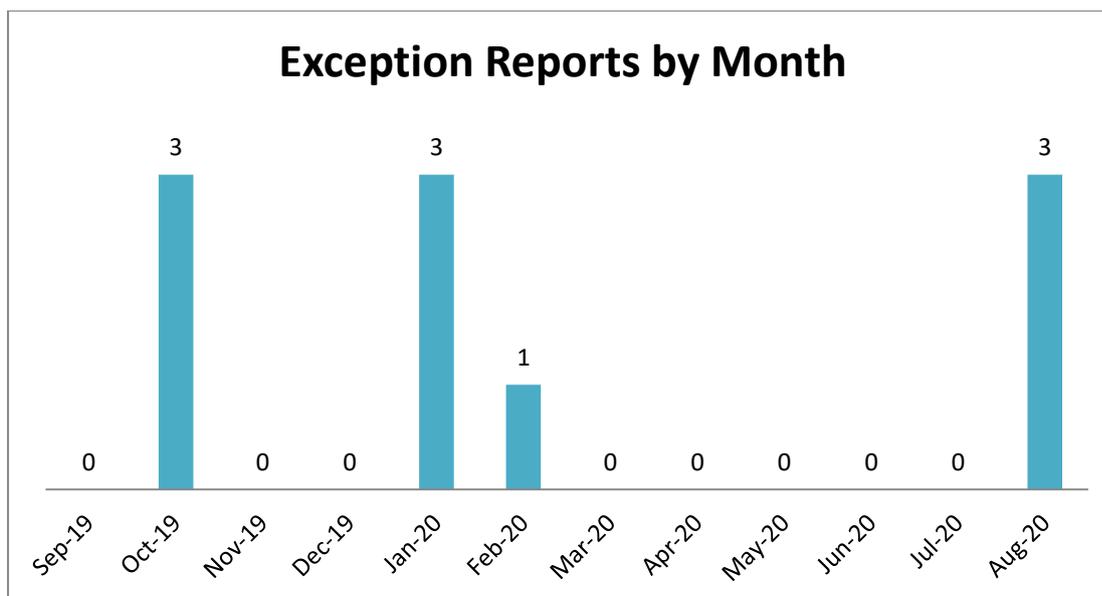


There were 10 exception reports in the last year; this represents a significant decline from last year when there were 150 exception reports. See graph below for monthly distribution.

¹ Health Education England Official Data, hee.nhs.uk

² FY1 Doctors do not participate in out of hour oncalls.





Issues arising

The data for this year shows no exception reports during the months at the height of the COVID pandemic and lock-down. Antidotally the junior doctors reported that oncalls were not excessively busy during this period, but did begin to pick up in activity levels as lock-down was eased. It is unclear if the predicted 'local-lockdowns' will increase or decrease on call activity levels for our juniors.

Following an hours monitoring exercise completed in May 2019 a new work schedule was introduced on August 2019. This has been very well received by the juniors who report it more accurately reflects their work patterns on oncall intensities. This is reflected by a marked drop in the number of exception reports since the introduction of the new schedule.

	Previous Work Schedule	New Work Schedule
Weekday Evening (1700-2200)	Rota 1 - 2hrs standard Rota 2 - 2hrs45 standard	3 hours standard
Weekend Day (0900-2200)	Rota 1 - 5 hrs standard Rota 2 7hrs15 standard	10 hours standard
Night (2200-0900)	5hrs45 enhanced	6hrs45 enhanced

The night oncall remains as a 3 night weekend and 4 night mid-week pattern. This means the trust is non-compliant with the 2016 TCS which advises against 2 consecutive NROCS. However this has been agreed locally by the junior doctor cohort, who have expressed a preference for maintaining the current 3:4 night oncall pattern.

The work that had started last year with regards to adequate rest facilities for junior doctors when oncall remains ongoing, however it continues to be an area of concern with regards to safe working. Juniors report difficulty booking the oncall room - which is often already in use and finding this particularly problematic during the lock-down period when alternative



rest areas (such as cafes and public facilities) were closed, a situation which may be repeated should our region experience a local lockdown.

Recommendations

1. The 2016 TCS mandates the provision of adequate rest facilities or alternative arrangements for safe travel home. This is important for patient safety as well as staff morale and is an area work needs to continue in.
2. The board is asked to note the content of this report.
3. The proactive work to minimize rota gaps by to encouraging recruitment should continue.

Dr Jennifer Kuehnle

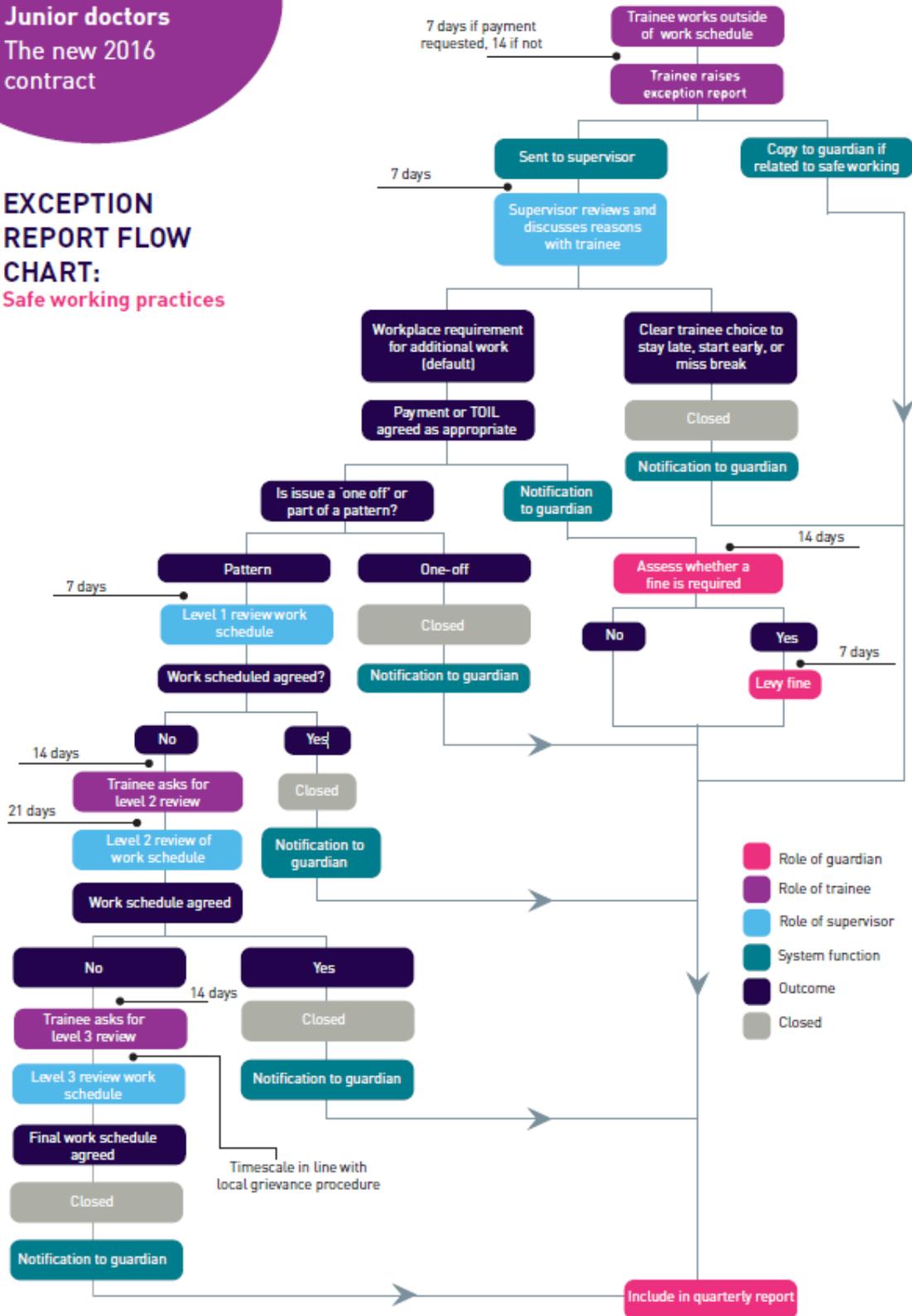
Guardian of Safe Working



Appendices

Junior doctors
The new 2016 contract

EXCEPTION REPORT FLOW CHART:
Safe working practices



Agenda Item 19

Title & Date of Meeting:	Trust Board Public Meeting - Wednesday 30 th September 2020		
Title of Report:	Infection Prevention and Control Annual Report 2019-2020		
Author:	Executive Lead: Hilary Gledhill , Director of Nursing, Allied Health & Social Care Professionals Author Name: Debbie Davies Title: Lead Nurse – Infection Prevention and Control		
Recommendation:	To approve		To note
	To discuss		To ratify
	For information		To endorse
Purpose of Paper:	To provide an overview of the key work undertaken with regards to infection prevention and control for the reporting period 1 April 2019-31 March 2020, highlighting the main progress and achievements made against year 2 of the Trust Infection Prevention and Control Strategy 2018-21. It also provides a brief summary of the work undertaken in preparation for the COVID-19 pandemic. The report has been approved by the Quality Committee and is submitted for ratification by the Trust board.		
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date	
	Audit Committee		Remuneration & Nominations Committee
	Quality Committee	5/08/20	Workforce & Organisational Development Committee
	Finance & Investment Committee		Executive Management Team
	Mental Health Legislation Committee		Operational Delivery Group
Charitable Funds Committee		Other (please detail)	
Key Issues within the report:	<ul style="list-style-type: none"> • Overall incidence of Healthcare Associated Infection remained at zero with annually agreed contractual thresholds for Clostridium difficile and MRSA achieved. • The Trust determined infection prevention and control mandatory training compliance target of 85% has been achieved in all areas. • No inappropriately placed urinary catheters have been inserted within the community inpatient wards during the reporting period. • Environmental challenges remain throughout the Trust estate. This has been compounded by the impact of COVID-19. • The substantial increase in the Infection Control teams workload during 2019-2020 has been a significant challenge 		

Monitoring and assurance framework summary:

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



Have all implications been considered?	Yes	Yes Detail in report	N/A	Comment
		Any Action Required?		
Risk	√	√		To be advised of any future implications 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	



Humber Teaching
NHS Foundation Trust

Annual Infection and Control Report

2019-2020

Prepared by: The Infection Prevention and Control Team



Introduction by the Director of Infection Prevention and Control

The reduction of all healthcare associated infection continues to be a top priority for the public, patients and staff and remains one of the Trust's strategic objectives. Avoidable infections are not only potentially devastating for patients and healthcare staff, but consume valuable healthcare resources

Humber Teaching NHS Foundation Trust recognises that the prevention of infection is fundamental to the quality of care delivered and is committed to ensuring that a consistently high standard of infection prevention and control practice is seen as an essential requirement of assuring high quality patient safety and care within the services we deliver. The public, patients and visitors expect to have a safe stay and receive a high standard of care when admitted to the hospital setting or cared for within any of our facilities.

This report is a record of infection prevention and control activities and the measures taken to control healthcare associated infections (HCAI) in Humber Teaching NHS Foundation Trust during the year April 2019 to March 2020. The latter part of the reporting period has been dominated by the COVID 19 pandemic and a brief summary of the early preparatory work that the infection Prevention and Control Team have undertaken is included within the main body of the report. Further details will be provided within the April–September 2020 Director of Infection Prevention (DIPC) report.

Goals for 2019/2020

1.0 Goal 01 – Innovating Quality and Patient Safety

'We will ensure that exemplary infection prevention and control practice is embedded in practice throughout all areas within the Trust and that staff are confident in recognising and addressing infection prevention and control concerns'

1.1 Governance Arrangements

The Trust Board recognises and agrees their collective responsibility for minimising the risks of infection and agrees and supports the means by which these risks are controlled. These are outlined in the Trust 'Infection Prevention and Control Arrangements Policy' N-014.

The *Chief Executive* accepts, on behalf of the Trust Board, responsibility for all aspects of Infection Prevention & Control activity within the Trust. This responsibility is delegated to the Executive Director of Nursing, Allied Health and Social Care Professionals who has the role of Director Of infection Prevention and Control within her portfolio and reports directly to the Chief Executive and the Board. Six monthly progress and exception reports are presented to and monitored on behalf of the Trust Board via the Quality Committee.

The provision of a robust Infection Prevention Strategy is seen as essential element in continuing the Trusts focus on reducing HCAI's and in ensuring compliance to Care Quality Commission (CQC) Outcome 8 (Regulation 12) Cleanliness and Infection Control standards and to national and local targets. The strategy reflects the Trusts vision to be a leading centre of clinical and academic excellence by providing patients with the best possible care through continuous improvement and innovation. An annual infection prevention programme of work supports the delivery of this strategy.

1.2 The Aims and Structure of the Infection Prevention and Control Team (IPCT)

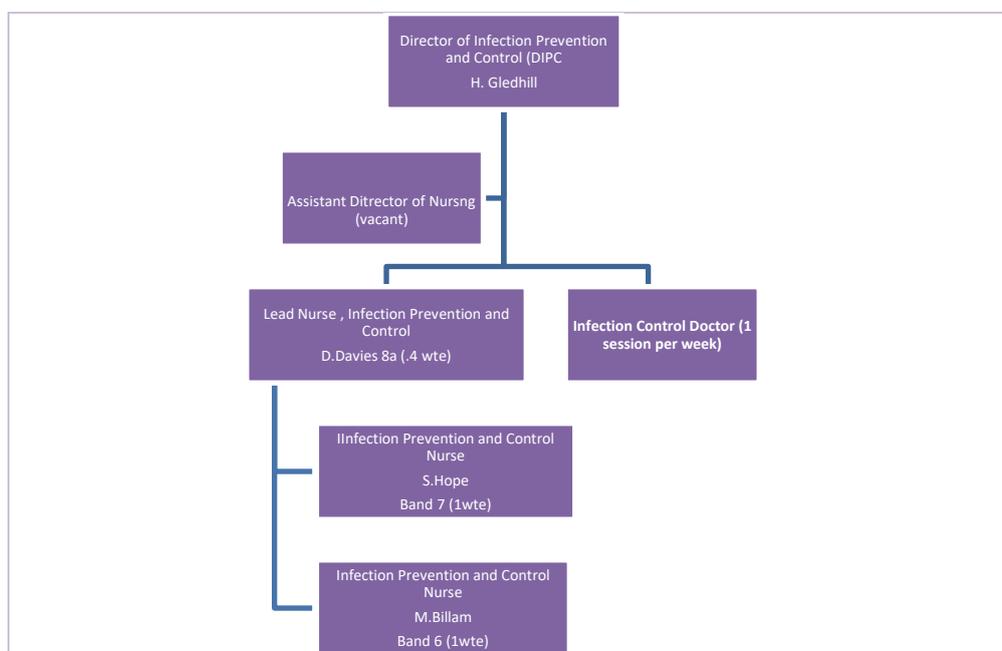
The core aim of the IPCT is to provide specialist knowledge, advice and support and education for all staff, patient and visitors. This is achieved by effective communication, education and leadership. All work undertaken by the team supports the Trust in the delivery of the Infection Prevention and Control Strategy 2018-2021.

The Lead Nurse IPC provides expert clinical advice and is operationally responsible for the development of policies, guidance, infection prevention practice and the delivery of an infection prevention and control educational and training programme trust wide. The Lead Nurse has met regularly with the Director of Infection Prevention and Control throughout the year with an increase in meetings noted during the latter end of the year due to the preparation required for COVID-19 and the ensuing pandemic status.

Medical support continues to be provided via a service contract with Closer Healthcare Limited to provide medic support. The 'Infection Prevention and Control Doctor' is currently contracted to provide support for 1 session per week. The contract has been reviewed and has been amended during 2019 to include the additional provision of emergency advice during the weekend period and out of hours.

There was no change to the structure of the infection control team during April 2019 to March 2020 (see Table 1 below). The increasing work load has been noted to be a significant challenge during 2019-2020 compounded by the massive amount of work required related to COVID-19 preparations and the level of organisational support required to support the interpretation and implementation of constantly changing national guidance. To provide additional support the Lead Nurse has agreed to increase her hours from 0.4 (wte) to 1 (wte) on a 6 month temporary basis. It has been recognised that the expansion of the team is required and plans have been put in place to address this.

Table 1: The Infection Prevention and Control Nursing Team Structure as of 1 April, 2020



1.3 The IPC Link Practitioner Network

The IPC Link Practitioner programme remains an important cascade system and a large amount of the infection prevention team's time has been spent on ensuring that each area has access to a link practitioner who has received guidance and training to fulfil this role. The membership is now made up of a variety of grades and professions reflecting the diversity of services across the organisation. Despite an increase in link practitioner numbers there had been a marked drop in attendance at the link practitioner's educational sessions in 2018/2019. A review was undertaken and the outcome was that an annual event was the preferred option for the majority of link practitioners.

Disappointingly the event was arranged for May 2020 and had to be cancelled due to the pandemic and lock down measures being imposed. Support to individuals however has continued on an individual basis. The use of Virtual technology is now being utilised when possible and although there was initial reluctance an increase level of confidence and competence has now been achieved by both the IPCT and the Link Practitioners. Work will continue throughout the ensuing year to ensure the link practitioners remain supported in their role and have the opportunity to share ideas and learning with each other.

1.4 Key forums for the Management and Monitoring of Infection Prevention and Control Activities

The Quality Committee

The purpose of the Quality Committee is to assure the Trust Board that appropriate processes are in place to give confidence that all quality, patient safety performance and associated risks are monitored effectively and that appropriate actions are taken to address any deviation from accepted standards and to manage identified risks.

The Quality and Patient Safety Group

The Quality & Patient Safety Group reports to the Quality Committee. It has been established to oversee and coordinate all aspects of quality improvement (patient experience/patient safety & clinical effectiveness), assurance and clinical governance activity and delivery. This includes all infection prevention and control activity within its portfolio.

Healthcare Associated Infection Group (HAIG)

The HAIG Group provides a forum which receives, reviews and implements national and local policy relating to infection control practice. This forum enables the process of communication, debate, sharing of knowledge and opportunity. Four meetings were held during 2019-2020. Plans are in place to increase the number of meetings during the period of pandemic to allow the opportunity to share the ever changing guidance and to share learning.

The Drugs and the Therapeutic Group

The Drugs and Therapeutic Group monitors and advise on the optimal and cost effective prescribing of antimicrobial agents and facilitate the development, implementation and audit of policies, guidelines and protocols related to antimicrobial prescribing, with reference to local variations in antimicrobial susceptibility.

1.5 Monitoring the Prevention and Control of Infection

Healthcare associated infections remain one of the major causes of patient harm and although nationally there continues to be a reduction in the number of patients developing serious infection such as MRSA bacteraemia and Clostridium difficile the rates of other HCAI have risen due to the emergence of newly resistant organisms.

Our performance, in accordance with all other NHS Trusts has been measured against a clearly defined set of standards (Key Performance Indicators) which includes the mandatory surveillance of specific categories of HCAI. This allows national trends and position to be identified but also enables regional and local benchmarking. A root cause analysis is completed for any case deemed to have been of hospital onset and action plans are developed where issues are identified.

The Trust has a proven track record for performing well against the contractually agreed targets and this year has been no exception. Our agreed performance against key performance indicators are outlined below.

1.6.1 Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteraemia (Achieved Trust agreed threshold)

0 apportioned MRSA bacteraemia cases have been identified throughout the year.

Table 2. Number of Trust Apportioned MRSA Bacteraemia according to Month 2019/2020

Indicator	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	March 20
MRSA Bacteraemia	 0	 0	 0	 0	 0	 0	 0	 0	 0	 0	 0	 0

1.6.2 Methicillin-sensitive *Staphylococcus aureus* (MSSA) Bacteraemia (Achieved Trust agreed threshold)

The surveillance of MSSA bacteraemia has been mandatory for all NHS Acute Trusts in England since January 2011. It is expected that no Trust exceeds the number that they reported during 2014/15. (1 reported case had been reported during this period).

There has been 0 Trust apportioned cases of MSSA bacteraemia identified during 2019-2020. The Trust therefore achieved its contractually agreed trajectory.

Table 3. Number of Trust Apportioned MSSA Bacteraemia according to Month 2019/2020

Indicator	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	March 20
MSSA Bacteramia	 0	 0	 0	 0	 0	 0	 0	 0	 0	 0	 0	 0

1.6.3 Clostridium difficile infection (Achieved contractually agreed threshold)

Table 4. Number of Trust Apportioned C.difficile cases according to Month 2019/2020

Indicator	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	March 20
Minimise rates of C.difficile	 0	 0	 0	 0	 0	 0	 0	 0	 0	 0	 0	 0

0 trust apportioned cases reported within the Trust in 2019/2020.

1.6.4 Escherichia coli (E.coli) Bacteraemia

Escherichia coli (*E.coli*) is a common bacteria found in the intestines of humans. There are many different types, and while some live in the intestine quite harmlessly, others may cause a variety of diseases. The bacterium is found in faeces and can survive in the environment. E coli bacteria cause a range of infections including urinary tract infection, cystitis and intestinal infection and bacteraemia.

The Secretary of State, through NHS Improvement, announced a national ambition to halve healthcare associated Gram-negative blood stream infections (GNBSIs) by March 2021 following an increase in the number reported. These are devastating infections with evidence that excessive numbers of deaths are identified each year. We know GNBSI cases can occur in hospitals however, a great many are considered as community onset and for a numbers of reasons. Many patients receive multiple health care interventions either from acute, primary or community care, therefore reductions can only be achieved by working together across the whole healthcare economy.

1 Trust apportioned cases of E.coli was identified in Westlands Unit .

- The source of the E.coli bacteraemia was deemed to have originated from the patients urinary tract. The patient displayed several risk factors which have been linked with the acquisition of an E.coli bacteraemia. This included the subsequent diagnosis of an underlying urological condition.

Lessons learned

- The antimicrobials had not been prescribed or administered in accordance with the Hull and East Riding Prescribing Committee Guidelines for Treatment of Infections in Primary Care in Hull and East Riding.
- An improvement was required of the feedback mechanisms in place when non-adherence with the Trust Prescribing Guidelines were not adhered to provide assurance the prescriber receives feedback and learning occurs.

A full incident review was conducted and presented at the Mental Health Clinical Network, Clinical Risk Management and the HAIG Group meetings. Feedback was provided to the prescriber, the unit staff and the respective matron. The report was also circulated throughout all the Divisional Groups to support wider organisational learning.

1.6.5 E.coli Reduction Plan

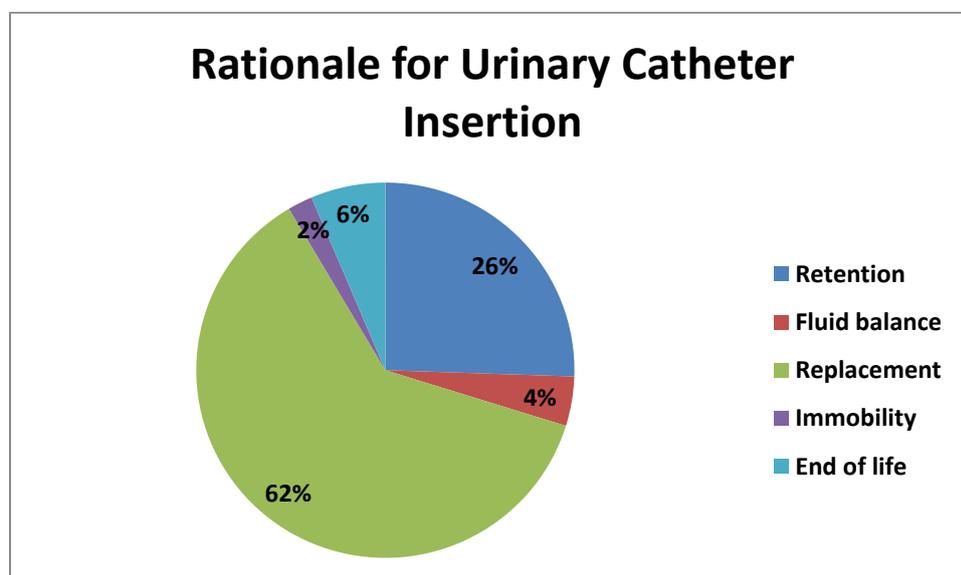
“No patient in our community inpatient services should have an inappropriate catheter in place”

Urinary tract infection, attributed to the use of an indwelling urinary catheter is one of the most common infections acquired by patients in health care facilities. The high frequency of use of indwelling urinary catheters means there is a substantial burden attributable to these infections. Catheter-acquired urinary infection is the source for about 20% of episodes of health-care acquired bacteraemia in acute care settings and over 50% in long term care facilities. The most important interventions to prevent bacteriuria and infection are to limit indwelling catheter use and, when catheter use is necessary, to discontinue the catheter as soon as clinically feasible.

As part of the Trust Safety Programme the inappropriate management of urinary catheters was added to the 2019-2020 list of Zero Events. As part of the improvement work data was collected for each urinary catheter inserted within the Trust Community Inpatient Hospitals setting during the period of September 2019-April 2020 and the rationale for each selection can be seen in table 5 below.

All episodes of care were reviewed by the Matron / Bladder and Bowel Team and an Infection Control Nurse to determine the appropriateness of each of the interventions and each urinary catheter inserted within the community during quarter 3 and 4 were deemed to have been appropriately placed.

Table 5. Rationale for the insertion of all urinary catheters inserted within the Trust Community Inpatient Hospitals from September 19-April 2020



A total of 46 urinary catheters were inserted during this period.

Reasons provided for the catheter insertion included;

12 (26%) due to retention

2 (4.3%) for fluid balance monitoring

3 (6.5%) for end of life continence care

29 (63%) of the catheters were inserted as a replacement for a previously inserted catheter. There was evidence that the ongoing need for a long term device was reviewed in all the cases identified. Pleasingly in a number of patients who did not appear to have clear justification/ clinical information within their clinical notes a trial without catheter was completed to determine if indeed a replacement was required

All of the 12 (26%) catheters inserted due to retention had had a bladder scan performed confirming that a catheter was appropriate and in accordance with national and local guidance.

Both of the 2 urinary catheters inserted to record a strict fluid balance were inserted in accordance with the NICE guideline [NG148] Published date: 18 December 2019. Acute kidney injury: prevention, detection and management

End of life continence care is seen to be an essential part in ensuring comfort and dignity for the patient in the final stages of their life. In all the 3 (6.5%) cases identified the use of the urinary catheter was clinically justified.

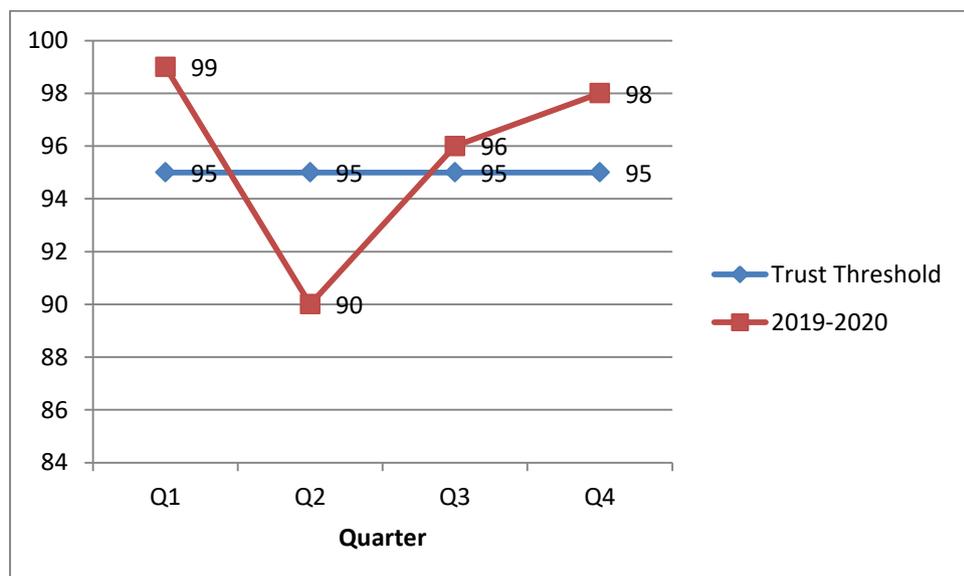
Data collection will continue within the in-patient settings during 2020 and it is hoped that this will be rolled out to the community during 2021

1.6.5 Hand Hygiene Compliance ✓ (Achieved Trust agreed threshold)

Hand Hygiene remains a fundamental component in the prevention of nosocomial infections. The IPC team continue to promote hand hygiene compliance in accordance with the “WHO five moments for hand hygiene”. Hand hygiene compliance, including bare below the elbows is a mandatory requirement for all individuals who provide clinical care as part of their duties.

Opportunistic hand hygiene observations are conducted by the link practitioners within the inpatient and primary care settings on a quarterly basis utilising the Trust approved Hand Hygiene Quality Improvement Tool. As can be seen below in Table 9 the annual compliance threshold of 95% has been achieved in 3 of the 4 quarters during 2019/2020

Table 9. Trust Hand Hygiene Compliance percentage according to Quarter 2019/2020



A drop in compliance in quarter 2 was noted to be mainly due to staff adherence to bare below the elbow principles. Common breaches included the wearing of wrist watches, noted to impede the hand decontamination process and the wearing of nail varnish. A lack or change of infection control practitioner was identified in a small number of the areas where compliance had been lower than expected. It was pleasing to report that once an infection control link had been identified compliance improved to the required standard.

1.6 Outbreak and Incidence of Communicable Infection

Outbreaks of infection continue to be the major cause of infection related incidents in any hospital in the United Kingdom. An outbreak is defined as two or more patients presenting with the same symptoms of a communicable disorder connected by place and time. Norovirus historically is the most common organism implicated in any hospital outbreak.

1 suspected norovirus outbreak was identified during 2019/2020 and a brief summary is provided below;

Newbridges.

The Infection Prevention and Control Team were alerted to the potential of 5 patients and 1 staff member displaying diarrhoeal and or vomiting symptoms. With the exception of 1 patient who experienced moderate diarrhoeal symptoms all other patients displayed 1 episode of vomiting only before the symptoms fully resolved.

Enhanced infection prevention and control measures were initiated promptly. The patients were educated on hand hygiene, fluid intake, personal care and advised to stay in their bedrooms whilst unwell. Engagement levels were increased and physical observations were undertaken on all the symptomatic patients to ensure any potential deterioration would be detected promptly. All patients recovered quickly and without any additional support being required.

No causative organism was identified.

A debrief meeting was held to review and to discuss any subsequent learning and actions required. The main learning points are covered below;

All patients were isolated appropriately. Staff were noted to have made considerable efforts to encourage the patients to remain within their bed areas whilst symptomatic and for a subsequent 72 hour period.

The cleaning response was noted to be very good and a general improvement had been commented upon following the recruitment of a new staff member.

Although staff were able to verbalise the symptoms that each patient had experienced the Trust approved documentation to facilitate the accurate monitoring and progress of patients who experience diarrhoea and vomiting had not been completed in a timely manner. Feedback was provided to all staff on the unit.

1.6.1 Preparedness for the Emergence of COVID-19 in the UK

On 31 December 2019, the World Health Organisation (WHO) was informed of a cluster of cases of pneumonia of unknown cause detected in Wuhan, Hubei Province, China. A novel coronavirus, now known as Sars-CoV-2 was identified as the cause of the disease COVID-19. Early cases in the UK were managed by 5 specialist centres and subsequently as case

numbers increased, with support from other designated Infectious Diseases units across the UK.

A pandemic was formally declared a pandemic by World Health Organisation (WHO) on the 11th March 2020.

Throughout the early part of the response, the Infection Prevention and Control (IPC) Team have supported the organisation by providing advice and interpretation of the guidance from national bodies, including Public Health England (on behalf of the UK's public health bodies) and NHS England/Improvement (NHSE/I).

During the exponential surge period in the UK there has been rapid and frequent changes in national guidance, on personal protective equipment (PPE) for example, requiring implementation at very short notice and requiring effective communication channels. A suite of guidance and action cards have been developed in conjunction with colleagues across the patch and these have been made available on the Trust Intra-net site alongside frequently asked questions, documents, videos, posters and other materials, to ensure up to date information is available to all staff to access.

IPC have worked with and across all teams and departments, but in particular close partnership working has been essential with the Occupational Health Team, dealing with all the emerging staff queries and the Procurement Team who have worked tirelessly to source PPE where the access to resources were initially limited.

1.6.2 COVID-19 Community Hospital

The first patient to be confirmed as COVID-19 positive within the Trust occurred in March 2019 following the patient's transfer from a secondary care provider 3 days earlier. The patient displayed no clinical symptoms on arrival at the Hospital but developed a pyrexia 3 days following the transfer.

The patient was isolated in accordance with the Public Health Guidance and enhanced cleaning initiated. Support to staff was provided by the Infection Prevention and Control Team. A great deal of anxiety was noted but excellent leadership was provided by the Ward Charge Nurse.

It is pleasing to report that the patient subsequently recovered and was discharged home.

Following the reporting of a number of staff displaying symptoms between the 2nd and the 15th of April within the Hospital an incident review was undertaken to ensure all appropriate actions had been taken and to identify any immediate learning required. The report was presented to both the Clinical Risk Group Meeting and the Community Services Clinical Network meeting

Lessons learned

- The patient was managed in accordance with the national PHE guidance in place at the time.
- Changes made to the national PPE guidance during this period led to confusion and an increase in some staff anxiety. Additional support had been provided by the IPC team to address these concerns
- There was an acknowledgement that there was a difference in testing approaches between the 2 laboratory services used (York and Hull) which meant that the staff were not all tested in a consistent and prompt manner across Trust sites. It was noted at this

point however that the testing of staff was in the infancy stages throughout the country and testing capacity was not at an optimum level

1.7 Antimicrobial Stewardship

Work has continued throughout the year to review/improve prescribing practice across all areas within the Trust. Electronic prescribing has now been introduced in the majority of clinical in-patient areas supporting an improved level of stewardship by incorporating empirical guidelines in to the system as a prompt. The system also allows all antimicrobial prescriptions to be checked and the appropriateness to be validated by the pharmacists in a timely manner. Work is still required to enable the production of a report on the reporting elements within the system but it is anticipated that an assurance report will be generated electronically by the end of Quarter 2 2020.

A robust audit programme remains in place within the GP practices allowing bench marking to take place across all GP practices within the region. Any areas of high antibiotic usage or low compliance are identified and actioned when applicable. The report is reviewed and monitored by the Drugs and Therapeutic Group and the Primary Care Clinical Network meetings.

Promotional activities undertaken during 2019-2020 has included;

- The facilitation and completion of a trust wide joint IPCT and pharmacy promotional campaign as part of antibiotic awareness week (November 2019)
- The recruitment of an external expert speaker to deliver an educational session on the promotion of effective antibiotic stewardship for the medics as part of the Medical Educational Programme. Due to the positive feedback received this will be included as an annual event.
- The production of additional guidance to support medics in the prescribing of antimicrobials to treat urinary tract infections. This was circulated Trust wide via the Medicine Management Newsletter.

Goal 02 – Enhancing Prevention, Wellbeing and Recovery

We are committed to keeping patients informed about all aspects of their care and ensure they are involved in key decisions'

2.1 Patient Information

Patients want to be engaged in their health care decision making process and those who are engaged as decision makers tend to be healthcare and have better outcomes. To support this good quality health information is deemed to be essential.

A review of all patient related infection control information has been maintained throughout 2019/2020 to ensure it remains current and in line with national guidance and is available on the Trust Internet and Intranet sites.

To support patients and the public in the early stages of the pandemic COVID information posters and guidance was developed by the IPCT in the absence of any national literature being readily available. Work will continue in 2020 to ensure any gaps are identified and addressed particularly to ensure all groups of our patients are catered for.

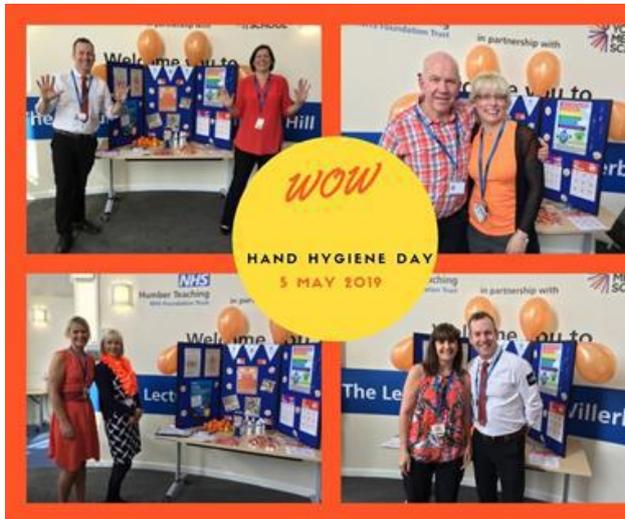
2.2 Wear Orange Wednesday 1 May 2019

The IPC team and Link Practitioners raised both staff and patients awareness of the part that they can play in minimising infection by celebrating the World Hand Hygiene Campaign. Due to the success of the previous year's campaign we adopted a similar approach to 2018 and utilised the Wear Orange Wednesday theme on 1 May. This was completed with great success throughout the organisation with a variety of areas organising activities and events of their own.

Areas visited included all GP practices, inpatient services throughout the Trust including Whitby Community Hospital, Granville Court and attendance at the 'Learning the Lessons Conference'.

Activities completed by staff and patients included the designing of promotional posters, the completion of various puzzles and setting up of information stands. Once again PICU and Westlands need to be commended for the excellent work undertaken.

The opportunity was also taken to raise funds on the day and we are pleased that due to people's generosity we raised £65.45 shared between Sepsis UK and Health Stars.



Examples of feedback from patients and staff

"I think it is important that we are reminded of the need for washing hands"

"Please do more things like this in the hospital"

"It has made me think about how clean my hands are"

"I think it is a brilliant idea to reinforce the importance of hand hygiene for everyone within the NHS whether they are newly qualified or have been working in the Trust for years"

Goal 03 – Fostering Integration, Partnership and Alliances

'We are committed to working in partnership to improve the care we provide by being open, transparent and inclusive'

Working collaboratively across organisational boundaries has been acknowledged as an essential component in the reduction of HCAI and as such the Infection Prevention and Control Team have availed themselves of every opportunity to meet regularly with colleagues both locally and nationally to share best practice and to learn lessons. This has been a massive commitment for a small team but attendance has been achieved at a variety of groups during the last year. These include attendance at;

- The Yorkshire Region Infection Prevention and Control Society Meeting
- The National Infection Prevention and Control Mental Health Special Interest Group
- A Joint Sepsis Collaborative project group developed to improve outcomes for patients with sepsis through collaborating across the whole regional pathway
- The initiation of a regular meeting with IPCT colleagues at City Healthcare Partnership to share ideas and expertise but also to explore the feasibility of shared policy writing which has the added benefit of developing a greater consistency of infection control practice across both Hull and East Riding.

Unfortunately due to the impact of COVID no meetings were held during the final quarter of the year. WhatsApp was used however by both the Yorkshire Infection Prevention Society and Mental Health Special Interest Group to provide mutual support and share information during such a challenging period. It is anticipated that all the groups highlighted above will be reinstated utilising a "virtual" format in the near future.

Goal 04 – Developing an effective and empowered workforce

'We are committed to ensuring that exemplary infection prevention and control principles are firmly embedded within every staff member's daily practice'

Infection control and the prevention of all infection remains a major goal within the Trust and ultimately is the responsibility of everyone who works within the Trust. Care should be exemplary and delivered by staff who understand and effectively discharge their roles and individual responsibilities for the prevention and treatment of HCAI.

Work undertaken in 2019/2020 to support all staff in the delivery of their responsibilities includes:

4.1 Review of Infection Prevention and Control Policies

In line with the Health and Social Care Act 2008 Code of Practice (2015) the Trust infection prevention and control policies, protocols and clinical pathways have been reviewed and updated by the IPC team ensuring that practice and guidance is current and evidence based. All amended documents are forwarded for approval at the Quality and Patient Safety Group.

All Infection Control Policies currently remain in line with national guidance.

Policies reviewed within 2019-2020 include:

- Hand Hygiene Policy (N007)
- Standard Precautions Policy (N034)
- The Management of an Outbreak of Communicable Infection Policy (N-009)

Additional guidelines produced included;

- The Safe Insertion of a Fine Bore Nasogastric Feeding Tubes for Young People Requiring Enteral Feeding as Part of the Eating Disorder Pathway (CAMHS Inpatient Unit)

The IPCT have developed and or provided input in to a variety of other policies and Standard Operating Procedures (SOPS) that have, and continue to support staff in the delivery of care following the emergence of COVID -19.

This includes the production of;

- A Standard Operating For The Management Of A Patient Suspected Or Confirmed As COVID-19 Positive In All Community Services
- A Standard Operating Procedure For the Management Of A Patient Suspected or Confirmed as COVID-19 In All Inpatient Mental Health /Learning Disability Units and Community Wards
- Infection Control Guidance For Physical Restraint Of Patients Suspected Confirmed As Having Covid-19

Reviews and amendments have been made to

- The Guidance for Staff Responsible for Care after Death (Last Offices)
- The Uniform, Dress Code and ID Badge Policy (HR-029) to cover the additional requirements that COVID-19 has brought. A constant review of the policies will continue and changes will be made to ensure all our policies reflect the current national guidance.

4.2 Mandatory Infection Control Training

During the period April 2019 to March 2020, the IPCT have provided a comprehensive, evidence-based infection prevention and control education programme. A blended learning approach continues with the provision of both face to face training and e-learning. This has been delivered in accordance with the Trust's Mandatory Training Needs Analysis (TNA) and has been updated in accordance with changes to national policies and guidance, requirements of the services and local need. The IPC educational programme is an integral part of the Trust Mandatory Training Programme for all staff and the commitment to education continued to be a priority throughout the year.

As shown in Table 10 below the Trust Infection prevention and control compliance target of 85% has been exceeded in each month during 2019/2020.

Table 10. Infection Prevention and Control Training Compliance 2018-2020

Compliance percentage	April 19	May 19	June 19	July 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
2019-2020	92.6	93.09	92.33	92.66	93.21	93.9	94.4	95.1	94.2	93.7	94.1	94.2

The IPC Nurses (IPCNs) participate in the Trust's Corporate Induction programmes for all staff newly appointed by the organisation. Each session delivered contains all the essential elements to comply with all mandatory training requirements. It also includes an introduction to the team and provides training on how to access all essential IPC information via the Trust Intranet. A postponement of the induction sessions has occurred in the latter month of the financial year but this has now been recommenced in a virtual format. An online infection prevention and control package remains available for the completion of infection training and it is pleasing to report that the monthly compliance data has not dropped.

Staff working within Primary Care continue to access their infection prevention and control educational requirements via Blue Stream Academy.

In addition to the mandatory training programme the IPC team have completed of a large number of additional training sessions to prepare staff for COVID-19. This has included bespoke sessions for the all the Domestic and Estates Team ensure that they remain fully conversant with all changing infection control requirements when entering both clinical and non-clinical areas.

Staff have also been encouraged to access national e-learning packages via the Trust Coronavirus site links to supplement learning. The uptake is included weekly as part of the Gold/Silver Command report produced by the Trust.

4.3 Fit Testing Educational Training Programme

In accordance with the Control of Substances Hazardous to Health Regulations 2002 (COSHH) the undertaking of fit test training has been in place within the Trust since 2018 for anybody who potentially would be required to complete a procedure deemed to generate aerosol when caring for a patient who was suspected or confirmed as having a transmissible respiratory infection such as influenza or COVID-19.

The process of fit testing is a means of checking that the respiratory equipment utilised is compatible with a person's facial features and seals adequately to their face. If the seal is inadequate, contaminated air will take the path of least resistance and will travel through leaks in the face seal. Consequently, a poor seal to the face will reduce the level of protection provided to the wearer.

Since the emergence of COVID-19 and the Trust decision to support the UK Resuscitations Councils stance that cardio-pulmonary resuscitation may potentially produce aerosol there has been a requirement for all staff who may be involved in cardiopulmonary resuscitation to undergo fit testing. This continues to be a massive additional burden for the IPCT to deliver this training on top of an already challenging work load. No external sessions were initially in place to enable additional staff training. Additional challenges also included the lack of equipment and resources require to facilitate the training.

At the end of March 380 clinical staff were reported to have now been fit tested within the Trust ensuring that all clinical areas within the Trust have a core team of staff trained if required to undertake an aerosol generating procedure. All staff who were fit tested were also provided with guidance in the use of donning (putting on) and doffing (taking off) of all PPE equipment used. The figure hopefully will continue to rise subject to the continuing availability of resources to complete and the ability to obtain some external training to increase the number of individuals available to conduct fit test training within the Trust.

4.4 Development of a Trust IPC E-learning Module

In partnership with the Trust Instructional Designer and the Link Practitioners from Westlands Inpatient Unit the IPCT completed the development of a Trust bespoke non-clinical infection prevention and control eLearning module. This has now been fully embedded within the Trust Training programme since May 2019. Following positive reviews it was envisaged that further work would ensue to develop a bespoke model for sepsis and also to replace the national Infection prevention and control mandatory clinical staff module. It is disappointing to note however that this has not been possible due to the Instructional

Designer leaving the Trust therefore no immediate plans can be made to progress this currently.

Goal 5 - Maximising an efficient and sustainable organisation

'We are committed to providing a health care environment that is clean safe and facilitates the prevention and control of infection'

5.1 Infection Prevention and Control Audit Programme

In line with the requirements of the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance (2015) the Trust has an IPC audit programme in place which is both environmentally and clinically focused and targeted at improving infection prevention and control practices for all disciplines across the Trust.

The audit programme is undertaken by the Infection Prevention and Control Team with support from the infection control link practitioners and the matrons. Results are fed back to the ward and are included as part of the Matrons quarterly IPC report. The audit results are discussed at the Healthcare Associated Infection Control Group meeting where each matron is invited to present their improvement plans where they form part of their directorate reports.

The results of the formal IPC environmental audits completed in the in-patient areas during 2019-2020 can be seen in tables 12.

Table 12. Inpatient Audit results 2019/2020

Unit	June/July 2019	Sept /October 2019	December/January 2020
Hawthorne Court	94.4%	95%	97%
MVC	100%	95.4%	97%
Newbridges	95.9%	96.5%	99%
PICU	91.4%	94.5%	99%
Westlands	97.4%	90.4%	95%
Maister	99%	97%	98%
MVL	97%	96%	98%
Darley House	94%	100%	Currently unoccupied
Ouse	80.4%	84.30%	95%
Swale	93.8%	88.9%	93.00%
Ullswater	-	92.8%	87%
Lilac	94.7%	87.6%	99.00%
Willows	99%	100%	99%
Granville	94.7%	92%	98%
Whitby	87.2%	93%	95%
Malton	98.8%	93.8	88%
			98% repeat (January 2020)

Key to scores
 Good ■
 Improvement required ■

The matrons environmental walk rounds have also continued during the last quarter of the year and all units were also visited on a regular basis by the IPC. Any issues identified during these visits were dealt with on the day of the visit wherever possible.

The maintenance of the environment continues to pose an ongoing challenge. Issues include the continual need to repair damage caused by individual patients whilst being cared for and also the significant amount of resources required to maintain an ageing estate. When applicable a Capital investment bid is generated but with a finite budget all bids are considered alongside a number of competing priorities.

Additional COVID 19 pressures have also started to emerge which includes a review of the ventilation and the requirement for clinical areas to be able to provide an adequate environment to facilitate the effective donning and doffing of personal protective equipment as well as being able to promote social distancing within all areas of the Trust premises.

A satisfactory level of compliance has been achieved in all GP practices. Work is still ongoing within Manor House although the results have significantly improved since the acquisition during 2019 (an audit score of 51% achieved on acquisition). This has now moved in to the acceptable range (87.2%)

Chestnuts Surgery is noted to be in a poor state of environmental repair, particularly due to the damage noted of both the floor and walls. It is hoped that the surgery will be relocated following the redevelopment of primary care services in the not too distant future.

5.2 Environmental Facilities Development/Refurbishment

The design, planning construction refurbishment and ongoing maintenance of the environment plays an important part in minimising the transmission of infection and the physical environment should assist not hinder good practice. It is therefore important that the IPCT is involved in all new builds and refurbishment projects to provide advice from the infancy of the projects.

IPC advice and support has been provided in the;

- The development and the recent opening of INSPIRE (Child and Adolescent Mental Health Services Unit)
- The ongoing re-development of the Primary Care Services in Cottingham.
- The completion of due diligence in the acquisition of Manor House Surgery
- The Refurbishment of Greentrees Unit (now named Pine View)
- The major plans for the redesign of Whitby Hospital.
- The facilitation of dedicated “COVID-19” wards at Millview Court and Darley Ward within the Humber Centre
- The setting up of a “COVID Pod” and a further ward facility at Whitby to deal with a potential surge of patients appearing during the pandemic.

A significant amount of IPCT input will continue throughout the ensuing months to ensure that all areas within the Trust continue to provide a safe environment for both patients and staff.

5.3 Sharps Management

Needlestick injuries (NSIs) are one of the most common injuries for healthcare workers according to the RCN (2011). NSIs through venepuncture and injection are the most common causes of inoculation exposure. Inoculation exposure injuries not only have potential health consequences for those affected, but also a psychological impact.

An external sharps audit has been completed by Daniels Healthcare (August 2019) to determine whether staff are managing and disposing of staff in accordance with national

guidance. 49 areas were visited. A total of 98 sharps containers were visually inspected and practice observed.

The audit results were encouraging on the day of the inspection; The audit found no (0) sharps containers with protruding sharps, none (0) that were incorrectly assembled and none (0) that were more than three quarters full.

All sharps containers were sited in appropriate locations however significant inappropriate non sharp contents had been identified in seven of the bins. Immediate feedback was provided on the day of the inspection. The finalised audit report has been cascaded to all charge nurses, team managers and matrons.

The regular monitoring of sharps practice also continues in all areas as part of the infection prevention and control audit programme. All training recommendations and the audit findings are included in the mandatory IPC clinical training.

5.4 Water Safety Management

The water utility provider supplying the Trust, Yorkshire Water, undertakes to provide a reliable supply of wholesome, safe water to the Trust. It is the function of the Water Safety Group (WSG) to provide assurance that the water, once within the Trust's infrastructure, is safe and that risks from chemical and microbial hazards are minimised.

The Water Safety Group (WSG) continues to work to raise awareness of water safety issues throughout the Trust and to take steps to improve arrangements for water safety and governance. To support compliance "Authorised Persons Training" has been conducted by an external contractor during 2019-2020. This was attended by key personnel within the Water Safety Group including the IPCT

Quarterly WSG meetings continue and a subgroup of the Water Safety Group meet fortnightly to monitor progress of any outstanding actions until a positive outcome has been achieved.

The Trusts Water Safety Policy and plan which is needed to satisfy the requirements of HTM 04-01 addendum currently remains under review.

The presence of legionella in the water systems has continued to be actively managed throughout the year. Legionella is a bacteria that is widely distributed within the environment, including hot and cold water systems and water in air conditioning cooling systems. The organisms are spread through the air from a water source. Breathing in aerosols from a contaminated water system is the most likely route of transmission. The early symptoms can include a flu-like illness that can develop into pneumonia.

Of particular note is the continuing positive results obtained from both the Humber Centre (Ouse Unit) and Peeler Surgery.

Ouse Unit

Remedial work has continued throughout the year to address the continuing environmental issues which has been impacting on the ability to eradicate/control the organism from one of the showers within this area. At the time of writing this report, a negative set of results have now been received. Further work is planned to isolate the water system within the decommissioned seclusion suite and take it back to source. It is hoped that all the extensive work completed will finally resolve the issue

Peeler House – (GP practice)

Following a long protracted and extensive programme of remedial work low level legionella counts remains in one of the doctors consulting rooms and the disabled toilet. All water heaters and pipework have required replacement. The infrequent use of the disabled toilet is thought to be an issue and an enhanced level of flushing remains in place. Further local disinfection is planned for the taps in this area and repeat water samples will be taken.

This has been a challenging problem to address as the premises are shared occupancy (leasehold) with two other businesses and the water source originates in a part of the building in which we have no access to, or jurisdiction over. The landlord has however has been fully engaged and cooperated in line with his responsibilities.

Goal 06 – Promoting People, Communities and Social Values

We will promote the importance of infection prevention and control community wide

6.1 Infection Prevention Week 13th-19th October 2019

The Trust Infection Prevention and Control Team (IPCT) supported the Trust to mark this annual awareness raising event. The theme this year was 'Vaccines are Everybody's Business',

Colleagues were also asked to promote the week and enhance awareness within their individual area of work. A visit to all clinical areas and GP practices was undertaken by the Infection Prevention and Control Team. Advice and information was provided to both staff and patients within each of the respective areas. The opportunity was also utilised to encourage provide staff with information on influenza in preparation for the winter period but also to encourage staff to have the annual influenza vaccination. Members of the team also volunteered to complete the arduous of attaching a flu leaflet to each staff members pay slips to cascade the message more widely.



6.2 World Antibiotic Awareness Week 18-24th November 2019

Every year, World Antibiotic Awareness Week (WAAW) is celebrated by health facilities, schools and communities across the globe. The campaign highlights best practices among the general public, health workers and policy makers to help stop the further emergence and the spread of antibiotic resistance.

In recognition of the importance of this week various events were arranged to raise awareness. This included the arrangement of an external speaker to attend the medics training programme to deliver an educational session on effective antibiotic stewardship. The attendance was excellent, including a number of other health care professionals. The feedback received was extremely positive resulting in the speaker being asked to attend the link practitioners planned annual meeting.

A joint visit to all clinical areas and GP practices was undertaken by the Infection Prevention and Control and the Pharmacy teams. Advice and information was provided to all staff within each of the respective areas.

It is extremely pleasing to report that during the visits numerous staff members signed 'the pledge' to become an Antibiotic Guardian - part of a national pledge based initiative asking people to commit to take one simple action within their professional or personal life to preserve antibiotic use.



6.4 IPCT attendance at the Annual Gay Pride Event July 2019

A member of the IPCT continues to represent the team as a “champion” within the Patient Experience Forum and work continues to explore all opportunities to engage with patients and the public to seek their views and to receive feedback about the services we provide.

In support of the work of this group a member of the team and the infection prevention link practitioner from PICU attended the Hull annual Gay Pride event in July 2019 and took the opportunity to provide information around sepsis awareness including the distribution of the associated leaflets. The information provided was very well received and an enjoyable day was reported by all involved.



7. Summary

This report describes the key activities that have been undertaken during 2019-2020 to improve and sustain patient, visitor and staff safety across all of our healthcare settings.

A number of achievements were seen in the reduction of healthcare associated infection within the Trust, however the global pandemic has brought significant challenges which cannot be underestimated. It is acknowledged that we need to avail ourselves of every opportunity to work collaboratively with colleagues across the wider health system patients, and service users in order that we can develop and implement a wide range of IPC strategies and initiatives to continue to deliver safe care, minimising the risk of infection and the transmission of infection.

Currently the Infection Prevention and Control have a critical role in the return to ‘normal business’ across the entire Trust, whilst maintaining preparedness for any increase in COVID-19 cases and ensuring traditional infection control standards are delivered to the

highest possible level. We will take the opportunity over the ensuing year to reflect and refocus our efforts to ensure no patient is harmed by a preventable infection.

Priorities for 2020-2021

Goal 01 - Innovating quality and patient safety

‘We will ensure that exemplary infection prevention and control practice is embedded in practice throughout all areas within the Trust and that staff are confident in recognising and addressing infection prevention and control concerns’.

Over the next year we will;

- Maintain compliance with all requirements of the Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and related guidance.
- Support the implementation of any changes required in accordance with national infection control guidance as a consequence of the COVID-19 -pandemic
- Achieve all national and locally agreed infection prevention and control targets.
- Assist in the development of an antimicrobial compliance report within Lorenzo to support the delivery of a robust antimicrobial stewardship programme.

Goal 02 - Enhancing prevention, wellbeing and recovery

We are committed to keeping patients informed about all aspects of their care and ensure they are involved in key decisions’

Over the next year we will;

- Continue to support patients, carers and representatives to understand or manage any infection control issues.
- Provide information they can understand about their infection or illness and their right to be involved in and make choices about their care.

Goal 03 - Fostering Integration, partnership and alliances

‘We are committed to working in partnership to improve the care we provide by being open, transparent and inclusive’.

Over the next year we will;

Maintain the delivery of the National Gram Negative Bloodstream Infection Reduction Initiative by exploring the feasibility of rolling out the zero tolerance approach to the inappropriate insertion of urinary catheters within the community setting.

Goal 04 - Developing an effective and empowered workforce

‘We are committed to ensuring that exemplary infection prevention and control principles are firmly embedded within every staff members daily practice’

Over the next year we will;

- Embrace the usage of virtual technology to provide on line training and enhance the level of communication and engagement with staff working in harder to reach community settings.

- Maintain an ongoing IPC training programme which ensures all staff are competent in the choice and management of PPE within each of their clinical and non-clinical settings

Goal 05 - Maximising an efficient and sustainable organisation.

'We are committed to providing a health care environment that is clean, safe and facilitates the prevention and control of infection'

We will;

- Build capacity in the infection control team to ensure we are able to deliver on our objectives in the context of a pandemic.
- Work in partnership with Estates and Health and Safety colleagues to assist each area within the Trust to achieve "COVID-19 Secure" status
- Review and refresh the infection prevention and control environmental audit programme to ensure it reflects changes to both national and local requirements
- Maintain involvement in the design, planning, construction, refurbishment and ongoing maintenance of all trust new builds or refurbishment

Goal 06 - Promoting people, communities and social values

'We will promote the importance of infection prevention and control community wide'.

We will;

- Continue to promote all national and local patient infection prevention and control safety initiatives.
- Continue to use a variety of key media styles, including the internet, intranet, and social media to promote effective infection prevention and control measures.

Agenda Item 20

Title & Date of Meeting:	Trust Board Public Meeting - Wednesday 30 September 2020																											
Title of Report:	Humber Safeguarding Annual Report 2019/2020																											
Author/s:	Executive Lead: Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals Rachael Sharp, Head of Safeguarding Kerry Boughen, Named Nurse for Safeguarding Children																											
Recommendation:	To approve		To receive & note																									
	For information		To ratify	x																								
Purpose of Paper:	The purpose of the report is to present an overview of the Humber Safeguarding achievements, developments, objectives and assurance reporting for the year ahead. The report has been approved by the Quality Committee and is presented to the Trust Board for ratification.																											
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>	<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Audit Committee</td> <td></td> <td>Remuneration & Nominations Committee</td> <td></td> </tr> <tr> <td>Quality Committee</td> <td>5/08/20</td> <td>Workforce & Organisational Development Committee</td> <td></td> </tr> <tr> <td>Finance & Investment Committee</td> <td></td> <td>Executive Management Team</td> <td></td> </tr> <tr> <td>Mental Health Legislation Committee</td> <td></td> <td>Operational Delivery Group</td> <td></td> </tr> <tr> <td>Charitable Funds Committee</td> <td></td> <td>Other (please detail)</td> <td></td> </tr> </tbody> </table>					Date		Date	Audit Committee		Remuneration & Nominations Committee		Quality Committee	5/08/20	Workforce & Organisational Development Committee		Finance & Investment Committee		Executive Management Team		Mental Health Legislation Committee		Operational Delivery Group		Charitable Funds Committee		Other (please detail)	
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Mental Health Legislation Committee		Operational Delivery Group																										
Charitable Funds Committee		Other (please detail)																										
Key Issues within the report:	<p>Key issues within the report include information in relation to:</p> <ul style="list-style-type: none"> • Reporting of child and adult safeguarding • Childrens Act 1989 2004, Working Together to Safeguarding Children 2018 • Care Act 2014 • Mental Capacity Act 2005 and LPS amendment 2019 • Self-Neglect pathways • Making Safeguarding Personal • Prevent • Key themes from SCR, LLR, SAR and DHR • Safeguarding Strategy implementation • Domestic Abuse 																											

Monitoring and assurance framework summary:

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



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





Humber Teaching
NHS Foundation Trust

Humber Safeguarding Annual Report

2019/2020

If you see something, hear something, suspect something – do something
Safeguarding Children and Adults is everybody's business



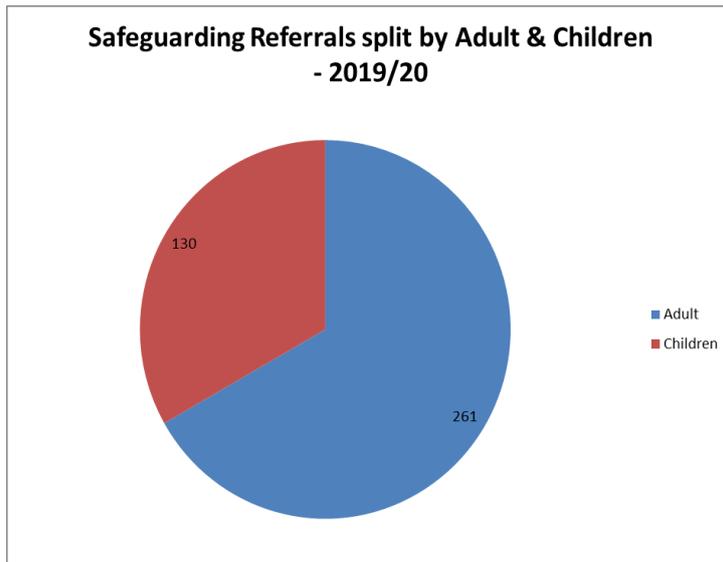
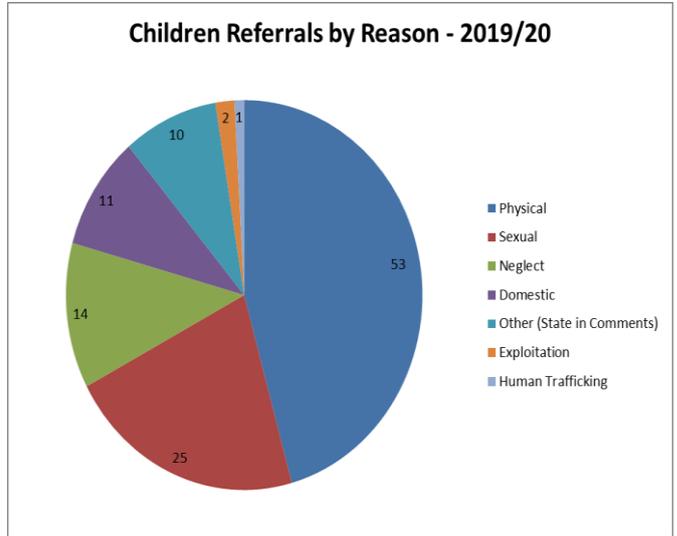
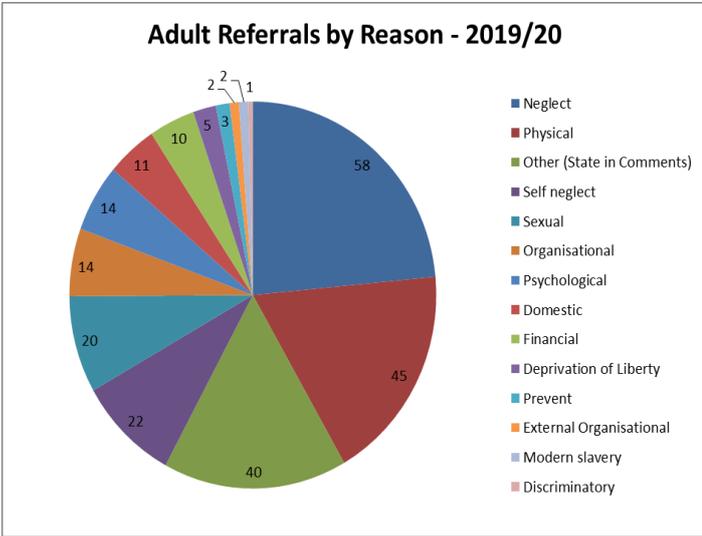
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HUMBER TEACHING NHS FOUNDATION TRUST – SAFEGUARDING TEAM

Humber Teaching NHS Foundation Trust Overview of Referrals 2019/2020



1.0 Introduction

Welcome to the Safeguarding Annual report for 2019/2020 which provides an opportunity to showcase the excellent progress that Humber Teaching NHS Foundation Trust (HTNFT) has made in protecting adults and children at risk during the period April 2019 to March 2020. The report reflects on our achievements to date and identifies our objectives for 2020/2021 to maintain our continuous improvement journey to maximise safeguarding for all who come into contact with our services which is of particular importance and relevance as we maintain our focus on safeguarding during these challenging times during a pandemic.

At the heart of the Trust approach to safeguarding is a culture that safeguarding children and adults is everybody's responsibility. The way in which we discharge our duties is a 'think family' approach which promotes a focus on the needs of both the adult and child in safeguarding situations ensuring the voice of the child is clearly heard. To promote this approach the safeguarding team at Humber work across both child and adult safeguarding whilst recognising their specialisms in either child or adult safeguarding

In 2019/2020 the first Safeguarding Strategy encompassing our joint approach to both adults and children's safeguarding and action plan was produced. The strategy is aligned to the organisation's six goals and aims to help improve the quality of safeguarding practice and enhance prevention and wellbeing. It promotes partnership working with patients, staff and safeguarding partners.

The strategy drives continuous improvement in safeguarding aligned to the Trust values:



The strategy delivers against our 6 strategic goals as follows:

<p>Promoting the welfare of all children, young people and adults at risk ensuring this approach is reflected in all areas of the Trust activities and business;</p>	<p>Strategic Goal 1 Innovating quality and patient safety</p> <p>Strategic Goal 2 Enhancing prevention, wellbeing and recovery</p>
<p>Ensuring safeguarding children, young people and adults is undertaken by everyone, supported and governed by the specialist staff employed in dedicated roles and governance structures within the Trust. This provides a framework that supports best practice and allows the Trust to fulfil its key responsibilities;</p>	<p>Strategic Goal 1 Innovating quality and patient safety</p> <p>Strategic Goal 3 Developing an effective and empowered workforce</p>
<p>Ensuring we systematically learn through experience at both an organisational level and team level with continuous improvement to services being made based on learning. Effective horizon scanning and implementation of up-to-date resources is routine to ensure best practice is followed and this enhances the organisational standards;</p>	<p>Strategic Goal 1 Innovating quality and patient safety</p> <p>Strategic Goal 2 Enhancing prevention, wellbeing and recovery</p> <p>Strategic Goal 6 Maximising an efficient and sustainable organisation</p>
<p>Ensuring staff demonstrate the values and competence required to effectively safeguard working in partnership to promote the welfare of children, young people and adults at risk.</p>	<p>Strategic Goal 1 Innovating quality and patient safety</p> <p>Strategic Goal 4 Promoting people, communities and social values</p> <p>Strategic Goal 5 Fostering integration, partnerships and alliances</p>

The safeguarding annual report describes our achievements against the strategy showcasing the work we have taken internally with our staff and with our partners to strengthen and support safeguarding across the communities we serve.

Hilary Gledhill
 Director of Nursing, Allied Health and Social Care Professionals/ Executive Lead for Safeguarding

2.0 Background

Children

A culture that safeguarding children and adults is everybody's responsibility permeates across all Humber Teaching NHS Foundation Trust teams and the individuals who work in them. The Trust has a clear governance structure in place for safeguarding children. There are individuals with clearly defined leadership roles and a dedicated Safeguarding Team which offers support to a wide range of clinical and non-clinical staff.

The Trust holds a statutory responsibility under The Children Act 2004, Working Together to Safeguard Children 2018, Safeguarding Vulnerable People in the NHS, Accountability and Assurance Framework 2018 and the Children and Social care Act 2017. Responsibilities are achieved by:

- Establishing, implementing and following good safeguarding policies and procedures including safe recruitment;
- Ensuring effective risk assessment, staff training and supervision processes are in place;
- Ensuring all staff and volunteers are aware of and follow the organisation's safeguarding policies and procedures;
- Providing ongoing assurance and indications of compliance to the Trust Board and Safeguarding Children Boards regarding safeguarding children via annual reports and declarations.

All children have the right to a safe, loving, and stable childhood.

Adults

Adult safeguarding practice continues to develop at a national level. The Care Act 2014 made safeguarding adults a statutory responsibility along with the accompanying guidance – Care and Support Statutory Guidance (DoH 2016) Chapter 14.

Safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs);
- and is experiencing, or at risk of, abuse or neglect;
- and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

'The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and, if so, what and by whom.'

(Care Act (DH, 2014b) Section 42 Enquiry)

Humber safeguarding reflects the national priorities for safeguarding in that it seeks to establish a safe environment where staff and patients can recognise, report and prevent safeguarding concerns becoming high risk factors.

The following six key principles underpin safeguarding:

- Empowerment: people being supported and encouraged to make their own decisions and give informed consent;
- Prevention: it is better to take action before harm occurs;

- Proportionality: the least intrusive response appropriate to the risk presented;
- Protection: support and representation for those in greatest need;
- Partnership: local solutions through services working with their communities – communities have a part to play in preventing, detecting and reporting neglect and abuse;
- Accountability: accountability and transparency in safeguarding practice.

3.0 National and Local Context and Requirements

Safeguarding Children

The Trust Safeguarding Team has maintained a committed level of partnership working and engagement with Clinical Commissioning Groups (CCGs), Local Safeguarding Children Partnerships (LSCPs), Local Authorities (LAs) and the police services at strategic and operational levels, despite the challenges of demand and expectations. This helps to build sustainable contextual safeguarding interventions for the local population with regular presence at Prevent meetings, Missing Children meetings and the Multi Agency Child Exploitation (MACE) meetings.

Criminal exploitation

Within the previous year there has been an increase in reported county lines activity and criminal exploitation (a key feature being school exclusion – school absence is particularly pertinent at this time of school closures due to Covid– 19 restrictions which came into play in March 2020). Locally, for the first time, the number of cases involving child female victims has exceeded child male victims. The National Child Safeguarding Practice Review Panel 2020 also raises issues of complex and national importance in relation to adolescents at risk from criminal exploitation. “Since June 2018, there have been a worrying number of cases involving children who have died or been seriously harmed where criminal exploitation was a factor.” This is also reflected in national data where it is identified that there has been a 20% increase in the year 2019 for cases involving trafficking (Department for Education 2019).

Online safety

This remains an increasing safeguarding issue, more so within the current Covid– 19 restrictions imposed in England in March 2020. Children are increasingly facing a range of abuse risks online from the production and distribution of child abuse images, to the harmful effects of being exposed to inappropriate content, to the growing scale of grooming being facilitated on social networks. The Trust remains committed to the local safeguarding children partnerships approaches to promoting awareness of online safety and ensuring all learning events and multi-agency training is promoted across the Trust encouraging attendance and participation.

Domestic Abuse

Although we are able to identify increasing, contemporary concerns, it is vital that we build on our response to other significant issues such as neglect and domestic abuse. Domestic abuse was a recognised feature of life for 35% of the children who were notified to The National Child Safeguarding Practice Review Panel between July 2018 and December 2019. Concerns were identified that child protection practice, when domestic abuse is the main issue, is at risk of becoming automated: where parents had attended particular domestic abuse programmes, attendance in itself was considered to be a protective factor, reducing the risks to children; where Domestic Abuse, Stalking and Harassment and Honour-based violence (DASH) scores had reduced and the family was part of the local Multi Agency Risk Assessment Conference (MARAC), this gave a sense of reassurance to practitioners which proved to be false (The National Child Safeguarding Practice Review Panel 2020).

Neglect

This continues to be the most common category of abuse for child protection plans in England in the previous year (DfE 2019) and the NSPCC report a 3% increase in the year ending March 2019 from the previous year. In contrast, there has been a drop in the percentage recorded as sexual, physical or multiple abuse over the same period (DfE 2019). Specific data regarding neglect statistics nationally remains unclear as there are variances in its recording and response and it may also be hidden from view hindering its identification.

The Safeguarding Team continue to promote the risk of neglect and has developed close links with the East Riding Safeguarding Children Partnership (ERSCP) in their relaunch of the Graded Care Profile neglect assessment tool (GCP2). ERSCP GCP2 multi agency Training sessions have been co-facilitated by the Named Nurse (child) and trainers from the Partnership on several occasions and there are plans in place to co-facilitate additional sessions within the Trust. This would help with the identification and response to child neglect. Both domestic abuse and neglect are two of the areas identified as priorities in the safeguarding strategy which helps to drive continuous improvement in these areas.

Safeguarding Adults

The Care Act 2014 and the updates in 2015 continue to drive the Adult Safeguarding agenda nationally and locally.

Self-Neglect has been a huge national focus this year with an emphasis on the risk factors associated with this area. There is an increasing number of Safeguarding Adult Reviews that have involved adults who self-neglect with an increase on focus of adults who are homeless.

HTNFT continues to raise awareness on self-neglect and how this is associated with a safeguarding concern. A Self-Neglect, Neglect and Hoarding Policy has been developed and implemented, with a focus on 'how we can support people'. It also emphasises self-neglect from carers and organisations.

Self-neglect workshops have also developed and are available via the training diary; bespoke sessions have been offered to services where it has been most required. Self-neglect is also highlighted in the Level 3 Integrated Safeguarding Training.

Making Safeguarding Personal (MSP) continues to be a key national driver with agencies still having difficulty in implementing this. MSP began nationally in 2009 and continues to be supported by the Association of Directors of Adult Social Services (ADASS), Local Government Association (LGA) and Department of Health (DoH). It emphasises a person's involvement, the balancing of safety and wellbeing, and the focus on prevention. The guidance is clear that MSP should be the focus for all professionals.

The Safeguarding Team have undertaken a joint multi-agency audit. This has never been undertaken before and is the first of its kind in this area. It identified key areas of learning and development that have already started to be used in practice. A joint working group is also to be established to consider joint paperwork for Section 42 enquiries between Hull and East Riding.

Domestic abuse and safeguarding remains a high priority, and supporting staff to identify and respond to domestic abuse is an essential part of adult safeguarding. A central feature of domestic abuse is coercion and control, which is now recognised in law in the Serious Crime Act 2015.

Domestic abuse is referenced in the Level 3 integrated safeguarding training and includes the increased risk to disabled victims, and discussions on forced marriage, HBV and FGM. Staff

can access multi-agency domestic abuse training and there is a focus on staff attending DASH risk assessment training and implementing this into their practice.

4.0 Safeguarding Governance Arrangements

The statutory safeguarding function for HTNFT is held by the Executive Director of Nursing, Allied Health and Social Care Professionals. There is an ongoing and strong commitment to working in partnership with Local Safeguarding Children Partnerships, Local Safeguarding Adult Boards, CCGs and other statutory agencies in delivering the requirements of the Safeguarding Strategy.

The Hull, East Riding and North Yorkshire wide governance for safeguarding is delivered through the following structures:

- Hull Safeguarding Children Partnership (HSCP) and its subgroups;
- East Riding Safeguarding Children Partnership (ERSCP) and its subgroups;
- Hull Safeguarding Adult Board (HSAB) and its subgroups;
- East Riding Safeguarding Adult Board (ERSAB) and its subgroups;
- North Yorkshire Local Safeguarding Partnership that includes Safeguarding Children, Safeguarding Adults and its sub groups.

The Executive Director of Nursing, Allied Health and Social Care Professionals is the executive member for the Trust at the Hull and East Riding Safeguarding Children Partnerships and Safeguarding Adults Boards. The North Yorkshire Board and Partnership are serviced by the Partnership Commission Unit. HTNFT actively participates in the Board, Partnerships and subgroups to ensure appropriate safeguards are in place across our health communities.

Subgroups and work streams of the Safeguarding Boards and Partnerships are attended by relevant members of the Safeguarding Team with oversight from the Named Nurse for Safeguarding Children and the Named Professional for Safeguarding Adults. This ensures multi-agency engagement and the contribution to multi-agency developments reflected within Trust policies and procedures. New working arrangements within the Safeguarding Children Partnerships provide the opportunity for continued Named Nurse (Child) presence at the relevant task and finish groups - Contextual Safeguarding meetings, Learning from Individual Cases Group, Health Liaison Group, Learning and Improvement Group, and the Child Death Overview Panel.

Quarterly self-declaration reports sent to CCG and self-assessment reports sent to all LAs provide further assurance regarding safeguarding governance, compliance and developments.

HTNFT facilitates a six monthly Safeguarding Learning and Development Forum which includes attendance from statutory agencies within the Humber region, to ensure that partner agencies are provided assurance regarding safeguarding responsibilities and can participate and respond to quality improvements and developments within the Trust.

4.1 Internal Governance and Assurance

The safeguarding governance structure is robustly embedded and ensures that all safeguarding processes are reviewed in the Trust risk management processes.

An investigation tracker is in situ which incorporates all safeguarding reports, section 42s, Domestic Homicide Reviews (DHRs), Safeguarding Adults Reviews (SARs), Local Authority Designated Officer (LADO) who is responsible for co-ordinating the response to cases where concerns exist that an adult who works with children may have caused them or could cause

them harm, Safeguarding Practice Reviews (SCPs) and Learning Lessons Reviews (LLRs). This report is reviewed monthly at the Clinical Risk Management Group (CRMG) and updated by the safeguarding leads. Complex safeguarding reports referencing patient safety issues are reviewed by the senior safeguarding leads and the Executive Director of Nursing, to ensure that all protective measures are in place, patient safety issues addressed, and that the Trust aligns its actions with safeguarding recommendations. Actions and time scales from the safeguarding reports are monitored via the tracker and the CRMG review.

The safeguarding business meetings are now facilitated monthly and weekly peer review meetings take place, the minutes evidence the actions and delegated tasks and priorities for the team.

The Named Nurse and Named Professional for safeguarding attend all the Divisions business meetings to further embed the safeguarding governance and information processes in the Divisional areas.

A quarterly safeguarding assurance report is presented to the Quality and Patient Safety Group (QPAS) and the Safeguarding Learning and Development Forum. The report includes the number of referrals and contacts received by the team, the abuse categories and the service areas the referrals are received from. This information provides details relating to emerging themes and trends ensuring that the safeguarding team can be proactive in its response. The reports are shared with Local Safeguarding Children Partnerships and Adult Safeguarding Boards throughout the region. Monthly safeguarding activity and updates are presented to the Quality Committee and the Trust board.

Safeguarding team presence at the weekly Trust Clinical Risk Management Group (CRMG) ensures that there is a contribution to the risk review process and the safeguarding team takes a proactive role in patient safety issues. There is ongoing contribution to the serious incident review processes and responses, and recommendations are provided to ensure all safeguarding issues have been identified and addressed. All serious incident investigations when completed require sign off from the Named Professional for Safeguarding Adults and Named Nurse for Children.

The service also forms part of the monthly independent review team for inpatients who are on long term segregation. This enables safeguarding overview of their care in terms of the rights of the patient, the reasons for segregation, the plans for re-integration and identifies the patient's views and involvement in the process. The safeguarding team also supports the 'care away from others' work stream and monitors the implementation of this during long term segregation reviews.

Safeguarding practitioners are active members of Pressure Ulcer Review Learning Forum (PURL) which is a multi-disciplinary team process to review all pressure care issues and implement the appropriate responses.

The Head of Safeguarding and Mental Capacity Act (MCA) lead is co-leading the Liberty Protection Safeguards Implementation Group with the Mental Health Legislation Manager. The group was due to commence in March 2020, however due to the Covid-19 pandemic this has been delayed. This group is a multi-agency forum for the planning and implementation of changes to processes, procedures, training and policy for the new LPS process which will be implemented in October 2020. The new group will facilitate multi-agency resource sharing and co-ordination of a planned response to the changes next year.

4.2 Audit and monitoring

The service has a robust safeguarding 3 year audit plan in place, approved by the Safeguarding Learning and Development Forum and shared with the audit team. The plan covers 9 areas of safeguarding including:

- Safeguarding children supervision audit recording, frequency and quality;
- Audit of Prevent referrals – quality assure;
- Safeguarding children referrals to the Early Help and Safeguarding Hub (EHASH) – quality assure;
- Dip sample safeguarding database entries;
- Safeguarding training;
- MCA Inpatient audit review;
- Safeguarding children activity within adult mental health services;
- The use of domestic abuse, stalking and harassment assessment tools within the Trust;
- Child neglect assessment tools within the Trust.

There is a consistent engagement in the Trust's auditing activity and consistent attendance at Safeguarding Board / Partnership meetings and sub-group participation. The ERSCPs have continued to facilitate the auditing of themed cases in order to hold partners to account regarding their safeguarding responsibilities and also identify areas for development and areas of good practice. Learning from the audits influences the theme identified for monthly safeguarding development sessions with safeguarding children supervisors and link staff, and have prompted the production of relevant five minute focus safeguarding briefings.

The move to audits now being included on My Assure which is a digital platform for collating audit information has commenced, further aligning the safeguarding service with Trust auditing processes; this will include the MCA audit and the Early Help and Safeguarding Hub audit regarding children's referral to Social Care.

5.0 Safeguarding Practice Reviews / Learning the Lessons Reviews / Safeguarding Adult Reviews / Domestic Homicide Reviews - Themes and Learning

Children

The Named Nurse for children's safeguarding and the safeguarding practitioners continue to be actively involved in a number of child Safeguarding Practice Reviews and Learning the Lessons Reviews for all of the Safeguarding Children Partnerships. The actions resulting from these reviews are included in the Trust's safeguarding development plan which is reviewed and quality assured at the Safeguarding Forum on a 6 monthly basis and at the safeguarding business meetings on a monthly basis.

All learning from cases is shared and explored with the clinician involved with the case and their manager, followed by their team. Other learning is disseminated via development sessions (for managers / team leads and also clinicians), training, supervision, safeguarding newsletters and five minute focus bulletins.

Key Themes: 2019 / 2020

- Domestic abuse;
- Safeguarding children supervision recording and storage;
- Recognising the needs of the child in the presence of adult mental health needs – neglect;
- Communication with Trust services and other agencies;
- Professional curiosity – drift - safeguarding concerns that become long standing with little change or reduction in risks.

Actions

- Inclusion of domestic abuse and neglect in the safeguarding strategy, recognising the requirement for further development and clinical response;
- Progression towards attaining domestic abuse White Ribbon accreditation;
- Domestic abuse training arranged for 2020 to be co facilitated with the ERSCP and Domestic Abuse Hull Strategic Domestic Abuse Services Manager;
- Audit the use of the Domestic Abuse Stalking and Harassment assessment (DASH) tool within service areas;
- Audit of the use of the Graded Care Profile 2 (GCP2) neglect assessment tool within service areas;
- Development of a working group to progress the availability of GCP2 training across the Trust, increasing staff understanding of child neglect and improving responses;
- Supporting Trust services to ensure they have effective safeguarding children supervision structures in place;
- Quarterly reporting on safeguarding children supervision activity in CAMHS teams and ISPHNs;
- Review existing safeguarding development sessions for clinicians and team leads / service managers, plans to facilitate 6 monthly sessions open to all Trust staff with greater capacity and availability;
- Quality audit of safeguarding children referrals made to East Riding EHASH;
- Learning from cases shared with Divisions to ensure strategic support with actions identified in response such as communication with Trust services and external agencies.

Adults

The safeguarding team is fully committed to the SAR (Safeguarding Adult Review) process in Hull and East Riding and has worked with the local authorities to complete complex SAR reports with comprehensive action plans. The Head of Safeguarding (Named Professional for Adult Safeguarding) is a member of the Safeguarding Adults Review Group (SARG) in East Riding and Hull (SAR panel) and will bring serious incidents to the attention of the group when appropriate for discussion.

The Named Professional for Safeguarding is also now a member of the North Yorkshire Safeguarding Adults Board Learning and Review Group that incorporates the SAR process.

There have been a number of section 42 enquiries in HTNFT requested by the local authorities which have been supported and / or conducted by Humber services. HTNFT works closely with Humber staff, service users and local authority services to ensure that the adult at risk is protected and that their outcomes are achieved whenever possible. The learning from the Making Safeguarding Personal audit has also already started to be implemented.

Domestic Homicide Reviews (DHRs) have begun their process journey in East Riding and Hull. The Humber Safeguarding Team is fully embedded in this process and has contributed to Internal Management Reviews (IMRs) and reports for DHRs.

Themes and actions from Safeguarding Adult Reviews 2019/2020, one each in Hull and East Riding:

- Care planning, risk assessment and communication;
- Training and supervision;
- MCA and best interest understanding and awareness;
- Holistic assessment;
- Communication internal and external;
- Self-neglect;

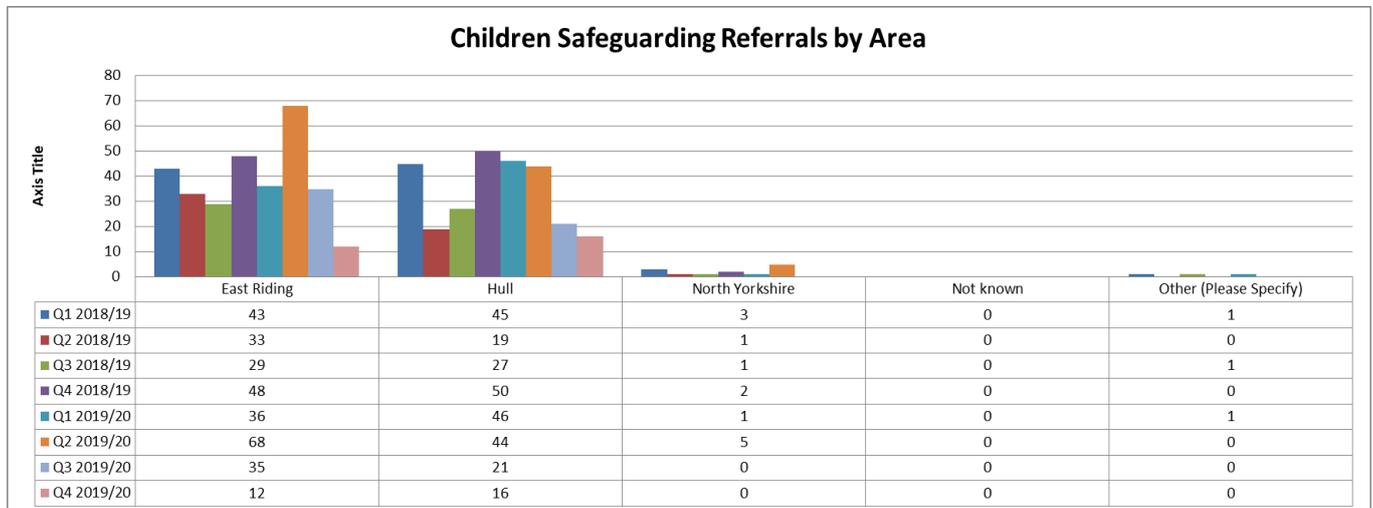
- MDT and multi-agency working; Escalation processes.

Actions:

- Safeguarding audit plan in place and active;
- Revised supervision policy and updated safeguarding supervision guidelines;
- Integrated links with Humber Safeguarding, Care Divisions, Risk Management, Patient Safety and SI processes;
- Revised Confidentiality Policy and Guidance;
- Safeguarding, MCA and Prevent training in place and Trust fully compliant;
- Implementation plan for MCA 2019 LPS in place;
- Bespoke MCA training provided to ward staff face-to-face sessions;
- MCA quality reviews in place Trust wide with feedback to staff and regular update/ reviews to embed learning and identify key issues;
- Safeguarding awareness increased via supervision sessions, development sessions and management development sessions;
- Clear links with LA MASH and EHASH teams;
- Robust integrated safeguarding duty system in place;
- Bespoke training for self-neglect, MCA and consent developed and in place for all staff;
- Safeguarding allegations against staff policy in place;
- Level 3 safeguarding integrated training available for all professional staff;
- Development of Self Neglect, Neglect and Hoarding Policy which has been adopted by Local Authority Safeguarding Boards.

6.0 Safeguarding Children Performance Data

6.1 Referrals



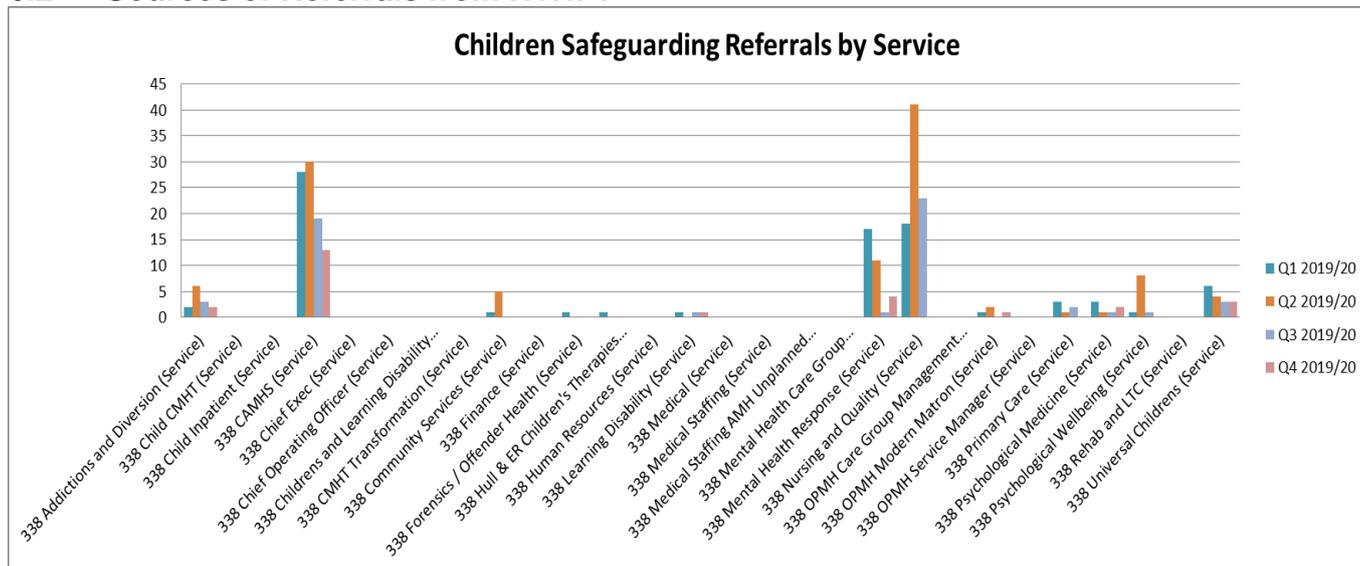
There have been a total of 28 referrals made to Children’s Social Care this quarter, a small decrease of 17% from the same period in Q4 2018/19. Although this is less in comparison to the same quarter from the previous year, comparing the total number of referrals across the year actually identifies an increase of 11 in total.

The pattern of referrals is notable in that there has been a decrease in the last 2 quarters, particularly for Hull. Further investigation has identified that the database was not always completed correctly by new-in-post safeguarding practitioners when recording referrals sent to the team by Trust staff. This has been addressed directly with relevant staff and it is anticipated that this significant reduction will improve over the forthcoming quarter.

In response to difficulties staff have previously experienced in making referrals to the Local Authority, escalation processes used to flag issues are being recorded on the safeguarding

database. This will enable the identification of instances where referrals have been attempted, refused and then challenged. Issues will also continue to be raised with the CCG Designated Nurses and Safeguarding Partnerships in seeking resolution when required.

6.2 Sources of Referrals from HTNFT



The recent reduction in safeguarding children referrals is also reflected in the table above. This also corresponds with the national trend which has seen a decrease in Child in Need cases and children placed on child protection plans for the year 2019 compared to 2018.

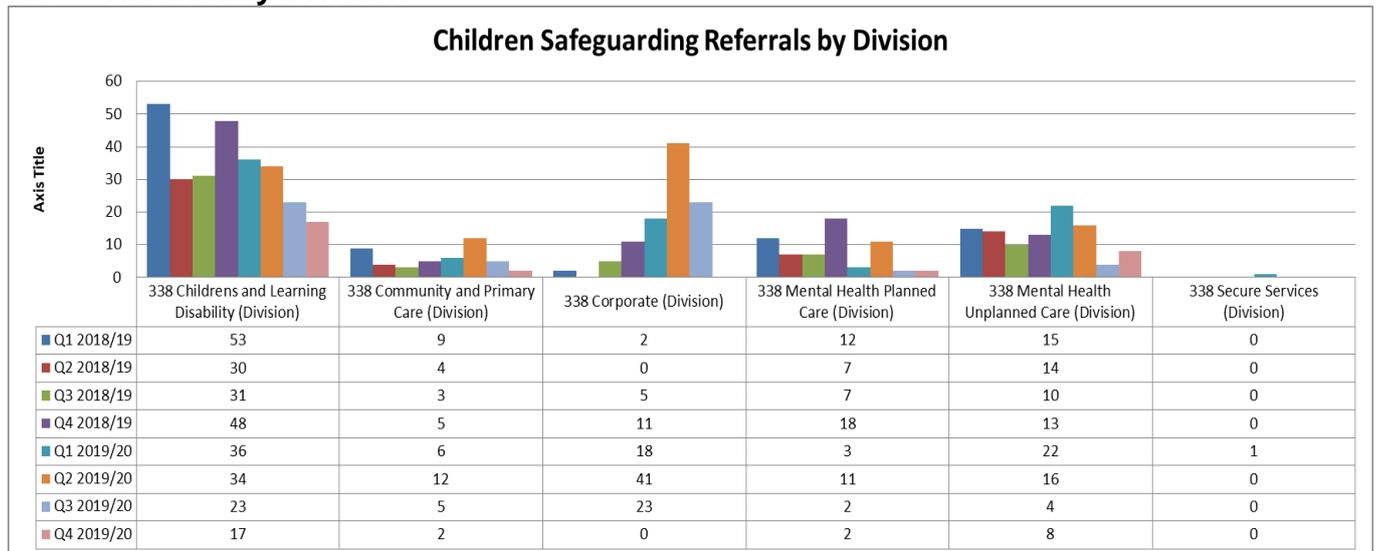
CAMHS have generated the highest number of referrals made to Children's Social Care for this quarter with adult Mental Health Response Services having the second highest referral rate. This data would be expected as CAMHS are one of the service areas with the most frequent contact with children and young people. It is assuring that the Mental Health Response service are generating the second highest number as it indicates that staff are aware of the impact of parental mental health upon children and appear to be responding appropriately to this.

Universal children's services (ISPHNS) are now included in the reporting and it is possible to observe a consistent number of referrals made over the previous year.

Unexpectedly, children's therapies have only generated one referral over the previous year. This is being explored with Team Leads for further review as this is not what would be expected from a service working with vulnerable children and families. An update will be included in the next quarter report.

In the previous quarter, the database does not identify any referrals made by Inspire staff. However, this was due to the database not being updated to identify referrals made specifically by the service area; previously they were recorded as 'CAMHS'. This has now been amended and future data will be extracted electronically. For the purposes of this report, a manual review of referrals was undertaken which identified that 1 referral was made to Sheffield Children's Social Care in March 2020, on a separate occasion; safeguarding concerns regarding a male adult were also shared with police 101.

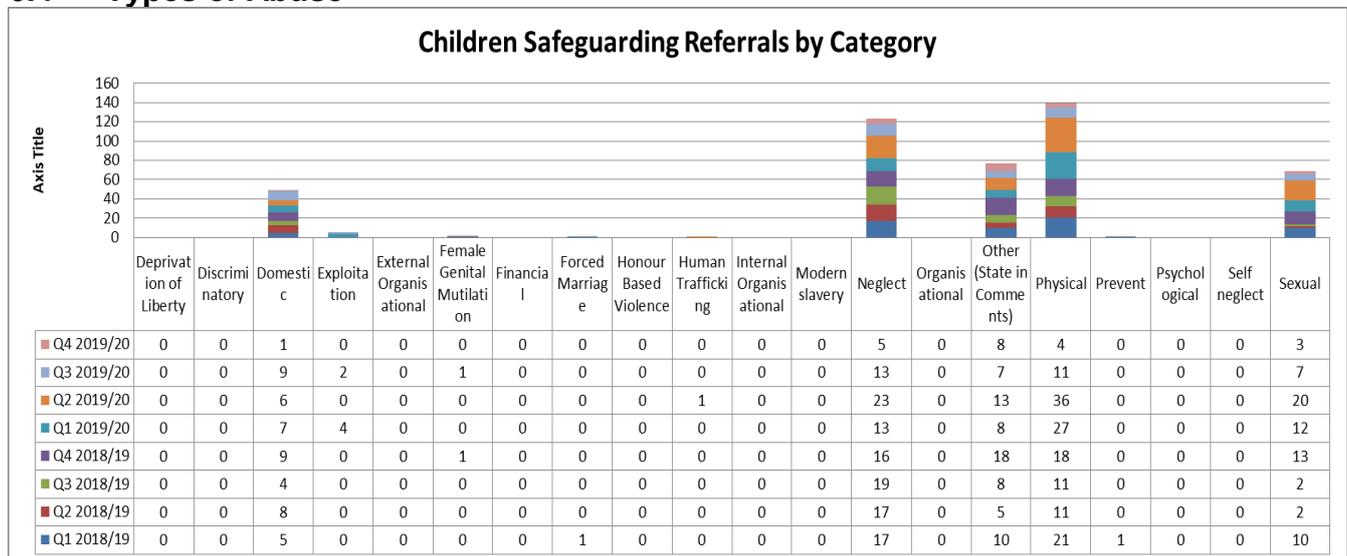
6.3 Referral by Division



The Division creating the highest number of safeguarding children referrals is Children’s and Learning Disability services which reflects the number of referrals made by children’s services in the previous table. In the previous year, this Division generated 162 referrals, this year there have been 110, a reduction of 32%. This Division has consistently generated the greatest number of referrals over the previous 2 years and is expected to continue in light of their patient group.

There is an expected and notable reduction in referrals made by the Corporate Division to zero, which illustrates that the previous issue of inaccurate recording of referrals (made within strategy discussions by safeguarding practitioners) has now been resolved.

6.4 Types of Abuse



Physical abuse continues to be the most common reason for referral over the previous year however; neglect has shown the greatest reason for referrals over the previous quarter. Physical abuse statistics continue to increase nationally, however it is not the main reason for safeguarding children; this continues to be neglect (Action for Children 2019).

Articulating and evidencing the risk of neglect can be difficult because it is usually hidden from view, adults are not always able to recognise that neglect is taking place however, as it is the main reason for referrals nationally, a higher number of neglect cases would be expected within the Trust.

In order to support staff to identify and respond appropriately to neglect risks, it has been identified as a priority within the safeguarding strategy. The Named Nurse (child) has developed close links with the ERSCP in their relaunch of the Graded Care Profile neglect assessment tool (GCP2). ERSCP GCP2 multi agency Training sessions have been co-facilitated by the Named Nurse (child) and trainers from the Partnership on several occasions and there are plans in place to co-facilitate additional sessions within the Trust. Updates regarding this will be included in forthcoming reports.

6.5 Children Inpatient Admissions

	Admissions	
Children Admitted to Adult Units	Q2 2018/19	2
	Q3 2018/19	3
	Q4 2018/19	4
	Q1 2019/20	2
	Q2 2019/20	6
	Q3 2019/20	2
	Q4 2019/20	7

The number of children admitted to adult inpatient units is 7. All of the young people admitted were considered to be a risk to themselves or others at the time of admission and their time on the adult units were kept to a minimum until an appropriate placement was identified.

The Safeguarding Team make telephone contact with the receiving unit as soon as the information is received. This may be followed up with a visit to the unit and a meeting with the young person if this is requested, although this is not commonplace. Ongoing support and contact is then maintained throughout the young person's stay in the unit.

Inspire

The Inspire unit opened in January 2020; prior to this, the safeguarding team and Named Nurse (child) had consistently contributed to planning meetings.

Training was developed and facilitated by several members of the safeguarding team prior to the opening date and support will continue to be provided with any additional training requirements relevant to safeguarding.

From the unit's opening date there has been a regular physical presence from the Named Nurse (child) who has been visiting and working from the premises once or twice per week with telephone contact in between. The visits to the unit have involved meetings with the safeguarding lead, Clinical Lead and Ward Manager to review any safeguarding issues that have been identified as well as building familiarity with clinical staff.

Prior to the current Covid- 19 working restrictions, it had been agreed that the Named Nurse (child) would start to attend the MDT meetings at the unit now that team processes are in place and embedded however, due to current working arrangement requirements, this will be considered as a virtual attendance.

The safeguarding team continue to review datix submitted by the unit within the daily patient safety meeting and provide ongoing support via the duty desk and Named Nurse contact.

6.6 Domestic Abuse and Child Sexual Exploitation Multi-Agency Risk Assessment Conference (MARAC)

MARAC has experienced some managerial changes to improve how information is shared with participants, making information sharing more efficient. The Covid- 19 crisis has resulted in MARAC meetings being undertaken using Microsoft Teams, this does not seem to have unduly impacted on the process.

The completion and return of MARAC research forms over the 4th quarter period reached 100%, this is an indication of how importantly the process is viewed by the staff who are asked to research and provide the information in a timely manner. In January 17 cases were reviewed though the MARAC process, this reduced to 12 cases in February and rose again to 19 cases in March.

Multi-Agency Child Exploitation (MACE)

A Trust safeguarding practitioner attends all East Riding Multi-Agency Child Exploitation meetings, known as Pre-MACE and MACE, to ensure cases of suspected or actual child exploitation are well managed, co-ordinated, risk reduced and that children are protected. Effective multi-agency and partnership working within a contextual safeguarding approach is recognized as good practice and these meetings have expanded to include child criminal exploitation (CCE) as well as child sexual exploitation (CSE).

The Pre-MACE is a multi-agency panel that has an over-arching function to support the identification of young people at risk of CSE. The MACE meeting ensures the young people are supported by relevant agencies and identifies suspects, links and networks between individuals and those who harbour children.

MACE has identified an increase in CCE case representation. Most cases are around drugs supply, although not necessarily county lines activity. The increase in the number of cases in relation to the CCE is proportionate to males. It is noted that the vast majority of CSE cases were females and a significant number of looked after children are discussed at these exploitation meetings.

6.7 Reporting and Inspections – CQC

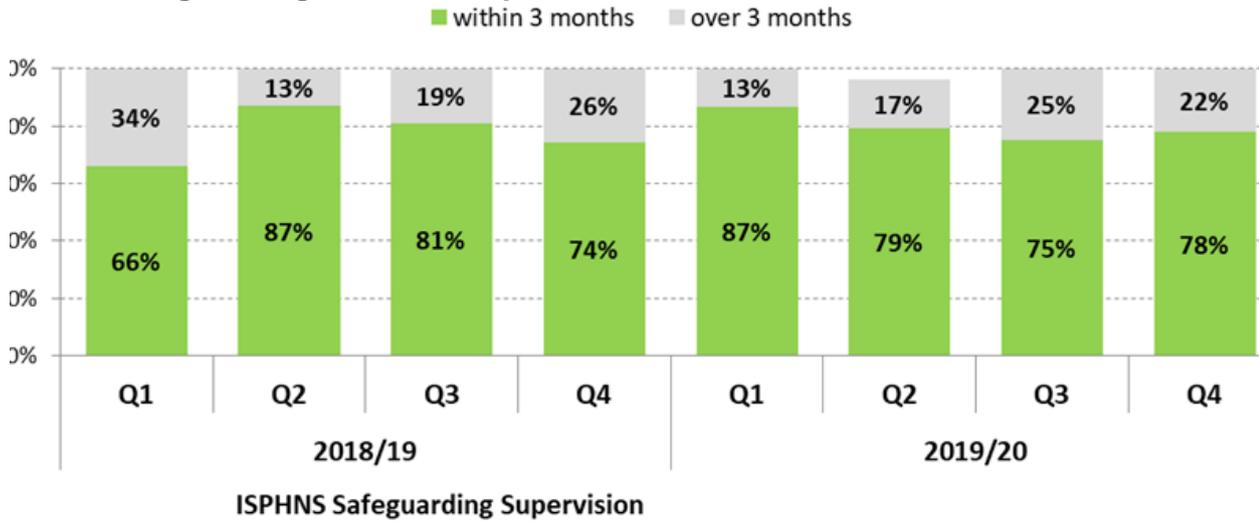
The latest Care Quality Commission inspection was undertaken at the beginning of 2019 resulting in an overall good outcome. Comments regarding safeguarding practice were:

“Staff understood how to protect patients from abuse and/ or exploitation and the services worked well with other agencies to do so. Staff had training on how to recognise and report abuse and/ or exploitation and they knew how to apply it. Staff could identify safeguarding concerns and had effective working relationships with the local authority when raising concerns about a vulnerable adult or child”

This outcome reflects the successful efforts made by the Safeguarding Team in embedding effective safeguarding practice across all service areas. This has been achieved by providing bespoke learning opportunities for teams, attending MDT meeting, providing advice and guidance in the management of complex cases and increasing the Safeguarding Team presence across the Trust.

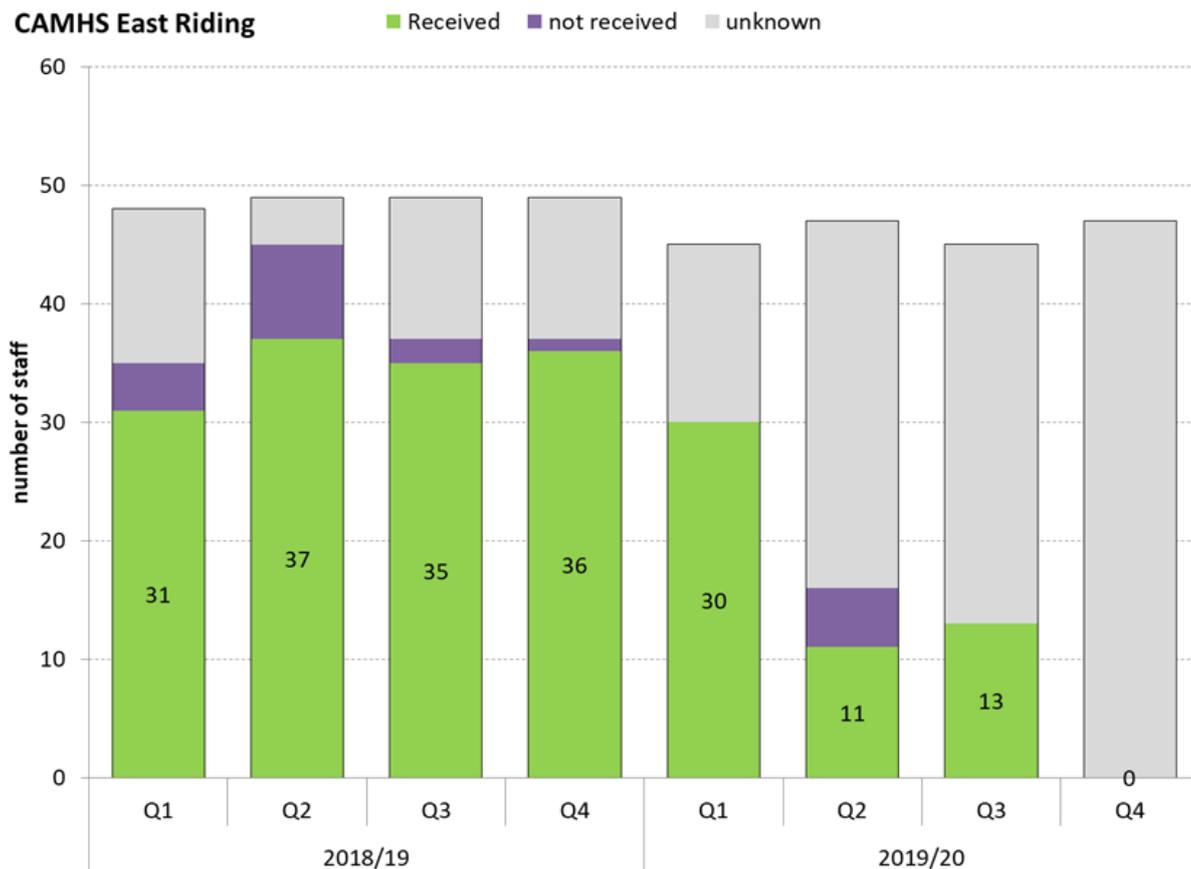
CCG East Riding and Hull children and adult safeguarding meet regularly with the Head of Safeguarding to review the HTNFT safeguarding self-declaration report.

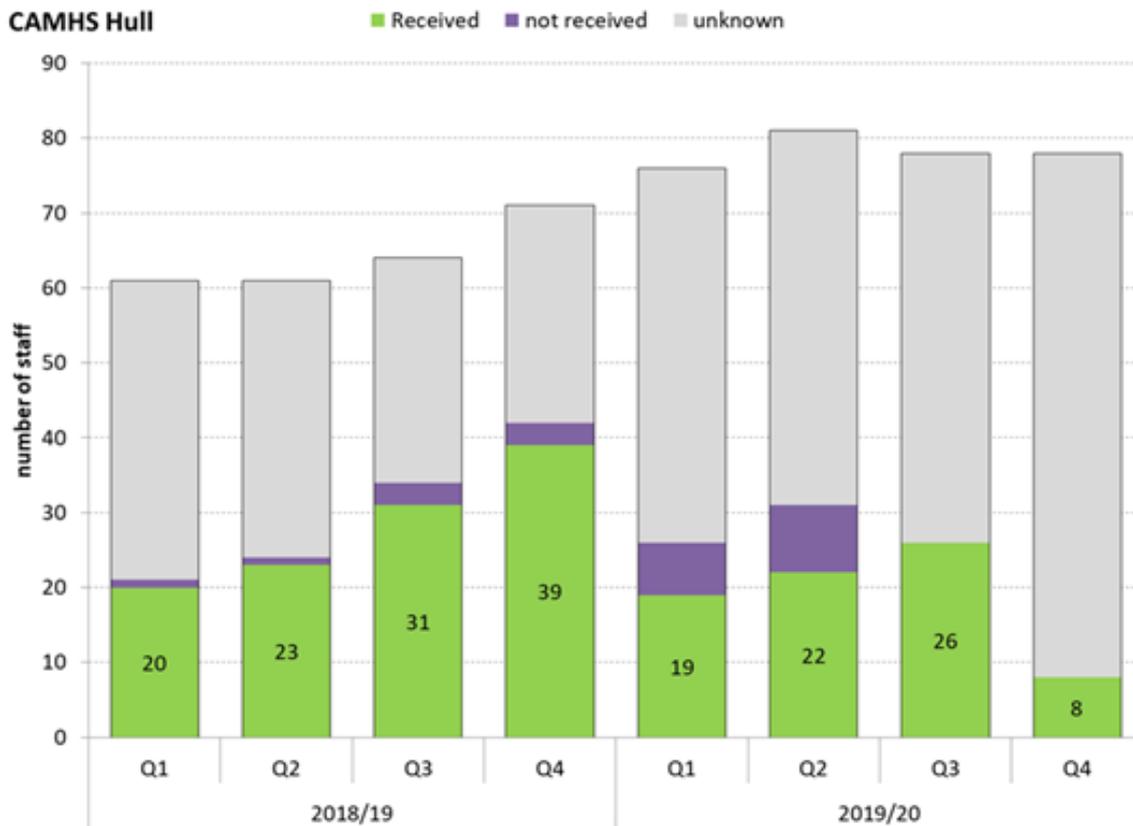
6.8 Safeguarding Children Supervision



Access to safeguarding children supervision remains consistent within the ISPHN service with a majority of staff accessing safeguarding supervision at least 3 monthly. A percentage of staff have not accessed supervision however it is important to acknowledge that there will always be a percentage of caseloads where there are no safeguarding issues present at that time, therefore safeguarding supervision would not have been required.

CAMHS East Riding





Safeguarding supervision data for CAMHS services is limited at this time. Data on Lorenzo highlights that 8 staff have accessed safeguarding children supervision in the last quarter. Previous reporting has relied on manual data collection from individual team members however, due to the current Covid-19 situation; information is not being requested from teams in this manner.

While it is acknowledged that safeguarding children supervision structures are in place and supervision is accessed, the limited data suggests that staff continue to record supervision activity inappropriately and not within the required safeguarding tab on Lorenzo. This is reflected in the reduced numbers this last quarter where manual data collection has not taken place.

To formalise safeguarding supervision requirements and recording, the safeguarding supervision guidance has been escalated to policy status with clear supervision responsibilities identified. This will be discussed within Divisional meetings attended by the named Nurse and Named Professional to gain the support of Division Managers in embedding responsibilities.

7.0 Looked After Children

The majority of the LAC health team’s workload this year has continued to be the completion of statutory health assessments and leaving care health histories for care leavers for the 347 currently Looked After Children from the East Riding. The majority of these children and young people live within the East Riding/ Hull boundary with around 60 now residing further afield. The East Riding LAC health team remain responsible for these children and young people’s health issues and will travel reasonable distances to offer a consistent named nurse to each Looked After Child.

2019/2020 again saw an overall increase in the number of East Riding children and young people who became looked after - with 131 new referrals, 5 of which ceased care within 20 days and 5 after 20 working days (therefore not counted in the performance figures for Initial Health Assessments). Performance has remained similar to the previous year with 84 children and young people having their Initial Health Assessment (IHA) completed within statutory

timescales and 29 children and young people having their Initial Health Assessment (IHA) completed after the statutory 20 working days. There were a number of reasons why statutory timescales were not adhered to none of which were down to Humber Teaching NHS Foundation Trust but included late notification from the local authority, parents refusing to sign consents and young people refusing to initially attend. The responsibility for the completion of IHA's transferred to Hull Teaching Hospital Trust on 1st April 2019 from City Health Care Partnership (CHCP). The majority of "in area" assessments are completed by a GP at Beverley Health Centre who continues to offer Saturday appointments which does not disrupt children and young people's education.

The LAC health team completed 247 review health assessments with East Riding children (a slight increase from the previous year); Integrated Public Health Nurses (health visitors) completed 105 assessments (same number as the previous year) and out of area teams completing just 4 assessments. Just 10 young people declined to be seen for their annual health assessment this year. Performance was maintained at 80% overall for completion of assessments within statutory timescales.

The East Riding of Yorkshire remains an "importer" of Looked After Children, the majority of whom (139) are placed from the neighbouring Hull City Council. 173 children are placed into the area from other local authorities. The LAC health team completed 73 review health assessments at the request of placing CCG's and arranged for 19 children and young people to have their Initial health Assessments completed whilst they resided in the East Riding. A national tariff is charged for the completion of these assessments bringing a small amount of income into the LAC health team.

This year saw 10 Unaccompanied Asylum Seeking Children arriving in the East Riding. The majority of these were transferred through Yorkshire Migration directly from refugee camps in Europe. The main issue with working with these very vulnerable young people has been the language barrier; many speak dialects of which interpretation services have been extremely difficult to source. This has often led to a delay in the completion of their Initial Health Assessment.

A leaving health care document is provided to each young person as they reach their 18th birthday. This document is a history of their health from birth and includes information on their early stages of growth and development as well as their immunisation history. The LAC health team have endeavoured to complete these documents in the year the young person turns 18 and in doing so have been able to increase the number of young people receiving their health history from their named LAC nurse rather than their social worker.

Capacity in the LAC health team has continued to be highlighted to East Riding CCG who have now appointed a part time Designated LAC Nurse to sit in the CCG. This appointment is in keeping with statutory guidance. The appointed nurse is currently delayed in taking up her post due to the current Covid-19 situation. A Named Nurse for Looked After Children will be appointed within Humber teaching NHS Foundation Trust. I understand this issue is with the service manager for children's service and Human Resources. It is hoped that the Named Nurse will be released from some of the commitments that are currently attended by the Designated Nurse particularly the East Riding Foster panel.

The LAC health team have had significant sickness in the team since December 2019. Assessments have continued to be completed by a small number of Bank health visiting staff.

At present there is no capacity to allow the LAC nurses to attend any statutory LAC review meetings/ professional or strategy meetings or to complete any individual pieces of work/ support with children and young people. The CCG has acknowledged this gap however have stated that there will be no extra capacity brought into the LAC health team. The CCG have agreed that statutory review health assessments should continue to be offered to children,

young people and their carers’ in their home rather than a clinic base model which they had previously proposed to the local authority.

The Designated LAC Nurse (DN LAC Nurse) is a member of the East Riding foster panel, commissioning team for external foster placements and supported lodgings panel. The DN LAC Nurse also attends corporate parenting meetings with the local authority and attends Regional Designated professional meetings, is a member of the strategic missing group and the Multi Agency Looked After Partnership (MALAP) group. The LAC health team continues to have very positive relationships with the East Riding Local Authority.

A new nurse “Edge of care nurse” commenced with the team in January 2020 on a secondment funded by East Riding Local Authority for 12 months. As there has been a delay in the rest of the team being employed by the local authority, this nurse has focused the majority of her time building up links with the young people who currently reside in residential homes and those that are open to the Multi Agency Child Exploitation (MACE process). At present it is unclear of the timings of this post going forward due to the current Covid-19 situation.

Safeguarding and clinical supervision is completed within the team.

The team continues to receive positive feedback through the Friends and Family test from both foster carers and the children and young people themselves.

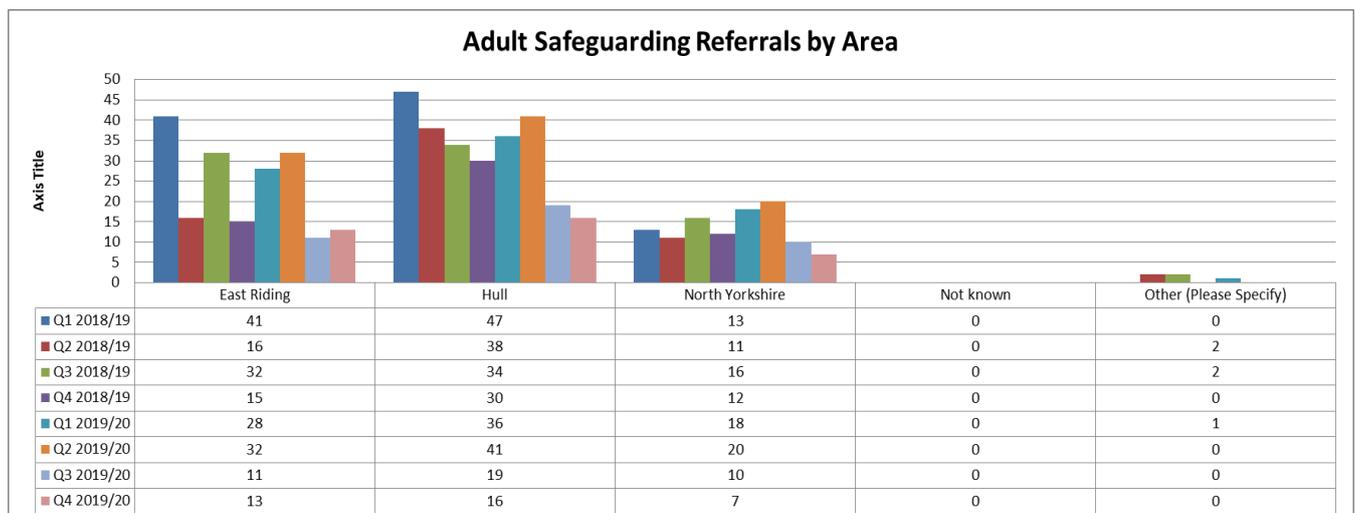
The Designated LAC Nurse provides ongoing training to new foster carers throughout the year.

The current situation of Covid-19 has seen both Initial and review health assessments move to a virtual platform as keeping in line with NHS England community prioritisation matrix. All other activities by the LAC health team continue to be performed virtually during the public health restrictions; foster panel, supported lodgings panel and commissioning panel, along with strategy conference calls being conducted where required.

Lisa Clark
 Designated LAC Nurse
 Humber Teaching NHS Foundation Trust

8.0 Safeguarding Adults Performance Data

8.1 Referrals

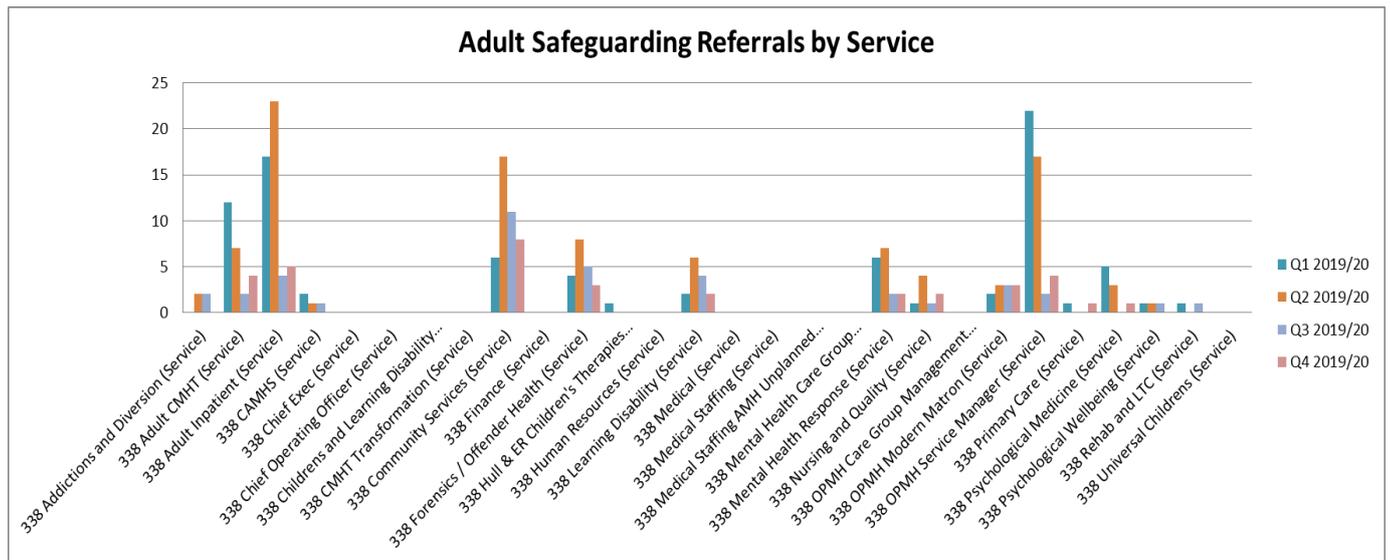


The data shows that there has been a slight increase in the reporting in the East Riding area from Q3. There has been a decline in the overall reporting in Q4, this is consistent with the Q4 period in 2018/2019, which also shows a decline.

The Level 3 safeguarding training offers comprehensive information and understanding of what constitutes a safeguarding concern, highlighting the definition of an adult at risk and making safeguarding personal. This will have an impact on safeguarding referrals as a proportion of the referrals completed to the Local Authority would not meet the definition or the threshold for an adult at risk.

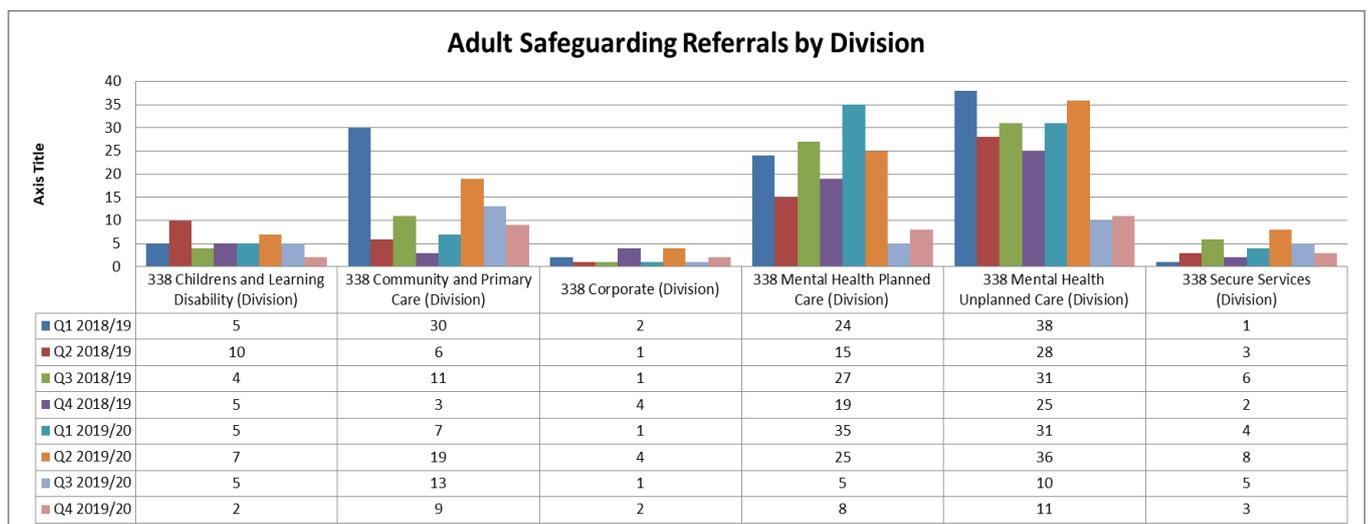
The database that the Safeguarding Team report into requires upgrading and this is in process, the difficulties with the database highlights some concerns that not all of the data that is being submitted is saved consistently. This may reflect in the data and potentially not provide an accurate figure.

8.2 Sources of Referrals from HTNFT



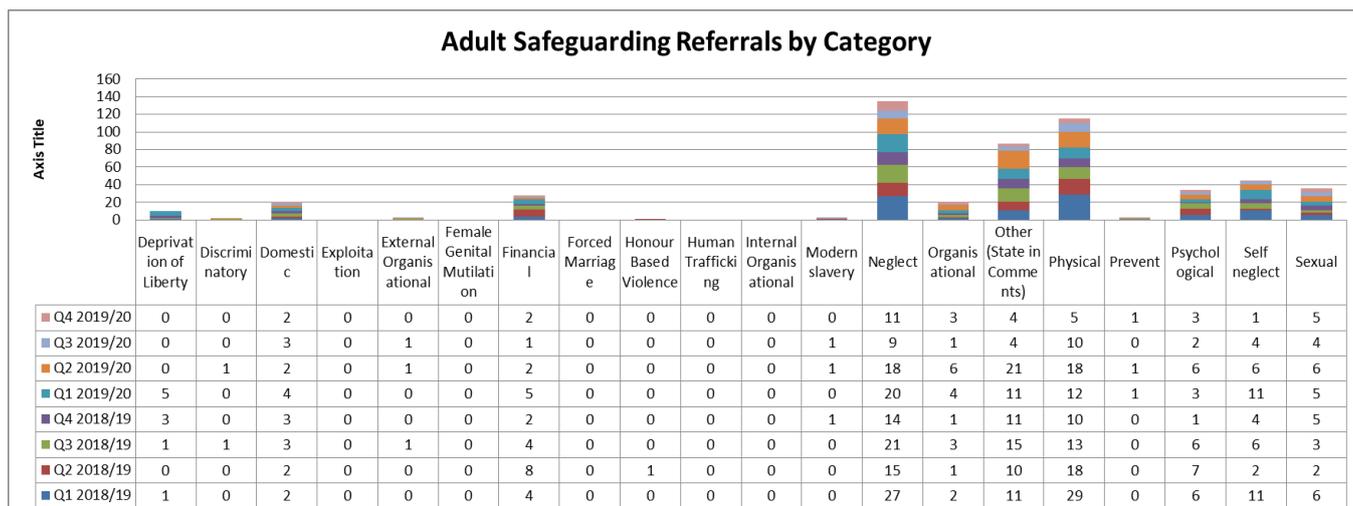
The breakdown of referrals from the previous year has increased and now includes District Nursing, Occupational Therapy and Physiotherapy. Adult mental health, Inpatient and Addictions services are the highest reporting services, which is as expected due to the high risk and complexity of cases held within these teams.

8.3 Referral by Division



The mental health division is the highest group from which referrals are completed, this remains generally consistent year on year and reflects the national trends for adult safeguarding.

8.4 Types of Abuse



Neglect and physical abuse continue to be the highest recorded types of abuse with neglect equating to 29.7% of the referrals and physical 13.5%. This is expected and has been reported in previous quarter reports. Physical abuse is in line with the number of contacts that are received from inpatient units regarding physical assault between patients.

The category 'Other' can often reflect contacts that are made to the Safeguarding Team for advice and information purposes, this equated to 10% of the contacts made to the Safeguarding Team.

8.5 Prevent Referrals

Prevent Referrals	
Prevent Referrals	Q1 2019/20
	Q2 2019/20
	Q3 2019/20
	Q4 2019/20

No referrals have been received for this Q4 period but there have been active discussions with staff regarding concerns.

There is continued involvement with the Prevent Boards (Hull and East Riding) and HTNFT has a significant presence at all Prevent meetings including Chanel and the Multi Agency Prevent (MAP) meetings.

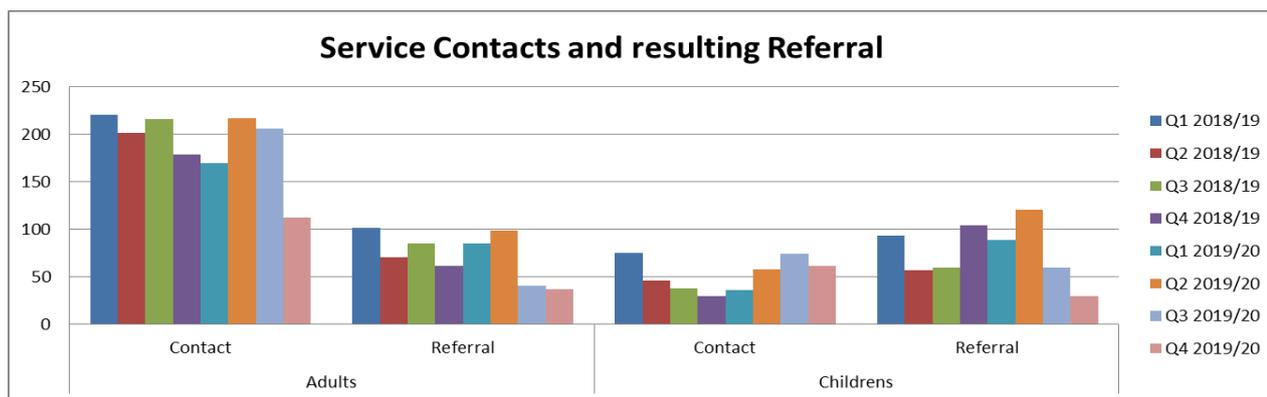
Raising awareness on Prevent continues through the mid-day mail. A five minute focus has also been completed and sent out to services across the Trust. There has also been a specific five minute focus related to Prevent and Covid-19.

The safeguarding intranet page has recently been updated and the new referral form has been added, there will be changes in the near future on how referrals are submitted which will be via a hyperlink. This will be disseminated once it is live.

Prevent has again been added to the Level 3 Safeguarding to raise awareness and promote the new referral form, with the focus on children, young people and adults.

A Prevent audit has been completed and although there was limited participation it did show that staff had a good understanding on Prevent and the referral pathway.

9.0 HTNFT Activity and Contacts with Services (Face to Face / Advice / Telephone Contacts)



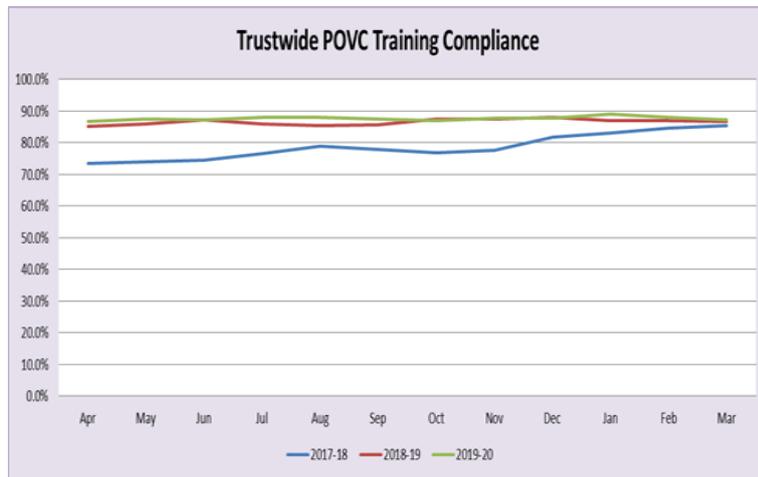
Child - A comparison of children’s data from the previous two years identifies an increase of 21.8% in contacts made to the Safeguarding Team from 2018/2019 to 2019/2020, totalling 229 contacts altogether in the last year alone. The number of referrals made in comparison to the contacts is higher at 297; however this is a decrease of 5% from the previous year and reflects the overall reduction in referrals. The lower number of contacts compared to referrals suggests that staff are able to effectively identify the requirement to make a safeguarding children referral and don’t feel that they always require the support of the Safeguarding Team to do this. However contacts made with the team has remained consistent over the previous 9 months.

Adult – The adult shows a consistent level of reporting from the previous quarter. Across the reporting year 2019/2020 there has been a 7.2% reduction in the contacts made from the previous year with a 21% reduction in the overall contacts resulting in a referral.

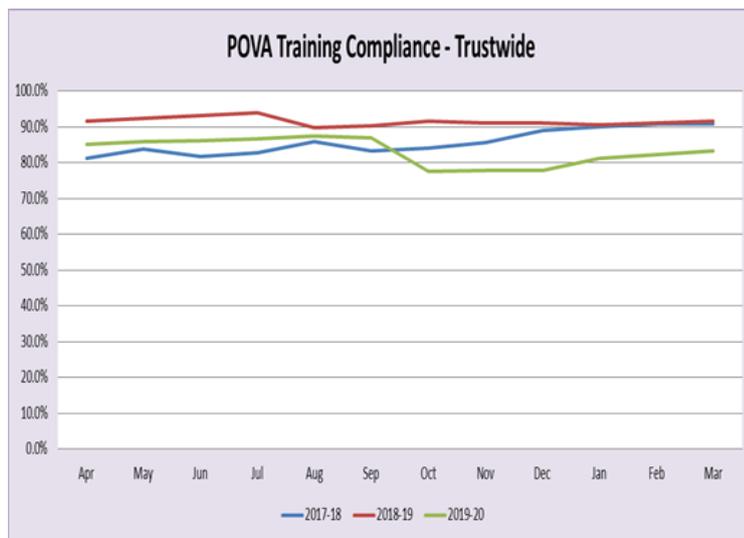
It has been highlighted in some of the contacts on the safeguarding database, that there is no documentation that a safeguarding concern has been completed or not. Therefore this does not give an accurate reflection of the contacts and the number that equates to a safeguarding concern.

10.0 Safeguarding Training

Children



Adults



The Integrated child and adult Level 3 safeguarding training has been available to all Trust staff for almost a year and has increased compliance Levels whilst providing an accessible yet comprehensive and integrated approach to safeguarding learning.

The breakdown of the training compliance shows that safeguarding children Level 1 is 89.6%, Level 2 is 92% and Level 3 82.2% for the Q4 Period.

The adult training compliance for Q4 shows, Level 1 at 88.9%, Level 2 at 93.5% and Level 3 64.2. The Level 3 training shows an increase of 9% since Q3, showing the commitment by the Safeguarding Team to ensure that staff are compliant with the safeguarding training.

A reduction was observed in Level 3 compliance recently due to a new cohort of staff, mainly from children's services, who were identified as requiring level 3 safeguarding adult training being added to the numbers requiring training.

In January 2020 an action plan was implemented to capture this cohort staff, safeguarding Level 3 Training was offered weekly by the practitioners and also additional sessions offered

on a bespoke level to the new cohort of staff by the Named Professional for Safeguarding Adults and the Named Nurse for Safeguarding Children.

In order to meet the requirements of both the child and adult Intercollegiate documents as well as provide detailed learning relating to contemporary safeguarding themes, the full day face-to-face training is supplemented with e-learning modules:

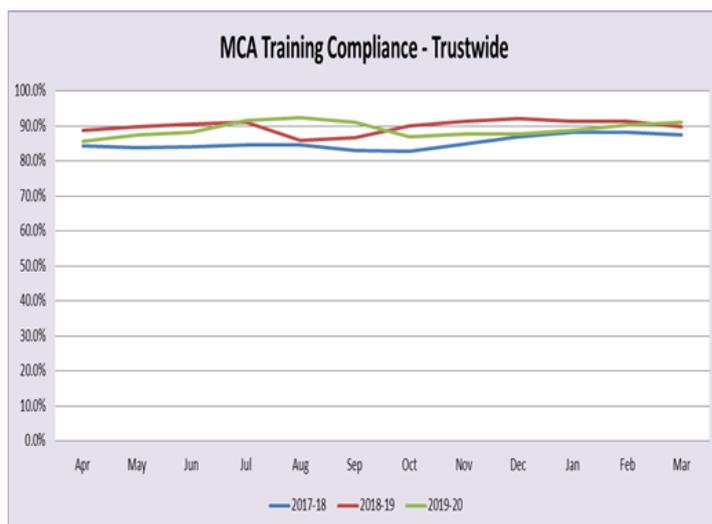
- Disability Matters;
- Child Sexual Exploitation;
- Preventing Radicalisation (Level 3);
- Safeguarding Adults (Level 2);
- Modern Day Slavery;
- Mental Capacity Act (Level 2);
- Safeguarding Children (Level 2).

The introduction of the integrated training ensures that all staff working with children and families are now trained to Level 3 safeguarding adults and children. It had a positive effect with compliance levels increasing to over 80% Trust wide with the exception of GP's whose compliance remains significantly lower for both child and adult.

In the most recent quarter, the effects of the Covid- 19 pandemic can be observed as face-to-face training has ceased, compliance across the Trust has decreased slightly. In order to overcome this and ensure training remains available to all Trust staff, the Safeguarding Team have sought advice from CCGs and the Care Quality Commission regarding the provision of online training. It is anticipated that Level 3 NHS accredited safeguarding training will be available to staff to complete electronically in the absence of face-to-face training.

The lower rates of GP training compliance will be discussed with the Named GP's and an approach agreed to ensure that all GPs are accessing the training in line with their job requirements.

11.0 Mental Capacity Act Training



The overall compliance for Mental Capacity Act training remains high, the Level 1 MCA Training showing at 83.75% and Level 2 MCA training showing at 93.99%.

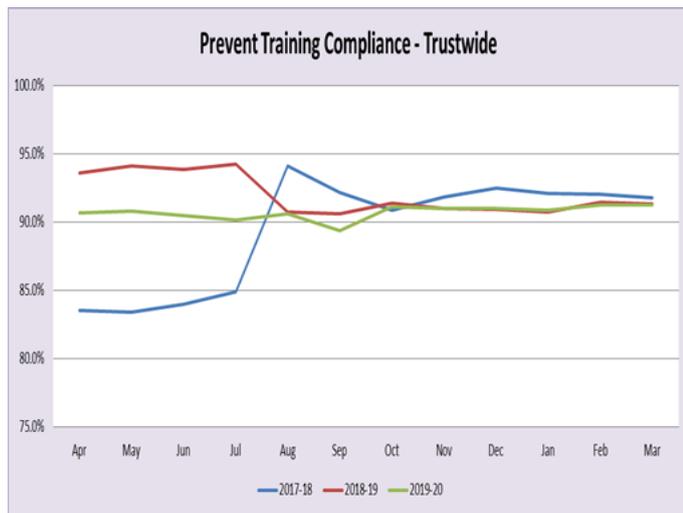
Whitby and Scarborough and Ryedale Services have increased and they show high compliance figures.

However the compliance for GP's for this period has fallen to 48% having been 71% in 2018/2019 which shows a disappointing trend. One of the objectives for the Safeguarding Team in 2020/2021 is to support the GP's to complete training and bring the compliance levels to a greater percentage.

The Safeguarding Team continue to offer bespoke training for MCA as and when required, there is also face-to-face sessions offered in the training diary for all staff throughout the year.

When the introduction of the Mental Capacity (Amendment) Act 2019 is introduced, training will also be offered to support staff and raise awareness of the changes and implications for Trust services.

12.0 Prevent Training



The Trust compliance levels for Prevent are illustrating increased levels and are currently:

- Prevent Awareness 96.52%
- Prevent Wrap 85.50%

Prevent Training has also been implemented into the integrated Level 3 safeguarding training, this is to highlight recent changes including ideologies and Prevent referral, also the increase in concerns for children and children transitioning into adulthood.

13.0 Partnership Working: Early Help and Safeguarding Hub (EHASH) and Multi Agency Safeguarding Hub (MASH)

EHASH

There continues to be a daily contribution to EHASH which is provided by maintaining a virtual presence. Support is provided in relation to information sharing, clinical telephone support and attendance at decision making strategy meetings.

Hull Local Authority has a similar EHASH arrangement in place. We remain fully committed to maintaining the established and effective links that exist with the LA and safeguarding partners. CAMHS contribute to the Hull and ER EHASH arrangements and, in order to ensure that staff involved in these arrangements are fully supported, safeguarding support is available to CAMHS when it is needed.

MASH

Hull LA MASH are currently working with Hull CCG to develop a tender for interested parties to provide a 5 day week health MASH post in Hull for adult safeguarding.

14.0 Modern Slavery



Modern slavery is a risk that is present in our communities across the Humber area in take-aways, hotels, car washes, nail bars and private homes. The Home Office predicts that there may be as many as 13,000 victims in the UK alone. There is no typical victim of slavery. Victims can be men, women and children of all ages and cut across the population, but it is normally more prevalent amongst the most vulnerable, minority or socially excluded groups.

The Safeguarding Team continues to attend the Humber Modern Slavery Partnership meetings and maintains a specific intranet page as a resource for staff. The Chair of the partnership continues to share information across all partners.

15.0 Intranet page

The Safeguarding Team maintains an intranet page with all the relevant contact numbers for the local authority Safeguarding Teams and local safeguarding Boards and Partnerships. The team have continued to develop this as a staff resource with available subpages covering contemporary safeguarding areas, such as Prevent, domestic abuse, child exploitation (CSE and CCE) and female genital mutilation (FGM). The next subpage to be developed over the next quarter reporting period will be regarding self-neglect.

Human Rights information has been added to the main intranet page and a 'Five Minute Focus on Safeguarding and Human Rights' will be developed and added under key downloads on the first page.

16.0 MAPPA

Multi-Agency Public Protection Arrangements (MAPPA) are the statutory arrangements for managing sexual and violent offenders. Responsible Authorities (including Police, National Probation Service and Prisons) have a duty to ensure that the risks posed by these offenders are assessed and managed appropriately.

There are a number of system meetings related to the MAPPA arrangements and HTNFT is represented at the MAPPA Strategic Management Board (SMB) by the Chief Operating Officer. The Associate Director of Psychology provides senior practitioner representation at relevant panel meetings, the Named Professional for safeguarding adults also provides representation at the panel meetings.

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

17.0 Safeguarding Strategy

In 2019/ 2020 the first Safeguarding Strategy encompassing our joint approach to both adults and children's safeguarding and action plan was produced. The strategy is aligned to the organisation's six goals and aims to help improve the quality of safeguarding practice and enhance prevention and wellbeing. It promotes partnership working with patients, staff and safeguarding partners.

17.1 Achievements against the Safeguarding Strategy

- Level 3 Safeguarding Children's training continues to achieve over 80% compliance;
- The Safeguarding Team and Named Nurse (Child) worked closely with key representatives on the development and opening of the CAMHS inpatients unit, training was delivered and a work plan implemented;
- A new one day Advanced Integrated Level 3 Safeguarding Course has been established, this includes both adults and children content reflecting the 'Think Family' principles whilst adhering to the Intercollegiate Document for both children and adults;
- Self-neglect, MCA and consent workshop training is now available to all Trust staff and has been shared with LA partners;
- A Self-Neglect, Neglect and Hoarding Policy has been implemented and designed by the Safeguarding Team, this has also been adopted by local Safeguarding Adult Boards;
- Section 42 Level 3 training is now available via local authorities Hull and East Riding for all staff. The Safeguarding Team continue to have effective working relationships with all three of the Safeguarding Adults Teams and Boards;
- MCA training has been further reviewed and developed and has been delivered to inpatient staff from August 2019;
- A multi-agency Making Safeguarding Personal Audit has been completed, with key findings and ways for developing this area across local authorities;
- A Prevent audit has also been completed, a piece of work that has not been completed before in this area;
- The Named Professional for Safeguarding Adults has made links with the three local authority Liberty Protection Safeguard planning groups, and preparation has also begun for the implementation into the Trust;
- Arrangements have been agreed regarding the co-facilitation of domestic abuse training on site with the Safeguarding Team and the Strategic Domestic Abuse Services Manager throughout 2020;
- A working group has been agreed and provisionally established regarding the development of neglect objectives to drive developments regarding identification and response;
- For the first time, safeguarding children supervision training is to be integrated with clinical supervision training to raise the profile of safeguarding supervision and increase the number of safeguarding supervisors and its availability.

Safeguarding Development and Learning

- The Named Nurse (Child) has established a new safeguarding review/ supervision group for all children services Service Managers and Team Leads. These are facilitated quarterly and provide updates and themes for discussion. 1:1 supervision continues to be available for staff when required;
- The Safeguarding Team Five Minute Focus briefings have continued to be used to share safeguarding updates and points of interest to service areas. Several have been produced across the year addressing themes such as domestic abuse, neglect, MCA, Making Safeguarding Personal, modern slavery and Prevent;

- HTNFT are panel members of the SCR/ DHR/ SAR/ LLR review processes and ensure learning is embedded within the Trust;
- Provision of specialist support for high risk patients regarding MCA and best interest decisions which support staff and enhance development and learning;
- Multi agency project and implementation plans for LPS transition, training and workforce development;
- The Safeguarding Team consistently contributes and assists with Partnership learning events and multi-agency audit exercises.

Mental Capacity Act

The MCA DOLs sub group has now been reviewed and renewed to become the MCA 2019 LPS implementation group. The group is focused on action and project planning to implement the new LPS programme, although the date would have been by October 2020 due to the Covid-19 pandemic this has been delayed. There have been no confirmed changes to the implementation date as yet, the code of practice is yet to be released.

MCA training has been redeveloped to provide bespoke training to inpatient staff (face-to-face) and MCA training face-to-face is being re-introduced for all Trust staff as a complement to the e-Learning currently available.

Over this period, work has continued to develop a new Mental Capacity Act 2005 and consent questionnaire that can be used by the full Trust. The final test of the 'My Assurance' audit has been placed on hold due to the Covid-19 restriction in place, the initial live testing for inpatient units will be rescheduled after the Safeguarding Team, and the Clinical Audit Facilitator can run final checks.

Policy, Strategy and Guidelines

Update	Comments
Safeguarding Children Policy	Significantly updated in line with the publication of statutory guidance Working Together 2018; the review also includes reference to the CAMHS inpatient unit which opened Jan 2020
Safeguarding Children And Young People Visiting Patients In Mental Health Units	Reviewed and updated to include the forthcoming CAMHS inpatient unit
Chat Health service within the Integrated Specialist Public Health Nursing service	Named Nurse Child provided safeguarding advice and consultation
Undertaking of multi-agency strategy and policy reviews	Reviews - neglect, self-neglect, hidden harm, making safeguarding personal and VARM Multi- agency training - fabricated illness, neglect, safeguarding children Level 3, domestic abuse
Prevent policy	Refreshed and updated
Self-Neglect, Neglect and Hoarding Policy	Developed and launched November 2019
VARM, Self-Neglect and Domestic Abuse	Involvement in the local authority strategic development throughout the region
ISPHN team guidance for working with vulnerable children with the Service manager	Joint production of a standard operating procedure
Sexual Safety SOP	Produced and implemented
Safeguarding Domestic Violence and Abuse policy	Updated and is out for comments in preparation for the forthcoming QPAS meeting
Review of all safeguarding policies and	Ensure that they meet the needs of the

guidelines	transition of children and young people into adult services
Review of all safeguarding policies and guidelines	Ensure it reflects the needs of working with male carers/fathers

Audits and Inspections

Update	Comments
Local Safeguarding Children Partnership's joint multi-agency audits	Continued contribution to a rolling programme of audits. Outcomes identify themes for learning such as sexual abuse, domestic abuse, neglect and so on
Safeguarding review process	Aligned with wider Trust reviews. Clear learning objectives are identified and fully governed in the safeguarding development plan. There are plans to recommence the reviews in the forthcoming months using My Assure audit tool
Annual self-assessments and quarterly self-declarations	Provided to local Boards, Partnerships and the CCGs. Positively received

Team Development

Update	Comments
All staff	Continued development towards Level 4 and 5 Safeguarding Training as per the Intercollegiate Documents.
The service model	Has been redesigned to increase the flexibility of resource and strengthen the approach to succession planning.

18.0 Safeguarding Priorities for 2020/2021

Trust Strategic Goal	
Innovating quality and patient safety	<p>To raise awareness of domestic abuse across the Trust, including additional virtual training opportunities for staff, multi-agency working and becoming accredited with the White Ribbon Foundation</p> <p>To establish a lead representative for domestic abuse from the Safeguarding Team to coordinate the Trust response</p> <p>To be assured that safeguarding continues to be 'everybody's business' – by completing regular audits via My Assure clinical audit reporting, ensuring ongoing oversight and strengthening links with clinical Divisions and service areas</p>

<p>Enhancing prevention wellbeing and recovery</p>	<p>To raise awareness of neglect in children, young people and adults at risk, through the implementation of neglect assessment tools including the Graded Care Profile 2 and additional virtual training opportunities for staff</p> <p>To promote the safeguarding agenda through the facilitation of virtual forum meetings, 6 monthly safeguarding conferences for Trust staff and an increased presence via five minute focus briefings, communication notifications and the sharing of resources.</p>
<p>Fostering Integration, partnership and alliance</p>	<p>To maintain positive and collaborative working relationships with internal and external partners</p> <p>To maintain continued compliance with safeguarding training, to implement the Integrated Level 3 Safeguarding training through virtual learning and webinars</p> <p>To support GP practices in maintaining safeguarding learning and development and improve compliance of mandatory safeguarding training across all practices</p>
<p>Developing an effective and empowered workforce</p>	<p>To maintain continued compliance with safeguarding training, to implement the Integrated Level 3 Safeguarding training through virtual learning and webinars</p> <p>Maintain a safeguarding duty desk for support to all staff across the Trust – this will be maintained virtually through email and virtual meetings</p> <p>To continue to raise awareness, plan and implement the Liberty Protection Safeguards</p> <p>Actions and learning from safeguarding investigations and internal incident investigations to be captured and measured, ensuring that learning has been embedded into services Trust wide with a positive outcome for Adults at Risk, children and young people.</p>

<p>Maximising an efficient and sustainable organisation</p>	<p>To ensure the increased availability and appropriate recording of safeguarding children supervision reflected in integrated clinical and safeguarding supervision policy and training</p> <p>The safeguarding team to provide assurances that Trust staff have access to safeguarding supervision in line with policy and guidance.</p> <p>To maintain a link worker with North Yorkshire Services, maintain a presence virtually at operational and strategic clinical and business meetings</p>
<p>Promoting people, communities and social values</p>	<p>To maintain continued compliance with safeguarding training, to implement the Integrated Level 3 Safeguarding training through virtual learning and webinars</p> <p>To consider and reflect the safeguarding transition needs and application of relevant legislation for children and young people in all safeguarding training, policy and processes</p> <p>To ensure that the inclusion of fathers/male carers needs is reflected throughout all safeguarding processes, policy and discussed in training.</p> <p>Making Safeguarding Personal (MSP) to be embedded throughout the Trust and its processes</p>

19.0 References

- ADASS (Association of the Directors of Adult social services) - Keep calm and make it personal;
- MCA (Amendment) 2019 Liberty Protection Safeguards;
- MCA 2005 and DoLS;
- Care Act 2014;
- Care Quality Commission: Not seen Not heard;
- Community Care 2016 - The Tension between Human Rights and Self-Neglect Concerns;
- Department of Education (2019) Characteristics of children in need: 2018 to 2019 London;
- Her Majesty's Government, 2004. *Children Act 2004*. London: Her Majesty's stationery office;
- Her Majesty's Government. 2017. Children and Social Work Act 2017. London. Her Majesty's stationery office;
- NHS England (2015) Safeguarding Vulnerable People in the NHS. Accountability and Assurance Framework;
- Royal College of Paediatrics and Child Health (2019) Safeguarding children and young people: roles and competencies for health care staff Intercollegiate Document;
- Royal College of Nursing (2018) Adult Safeguarding: Roles and Competencies for Health Care Staff London;
- The Child Safeguarding Practice Review Panel (2020) It was hard to escape Safeguarding children at risk from criminal exploitation. London;

- The Child Safeguarding Practice Review Panel (2019) Annual Report 2018 – 2019 Patterns in practice, key messages, and 2020 work programme. London;
- Working together to safeguard children 2018. A guide to inter-agency working to safeguard and promote the welfare of children; HM Government (2018);
- Safeguarding Adults under the Care Act 2014 (2017) Cooper, A and White, E
- Home Office – Prevent – Channel Duty Guidance – updated 2019;
- Care and Support Statutory Guidance DoH 2016.

20.0 Report Authors

Rachael Sharp: Head of Safeguarding Adults, MCA DOLS Lead and Prevent.

Kerry Boughen: Named Nurse Safeguarding Children.

Martin Inglis: Specialist Safeguarding Practitioner.

Helen Young: Specialist Safeguarding Practitioner.

Nicola Hields: Specialist Safeguarding Practitioner.

Lisa Clark: Designated Nurse LAC.

Agenda Item 21

Title & Date of Meeting:	Trust Board Public Board Meeting – 30 th September 2020																										
Title of Report:	Waiting Times Update																										
Author:	Name: Lynn Parkinson Title: Chief Operating Officer																										
Recommendation	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To receive & note</td> <td>✓</td> </tr> <tr> <td>For information</td> <td></td> <td>To ratify</td> <td></td> </tr> </table>			To approve		To receive & note	✓	For information		To ratify																	
To approve		To receive & note	✓																								
For information		To ratify																									
Purpose of Paper:	The purpose of this paper is to provide an update on the position in those services with over 18 week waiting times and the plans in place to address them.																										
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></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) Specific report</td> <td>✓</td> </tr> </tbody> </table>				Date		Date	Audit Committee		Remuneration & Nominations Committee		Quality Committee		Workforce & Organisational Development Committee		Finance & Investment Committee		Executive Management Team		Mental Health Legislation Committee		Operational Delivery Group		Charitable Funds Committee		Other (please detail) Specific report	✓
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Charitable Funds Committee		Other (please detail) Specific report	✓																								
Key Issues within the report:	<p>The report sets out the services areas that have waiting times that exceed 18 weeks which are:</p> <ul style="list-style-type: none"> • Memory Assessment Services • Department of Psychological Medicine • Elements of our community Child and Adolescent Mental Health Service (CAMH's) <p>Where the Covid- 19 Pandemic has impacted on the length of waits, this is set out and the recovery plans in place to address it are described. A Waiting List and Waiting Times Policy is in place which requires teams to monitor waiting times and lists. Regular contact with patients and their carers on the waiting list is a key element of this and if needs become more urgent they are prioritised and interventions are offered quickly. Waiting time improvement is monitored through the Operational Delivery Group and the Division Performance and Accountability reviews.</p>																										

Monitoring and assurance framework summary:

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



Legal	√			To be advised of any future implications reports as and when future implications by Lead Directors through Board Required
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Waiting Times Update

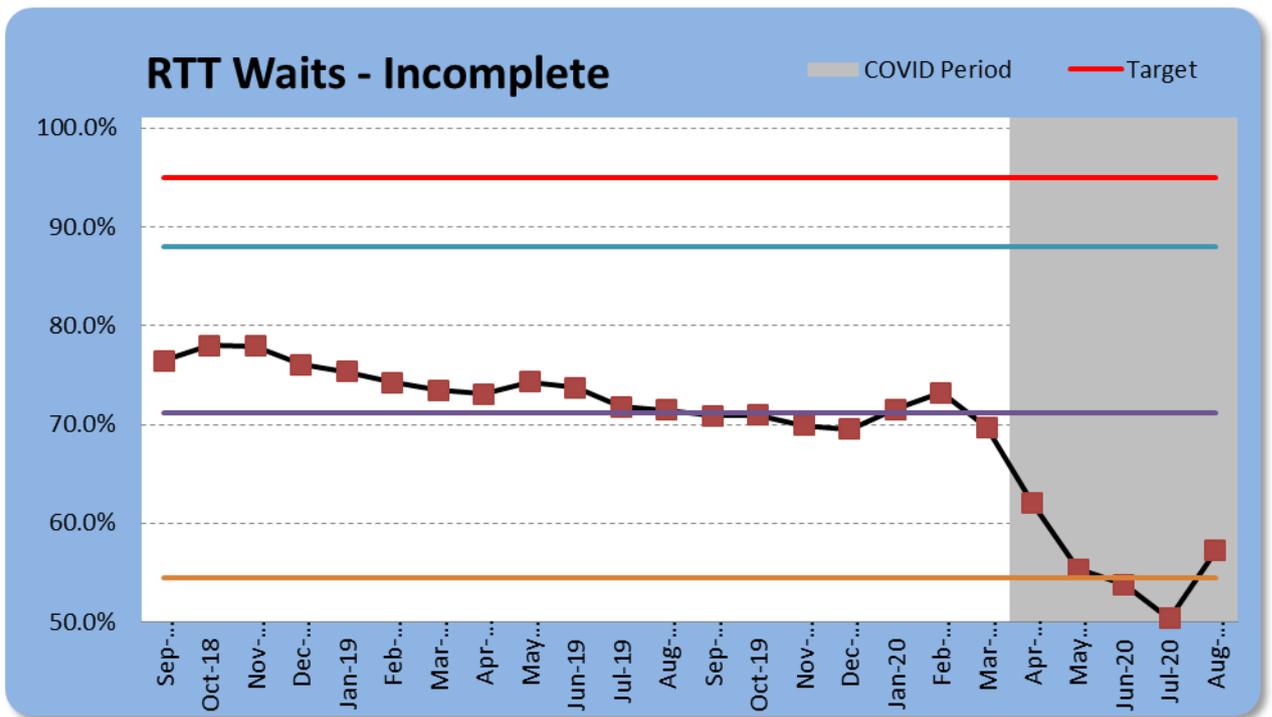
1. Introduction

The purpose of this paper is to provide an update on those service areas that have waiting times that exceed 18 weeks and the plans in place to address them. Our board performance report has been showing deterioration in waiting times in some service areas since the Covid- 19 pandemic commenced. Those areas contributing to this position are:

- Memory Assessment Services
- Department of Psychological Medicine
- Elements of our community Child and Adolescent Mental Health Service (CAMHS)

Some CAMHS community teams were experiencing waiting time pressures prior to the Covid- 19 emergency, however as a consequence of service changes and investment, improvement was taking place prior to March this year. Memory Services and the Department of Psychological Medicine have experienced increases in waiting times which are directly attributable to the Covid- 19 emergency, however both areas experienced some pressures prior to this also.

The cumulative impact of these increased waiting times are evident in the chart below.

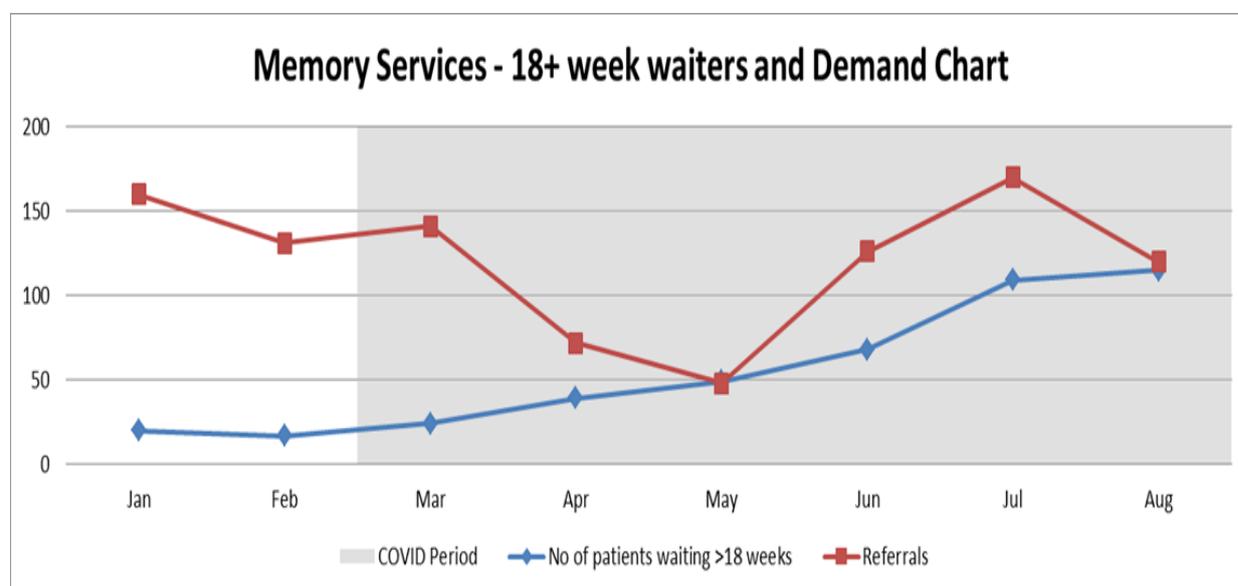


Through our Covid- 19 recovery and Phase 3 planning, work has been taking place to prevent further deterioration in waiting times in these services and to make improve, it is therefore encouraging to see this reflected in the August position, however future months data will be needed to determine if this is resulting in a sustained trend.

2. Memory Assessment Services

Memory Assessment services were stood down in March 2020 to protect vulnerable individuals who were shielding in line with Government guidance. During this period the

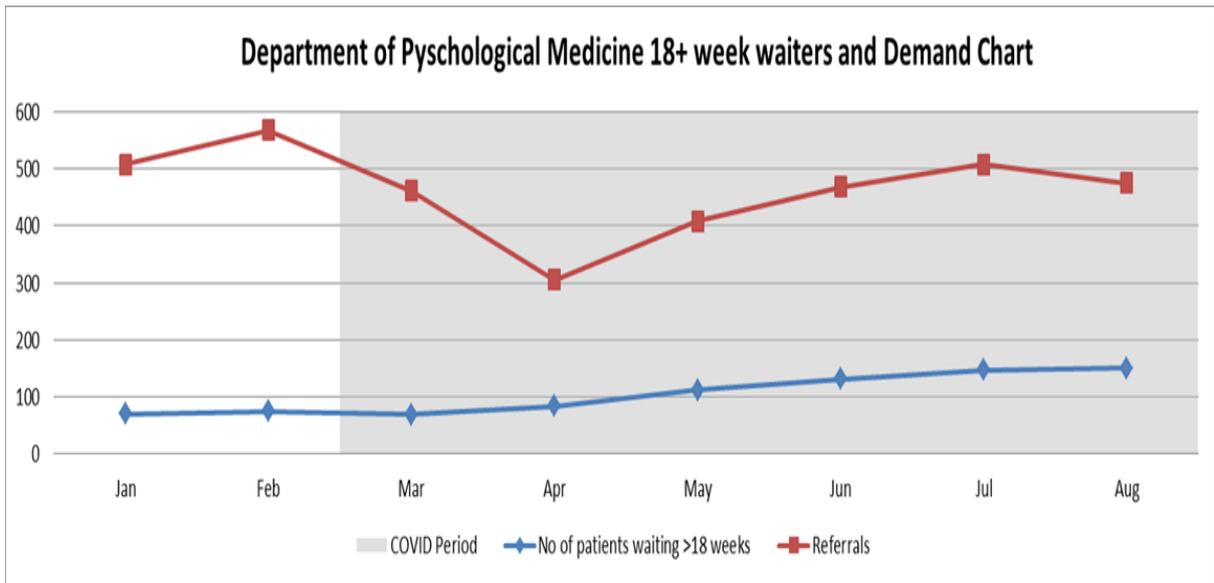
service provided information to all agencies making referrals to ensure that they were kept informed. Contact was made regularly with patients, and where appropriate their carers, to undertake welfare checks and to escalate and address any urgent care and support needs. The service saw high numbers of referrals in February and March, low numbers throughout April, May and June and are now seeing a return to pre-Covid numbers throughout July and August. Following a covid safe working risk assessment, accommodation was reopened in August (albeit with reduced capacity) to enable face to face assessments to recommence. Whilst the team has made every effort to explore ways to undertake memory assessments utilising digital media, clinically this has proven very difficult given the presenting needs of this patient group. During the first phase of Covid-19 the service had no access the acute hospital Trusts imaging service, this is a vital element in achieving a diagnosis in this services clinical pathway, however this is now starting to improve. The service developed a recovery plan to address those waiting for memory assessment for both existing referrals and suppressed referrals associated with Covid- 19. To ensure that our staffing resource is used to best effect, the teams for our East Riding of Yorkshire (ERY) population and the Hull Memory Assessment service are working closely together to optimise improvement in the waiting time position.



Currently we are establishing the exact position with access to the imaging service and as soon as we receive that information a waiting times improvement trajectory will be established for the service. Without this information a reliable improvement trajectory cannot be set.

3. Department of Psychological Medicine

The Department of Psychological medicine have seen an increase in demand since the lock down phase of the Covid- 19 emergency was reduced, however this remains below the pre-Covid level (see chart below). Analysis of this demand shows a rise in referrals for patients with chronic fatigue, some of which is directly attributable to those patients diagnosed with having had Covid- 19. Outpatient activity was significantly reduced in the first phase of the pandemic however this is being restored. The service did utilise digital media to continue to provide clinical interventions throughout the emergency and to ensure that all urgent need was met. The service has increased its staffing resource recently with an additional band 6 nurse and increased sessions from a Liaison Locum Psychiatrist, they are specifically supporting the management of the waiting list. The latest position in August shows some reduction in referrals, however due to the ongoing impact of Covid-19 it is anticipated that referral rates are likely to remain high.



4. Children and Adolescent Mental Health and Neurodevelopment (Neuro) Services Waiting Lists Update

Children and Adolescent Mental Health Services (CAMHS) and Neuro services are a clearly identified national priority in the NHS Long Term Plan and the 5 Year Forward View for Mental Health. Investment priorities have been agreed for access, numbers of young people entering specialist treatment, eating disorders, evidence based training and in patient care, closer to home. Referral rates to specialist CAMHS and Neuro services are estimated to have increased by 33% over the last 5 years, creating a level of sustained pressure on service provision. Locally, both Hull and East Riding (ERY) CAMHS operate a model whereby all referrals for emotional wellbeing come to two separate single points of access (Contact Point); this includes those who require specialist treatment, early intervention, information and/or sign posting. In addition the Hull Contact Point has over the past two years been the referral point for Autism, Attention Deficit Hyperactivity Disorder (ADHD), long term conditions and learning disability and in the future this will be for East Riding also which will support streamlined processes.

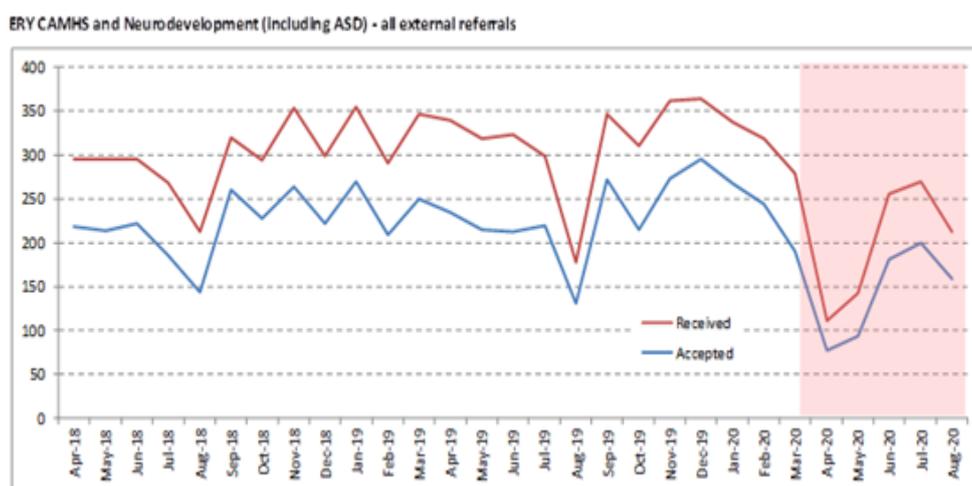
The graphs below show the rate of referral to and accepted by **Hull** Contact point, the whole Hull CAMHS and Neuro Service (including Crisis, Eating Disorders, Children's Learning Disabilities (LD), ADHD and Autism Assessment)

Hull CAMHS and Neurodevelopment (including ASD) - all external referrals



The shaded area shows the restrictions in response to the COVID-19 pandemic. The referral rate has started to recover but as at the end of August 2020 has not reached the usual level for the time of year. In addition to the usual level of referrals, which is always higher in the autumn months, we are also expecting a surge related to the referrals that were suppressed during the pandemic restrictions.

The graph below shows the referrals to and accepted by **East Riding** Contact Point, the whole East Riding CAMHS and Neuro Service (including Crisis, Eating Disorders, ADHD, Autism and Children's Learning Disability (LD))



The shaded area shows the restrictions in response to the COVID-19 pandemic. The referral rate has started to recover but as at the end of August 2020 has not reached the usual level for the time of year. In addition to the usual level of referrals, which is always higher in the autumn months, we are also expecting a surge related to the referrals that were suppressed during the pandemic restrictions.

Referral rates to Contact Point, CAMHS and Neuro services historically are variable and there is a correlation to the academic year and exam times although this is becoming less pronounced than it previously has been.

Changes in Services

The graphs above show contrasting rates of referrals which in part can be explained by some significant changes in services which have then impacted on the waiting times. Some of these changes are;

Headstart:

Hull was identified as one of 5 Local Authority areas to benefit from Big Lottery funding into early intervention for young people. Following a pilot phase a budget of £7.8 million over 5 years was agreed to introduce a wide range of early help offers across the City through late 2016 and early 2017. There are a total of 10 different service offers under Headstart a correlation can be seen between the commencement of the Headstart programme and the sharp increase in referrals to Contact Point. Due to the pandemic the service has been extended for a year to support young people and families. Work is ongoing between agencies to ensure a seamless response is provided to young people and to achieve a reduction in referrals to secondary health services.

Social Mediation and Self Help (Smash) in East Riding of Yorkshire (ERY):

The Smash programme was commissioned in ERY from September 2017 across 8 secondary schools and provides an early intervention offer for mild to moderate emotional and mental wellbeing needs at sub CAMHS level. The programme is well integrated with

both mental health and social care systems and takes direct referrals from all parts of that system including directly from schools. The programme is well understood by stakeholders and a number of schools have now commissioned their own programmes including The Education Alliance, The Hub and two primary schools. With additional investments and independent contracts the programme now offers support to 11 secondary schools and 2 primary schools and 1 alternative setting in the area and has the potential to work with up to 720 children and young people in an academic year.

The programme delivery has been significantly impacted by the pandemic due school closures initially and then on return the newly established year bubbles. As a significant part of the intervention is group work attached to the school setting within the local community, these groups often see children from across different years come together to access their intervention. This has resulted in the team having to think innovatively and creatively with the young people and their families to ensure a programme offer was still accessible to meet their needs during this challenging time. This resulted in the team moving to a virtual offer that incorporated telephone and text contact, virtual 1:1 and family sessions on WhatsApp and MS teams and a virtual group work offer that embraces psychoeducational elements and promotes peer to peer interaction and support. On the schools returning the practitioners have continued to offer the virtual aspects of delivery whilst working collaboratively to re-establish safely a face to face offer within the school setting. This has led to the consideration of a temporary shortened group work programme that is year bubble based to comply with infection control requirements, whilst being able to respond to more complex social and emotional needs that may not be best met within the virtual offer. The SMASH practitioners have worked to ensure the young people and their parent's views and ideas have been an integral part of this service development and the changed offer.

Hull autism:

The service has increased its capacity a number of times over the last 5 years, on each occasion it has seen a rise in the rate of referrals, leading to an increase in numbers on the waiting list.

ERY autism:

This pathway transferred to the Trust in January 2019 from East Riding Council. We inherited a large waiting list with some notably long waiters. A waiting list review programme has reduced the number of long waits.

Hull and ERY Attention Deficit Hyperactivity Disorder (ADHD):

The transfer of paediatric medical services from City Healthcare Partnership (CHCP) to Hull University Hospital Trust (HUHT) earlier this year also saw a transfer of over 70 cases of ADHD to both our Hull and ERY services, this cohort contained a large number of young people already with long waiting times. Following this a second cohort of 194 young people were transferred, this created additional demands on our clinical capacity and although additional resource was provided by Locum Psychiatry, the existing team were also required to support. This reduced capacity to the existing assessment pathway for ADHD.

Workforce

Significant investment has taken place over the last 5 years in CAMHS and Neuro services due national prioritisation and the implementation of Future in Mind, the national strategy for CAMHS. More recently, at a local level in the last year we have seen investment of almost £2m in the neurodevelopmental pathways and paediatric speech and language therapy. We have also been successful recently in investment into two Mental Health Support Teams in Hull which has resulted in the need to recruitment 16 additional staff for January 2021. A proposal is currently being finalised to further invest into a Hull and East Riding Home Treatment Team which will result in the recruitment of 14 additional staff to augment our

crisis pathway and avoid hospital admission. Recruitment is being pursued predominantly via social media which has targeted the North of England. Whilst some success has been achieved in attracting external applicants, the combined impact of these levels of investment and opportunity has created an amount of workforce fluctuation. There has been movement of staff across pathways and across services, leading inevitably to an increase in numbers of vacancies. Currently these are, Hull CAMHS 3.4 wte, Hull Neuro 5.0 wte, ERY CAMHS 2.0 wte, ERY Neuro 5.0 wte, Hull & ERY Contact Point, Eating Disorder and CAMHS Crisis team 5.0 wte. This level of movement and change has had some impact upon progress with waiting list reduction. Recruitment has continued to be undertaken during Covid-19 with the successful appointment of 23.0 wte staff. Having been successful in recruiting a number of Children and Young People (CYP) Improving Access to Psychological Therapy (IAPT) “recruit to train posts in evidence based practice”, they will commence their training in January 2021 funded initially by Health Education England and qualify in 12 months time. A clear approach to priority areas for recruitment has been agreed with service managers and senior clinicians.

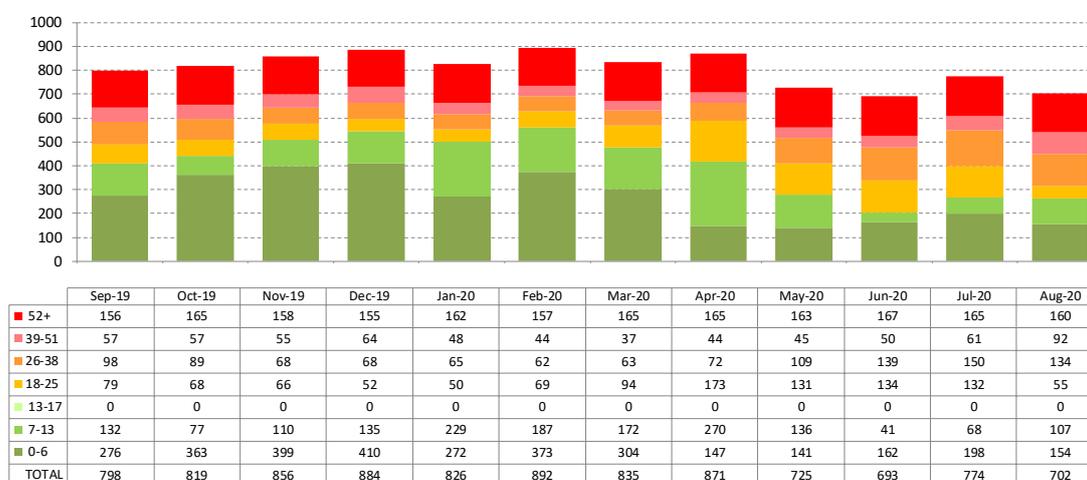
However whilst recruitment remains a challenge the cumulative impact of these investments will improve health outcomes for children and young people and will result in improved waiting time.

Waiting Times

Hull CAMHS - Overall waiting list

Hull Contact Point, CAMHS and Neuro Service overall waiting list time series graph (including, Crisis, Eating Disorder, LAC attachment, ADHD and Learning Disability, excluding Autism Team Specialist Assessment)

Hull CAMHS and Neurodevelopment Service overall waiting list time series graph (including Contact Point, Crisis, ED, LD and ADHD, excluding Autism Team)
The graph below excludes the Autism Team but does include referrals awaiting autism screening by Contact Point as at the month end



The graph above shows a fluctuating referral pattern which saw decreases in referrals during the lockdown period which began to increase in July before peak holiday time which was an expected pattern. With the exception of 4 cases those waiting over 52 weeks are on the ADHD or learning disability pathways. The ADHD waiting times were impacted by the consequence of reduced capacity due to cases being transferred from Community Health Care Partnership (CHCP) and Hull University Teaching Hospital NHS Trust (HUTH) as all of the cases transferred were already waiting over 52 weeks. All these cases have now been reviewed. Hull and ER Commissioners have agreed to fund additional resource for a Locum Psychiatrist up to March 2021 to support the waiting list position. The ADHD assessment pathway is commencing a new Multi-Disciplinary Team (MDT) process for new referrals coming into contact point. This is to enable clinicians to focus on the existing young people on the waiting list in order to address it as quickly as possible. Initial findings

are demonstrating a positive reduction in referrals requiring specialist assessment. The plan is to extend this to other neuro pathways if this positive improvement is sustained.

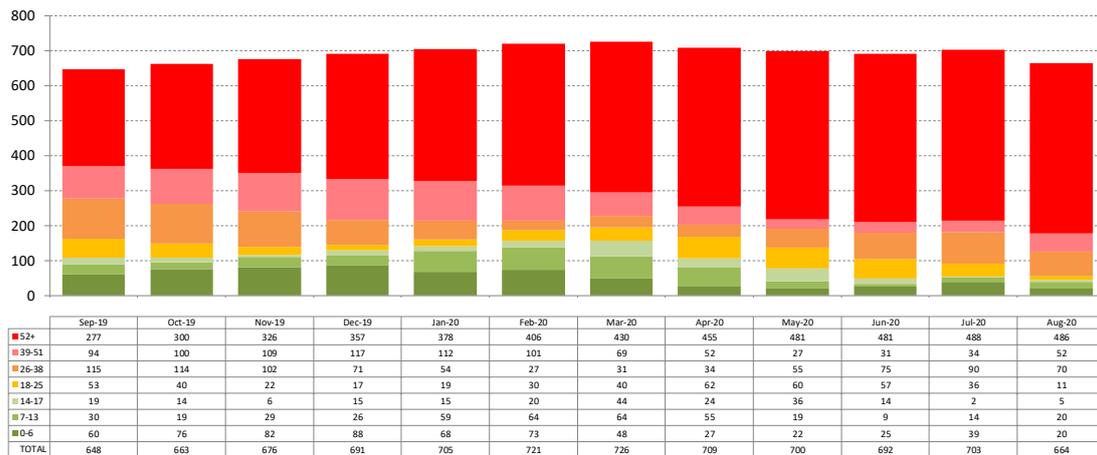
We continue to see a high number of trauma referrals into the service in Hull which has resulted in a significant increase in waiting list numbers within Hull Core CAMHS teams. A “digital first” intervention is not always appropriate for these young people, particularly as the intervention would require the young person to be able to talk about their trauma in the family home due to lockdown. A high number of young people benefit from play therapy for this presenting difficulty which has also not been possible during lockdown restrictions. Many of these young people do not require individual intervention but the support system around the young person may require support. Significant work had been undertaken in the CAMHS estate to enable this therapy to recommence very soon. A recovery plan for Trauma referrals is in place with an emphasis on consultation and supporting professionals with pre-existing relationships to provide work indirectly.

It is also important to note that although Contact Point have high numbers, waiting time is short and the conversion rate of referrals requiring specialist CAMHS or Neuro input is low.

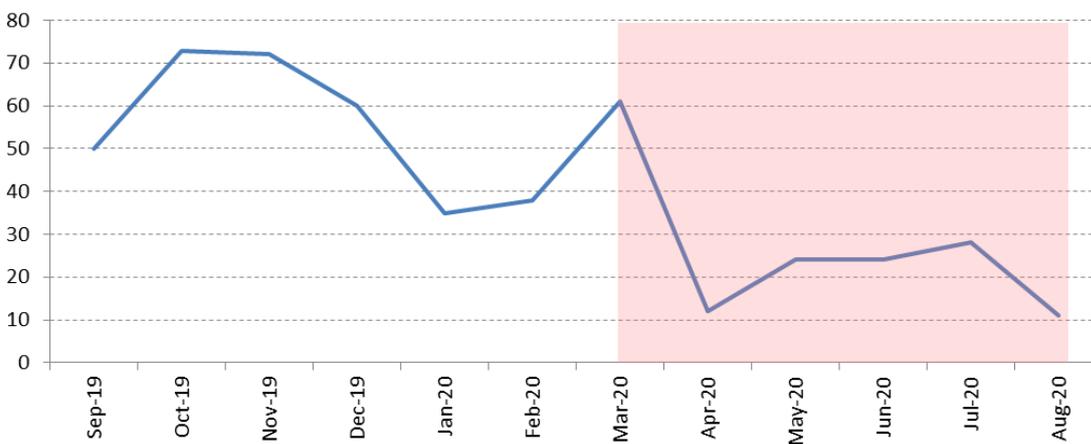
Hull autism team

Hull Autism Assessment Team overall waiting list time series graph - excluding Contact Point screening waits

Hull Autism Assessment Team overall waiting list time series graph - including Contact Point screening waits



ASD referrals Received by CP

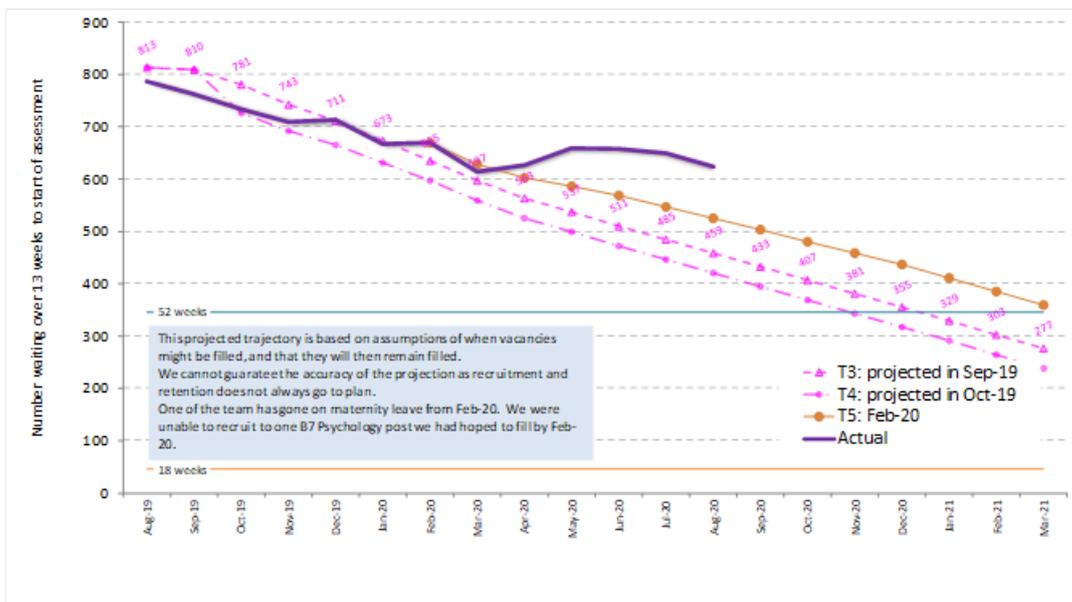


The graph above combines all of those on the Contact Point Autism Spectrum Disorder (ASD) waiting list with the ASD Assessment Team waiting list to give a more complete picture of the waiting list.

The referral rate for ASD has reduced since the start of the COVID-19 pandemic. However, the lockdown precautions have made it difficult to complete ASD assessments and the number of long waits has therefore increased. It is also likely that there will be a greater than usual surge in referrals during the autumn following the return of children to schools.

Hull Autism assessment waiting list (>13 weeks) Trajectory

Hull children and young people's autism assessment waiting list - projected trajectory

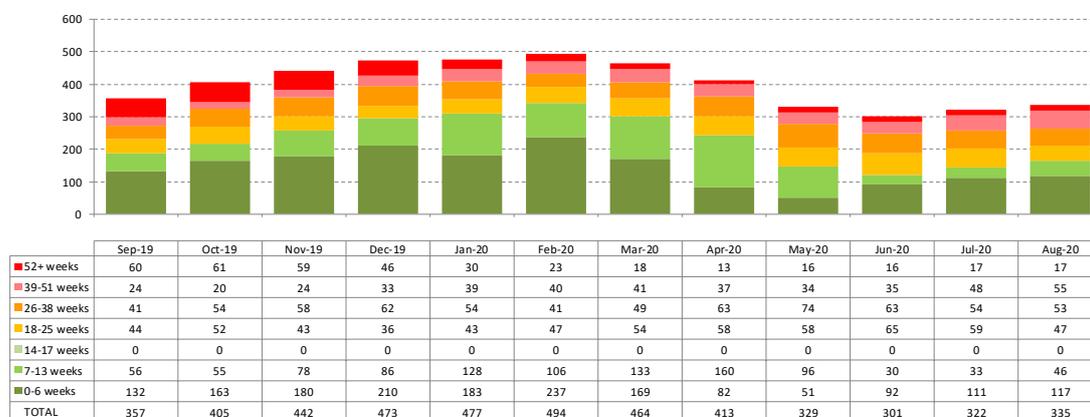


This graph shows that the waiting list for autism is now starting reduce albeit slowly. A new referral process has been introduced which now requires a referral to come from the Special Educational Needs Coordinator (SENCO) rather than the GP to improve the quality of baseline information provided. A rigorous screening process has been introduced before cases proceed to full specialist assessment. Our current conversion rate is 66% which suggests further improvement can be made and that is being addressed. Healios (a specialist online provider of neuro services) has been subcontracted over the past year to provide additional capacity for specialist assessment and screening both in Hull and East Riding. During Covid we extended this contract to the end of December 2020. Healios is limited in its effectiveness to reduce the waiting list significantly as they are unable to work with complex cases which need to be seen face to face, however evidence does demonstrate that it does provide overall benefit. Referrals have reduced over the Covid-19 lockdown period. The team is working on a digital first approach for assessment with face to face contact available for those referrals that a digital contact is not appropriate. The waiting time is calculated as only ceasing at the point a diagnosis is reached, our data demonstrates that children and young people on the waiting list typically have multiple contacts with the service to reach this point during which a wide range of support is provided often to both the children and their families.

East Riding CAMHS

ERY CAMHS Service overall waiting list time series graph (including Contact Point, Core CAMHS, Crisis, ED and Children's LD, excluding ASD)

ERY CAMHS and Neurodevelopment overall waiting list time series graph (including Contact Point, Core CAMHS, Crisis and ED, LD and ASD)

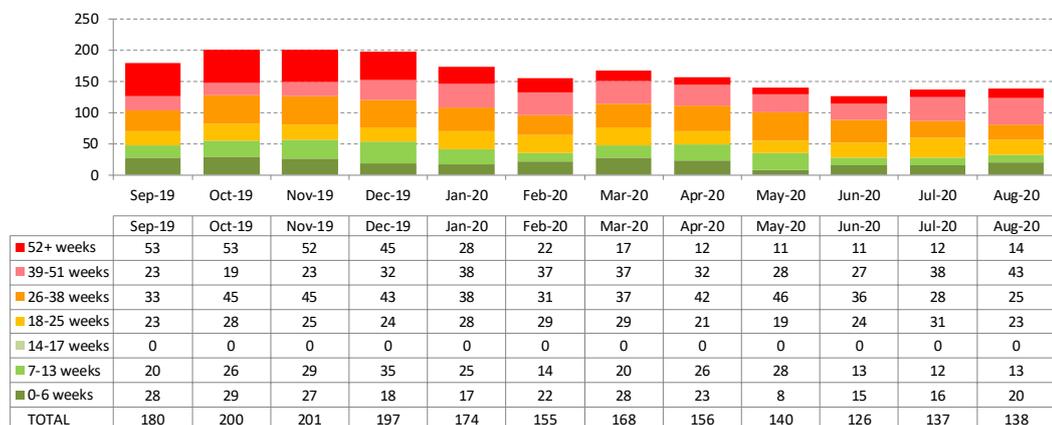


The graph above shows a decrease in referrals during Covid- 19 with a slight increase in August 2020. A significant number of those waiting are for ADHD assessment. Only 3 young people are waiting for Trauma which is a significantly different to referrals in Hull. The number waiting over 52 weeks once again are predominantly ADHD assessment cases.

Again it is also important to note that as with Hull, although Contact Point have high numbers, waiting time is short and the conversion rate of referrals requiring specialist CAMHS or Neuro input is low.

ERY Autism

ERY Children's Autism Assessment Team overall waiting list time series graph



The above graph for autism shows the waiting list position for the autism pathway which transferred from East Riding Council in January 2019. At the point of transfer a waiting list review exercise reduced the list in February 2019. We have seen a small decrease in waiting times over the Covid- 19 period.

5. Management of Waiting Lists

The Trust has a Waiting List and Waiting Times Policy (OP-001) which requires individual service areas to develop their own Standard Operating Procedure (SOP) to describe how they will manage any waiting lists within their respective services. Within these documents

there are clearly defined duties and responsibilities to ensure ongoing and regular reviews of the waiting list position are undertaken: including weekly review by the Service Manager and daily management by the Clinical Team Leaders. Regular contact with patients and their carers on the waiting list is a key element of these SOP's and if needs become more urgent they are prioritised and interventions are offered quickly. Waiting time improvement is monitored through the Operational Delivery Group and through the Division Performance and Accountability reviews.

6. Conclusion

Work to address and reduce waiting times continues to be a high priority in order to support timely access to treatment and improve health outcomes for our patients. Due to covid- 19 services were required to prioritise referrals during the initial wave of the emergency and provide a "digital first" approach to interventions. Our own evidence is showing that for a lot of our patients, including children and young people, this is a positive experience and is not detrimental to their recovery. Some pathways/interventions however do not adapt easily to a digital approach, this is specifically the case for some CAMHS clinical activity, particularly the neurodevelopmental pathways, and for the Memory Assessment Service, the data demonstrates this has resulted in some increases in waiting times. Areas of our estate have now been made available following our covid safe working risk assessment process and this will impact positively on waiting times.

For all service areas identified in this report, our business intelligence team are working on finalising waiting times improvement trajectories, these are dependent on having a robust enough position on expected demand in these services over the coming months given the change in usual activity as a consequence of the pandemic.

Due to school closures and other factors, an anticipated surge in mental health demand is expected during Autumn and Winter. Work to reduce the impact of this surge has been undertaken with partner agencies across all of our service areas, a detailed surge/sustainability plan has been put in place to address this and support the reduction in waiting times. Recruitment to vacancies is an ongoing challenge in our services and this is demonstrated in our CAMHS teams particularly, a robust plan is in place to support recruitment across all of clinical areas focussed on hard to recruit roles.

Agenda Item 22

Title & Date of Meeting:	Trust Board Public Meeting– 30 th September 2020			
Title of Report:	Yorkshire & Humber Care Record			
Author/s:	Lee Rickles CIO & YHCR Programme Director Dr John Byrne SRO/Medical Director			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	This purpose of this report is to inform the Trust Board on the Yorkshire & Humber Care Record			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	✓
Key Issues within the report: <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	The presentation provides a summary of the progress to date and the plan for the next year for the Yorkshire & Humber Care Record.			

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	

Yorkshire & Humber Care Record Update

Background

In March 2018 NHS England and the Local Government Association invited proposals from NHS and local government partner organisations to participate in a programme of Local Health and Care Record Exemplars (LHCRE) in England. The programme is designed to support local areas that are already adopting best practice in the collection, protection, and use of health and care data to go further, faster and encourage others to follow swiftly in their footsteps.

A partnership of health and care organisations in Yorkshire & Humber (Y&H) submitted a bid in response to the invitation and following a selection process led by NHS England, Y&H was selected in June 2018 as one of the first wave of five LHCRE.

The Y& H bid is a partnership comprising West Yorkshire & Harrogate Integrated Care System, South Yorkshire Bassetlaw Integrated Care System and Humber, Coast & Vale Integrated Care System. Humber Teaching NHS Foundation Trust agrees to host and provide the role as the authority for the Yorkshire & Humber Care Record

Progress to date

Our regional LHCRE is called the Yorkshire & Humber Care Record (YHCR) and it left the NHS X LHCRE programme on the 31 March 2020. NHS X completed an assurance of the YHCR (see appendix C) and was rated an Green/Amber with the summary statement that 'the Yorkshire & Humber Care Record (YHCR or Y&H) LHCR continues to make good progress this quarter. All major milestones seem to be on track.'

We have created regional governance and have a programme team in place. Each of the ICS digital team are creating their own team to help local organisations join the YHCR. We have completed the development of the Yorkshire & Humber Care Record in accordance with the NHS England funding agreement.

The long terms funding has been confirmed by the three ICS's. The YHCR value case has been approved by two of the three ICS, with the value case going to the HCV ICS partnership board in October. As a region we have created the Yorkshire & Humber Digital Health and Wellbeing Charter is in place to provide a regional set of principles (see appendix A).

We have run a YHCR Population Health Academy for a mix of 40 clinical, BI experts and managers during 2019/20. NHS X mandate to work directly with TPP to provide non-GP access to organisations in England. The initial engagement with TPP is going well with testing for two way interoperability to start in October.

The current clinical focus for delivery is;

- Ambulatory Transfer of Care shared to acute care settings

- Ambulatory Transfer of Care Strategic Solution
- Mental Health Crisis Plans shared to ambulance services

The pipeline for organisations to join the YHCR is shown below in figure 1. The connection for all GP system will be using the central solution provided by NHS Digital called 'GPconnect'.

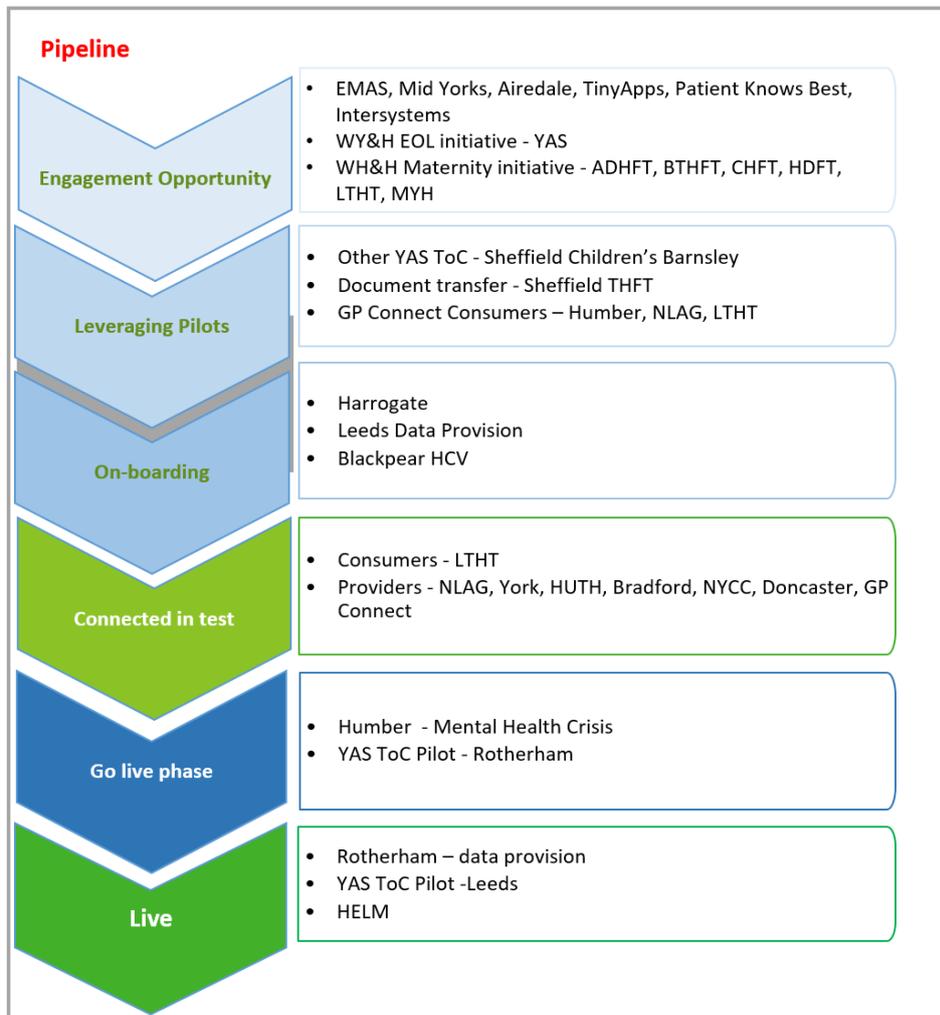


Figure 1 - YHCR pipeline

We are sharing transfer of care information between Yorkshire Ambulance Service, Leeds A&E and Rotherham A&E. Connected Bradford, Macmillan and Cancer data sets have been added to the population health system. We have created a minimum viable product as a local solution for 111First for our region.

Humber Teaching NHS Foundation Trust during has developed a clinical portal which links the data held in SystmOne and Lorenzo with the YHCR. This is part of the upstream system which is successfully provide our clinical video conference functionality during COVID. We are in the final stages of clinical safety testing and expect to be live in September.

A copy of the detailed status report for August 2020 is provided in appendix B.

Plan for next year

We are currently working with our ICS partners to agree a plan to have complete coverage across Yorkshire & Humber. The enduring support team recruitment has started and will replace the current programme team over the next 12 months.

Rollout the upstream portal across our organisation. This include the clinical portal which pull information from the YHCR. It also include video conference, chat messaging and a patient held app which is integrated with the patients our electronic patient record.

Hull & East Riding CHMT accelerator programme is going to use the sharing capability provided by the YHCR during 2020 to support shared care planning.

Our region is currently developing COVID phase 3 plan whose aim is to connect primary and secondary care organisations to a shared care record by September 2021. The expectation is for all organisations to be connected shared care record by 2024.

Develop our partnership offer for NHS Wales, East Midland and Sussex to expand the use of the technology and reduce the overall running costs for Yorkshire & Humber.

Conclusion

The YHCR is making going progress and has regional agreement concerning the funding, is usage by all partners and it development plan. It is exciting to see other regions are looking to join the YHCR family ot benefit for the capacity we have developed to benefit patient care.

Lee Rickles
CIO & YHCR Programme Director
18-09-2020

Appendix A – Digital Health and Wellbeing Charter



Yorkshire & Humber
Care Record

Digital Health and Wellbeing Charter for Yorkshire & Humber

The Charter includes delivery of the following outcomes across Yorkshire and Humber:



Digital Health and Wellbeing Charter for Yorkshire & Humber

1. We will commit to our key clinical, business and professional leaders being developed and mentored to understand how digital, technology and data can be applied to enable new models of care;
2. We will support the ambition for our workforce being able to effectively use technology and data to do their jobs better;
3. We will support the implementation of a 100% digital inclusion in Yorkshire & Humber with the ambition that all our citizens will be digitally included;
4. We will seek with our partner organisations to identify resources to maintain, develop and assure the shared regional capabilities of the Yorkshire and Humber Care Record. Further we will commit as a region to look for opportunities to create centres of excellence and shared services that can be utilised across the region;
5. We will commit to integrate with, build upon and exploit the Yorkshire and Humber Care Record (LHCRE) integration capability and approach for all system to system integrations, both locally and regionally;
6. We will adopt a common set of design principles and ensure that all future investments into digital, technology and data systems use these common standards. The standards are aligned to those set by national bodies and will ensure that future integration of data across our region is seamless;
7. In line with the principles of subsidiarity, each ICSSs/ STP working with its partner organisations will coordinate engagement and implementation in their areas, with support from the Y&H digital teams;
8. We will consistently incorporate the key parts of this strategy into our NHS long term plan submissions by October 2019;
9. The YHAHSN, working closely with the Y&H digital teams, will take a lead role to determine how the Best Place for HealthTech and Best Place for Health Data and Research strategies will be progressed.

December 2019



August 2020 Progress Report

Programme	Yorkshire & Humber Care Record		
SRO	John Byrne	Lead	Lee Rickles
		RAG status	A-G
		Reporting Period	Aug 2020
Key Messages			
<ul style="list-style-type: none"> All ICSs are at different stages of development of the roll out plans for the YHCR. The YHCR programme team are to continue for all of 20/21, this is based upon HSLI funding being provided by HCV. NHS X have briefed ICS on the requirements for COVID 19 phase 3 ICS submissions for shared care records and population health as part of the ICS submission. 251 data processing to allow the data from SoS to be de-id for PHM has been submitted 			
Key activities & milestones achieved in this reporting period			
Population Health		Key activities & milestones planned for next reporting period	
Support the Connected Bradford team in the use of the data ark. 251 data processing approval has been submitted		Population Health Support the Connected Bradford team in the use of the data ark. 251 data processing proposal is approved and test of the national de-id solution can re-start.	
Integrated Care Record		Integrated Care Record	
A majority of the organisations in on-boarding move to the test stage. Testing has started for TPP non-GP API data transfer. Minimum viable product for 111First has been presented to HCV project group		Rotherham FT and Humber FT to go live. A majority of the organisations in on-boarding move to the test stage.	
Enduring organisation		Enduring organisation	
WYH & SYB have signed off the YHCR value case. Support contracts in place with all systems. Product manager and Service Manager JD have been evaluated		HCV ICS executive board to approve the YHCR value case. The central programme team is to be continued for all of 20/21. Chief Architecture JD being evaluated. YHCR admin, Product manager and Service Manager recruitment to start in September	
Partners		Partners	
NHS Wales proof of concept has been agreed. Creation of a standard MOU and NDA for partners. YHCR to support the COVID 19 phase 3 ICS submissions for shared care records and population health		NHS Wales proof of concept to start.	
Items of escalation: None			

Agenda Item: 23

Title & Date of Meeting:	Trust Board Public Meeting - 30 th September 2020																												
Title of Report:	Q2 2020/21 Board Assurance Framework																												
Author/s:	Oliver Sims Corporate Risk Manager																												
Recommendation:	To approve		To receive & note	✓																									
	For information	✓	To ratify																										
Purpose of Paper:	The report provides the Trust Board with the Q2 2019/20 version of the Board Assurance Framework (BAF) allowing for the monitoring of progress against the Trust's six strategic goals.																												
Governance:	<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Audit Committee</td> <td></td> <td>Remuneration & Nominations Committee</td> <td></td> </tr> <tr> <td>Quality Committee</td> <td></td> <td>Workforce & Organisational Development Committee</td> <td></td> </tr> <tr> <td>Finance & Investment Committee</td> <td></td> <td>Executive Management Team</td> <td>14/09/2020</td> </tr> <tr> <td>Mental Health Legislation Committee</td> <td></td> <td>Operational Delivery Group</td> <td></td> </tr> <tr> <td>Charitable Funds Committee</td> <td></td> <td>Trust Board</td> <td></td> </tr> </tbody> </table>		Date		Date	Audit Committee		Remuneration & Nominations Committee		Quality Committee		Workforce & Organisational Development Committee		Finance & Investment Committee		Executive Management Team	14/09/2020	Mental Health Legislation Committee		Operational Delivery Group		Charitable Funds Committee		Trust Board					
	Date		Date																										
Audit Committee		Remuneration & Nominations Committee																											
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Finance & Investment Committee		Executive Management Team	14/09/2020																										
Mental Health Legislation Committee		Operational Delivery Group																											
Charitable Funds Committee		Trust Board																											
Key Issues within the report:	<ul style="list-style-type: none"> - Progress against the aligned risks is reflected within the framework to highlight the movement of current risk ratings from the previous position at Quarter 1 2020/21. The format allows for consideration to be given to the risks, controls and assurances which enables focused review and discussion of the challenges to the delivery of the organisational objectives. - Each of the Board Assurance Framework sections continue to be reviewed by the assigned assuring committee alongside the recorded risks, to provide further assurance around the management of risks to achievement of the Trust's strategic goals. <p>Overview of Board Assurance Framework from Quarter 1 2020-21 to Quarter 2 2020-21.</p> <p>Strategic Goal 1 – Innovating Quality and Patient Safety</p> <ul style="list-style-type: none"> - Overall rating maintained at Yellow for Quarter 2 2020/21. <p>Strategic Goal 2 – Enhancing prevention, wellbeing and recovery</p> <ul style="list-style-type: none"> - Overall rating maintained at Amber for Quarter 2 																												



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

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

BOARD ASSURANCE FRAMEWORK				Trust Board							
ASSURANCE OVERVIEW				30 th September 2020							
Strategic Goal	Assurance Level	Reason for Assurance Level	Executive Lead	Assuring Committee	Risk Appetite	Assurance Rating					Highest current risk
						Q 2	Q 3	Q 4	Q 1	Q 2	
Innovating Quality and Patient Safety	Y	Overall rating of 'good' from 2019 CQC Inspection Report. 'Requires Improvement' rating for Safe domain in CQC report. 'Must do' actions completed within Trust including safer staffing and supervision. Positive audit of Trust significant event investigation process.	Director of Nursing	Quality Committee	OPEN	A	A	A	Y	Y	12
Enhancing prevention, wellbeing and recovery	A	Robust monitoring arrangements developed through monthly operational delivery group to monitor waiting times. Areas of long waits reviewed and monitored through ODG and Quality Committee. COVID-19 command structure established and regular situation reporting detailing operational management and business continuity arrangements. Impact to Trust services and waiting list targets impacted as a result of COVID-19 national situation. Significant impact to children and young people's services due to significant reduction in referrals which may lead to peak in demand as schools reopen.	Chief Operating Officer	Quality Committee	SEEK	A	A	Y	A	A	16
Fostering integration, partnership and alliances	G	Active engagement continues across all stakeholder groups with demonstrable benefits. Trust taking active role in partnership work. Chief Executive involvement in core HCV planning group alongside the North Yorkshire and York (NYY) and Humber system work, as well as participating in a small national working group on Mental Health recovery. Ongoing work will influence and feed into the wider system. HCV has been successful in the application to become an Integrated Care System (ICS) which indicates confidence in the area and its leaders.	Chief Executive	Audit Committee	MATURE	G	G	G	G	G	6
Developing an effective and empowered workforce	Y	Statutory and mandatory training performance remains above target (88.1% at March 2020 against target of 85%). Rolling 12 month sickness performance has marginally increased compared to 12 months ago. Staff survey response rate at 40% which was 5% lower than the Trust response rate for 2018. Overall turnover remains reduced compared to 12 months previous. Appraisal completion has increased but remains slightly below target. 110.7 total registered nursing and 14.6 total consultant vacancies at March 2020.	Director of Workforce and OD	Workforce and OD Committee	SEEK	A	Y	Y	Y	Y	16
Maximising an efficient and sustainable organisation	Y	Trust financial position Month 4 2020/21 reported year-to-date break even. The Covid-19 Block Payments to the Trust are based on previous year's figures and confirmation of funding for Mental Health Investment Standards and Transformation funding is required. Cash position has stabilised and the Trust has maintained BPPC above 90% throughout 19/20 for non-NHS invoices. The Trust has identified surplus estate and has a strategy to maximise disposal value.	Director of Finance	Finance and Investment Committee	SEEK	Y	Y	G	Y	Y	15
Promoting people, communities and social values	G	Place plans and Patient Engagement Strategy implemented and positive service user surveys received. Social Values Report launched and a section has been incorporated into the annual report. More work is to be undertaken to promote service users/ care groups. NHSI videos launched. Co-production work continues with regular meetings. Involvement with local groups.	Chief Executive	Quality Committee	SEEK	A	G	G	G	G	9

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

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

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

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

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

Objective	Key Risk(s)	Q1 20-21 Rating	Q2 20-21 Rating	Target	Movement from prev. Quarter
Embed the characteristics needed to be recognised as a High Reliability Organisation	NQ37 – Inability to meet Regulation 18 HSCA (RA) Regulations 2014 regarding Safer Staffing.	9	6	3	↓
	NQ38 – Inability to achieve a future rating of 'good' in the safe domain at CQC inspection.	9	9	6	↔
	NQ48 – Staff not maintaining the quality of clinical supervision which may impact effective delivery of Trust services.	12	12	3	↔
Understanding of our local population's health needs to inform service planning, design and transformation	Command Risk 49 – As a result of the COVID-19 national emergency there is increased demand on the Infection Prevention and Control team. Demand on their service is currently exceeding capacity. If this is sustained this may impact upon the safety of patients and members of staff as this specialist knowledge may not be available when needed.	16	12	4	↓
Provide evidence based, innovative models of care that function as part of the integrated care system, developed in collaboration with patients, carers and commissioners that is clearly understood by the teams and improves the safety of patients within the local and wider system	No risks identified.				
Our research approach will be maximised through education and teaching initiatives and will support local priorities and influence our service user priorities					

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

Gaps in Control	Actions
(NQ37) Focus on safer staffing from a multidisciplinary team approach.	Development of work plan with focus on safer staffing from a multidisciplinary team approach to ensure the Trust has robust systems and processes in place in relation to safer staffing (31/12/2020)
(NQ38) Embedding of patient safety data monitoring through Trust DATIX Dashboards module.	Testing of embeddedness of DATIX Dashboard Module to ensure it is being used locally and at divisional level to monitor patient safety and to identify required actions / areas for quality improvement (31/12/2020)
(Command Risk 49) Small IPC team and significant level of demand as a result of COVID-19 situation. Cover needed for leave and any possible sickness.	Continue to provide HCAI guidance in line with any changes (31/12/2020)
(NQ48) Ability to capture supervision information via ESR.	Implementation of ESR self-service for recording and reporting supervision (31/12/2020)

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

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

Objective	Key Risk(s)	Q1 20-21 Rating	Q2 20-21 Rating	Target	Movement from prev. Quarter
Work in partnership with our service users, carers and families to optimise their health and wellbeing Optimise peoples recovery and build resilience for those affected by Long Term Conditions	OPS08 – Failure to equip patients and carers with skills and knowledge need via the wider recovery model.	9	9	3	↔
Prevention and Making Every Contact Count will be at the core of our strategy to optimise expertise for physical and mental health across our teams and the people they care for	OPS05 – Inability to meet early intervention targets (national – IAPT,EIP, Dementia)	6	6	3	↔
	OPS06 – Inability to meet early intervention targets (local – CAHMS , ASD, CYP)	12	12	3	↔
	OPS04 – Patients don't have the right level of physical healthcare support and there is not a cohesive alignment of mental health and physical health services to get parity of esteem.	9	9	6	↔
	LDC32 – As a result of increased demand for ADHD assessment and limited capacity within the service, there is a significant waiting list which may lead to increased safety risk for patients and others, impacting on the wellbeing of staff as well as reputational harm to the Trust.	12	12	4	↔
	Command Risk 46 – Failure to have a plan in place to address the anticipated surge in mental health referrals and increased demand on Trust services as a result of the COVID-19 national emergency and isolation measures implemented.	16	12	4	↓
Bridlington Health Town to be used as an exemplar to demonstrate model, associated benefits and opportunity for a community-based model of care	No risk identified				
Enhance prevention of illness and improve health and wellbeing of our staff, both physically and emotionally	Command Risk 2 – Risk to availability of personal protection equipment across the Trust which could impact on the safety of patients and staff as well lead to increased staff anxiety.	12	8	4	↓
	Command Risk 34 – Increased levels of anxiety, fatigue and potential mental health impact to staff working across Trust staff as a result of the COVID-19 national emergency and the implemented changes / different ways of working adopted by the organisation which could impact on the quality and sustainability of services.	16	16	4	↔
	Command Risk 7 – As a result of COVID-19 related absences included sickness and staff being in isolation, there may be staffing level shortfalls which could impact on patient and staff safety and continued delivery of services.	12	16		↑

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

Gaps in Control	Actions
(OPS08) Issues around service configuration feeding in to wider recovery approach.	Review of overall recovery strategy and alignment with service changes (31/12/2020)
(Command Risk 46) Ongoing review of Trust demand and surges of activity within mental health services.	Trust plans will be reviewed continuously through the command arrangements and operational sitreps (30/09/2020)
(Command Risk 34) Increasing stress-related staff sickness.	Divisions to determine what additional support can be offered the staff (30/09/2020)
(Command Risk 7) Staff sickness / absences across Trust Services.	Ongoing monitoring of staffing levels and COVID-19 related absences (31/12/2020)

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

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

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

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

Objective	Key Risk(s)	Q1 20-21 Rating	Q2 20-21 Rating	Target	Movement from prev. Quarter
Be a leader in delivering Sustainability and Transformation Partnership plans We will be clear about what we offer, who we offer it to and how we work with others	FI1174 - Lack of Trust involvement or influence in work-stream activity associated with Sustainability and Transformation Programmes (STPs), will in turn impact on our ability to influence and shape local commissioning plans. This may result in a failure to deliver strategic priorities, with an associated risk of developing a poor reputation and reduced business/income opportunities that may challenge future sustainability.	6	6	3	↔
Continue to provide opportunities for all service users, patients, carers, families, staff and communities to influence service planning and design	FI1180 - There is a risk to future sustainability and reputation, arising from a failure to compete effectively because we have not maintained and developed strategic alliances and partnerships and not increased our commercial/market understanding.	6	6	3	↔
Demonstrate increased collaboration with system partners to maximise efficiency and effective use of resources available across health and social care services.	FI1185 - Failure to utilise evidence based practice to inform and influence business decisions, resulting in the delivery of outdated service models, an inability to effectively compete with other providers and a subsequent loss of business/ income and reputation.	6	6	3	↔
Host partner organisations' staff and vice versa, to enable system workforce resilience	No risks identified.				

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

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

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

Positive Assurance	
Assurance	Source
- Rolling 12 month sickness has reduced compared to 12 months ago.	Trust Board
- Overall turnover remains reduced compared to 12 months previous.	Workforce and OD Committee
- Statutory and mandatory training performance remains above target (88.1% at June 2020 against target of 85%).	Workforce Insight Report
- Workforce Recruitment and Retention Steering Group.	Audit Committee
- Nursing Recruitment Manager in post.	
- Ongoing workforce risk actions to be reviewed by Workforce Recruitment and Retention Steering Group September 2020.	
- Sickness levels below Trust target at 4.99% (June 2020)	

Negative Assurance	
Assurance	Source
- Increased vacancy levels for Registered Nurse, Consultant and GP roles.	Trust Board
- Rolling turnover remains above Trust target and national median.	Workforce and OD Committee
- 126.8 total registered nursing and 15.0 total consultant vacancies at June 2020.	Workforce Insight Report
- Staff survey response rate at 40% which was 5% lower than the Trust response rate for 2018.	

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

Objective	Key Risk(s)	Q1 20-21 Rating	Q2 20-21 Rating	Target	Movement from prev. Quarter
Development of a health and engages organisational culture, clinical and support services working together as "One Team" to free up time for patient care.	WF07 – The quality of leaders and managers across the Trust is not at the required level which may impact on ability to deliver safe and effective services.	9	6	3	↓
Enable transformation and organisational development through shared leadership.	WF03 – Level of qualified nursing vacancies may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce.	15	15	10	↔
Optimise the staffing profile to ensure delivery of high quality care. Demonstrate that we are a diverse and inclusive organisation.	WF04 – Inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	15	15	10	↔
	WF05 – Current Consultant and GP vacancies may impact on the Trust's ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact on the credibility/reputation of the organisation.	15	15	10	↔
	WF10 – With current national shortages, the inability to retain Medical staff impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	15	15	10	↔
	Command Risk 7 – As a result of COVID-19 related absences included sickness and staff being in isolation, there may be staffing level shortfalls which could impact on patient and staff safety and continued delivery of services.	12	16	4	↑
	Command Risk 52 – Potential impact on staffing as a result of the introduction of the 'track and trace' application and associated arrangements.	15	10	5	↓
	WF09 – Staff Survey scores for staff with protected characteristics are worse than for staff not declaring a protected characteristics (particularly staff declaring themselves as not heterosexual and/or disabled)	9	9	6	↔
Increase our service offer to support work in partnerships with the STP/ICS and PCNs to optimise the workforce within the system.	No risks identified				
Ensure a well-trained digital ready workforce.	No risks identified				

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

Gaps in Control	Actions
(WF03) International recruitment programme.	Development of an international recruitment programme (Review at 30th September 2020)
(WF05) National workforce shortages.	Work on the Medical staffing model in light of national shortage and to consider different ways of working / skill mix within Trust GP services (Review at 30th September 2020)
(WF05) Different ways of working linked to GP roles.	
(Command Risk 7) Staff sickness / absences across Trust Services.	Ongoing monitoring of staffing levels and COVID-19 related absences (31/12/2020)

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

Positive Assurance	
Assurance	Source
- Financial position Month 4 2020/21 – Trust reported a break even position.	Trust Board
- Trust cash position has stabilised – underlying GBS bank balance was 16m at Month 4 and is expected to end the year at £15.000m.	Finance and Investment Committee
- Trust has maintained BPPC above 90% throughout 19/20 for non-NHS invoices.	
- Budget Reduction Strategy to deliver 5.778mof savings.	
- The Trust has identified surplus estate and has a strategy to maximise disposal value.	
- Embraced use of Digital Technology during respond to COVID-19.	

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

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

Objective	Key Risk(s)	Q1 20-21 Rating	Q2 20-21 Rating	Target	Movement from prev. Quarter
Optimise business opportunities to develop integrated services	FII180 – There is a risk to future sustainability and reputation, arising from a failure to compete effectively because we have not maintained and developed strategic alliances and partnerships and not increased our commercial/market understanding.	6	6	3	↔
Effective marketing plan that ensures clear and effective communication pathways and celebrates our successes jointly with our partners					
Embrace new technologies to enhance patient care across the health and social care system	FII177– Adverse impact of inadequate IT systems, failing to effectively support management decisions, performance management or contract compliance	8	8	4	↔
Optimise our IT system to improve access for staff and free up time for patient care	FII186 – Trust IT systems are compromised due to a Cyber Security attack/incident - this could be a malicious attack from an external third party or an accidental attack from inside the trust network due to inappropriate actions taken by staff, patients or visitors that compromise the IT systems security.	12	12	8	↔
Reduce our reliance on sustainability funding to achieve long term financial balance	FII205 – Risk to longer-term financial sustainability if tariff increases for non-acute Trusts are insufficient to cover AFC pay award and if sustainability funding is not built into tariff uplift for providers who are not using PBR tariff.	15	15	10	↔
	FII216 – Risk of fraud, bribery and corruption.	9	9	3	↔
	FII218 – If the Trust cannot achieve its Budget Reduction Strategy for 2020-21, it may affect the Trust's ability to achieve its control total which could lead to a significant impact on finances resulting in loss of funding and reputational harm.	9	9	3	↔
	FII219 – Failure to achieve the NHS Improvement Use of Resources Score for 2020/21 may result in reputational harm for the Trust and significant reduction in financial independence.	9	9	3	↔
	FII220 – The financial effect of COVID-19 and the risks that the full costs will not be recovered.	12	12	4	↔
Have an efficient estate that provides a safe and cost effective environment that is conducive to operational delivery	FII58 – Inability to address all risks identified as part of the capital application process due to lack of capital resource.	8	8	4	↔
	FII181 – Inability to improve the overall condition and efficiency of our estate.	8	8	4	↔
	Command Risk 53 – As a result of social distancing requirements and national guidance around safe working there is a risk that we do not have suitable accommodation to deliver Trust services safely.	16	12	4	↓

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

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

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

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

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

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

Objective	Key Risk(s)	Q1 20-21 Rating	Q2 20-21 Rating	Target	Movement from prev. Quarter
We will work with our partners to develop voluntary sector led, multi-specialty community hubs that focus on prevention, wellbeing and recovery	OPS08 – Failure to equip patients and carers with skills and knowledge needed via the wider recovery model.	9	9	3	↔
	MD05 - Inability to implement the Trust's Equality and Diversity strategy may impact on the Trust's ability to have a workforce trained and engaged with the equality and diversity agenda, limit accessibility to services and prevent achievement of the Trust's E&D aims.	6	6	3	↔
	MD06 - Reduction in patients likely to recommend Trust services to friends and family may impact on Trust's reputation and stakeholder confidence in services provided.	8	8	4	↔
Increase the utilisation and spread of our charity, Health Stars	No risks identified.				
Embrace and expand our use of volunteers					

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

Gaps in Control	Actions
(OPS08) Monitoring of patient outcomes	Review of overall recovery strategy and alignment with service changes (31/12/2020)
(OPS08) Issues around service configuration feeding in to wider recovery approach.	
(OPS08) Recovery focussed practice still to be fully embedded across the Trust	
(OPS08) Secured funding for Recovery College with Commissioners	Ongoing communication with commissioners regarding funding and awaited planning guidance (31/12/2020)

RISK SCORING MATRIX

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

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

		Rating	Rating
	WF05 – Current Consultant/ GP vacancies may impact on the Trust's ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact on the credibility/reputation of the organisation.	20	15
	WF10 – With current national shortages, the inability to retain Medical staff impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	20	15
	FII205 – Risk to longer-term financial sustainability if tariff increases for non-acute Trusts are insufficient to cover a/c pay award and if sustainability funding is not built into tariff uplift for providers who are not using PBR tariff.	25	15
	Command Risk 7 – As a result of COVID-19 related absences including sickness and staff being in isolation, there may be staffing level shortfalls which could impact on patient and staff safety and continued delivery of services.	16	16
	Command Risk 34 – Increased levels of anxiety, fatigue and potential mental health impact to staff working across Trust staff as a result of the COVID-19 national emergency and the implemented changes / different ways of working adopted by the organisation which could impact on the quality and sustainability of services.	16	16
	Command Risk 42 – Reduced bed base both nationally and locally leading to mixed population of patients, including age, sex or diagnostic group and resulting in increased use of out-of-area beds.	16	16
	Command Risk 64 – National and local issues with COVID-19 testing capacity and responsiveness for test results in the system which may impact on Trust staffing levels and the continued safe delivery of services.	16	16
	<ul style="list-style-type: none"> In line with the Trust's business continuity arrangements which were implemented during the COVID-19 pandemic, a risk register was developed to support the Trust's command structure and to capture all COVID-19 related risks. The COVID-19 risk register is subject to review by both Silver command operational and tactical meetings and is received weekly by Gold Command for Executive review. The highest rated risks (15+) captured on the COVID-19 risk register have been incorporated into the Trust-wide risk register for ongoing management and are included in the risk register extract that accompanies this report. 		

Monitoring and assurance framework summary:

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

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

Risk Register Update

1. Trust-wide Risk Register

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

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

Risk ID	Description of Risk	Initial Risk Score	Current Risk Score	Target Risk Score
WF03	Level of qualified nursing vacancies may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce.	20	15	10
WF04	Inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	20	15	10
WF05	Current Consultant and GP vacancies may impact on the Trust's ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact on the credibility/reputation of the organisation.	20	15	10
WF10	With current national shortages, the inability to retain Medical staff impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	20	15	10
FII205	Risk to longer-term financial sustainability if tariff increases for non-acute Trusts are insufficient to cover a/c pay award and if sustainability funding is not built into tariff uplift for providers who are not using PBR tariff.	25	15	10
Command Risk 7	As a result of COVID-19 related absences included sickness and staff being in isolation, there may be staffing level shortfalls which could impact on patient and staff safety and continued delivery of services.	16	16	4
Command Risk 34	Increased levels of anxiety, fatigue and potential mental health impact to staff working across Trust staff as a result of the COVID-19 national emergency and the implemented changes / different ways of working adopted by the organisation which could impact on the quality and sustainability of services.	16	16	4
Command Risk 42	Reduced bed base both nationally and locally leading to mixed population of patients, including age, sex or diagnostic group and resulting in increased use of out-of-area beds.	16	16	4
Command Risk 64	National and local issues with COVID-19 testing capacity and responsiveness for test results in the system which may impact on Trust staffing levels and the continued safe delivery of services.	16	16	4

2. Closed/ De-escalated Trust-wide Risks

There are **4** risks that were previously held on the Trust-wide risk register which have been closed / de-escalated since last reported to Trust Board in June 2020.

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

Risk ID	Description of Risk	Reason for Removal	Initial Risk Score	Current Risk Score
Command Risk 46	Failure to have a plan in place to address the anticipated surge in mental health referrals as result of the COVID-19 national emergency and isolation measures implemented.	Risk description updated and initial risk score reviewed. Reduced to current rating of 6 (Unlikely x Moderate) to reflect controls in place. Risk removed from Trust-wide risk register but remains open and is managed through the Covid-19 Risk Register.	12	6
Command Risk 49	As a result of the COVID-19 national emergency there is increased demand on the Infection Prevention and Control team. Demand on their service is currently exceeding capacity. If this is sustained this may impact upon the safety of patients and members of staff as this specialist knowledge may not be available when needed.	Risk reduced to current rating of 12 (Possible x Severe) to reflect controls in place. Risk removed from Trust-wide risk register but remains open and is managed through the Covid-19 Risk Register.	16	12
Command Risk 52	Potential impact on staffing as a result of the introduction of the 'track and trace' application and associated arrangements.	Risk reduced to current rating of 10 (Unlikely x Catastrophic) to reflect controls in place. Risk removed from Trust-wide risk register but remains open and is managed through the Covid-19 Risk Register.	15	10
Command Risk 53	As a result of social distancing requirements and national guidance around safe working there is a risk that we do not have suitable accommodation to deliver Trust services safely.	Risk reduced to current rating of 12 (Possible x Severe) to reflect controls in place. Risk removed from Trust-wide risk register but remains open and is managed through the Covid-19 Risk Register.	16	12

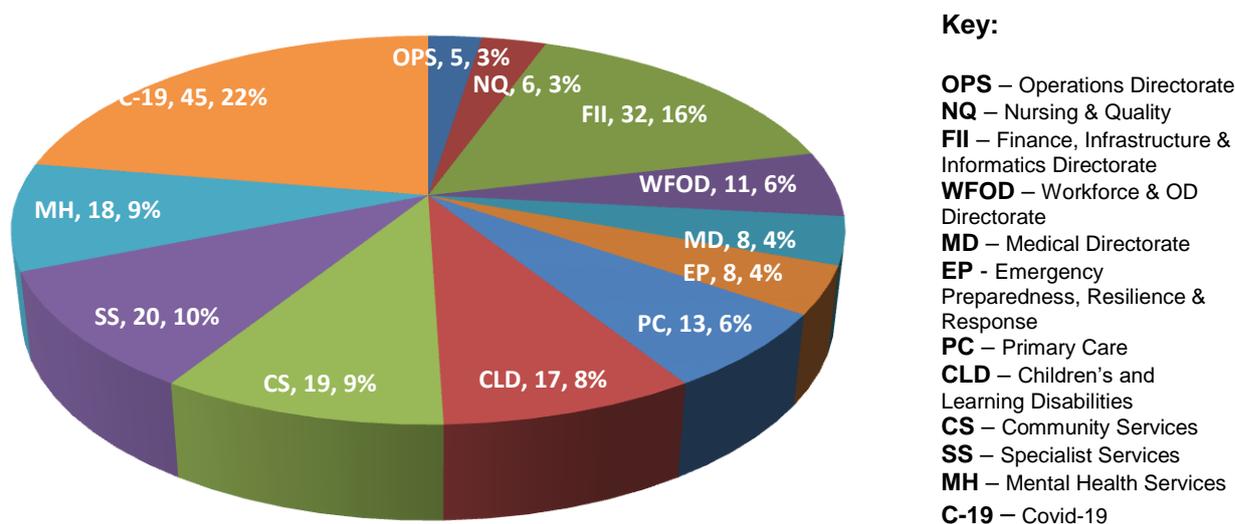
3. Wider Risk Register

There are currently **202** risks held across the Trust's Division, Directorate and project risk registers. This total also included the COVID-19 risk register managed through the Trust's Silver and Gold Command arrangements. The current position represents an overall decrease of **2** risks from the **204** reported to Trust Board in June 2020. The table below shows the current number of risks at each risk rating in comparison to the position presented to the June 2020 Board.

Table 4 - Total Risks by Current Risk level

Current Risk Level	Number of Risks – June 2020	Number of Risks – September 2020
20	0	0
16	4	4
15	6	5
12	47	51
10	3	3
9	57	54
8	39	37
6	40	40
5	3	3
4	2	2
3	3	3
2	0	0
Total Risks	204	202

Chart 1 – Total Risks by Division/ Directorate



4. COVID-19 Risk Register

As part of the Trust’s business continuity arrangements implemented as a result of the COVID-19 pandemic, a command risk register was established to monitor and effectively manage operational and tactical risk facing the Trust at this time. The COVID-19 risk register is reviewed by the Trust’s Silver Command operational and tactical meetings and by Gold Command on a weekly basis, with risks being escalated through the command structure as required. There are currently **5** risks identified through the command arrangements which have also been reflected on the Trust-wide risk register which records all risks currently scored at a rating of 15 or above.

Trust-wide Risk Register

Row	Risk ID	Description of Risk	Impact/Consequence Type		Key Controls	Sources of Assurance	Gaps in Controls/ Controls currently failing	Gaps in Assurance	Likelihood (Current)		Current Risk Score	Current risk	What additional actions need to be completed?	Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score	Target risk
			Likelihood (Initial)	Impact (Initial)					Likelihood (Current)	Impact (Current)											
1	WF03	Level of qualified nursing vacancies may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce.	Objectives Likely	Catastrophic	20 Significant	1. Detailed Recruitment plan in place (progress against which reported to EMT and Workforce and OD Committee). 2. Recruitment task and finish group in place.	1. Workforce and OD Committee. 2. Divisional ODG Meetings. 3. EMT. 4. Trust Board 5. ODG.	1. Expansion of new clinical roles needed. 2. Nurse Degree Apprenticeship Programme. 3. International recruitment programme.	1. 126.8 total registered nursing vacancies at June 2020.	Possible Catastrophic	15 Significant	1. Establishment review work to be completed and development and expansion of new roles such as Associate Practitioners and Advanced Clinical Practitioner roles (Review at 30th September 2020) 2. Development of Nurse Degree Apprenticeship Programme (Review at 30th September 2020) 3. Development of an international recruitment programme (Review at 30th September 2020)	Helen Lambert	Steve McGowan	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	10 High	High	
2	WF04	Inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	Objectives Likely	Catastrophic	20 Significant	1. Appraisal process. 2. Leadership and management development programmes. 3. Staff Health & Wellbeing Group and action plan. 4. PROUD programme. 5. Health and Social Care Professional Strategy. 6. Trust Retention Plan.	1. Trust Board monthly performance report. 2. Staff surveys. 3. Insight report to Workforce and OD Committee. 4. Workforce and OD Scorecard. 5. Accountability Reviews.	1. Trust-wide workforce plan delivery. 2. Formalised Band 5 Nurse Career development provision.	1. Current annual turnover 11.21% as at July 2020 2. Lack of career development opportunities indicated through employee exit interviews/questionnaires.	Possible Catastrophic	15 Significant	1. Delivery of staff survey departmental action plans tracked through Accountability Reviews (Review at 30th September 2020) 2. New-starter survey to help analyse new starter experience in first 6 months of employment (Review at 30th September 2020)	Helen Lambert	Steve McGowan	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	10 High	High	
3	WF05	Current Consultant and GP vacancies may impact on the Trust's ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact on the credibility/reputation of the organisation.	Objectives Likely	Catastrophic	20 Significant	1. Detailed Recruitment plan in place (progress against which reported to EMT and Workforce and OD Committee). 2. Recruitment task and finish group in place. 3. Trust-wide workforce plan.	1. Agency spend considered at Finance and Investment Committee 2. ODG. 3. EMT. 4. Workforce and OD Committee	1. National workforce shortages. 2. Different ways of working linked to GP roles.	1. 15.0 consultant vacancies June 2020 (4 consultant appointments made June 2020). 2. 4.1 GP vacancies of June 2020 (3 GP appointments made in June 2020).	Possible Catastrophic	15 Significant	1. Work on the Medical staffing model in light of national shortage and to consider different ways of working / skill mix within Trust GP services (Review at 30th September 2020)	Helen Lambert	Steve McGowan	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	10 High	High	
4	WF10	With current national shortages, the inability to retain Medical staff impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	Objectives Likely	Catastrophic	20 Significant	1. Staff engagement through TCNC (Trust Consultation and Negotiation Committee). 2. Staff Health & Wellbeing Group and action plan. 3. Trust retention plan as agreed with NHSI. 4. PROUD programme. 5. Recruitment and retention incentives 6. LMC - Positive staff engagement with medical workforce. 7. HRBPs support divisions with WOD scorecard.	1. Workforce and OD Insight Report. 2. Staff surveys. 3. Staff Friends and Family Test. 4. Workforce and OD committee. 5. EMT. 6. Workforce scorecard.	1. Lack of career development opportunities indicated through employee exit interviews/questionnaires.	1. Current annual turnover 22.30% as at June 2020, which is a positive reduction.	Possible Catastrophic	15 Significant	1. HR Business Partners to review exit questionnaire results and identify any hot spots in relation to limited career development opportunities (Review at 30th September 2020) 2. Completion of PROUD programme implementation plan (Review at 30th September 2020)	Helen Lambert	Steve McGowan	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	10 High	High	

Trust-wide Risk Register

Row	Risk ID	Description of Risk	Impact/Consequence Type		Initial Risk Score	Initial Risk Rating	Key Controls	Sources of Assurance	Gaps in Controls/ Controls currently failing	Gaps in Assurance	Likelihood (Current)		Current Risk Score	Current risk	What additional actions need to be completed?	Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score	Target risk
			Almost Certain	Catastrophic							Possible	Catastrophic											
5	FI205	Risk to longer-term financial sustainability if tariff increases for non-acute Trusts are insufficient to cover a/c pay award and if sustainability funding is not built into tariff uplift for providers who are not using PBR tariff.	Objectives	Almost Certain	25	Significant	1. Budgets agreed. 2. Monthly reporting, monitoring and discussion with budget holders. 3. Small contingency / risk cover provided in plan. 4. MTFP developed to inform plans. 5. Service plans. 6. Regular reviews with NHSE/I and relevant Commissioners 7. Budget Reduction Strategy established with MTFP. 8. Non-recurrent savings. 9. BRS reporting to FIC 10. Trust Control Total agreed 11. Financial plan agreed	1. Monthly reporting to Board and Bi monthly to FIC. 2. Monthly & Quarterly reporting to NHS I and NHS I feedback 3. ODG monitoring progress of BRS plans. 4. Budget Reduction Strategy policy and procedure agreed by Finance and Investment Committee and Trust Board. 5. External / Internal Audit position. 6. Regular input through Humber Coast and Vale ICS	None Identified.	1. Interim Planning Guidance and longer term plan guidance is awaited	Possible	Catastrophic	15	Significant	1. Budget Reduction Strategy implementation 2020-21 (31st March 2021).	Iain Omand	Peter Beckwith	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	10	High
6	Command Risk 7	As a result of COVID-19 related absences included sickness and staff being in isolation, there may be staffing level shortfalls which could impact on patient and staff safety and continued delivery of services.	Workforce	Likely Severe	16	Significant	1. Risk raised and action to be determined by Silver/ Gold Command. 2. Daily Staffing SitRep arrangements implemented. 3. Daily corporate huddle reviewing all incidents linked to staffing. 4. Surge plan developed and services will be reduced and available staff redirected to support critical services. 5. Staff and family member testing is now available and staff testing negative can return to work. 6. Trust staff antibody testing. 7. Track and trace arrangements. 8. Reinforced messages around social distancing through communications campaign. 9. Risk assessments undertaken in every trust work place for safe social distancing.	1. Silver Command 2. Escalated to Gold Command.	1. Staff sickness / absences across Trust Services. 2. Increasing bed pressures across Trust services. 3. Increasing testing requests amongsts Trust staff and level of symptomatic staff isolating.	1. 24 COVID-19 related absence (16th September 2020 SitRep)	Likely Severe	16	Significant	1. Further actions to determined by Silver Command Ops Meeting (Review at 30th September 2020) 2. Ongoing monitoring of staffing levels and COVID-19 related absences (Review at 30th September 2020)	Deputy COO Lynn Parkinson	Silver Command	Gold Command	Rare Severe	4	Moderate			
7	Command Risk 34	Increased levels of anxiety, fatigue and potential mental health impact to staff working across Trust staff as a result of the COVID-19 national emergency and the implemented changes / different ways of working adopted by the organisation which could impact on the quality and sustainability of services.	Workforce	Likely Severe	16	Significant	1. Trust occupational health support arrangements in place. 2. Trust Clinical Group established 3. Health and Wellbeing Group 4. Fast track access to Trust Psychologists (self-referral) 5. 'Shiny Minds' self-help app procured and available for all staff. 6. Staff encouraged to take annual leave and breaks. 7. Self-help and support resources available on Trust intranet. 8. Review of hot-spot areas	1. Silver Command (sickness data / referrals to OH) 2. Gold Command	1. Increased negative feeling / anxiety amongst frontline staff within services. 2. Issue in relation to service delivery and safe practice 3. Increasing stress-related staff sickness.	None identified.	Likely Severe	16	Significant	1. Divisions to determine what additional support can be offered the staff (Review at 30th September 2020)	Deputy COO Lynn Parkinson	Silver Command	Gold Command	Rare Severe	4	Moderate			
8	Command Risk 42	Reduced bed base both nationally and locally leading to mixed population of patients, including age, sex or diagnostic group and resulting in increased use of out-of-area beds.	Objectives	Likely Severe	16	Significant	1. Senior leadership consultation prior to consideration on whether usual restrictions on ward types can be relaxed. 2. Increased staffing numbers. 3. Ward layout to provide separate sleeping and bathroom area for female service users along with separate lounge areas.	1. Silver Command escalation 2. Escalated through Command structure.	1. Increase in staff sickness / absences across Trust Services. 2. Increased demand in some services areas. 3. Increasing bed pressures across Trust services.	None identified.	Likely Severe	16	Significant	Monitoring of Trust bed position / level of demand through updates to Silver Command (Review at 30th September 2020)	Deputy COO Lynn Parkinson	Silver Command	Gold Command	Rare Severe	4	Moderate			

Trust-wide Risk Register

Row	Risk ID	Description of Risk	Impact/ Consequence Type		Key Controls	Sources of Assurance	Gaps in Controls/ Controls currently failing	Gaps in Assurance	Likelihood (Current)				What additional actions need to be completed?	Target risk										
			Likelihood (Initial)	Impact (Initial)					Likelihood (Current)	Impact (Current)	Current Risk Score	Current risk		Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score	Target risk			
9	Command Risk 64	National and local issues with COVID-19 testing capacity and responsiveness for test results in the system which may impact on Trust staffing levels and the continued safe delivery of services.	Workforce	Possible	Catastrophic	15	Significant	1. Covid-19 symptomatic staff or household members advised to stay home for 10 days (individual) /14 days (individual and family member(s)) if no testing available. 2. Staff advised by the NHS Test Track and Trace service to isolate due to close positive contact to isolate for 14 days and may be asked to get testing via Pillar 2. 3. Staff alerted by our own Track and Trace service to follow local advice with manager and risk assessment to be completed. 4. Issues escalated through Trust command structure and through system forums.	1. Silver Command 2. Gold Command	1. Increasing staff testing requests and symptomatic isolating. 2. Delays in getting test results due to high demand.	None identified.	Possible	Catastrophic	15	Significant	1. Further actions to be determined by Silver Command Ops Meeting (Review at 30th September 2020) 2. Ongoing monitoring of staffing levels and COVID-19 related absences (Review at 30th September 2020) 3. Staff Testing SOP to be reviewed and updated (30th September 2020)	Deputy COO	Lynn Parkinson	Silver Command	Gold Command	Rare	Catastrophic	5	Moderate

Agenda Item 25

Title & Date of Meeting:	Trust Board Public Board Meeting – 30 th September 2020		
Title of Report:	Winter Plan – 2020/21		
Author:	Name: Lynn Parkinson Title: Chief Operating Officer		
Recommendation	To approve		To note <input checked="" type="checkbox"/>
	To discuss		To ratify
	For information		To endorse
Purpose of Paper:	<p>This year’s winter plan has been developed and formulated within the context of the ongoing expectation that the Covid-19 pandemic will continue throughout the winter months. This plan is overseen by our Emergency Preparedness, Resilience and Response (EPRR) command arrangements and the remit of our command structure has been expanded to include winter planning due to the interdependencies between our ongoing response to Covid- 19 and winter pressures. The purpose of this paper is to provide assurance that the critical issues that impact our ability to maintain our services robustly during winter have been taken into account. However the position that we face is unprecedented, managing winter pressures in the context of an ongoing pandemic is likely to be extremely challenging for our staff, our patients and their families.</p>		
Governance		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) <input checked="" type="checkbox"/>
Key Issues within the report:	<p>In setting out the plan and undertaking our preparations for winter this has been undertaken in the context of the ongoing impact of the Covid- 19 pandemic and the following factors:</p> <ul style="list-style-type: none"> • Contingencies in the event of a serious flu outbreak • Exiting the European Union • Sustaining our trajectories to meet service demand effectively and achieve access and waiting time requirements. • Adverse Weather 		

Monitoring and assurance framework summary:

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



	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
Have all implications been considered?	Yes	Yes Detail report	N/A	Comment
		Any Action Required?		
Risk	√			To be advised of any future implications reports as and when future implications by Lead Directors through Board required
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Winter Plan – 2020/2021

1. Introduction

This year's winter plan has been developed and formulated within the context of the ongoing expectation that the Covid-19 pandemic will continue throughout the winter months. The expectations of the needs to address this were set out by Sir Simon Stevens, NHS Chief Executive and Chief Operating Officer Amanda Pritchard from NHS England who wrote 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 which highlighted the position. 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.

In order to address the impact and recovery from Covid-19 a 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 24 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

This plan is overseen by our Emergency Preparedness, Resilience and Response (EPRR) command arrangement and the remit of our command structure has been expanded to include winter planning due to the interdependencies between our ongoing response to Covid-19 and winter pressures. The planning assumptions which underpin the Phase 3 element of our service planning have therefore fully incorporated the impact of winter pressures.

In setting out the plan and undertaking our preparations for winter, other factors have also been taken into account:

- Contingencies in the event of a serious flu outbreak
- Exiting the European Union
- Sustaining our trajectories to meet service demand effectively and achieve access and waiting time requirements.
- Adverse Weather

The Trust continues to work closely with our system partners across a wide range of forums and the work is now focusing generally on our plans to achieve an ongoing Covid-19 response, restoration of all usual activity and the anticipated usual winter pressures. Specific system recovery workshops and planning sessions have been held at HCV Partnership and subsystem levels, the Trust has participated and shaped the plans that have been developed to date. Recent focus within these forums has also been placed on stress testing the winter pressures component of the plans and other EPRR and system wide scenario planning events are taking place between now and the end of October to further assess the readiness of the plans to respond to the system pressures

This report will set out a summary of the key elements that have informed our planning and preparedness, that our approach to planning for the coming winter is robust, however that the complexities of planning for an ongoing pandemic and winter seasonal pressures make this winter likely to be extremely challenging.

2. Emergency Preparedness, Resilience and Response (EPRR)

A key element of our winter planning in previous years has always been to ensure that our service business continuity plans are robust and fit for purpose, this year the Covid-19 emergency has already provided significant opportunity to actively test them. These plans are in place for all of our clinical and corporate areas. Currently through our EPRR arrangements these plans are being reviewed to ensure that they accurately reflect the learning that has taken place since the pandemic commenced and that they are ready for the anticipated ongoing impact due to Covid-19 and winter pressures. This review and assurance process will be completed by mid-October and is being led by the EPRR team. Our managers have recently undertaken additional EPRR training focussed on the recommended approach of the Joint Decision Model, this equips them to use a recognised framework to support effective and safe decision making in the context of emergency planning and business continuity.

3. Performance, Demand and Activity

In developing the Continuity of Service and Sustainability Plan, work has been undertaken to anticipate and model the impact on clinical activity of Covid-19, recovery of all services and increased demand as a direct impact of the pandemic for Phase 3, August 2020 until March 2021. Our winter planning has therefore been predicated on the outcomes of this work along with the seasonal pressures that occur during winter. Whilst all clinical services have made plans to accommodate these pressures key areas of focus in our winter plan are:

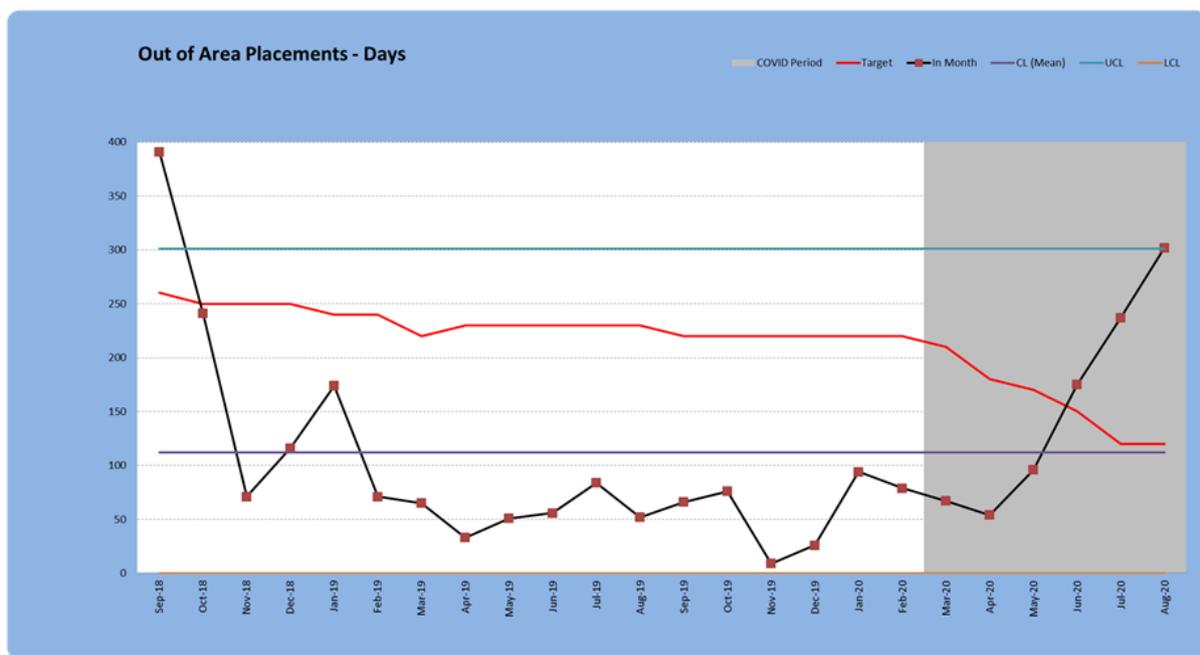
- Mental health acute care pathway including adult and older people's beds, mental health response service and the mental health liaison service.
- Community Mental Health Teams (CMHT) and Improving Access to Psychological Therapies (IAPT)
- Children and Adolescent Service (CAMHS) acute and crisis pathways
- Community Beds and Community (Physical Service) services

Mental health acute care pathway

Key to our planning is maintaining the patient flow through the acute care pathway. These services have performed well overall during the last two winters and significant to this has been:

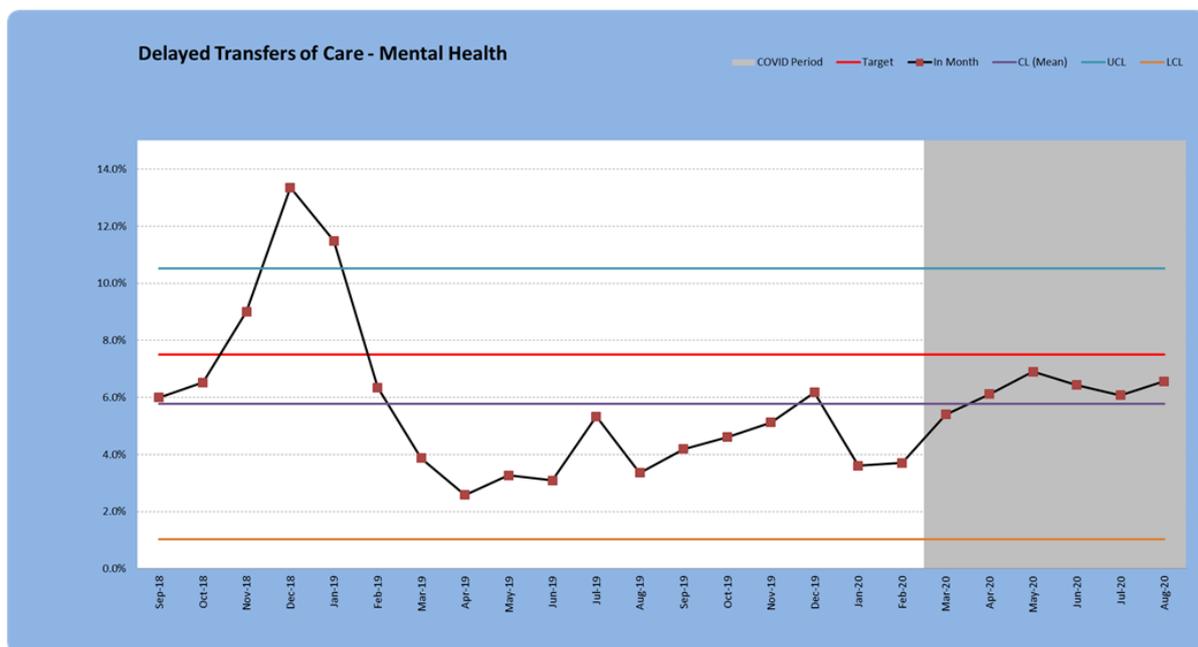
- Bed occupancy has been good
- Length of stay in beds has been stable
- Reliance on out of area beds has reduced
- Delayed Transfers of Care which have been high in past years improved considerably during the winter of 2019/2020.

Our winter planning assumptions this year have however needed to take into account that our bed occupancy is impacted by a small reduction in overall bed numbers due to the need to meet the covid safe working requirements and provision of cohort/isolation beds for covid positive patients. Increase demand for beds has occurred over the past four months and this has resulted in a rise in the use of out of area placements as the chart below demonstrates.



This increase is due specifically to a rise in demand for functional older people's mental health beds. Analysis of our acute bed flow continues to demonstrate that this is not due to delays in discharges or deterioration of length of stay but a rise in acuity of need which we assume is a direct impact of Covid-19. The position is being monitored closely and action is being taken to acquire access to additional beds locally in the short and medium term. Analysis of our demand suggests that we are likely to have an ongoing need for additional functional older people's beds through-out this winter. Our expectation is that access to out of area placements will be very limited as other mental health Trusts are experiencing similar pressures.

Successful work has been undertaken, specifically with our local authority partners to improve the position with achieving timely discharge (see chart below). In the first wave of Covid-19 however some pressure was experienced due to delays in discharge caused by lack of access to care home placements. Whilst this has improved recently a further surge in Covid-19 prevalence, outbreaks in care homes and pressures on acute hospitals are likely to make this position challenging this winter, hence the plan to secure additional older peoples beds to mitigate this.



The mental health response service and mental health acute hospital liaison service are key in addressing the demand for acute mental health care. Changes were made during the first phase of Covid-19 to stream mental health patients away from the hospital emergency department to Miranda House. This arrangement will be sustained through winter and we are working with Hull University Teaching Hospital (HUTH) to secure additional accommodation to ensure that there is sufficient capacity to achieve the access and performance targets required by this service. The mental health response service will remain focussed on timely response to crisis and urgent care need and providing effective alternative support to hospital admission through home based treatment where this is safe and appropriate. Prior to the Covid-19 emergency our mental health response service had introduced a crisis telephone line available to service users and the wider public 24 hours daily, this is now provided by Mind and continues to be effective in offering advice and signposting to appropriate services.

Community Mental Health Teams (CMHT) and Improving Access to Psychological Therapies (IAPT)

Maintaining timely access to community mental health teams is required to reduce increased demand on the mental health acute care pathway. Significant reduction was achieved in waiting times during quarter 4 2019/2020, this deteriorated as a direct impact of Covid-19. The position has now started to recover with an expectation that the national 4 week wait time standard for assessment will be met by the end of November 2020. The Improving Access to Psychological Therapies (IAPT) service is a core element of our offer to prevent the need for secondary mental health services. As a direct consequence of Covid-19 the interventions provided by this service have been enhanced by increasing our digital offer, increase in demand has been anticipated and recruitment is taking place which includes the possibility of home based working contracts, meaning that staff do not necessarily need to be based in the local area.

Children and Adolescent Service (CAMHS) acute and crisis pathways

Planning for the forthcoming winter for our CAMH services this year is directly impacted by Covid-19 whereby the community services experienced a 50% reduction in referrals during the first phase and this suppressed demand is now rising. The school and education system play a significant role in identifying mental health need in children and young people and therefore the position of schools remaining open or closing during the next phase of the pandemic will be instrumental in the expected demand for these services. Long standing waiting time pressures already exist for the neurodevelopmental pathways and whilst these are being addressed, the impact of Covid – 19 has seen the position deteriorate. Access to

the core CAMH community services has been improving with changes made to contact points (single point of referral) and the introduction of more effective clinical triage and screening. This impact is demonstrated in the chart below. Our winter planning assumption is that this improvement will be maintained although we have anticipated an increase in referrals.

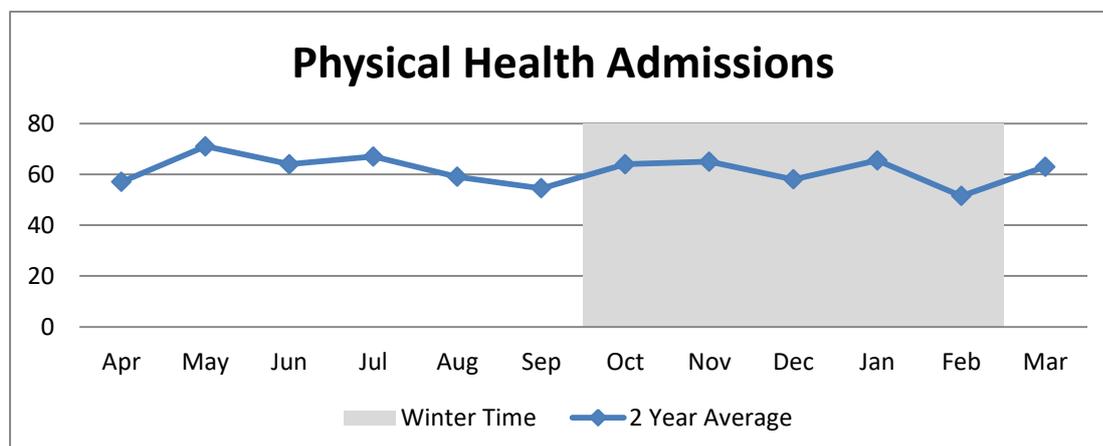
Hull CAMHS and Neurodevelopment (Including ASD) - all external referrals



Earlier in the year the availability of the CAMH crisis service was reduced due to unfilled vacancies, this has been improved and the service is fully restored. It is expected that this position will be maintained during winter. A proposal has been developed and is supported by our commissioners to establish a new home based treatment service which will provide intensive support to reduce the need for admission to hospital. This is currently being finalised, it is feasible that this service could be operational during quarter 4 2020/2021 although recruitment is expected to be challenging an innovative skill mix will aid this. The CAMH inpatient unit opened in January 2020, prior to this managing young people who required an inpatient bed when none were available locally could be extremely difficult for them, their families and our services. Often this previously led to an admission either to the acute hospital or to an adult acute mental health bed whilst a CAMHS bed was sought nationally. This pressure is now reduced. Similar to adult mental health services, as a direct consequence of Covid-19, a new 24/7 CAMHS crisis telephone line has been established and will be maintained over winter.

Community Beds and Community (Physical Service) services

Demand for community hospital beds has been stable during the two past winters (see chart below) and occupancy levels have remained good during the first phase of the Covid-19 pandemic and continue to be so currently.



Due to the redevelopment work now commenced at Whitby Hospital the ward has been decanted and the bed numbers temporarily reduced. Work has been undertaken across the North Yorkshire and York system partners to designate community beds as either Covid or non- Covid in line with national guidance. Whitby beds will be non-covid during the winter and we are awaiting the final position for the beds at Malton Hospital. New national guidance has recently been received which requires our community services to support the acute hospitals by expediting discharges with an expectation that this is achieved within an hour of a patient being medically fit to leave. As a direct impact of Covid-19 service changes have seen a new discharge to assess model established (see below).

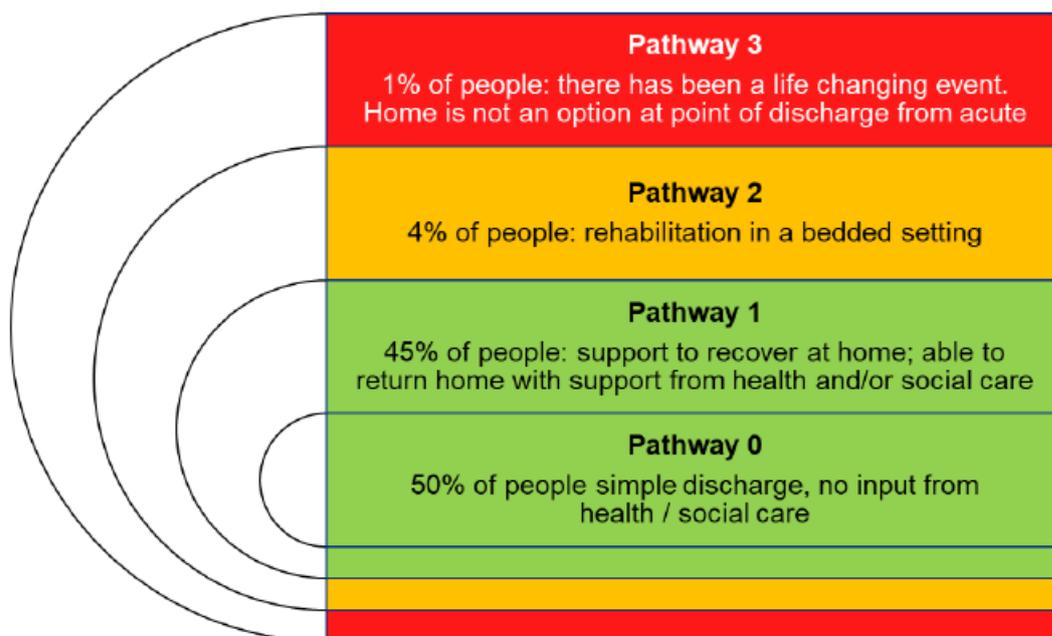


Figure 1: Discharge to Assess model

This is now working effectively and will be maintained during winter. Our planning assumption is that community activity will increase impacted directly by Covid-19 remaining prevalent and the requirement that acute hospitals restore elective activity. To manage this increase in demand effectively additional staffing resource is required, a proposal to set this out has been developed and is being progressed with the commissioners. A new national development of the NHS 111 service “talk before you walk” is expected to be implemented in quarter 4 2020/2021 which aims to reduce A&E attendances by 25%. It will rely on diversionary pathways being effective with the ability to book appointments directly with community services including Urgent Treatment Centres (UTC’s) and Minor Injuries Units (MIU’s).

4. Seasonal Flu

Protecting our work force and our patients from the impact of seasonal flu has been a priority for the Trust over recent years and this has seen successive improvement in the uptake of the flu vaccine by our staff. This year however with the impact of the ongoing prevalence of Covid-19 combined with the effect of seasonal flu, there is a significant risk to the availability of our staff to maintain services due to sickness absence. Preparation for the Trusts flu campaign has therefore received even higher priority this year and is being overseen by Gold and Silver command arrangements. Key to success, learning from past years has been the availability of peer flu vaccinators, last year we achieved 9, this year we have close to 100 undertaking their training in readiness to commence vaccinations at the end of October. The flu vaccine will arrive in staggered deliveries and our plan will commence with frontline clinical staff and ultimately every staff member will be offered the vaccine. Our communication campaign aimed at achieving increased uptake has been developed.

5. Workforce

Critical to both our Covid-19 planning and our winter plan is the availability of our staff in order to achieve safe staffing levels. Our ongoing plan to recruit to our hard to fill posts is actively being supported by our “Humberlievable” campaign. Work has also been undertaken to address the demand for flexible/bank staff as part of the winter preparedness process. During the first phase of Covid a new staff redirection protocol was instigated, this supported how we moved staff temporarily from less essential areas to maintain core and critical services due to lack of staff availability and increase in demand. This protocol will remain in use over winter to support our business continuity plans.

Whilst our sickness absence rate has been good over recent months, despite the ongoing impact of Covid. The health and wellbeing offer to our staff has been significantly enhanced, however they are reporting that they are fatigued. The risk of staff absence during winter due to Covid-19, seasonal flu and school closures therefore remains extremely high and this is reflected in our risk register.

6. Adverse Weather

Adverse weather has been considered as part of our winter planning. Our adverse weather policy remains in place and is being reviewed in light of lessons learnt from the Covid-19 emergency. Significant benefit has been achieved by equipping our staff and services to work remotely and this will enhance considerably our ability to mitigate the risk adverse weather poses to travel.

7. European Union Exit

The Trust continues to have planning arrangements in place to manage the impact of exiting the European Union. Our Director of Finance is the Senior Responsible Officer for this work. We continue to assess the impact on availability of staffing and supply chains. Currently these risks are not expected to be high, however they remain under review.

8. Conclusions

Focus will be maintained on our winter planning and preparedness and this paper provides assurance that the critical issues that impact our ability to maintain our services robustly have been taken into account. However the position that we face is unprecedented, managing winter pressures in the context of an ongoing pandemic is going to be extremely challenging for our staff, our patients and their families. Our planning for the first phases of the Covid-19 emergency proved effective, we have continuously reviewed and identified lessons learnt from this and taken those forward in our phase 3/4 and winter planning preparation processes. Through our command arrangements we will maintain our daily sitrep in order to identify and respond to pressures quickly and as effectively as we can.

Agenda Item 26

Title & Date of Meeting:	Trust Board Public Board Meeting – 30 th September 2020			
Title of Report:	Managing ligature and other environmental risks: Updated Guidance from the Care Quality Commission (CQC)			
Author/s:	Lynn Parkinson			
Recommendation:	To approve		To receive & note	x
	For information	x	To ratify	
Purpose of Paper:	To provide an update on the Trust requirements in relation to reducing harm associated with ligature and other environmental risks based on the recent correspondence received from the CQC Deputy Inspector of Mental Health services			
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 (continued)	Date
	Clinical Advisory Group	22.09.20		
	Clinical Environmental Risk Group	17.09.20		
			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>	<p>The recent correspondence from the CQC requires an organisational response to ensure that we are compliant with the updated guidance and most importantly ensure that we are taking every measure to improve patient safety and reduce harm from ligatures. This will include:</p> <ul style="list-style-type: none"> • Revision of existing policy to reflect recent alerts and updated inspection guidance • Refresh of ligature audits to reflect updated guidance • Refresh of governance processes and reporting of environmental risk to ensure ward to board oversight, escalation and assurance. • Prioritised financial investment to address identified ligature risks • Peer review process to examine awareness and effectiveness of ligature audit outcomes and mitigation at team level 			

Monitoring and assurance framework summary:

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



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	

Managing ligature and other environmental risks: updated guidance from the CQC

1. Background:

Dr Paul Lelliott Deputy Chief Inspector of Mental Health and Community services for the CQC contacted all Mental Health Trusts last year to outline concerns about the quality and safety of care provided on mental health wards. The Independent Review of the Mental Health Act and the NHS Long Term Plan both cited concerns about the physical condition

of wards and the need for them to be improved. The CQC set out a number of actions that they would take as the regulator of healthcare in mental health settings that focused on safety and leadership within organisations.

Kevin Cleary the new Deputy Chief Inspector has subsequently written to all trusts acknowledging the progress made in many organisations and in respect of specific areas of focus including reducing restrictive interventions and sexual safety. However he states that continued significant variation in the quality and safety of mental health services across the country exists, identifying that where organisations have adopted a collaborative approach and Quality Improvement (QI) methods using a defined methodology, there has been real progress. The Trust is currently part of the national sexual safety collaborative which adopts this approach to improving patient safety.

It is acknowledged that in relation to ligature risks many organisations have made significant improvement in their facilities and where new risks have been identified have acted very promptly to reduce and remove the risk. However, the CQC remain very concerned about a lack of improvement in some estate and the absence of a sense of urgency that change is needed in these organisations. They identify the continued notification of deaths on inpatient units by suicide where high risk ligature points have been identified where no *effective* action has been taken to manage the ligature points. Providers give mitigation in these circumstances as “staff to be more vigilant” or that the issue is on the capital projects register. However they state that leaving such an issue on the capital projects register for a prolonged period when they have been identified as requiring urgent resolution, risks serious harm to patients.

The correspondence outlines concerns that a number of trust policies still see lower level ligature points as ‘low risk’. They confirm that this is not the case and reinforce that all ligature points in areas where patients are vulnerable to self-harm and/or where they will spend time unobserved, such as toilets, bathrooms and bedrooms are high-risk. They confirm that Trusts should have revised their policies after the NHS Estates & Facilities Alert 2018 and should not be using any traffic light system or scoring tools that suggest such ligature points are low risk. They note that this does not appear to have universally occurred; the NHS England and Improvement Alert issued in March 2020 reinforced the need for this to happen, as many examples of trust policies that had not been updated were identified. Similarly they have found that many policies do not reflect the most recent inspection guidance form 2020.

2. Implications for future inspections

The correspondence clearly outlines what actions they will be taking going forward. As part of their well led inspections they will:

- Look at the Capital Projects Allocation for each organisation and the prioritisation of the allocation.
- Explore the non-executive directors understanding of the estates risks and how these impact on the safety and quality of care.
- Consider the degree to which the quality and finance sub-committees of the board have considered individual notified estates risks e.g. ligature points and the actions that they have subsequently taken.
- Look at the pathway from ward to board of risk information about estates.
- Critically assess the transparency and openness of board papers dealing with quality and safety that are in the public domain.

- Seek confirmation that trusts have environmental risk assessment policies that comply with the alerts listed above and the wider guidance summarised in our brief guide for inspection teams.

As part of all ward inspections they will:

- Discuss concerns about patient safety with staff and people using the service.
- Assess the degree to which concerns raised about safety and quality are listened to and acted upon.
- Determine the effectiveness of ligature audits and *their mitigations*, including an assessment of the human factors involved in their mitigations and their impact upon staff, i.e. the relationship between staff, the equipment they use in the workplace, and the environment in which they work.

3. Current Trust position and proposed actions:

The Risk Assessment of Clinical Environment policy, which includes ligature audits, was due for review in September 2021, however this has been brought forward to ensure that the policy aligns to the NHS England/improvement alert (2020) and the revised CQC inspection guidance (2020).

Our annual ligature report which contains the overview of ligature risk assessments undertaken for all of our mental health inpatient areas has recently been completed and will include specific recommendations in relation to any gaps in compliance with the updated CQC guidance. The oversight and delivery of the report recommendations are currently overseen by the Clinical Environmental Risk Group (CERG) and clear routes of escalation and assurance are through the Operational Delivery Group (ODG), Capital Programme Board and the Quality and Patient Safety group and ultimately to the Trust Board through the Executive Management Team (EMT) and the Quality and Finance Committees. This ensures non- executive director oversight and understanding of how estate risks are being prioritised and managed and the impact on patient care and safety.

The CERG currently hold a budget for and agrees prioritisation of ligature and other clinical environmental work. The allocation of funding to such work has been reviewed for the previous 24 months and future allocation of funding will be agreed based on the ligature audits which take into account the updated guidance.

A revised programme of peer reviews is scheduled to commence in September 2020. The review will need to include the issues identified by the updated CQC guidance including questions relating to the effectiveness of ligature audits and their mitigations. This will specifically consider how staff understand their relationship in managing risk in the context of the equipment they use and the environments they work within. The review will also consider how staff and patients are able to raise concerns about patient safety and how these concerns are addressed. The peer review process will also look at individual risk assessments and care plans to ascertain if they reflect known environmental risks and whether care plans reflect how these risks will be managed.

The Mental Health and Learning Disability Director of Nursing Forum is in discussion with the CQC and the Lead Nurse for Mental Health from the Chief Nursing Officer team to co-produce an approach to reducing harm associated with ligaturing in inpatient units. This will look at International research and evidence and a clear approach to quality assuring any manufacturing solutions. It will also consider adopting a comparable approach to reducing harm from Health Care Associated Infection (HCAI) and pressure damage. The Trust has identified and put forward a representative to be part of this national work.

4. Summary:

The recent correspondence from the CQC requires an organisational response to ensure that we are compliant with the updated guidance and most importantly ensure that we are taking every measure to improve patient safety and reduce harm from ligatures. This will include:

- Revision of existing policy to reflect recent alerts and updated inspection guidance
- Review of ligature audits to ensure they reflect the updated guidance
- Review of governance processes and reporting of environmental risk to ensure ward to board oversight, escalation and assurance.
- Prioritised financial investment to address identified ligature risks
- Peer review process to examine awareness and effectiveness of ligature audit outcomes and mitigation at team level

Agenda Item 27

Title & Date of Meeting:	Trust Board Public Meeting – 30 September 2020			
Title of Report:	Board Quality Improvement (QI) Project			
Author/s:	Sharon Mays, Chair Michelle Hughes, Head of Corporate Affairs Jenny Jones, Trust Secretary			
Recommendation:	To approve		To receive & note	✓
	For information	x	To ratify	
Purpose of Paper:	To provide an update on the work undertaken as part of the project and to share the outcomes of the project for discussion			
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:	The report summarises the Board QI projects and its outcomes. The project has followed the QI processes and flows			

Monitoring and assurance framework summary:

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

✓ Tick those that apply

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



Board Quality Improvement Project

Project Aim

The original project aim was agreed as:

To review the processes of the Board workplan to identify and reduce duplication in order to provide additional time for Board members to review the paperwork prior to each meeting.

The intention of the project was that Board papers would be collated and distributed to previously agreed timescales ensuring that Board members had more time to review the paperwork. It was also intended that any duplicates in the work plan would be reviewed and appropriate action taken. However, when reviewing the original scope it was clear that any additional time for Board members to receive and review the paperwork prior to each meeting was reliant on authors providing reports on time which had on occasion held up the set of papers being despatched.

This report summarises the work undertaken, what went well/not so well, agreed actions and recommendations summarised on page 4.

Work Undertaken

The project aim was reviewed in conjunction with the project sponsor, the Chair, to make it more meaningful and to ensure that any duplication between Board and committees were identified and clarified. For this reason, the project timeline was extended due to the additional actions and work identified

These actions included:-

- Review of Board workplan and action tracker against scheduled agenda items. This included adding a dependent meeting dates column to the tracker to ensure timely flow of information
- Auditing process for collation of papers in April and July 2019 in order to identify potential tasks affecting delay in distributing Board papers. This identified the timeliness of papers received from the Executive Management Team (EMT) being the cause of reduced time allowed for Board members to read papers. This was anticipated and led to the revised project scope. However, it should be noted that around the time of introducing the project, the timeliness of receipt of papers naturally improved as this had been previously highlighted by the Chief Executive.
- Analysis of receipt of papers against due date
- Review of Board front sheet to identify any areas for improvement/assurance
- Review of Board workplan against sub committee work plans to identify and resolve any duplication
- Affirmation of process for removing items from workplans and agendas to ensure a robust process was in place for reporting if items were not for Board and could be appropriately reported through a sub committee

A summary of what went well and what didn't go well is noted below:

What Went Well

- The project provided a focus for a complete review of papers, workplans and timeliness of papers
- An informal RAG rating of the receipt of Board papers within the designated timescales was introduced. At the time this started, and the QI project had been agreed, timely receipt of Board papers had already improved but it provided a useful record.
- The front sheet was updated to include a governance section showing where the report had been discussed prior to getting to Board. This has proved successful and received positive feedback and has now been rolled out to other groups and sub committees
- Director requests to remove/delay items from the workplan/agenda is being more closely monitored to ensure the Chair and Chief Executive are aware of all changes for review/confirmation
- The review provided the ability to refresh and confirm those items that could be reported through a sub committee as an assurance committee. Those agreed to date have been reflected on the workplan.

What Didn't go so Well

- The project escalated the more we considered the issues. It was expanded to include a review of the sub committee agendas to check whether papers that have been removed and delegated from the Board workplan are included on the agendas.
- Having time to focus on the project due to project escalation
- One of the main requests in developing a project brief was to provide additional time for Board members to review the paperwork prior to each meeting. However, the timeliness of papers from authors was the key impairment to this - papers are due for sign off on a Monday for despatch on a Tuesday - the review undertaken as part of this project did not change the customary Wednesday despatch. However, the Wednesday despatch is within the required timeframe for despatch and all papers are now included (with the exception of where assurance sub committees are held the week of despatch and these reports follow by the end of the same week)
- An NHS wide list of items for FT Boards is not available -where guidance is published it is not always explicit whether the item can go through sub committees and for the sub committee to provide assurance to Board. There is now greater clarity in some areas which has been reflected on Board and sub committee workplans and this work will continue after the project has ended.

Actions

Following discussion with the Chair some additional actions were agreed:-

- Current workplan to be included each month with electronic Board papers
- An update on any changes to the workplan to be specified in the e mail that is sent out with the Board papers.

- Updated workplans from sub committees will be obtained so that regular reviews can be undertaken to monitor whether items removed or delegated from the Board workplan have been submitted to the relevant sub committee
- Strategies – it was agreed that a way of ensuring strategies that are due for review and sign off at Board are monitored - these will now be listed and monitored through the Board workplan
- Sub committee assurance reports should highlight whether there have been any deviations to the sub committee workplans
- A system of recording the Non Executive Director leads for the Board for specific areas has been put in place. Details recorded include reference to where the request came from eg any specific guidance and the date of the Board meeting where it was agreed.

Recommendations and Actions Taken

- a) The Board workplan was approved by Board members for 2020/21
- b) Any changes to the workplan to be agreed by Chair/Chief Executive
- c) Workplan to be included with the actions log for each Board meeting (Trust Secretary to implement from October 2020)
- d) From April 2020 any changes to the items on the workplan due for that month are identified within the e mail sent to Board members with the papers by the Trust Secretary.
- e) Regular reviews of sub committee meeting papers to take place by the Trust Secretary to ensure that items that have been delegated and removed from the workplan are being received and discussed.
- f) An appendix to the workplan will be added to reflect any strategies that are due or where any updates are required. Strategies usually cover three years and any update would likely remain on an action log for up to a year before it is completed and they will not need to be identified on the workplan.
- g) Sub committee assurance reports to the Board produced by Non Executive Directors should identify on the front sheet if there have been any deviations to the sub committee workplans.

Jenny Jones
Project Manager

Sharon Mays
Project Lead