

Trust Board Meeting 24 February 2021
Agenda - Public Meeting

For a meeting to be held at 9.30am Wednesday 24 February 2021, via Microsoft Teams

		Lead	Action	Report Format
	Standing Items			
1.	Apologies for Absence	SM	To note	verbal
2.	Declarations of Interest	SM	To receive & note	√
3.	Minutes of the Meeting held on 27 January 2021	SM	To receive & approve	√
4.	Action Log and Matters Arising	SM	To receive & discuss	√
5.	Patient Story –My Involvement Journey	JB	To receive & note	√
6.	Chair's Report	SM	To note	verbal
7.	Chief Executives Report	MM	To receive & ratify	√
8.	Publications and Highlights Report	MM	To receive & note	√
	Performance & Finance			
9.	Performance Report	PBec	To receive & note	√
10.	Finance Report	PBec	To receive & note	√
	Assurance Committee Reports			
11.	Finance & Investment Committee Assurance Report	FP	To receive & note	√
12.	Mental Health Legislation Committee Assurance Report	MS	To receive & note	√
13.	Audit Committee Assurance Report	PB	To receive & note	√
14.	Commissioning Committee Assurance Report and Terms of Reference	PB	To receive & approve	√
	Quality and Clinical Governance			
15.	Covid 19 Report	LP	To receive & note	√
	Strategy			
16.	Risk Management Strategy 2021-2024 (Oliver Sims, Corporate Risk Manager attending)	HG	To receive & ratify	√
	Corporate			
17.	Equality Delivery Scheme Self Assessment	SMcG	To receive & approve	√
18.	Mental Health Act White Paper 2021	JB	To receive & note	√
19.	Integration and Innovation: working together to improve health and social care for all. White Paper	MM/MH	To receive & note	√
20.	Items for Escalation	All	To note	verbal

21.	Any Other Business			
22.	Exclusion of Members of the Public from the Part II Meeting			
23.	Date, Time and Venue of Next Meeting Wednesday 31 March 2021, 9.30am by Microsoft Teams			



Agenda Item 2

Title & Date of Meeting:	Trust Board Public Meeting – 24 February 2021			
Title of Report:	Declarations of Interest			
Author/s:	Name: Sharon Mays Title: Chair			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	The report provides the Board with a list of current Executive Directors and Non Executive Directors interests.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Monthly Board report	✓
Key Issues within the report:	<p>The declarations for Mr Patton have been updated and the following removed:-</p> <ul style="list-style-type: none"> • Non Executive Chair, Barnsley Facilities Services Limited • Non Executive Director Barnsley NHS Foundation Trust 			

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
Quality Impact	√			
Risk	√			
Legal	√			
Compliance	√			
Communication	√			

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

Directors' Declaration of Interests

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

	<ul style="list-style-type: none"> • 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 of BIIAB which is an awarding body for training in the hospitality sector • Non Executive Chair of BIIAB Qualifications Ltd
Mr Dean Royles, Non Executive Director (Voting Member)	<ul style="list-style-type: none"> • Director Dean Royles Ltd • Owner Dean Royles Ltd • Advisory Board of Sheffield Business School • Strategic Advisor Skills for Health • Associate for KPMG

Item 3

Trust Board Meeting
Minutes of the virtual Public Trust Board Meeting held on Wednesday 27 January 2021
by Microsoft Teams

Present: Mrs Sharon Mays, Chair
Mrs Michele Moran, Chief Executive
Mr Peter Baren, Non Executive Director
Prof Mike Cooke, Non Executive Director
Mr Francis Patton, Non Executive Director
Mr Dean Royles, Non Executive Director
Mr Mike Smith, Non Executive Director
Mr Peter Beckwith, Director of Finance
Dr John Byrne, Medical Director
Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals
Mr Steve McGowan, Director of Workforce and Organisational Development
Mrs Lynn Parkinson, Chief Operating Officer

In Attendance: Mrs Michelle Hughes, Interim Head of Corporate Affairs
Mrs Jenny Jones, Trust Secretary
Ms Loren Hakeney, Communications Officer
Kati, Peer Support worker (for item 04/21)
Ms Charlotte Watson, Associate Practitioner, PSYPHER. (for item 04/21)
Mrs Debbie Davis, Lead Nurse Infection Prevention & Control (for item 15/21)
Ms Cathryn Hart, Associate Director Research & Development (for item 16/21)
Mr Oliver Sims, Corporate Risk Manager (for item 17/21)

Apologies: None

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

- 01/21 **Declarations of Interest**
The declarations were noted. Any further changes to declarations should be notified to the Trust Secretary. The Chair requested that if any items on the agenda presented anyone with a potential conflict of interest, they declare their interest and remove themselves from the meeting for that item.
- 02/21 **Minutes of the Meeting held 25 November 2020**
The minutes of the meeting held on 25 November 2020 were agreed as a correct record
- 03/21 **Matters Arising and Actions Log**
The actions list was discussed and noted.

It was noted that the Equality Delivery Scheme Self Assessment would come to the February meeting.

04/21

Patient Story - From Patient to Peer Support Worker

Kati's and Charlotte joined the meeting to share Kati's journey of being in the Trust inpatient services to becoming employed by the Trust as a Peer Support Worker.

Kati came to the UK two years ago. Prior to this she had her own business and trained as a wellbeing coach. Following her father's illness, she became unwell and had trouble sleeping. After a psychotic episode Kati was detained under the Mental Health Act and admitted into Miranda House. During this time staff listened to her and she received excellent care. Some time later an admission to Westlands followed as Kati continued to struggle, again she received good care, but felt that some staff did not listen to her.

Kati began working with PSYPHER and saw a care co-ordinator who helped her through her illness. As she progressed Kati became better and after six months was back to her usual self. Last year she was encouraged to apply for a Peer Support Worker role within the Trust and was successful. She feels this is her way of giving back and saying thank you to the people who helped her. As she has lived through the experience she can also help other patients by letting them know that you can recover. The Peer Support Work role is a new role and still developing, however Kati felt that a proactive approach helps her to get the best from it including talking to other patients.

Board members thanked Kati for her inspirational story and for sharing it with them. Mr Patton asked if there was anything the Board could do to support her and others in the Peer Support Worker role. She felt that a message to staff to listen to people would help. As the role is in its infancy, Mrs Parkinson asked if there was anything else that could have been done in the initial period of coming into the role that would help. Kati said that she has a good supervisor, but other colleagues may not be in the same situation. She also felt that as she took a proactive approach and kept herself busy had helped her, but did feel that some more guidance would be helpful.

Professor Cooke asked how long a gap she felt was needed between being ill and being well enough to be employed. Kati explained that everyone is different and that she is aware of her limitations and emotions. She has therapy, support from her husband and from her supervisor which helps her.

Mrs Gledhill asked Kati if she would be willing to share her story with the newly qualified nurses as part of their training to better help them understand about listening. Kati said she would be honoured to support this.

Peer Support Workers are roles that the organisation has strived for and the Chief Executive said it is important to ensure that people in these roles continue to get support. The experiences that Kati had seen on the inpatient units will be used to help in developing and engaging staff. Kati found that staff had been surprised about the detail that she shared when she spoke with patients and that staff sometimes were not comfortable with this. She felt that if the Board could help to get the message out that this was how Peer Support Workers could help others it would be helpful.

It was agreed that Mrs Parkinson and Mrs Gledhill will take this forward and raise with the services and it will be communicated through the communication messages and Mr McGowan suggested it could also be raised at the Leadership Forum that is taking place shortly.

The Chair thanked Kati and Charlotte for joining the meeting.

05/21

Chair's Report

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

- Vaccination Centre – the Chair has been impressed with volunteers, staff and the

- leadership of Dr Byrne and Dr Chong in the successful role out of the programme
- Attendance at the Scarborough and Whitby Patient Carer Forum
- In her role as Staff Health and Wellbeing Guardian, the Chair attended the Staff Health and Wellbeing meeting where issues such as rest places for staff, planning priorities for next year and how to make a difference to staff health and wellbeing were discussed. The first national Wellbeing Guardian event takes place on 28 January. Mr Royles has agreed to be the Deputy Wellbeing Guardian.
- Lead Governor – Mr Sam Muzaffar has been elected as the Lead Governor from 1 February 2021. The Chair thanked Mr Huw Jones for the time and effort he has put into the role which he has held for the last two years.
- Governor elections - newly elected Governors start with the Trust on 1 February 2021
- External meetings – the Chair continues to attend regional, national and Humber Coast and Vale (HCV) meetings and events. Partner meetings with Terry Moran, Chair of HUTH and NLAG and Jason Stamp, Chief Executive of North Bank Forum have also been held.

Resolved: The verbal updates were noted.

06/21

Chief Executive's Report

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

- Christmas and New Year - The Chief Executive thanked staff for their continued support especially over the festive period.
- The Chief Executive continues to be "visible" joining team meetings and hosting Meet Michele sessions
- Vaccination Centre – videos have been shared with local MPs.
- Market Weighton Practice won the Clinical Improvement: Chronic Conditions Category of the General Practice Awards 2020 – congratulations and well done to the team!
- Care Quality Commission (CQC) - The CQC reviewed our well - led Key Lines of Enquiry on 26th January 2021. The remarkable achievements over the last four years were shared with input from staff. The virtual meeting is part of the new way of working which is out for consultation. The team were fantastic demonstrating the amount of evidence, examples and what they have done over the last year including the awards that have been won and quality improvement. There was a focus on safeguarding and despite the pandemic restrictions, units have been visited to ensure there is understanding and appropriate use of personal protective equipment (ppe) and checking of long term segregation. The Executive Directors were impressed with the work that teams have done during the current challenging time.
- Priorities for 2021 have been identified and will be shaped around our continuing journey.
- Flu – vaccinations continue to be offered to staff who require it and the target for this year's campaign is higher than last year's.
- Branding Launch – the new branding has been launched. The timing of this was considered, but there has been a high level of staff involvement and engagement it was decided to launch. All the work has been done in house by the Communications Team. Mrs Hughes reported that on the day of the launch 77% of staff viewed the information and the section asking 'why did we need a new visual identity' received 1500 likes.

Mrs Hughes also drew attention to;

- the Patient Information Portal work with the students of Hull University attracted 40 stakeholders to a workshop to progress options for the new online platform to provide patient information online.
- A survey on our vaccination Programme showed impressive results that 86%

found the webinars informative, 99% found the communications helpful, 99% found the process easy to follow and 100% found the instructions and information clear.

- Integrated Care System (ICS) – a response to the consultation document has been provided. Legislation is expected in September/October and it is hoped to go live in shadow form with a system approach. It will be similar to what there is now with two geographical care partnerships and linking in with Place. Running alongside the Provider Collaboratives for community, acute sector and mental health and learning disabilities. The Chief Executive is leading a piece of work to look at horizontal integration infrastructure.

Professor Cooke commented that this was a fantastic report during a tough time and there is some innovative projects going on. He was delighted to hear that the CQC meeting had appeared to go well and hoped that feedback from them would be progressed. Mr Patton agreed with Professor Cooke's comments adding that he was looking forward to seeing the Recovery Strategy and supported the Allied Health Professional approach that is being taken. With regards to workforce, the Workforce and Organisational Development Committee discussed the initiative and how to support it in terms of leadership and development and potential links to the charity going forward.

Mr Baren asked about Maister Lodge capital funding asking if this funding had to be spent quickly. Mr Beckwith explained this related to monies for six additional beds and its part of the ongoing conversations as part of the contracting discussions. Two successful bids were noted in terms of Maister Lodge and IT funding for Lorenzo request and results which will be a good move for clinical staff using it. The Finance and Investment Committee will look at capital expenditure at its next meeting.

The policies for Supporting Transgender Patients and Prescribing for General Practice Policy were ratified.

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

07/21

Publications and Highlights Report

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

Mr Smith referred to the Reforming the Mental Health Act White Paper which will be discussed at the Mental Health Legislation Committee at its February meeting. The paper is a response to the many issues raised in Sir Simon Wessely's 2018 report, including increased access to Tribunals and the Second Opinion Approved Doctor (SOAD) system. The role of Associate Hospital Managers will also be considered as the initial review was very clear that they would become more akin to 'hospital visitors' and the power of discharge would be removed. As this is a delegated function of the Board, the Chief Executive gave assurance that the Board will be kept updated. An organisational response is being collated and the Chief Executive asked for any comments from the Committee be feedback to Mrs Hughes. The Chair asked that a final version of the response is circulated for information.

Resolved: The report was noted.

Committee comments to be fed back for inclusion in the organisation's response Action

MS/JB

Final version of the response to be circulated to Board members Action MH

08/21

Performance Report

Mr Beckwith, Director of Finance, presented the report which informed the Board on the current levels of performance as at the end of December 2020. Indicators that have fallen

outside of the normal variation range included Early Intervention in Psychosis (EIP) (14 Days) and 52 Week Waiting Times.

The cash in the bank position had improved as the claim for September Covid reimbursement had been settled. Confirmation has been received that no block payment will be made in March to recover the additional month's funding that was provided at the start of the pandemic.

Mrs Parkinson provided an update on waiting times explaining that improvement was not seen in the December data which was a consequence of the second wave of Covid 19. Services have tried hard operationally to maintain all services, but due to high sickness absence some staff from community services were deployed to inpatient areas to ensure they were safely staffed. These actions impacted on the waiting lists. Staff working in Child and Adolescent Mental Health Services (CAMHS) autism were reduced and required to work in core CAMHS.

Demand continues to rise during this period and figures from mid January have shown that these figures have started to reduce and heading back towards the planned trajectories that have been shared with the Board previously. Work is also taking place with an external consultant to focus on supporting demand and capacity analysis work and this is due to be finished at the end of the month. The outcome of this work will help to capture the picture that sits behind the trajectories and provide more analysis on where we need to go next to optimise staffing resources to address the waiting lists. The work will also help to plan for any impact on surge planning for Covid 19.

Mr Royles acknowledged that an enormous amount of work has been done on waiting list. As Non Executive Directors (NEDs) it is their role to support and challenge to ensure the right things are being done in these areas. He recognised the ambition to address these issues but felt that nationally there should be further support and deployment of change around the system to deal with waiting lists that mental health services and CAMHS are facing. The Chief Executive agreed with these comments, stating that this is raised during conversations that are held and will continue to be raised at all levels. She felt that the organisation needs to keep articulating how it is improving this position. The £500m coming into mental health services should come through the children and young people's services. Mr Beckwith added that this money has been pledged for mental health and is expected to flow from April in the block calculations.

Mr Patton appreciated the update on waiting lists. He also noted the improvement in the Friends and Family test figures over the last few months. Referral to Treatment (RTT) on completed pathways was looking good, however he queried why incomplete pathways target was so high. Mr Beckwith confirmed this was a national target, but he would confirm this outside of the meeting. The Chief Executive suggested looking at the statistical process charts (spc) and link it to the national target.

The good position on mandatory training was noted by Mr Baren. He commented that on the dashboard, the sickness rates varied across the inpatient units, but PICU was very high and on clinical hours per day per patient Pine View and Ouse Ward had dipped. Mrs Gledhill has asked for these areas to be reviewed as when triangulating the data it did not make sense.

The Chair commented that slips, trips and falls had increased at Whitby. Mrs Gledhill reported that all incidents are reviewed and any concerns are escalated. An update to be provided to Board members outside the meeting around the slips, trips and falls incidents at Whitby.

Dr Byrne referred to mortality data noting there had been an increase related to the second wave of the pandemic. The increase is due to a rise in community service deaths in Scarborough and Ryedale where every death is captured. The rise is in relation to Older People services related to Covid 19. No issues are reported in inpatient settings. He explained that previously a six monthly report had been submitted to the Board that included

more detail and suggested that a similar report come to the Board in five or six months when all of the data will be available. It was agreed that the report would go to the Quality Committee prior to coming to the Board.

Resolved: The report and verbal updates were noted
Statistical Process Chart for Referral to Treatment to be linked to the national target Action PBec

Update to be provided to Board members outside the meeting around the slips, trips and falls incidents at Whitby Action HG

Mortality report to go to the Quality Committee then to a future Board meeting Action JB

09/21

Finance Report

Mr Beckwith presented the report which showed the financial position for the Trust as at 31 December 2020 with the main points being:-

- A break even operational position was recorded to the 31 December 2020
- Within the reported position is year to date covid expenditure of £11.292m
- Cash balance at the end of December was £32.680m, which is inclusive of an additional Block payment of £9.8m.

Mr Baren asked if future reports could include detail of the agency cap spend so the Board could see the comparison against the NHSI ceiling. It was agreed this would be added into the report.

The Chair asked for an update on the mental health underspend detailed in the report. Mrs Parkinson explained that recruitment is standing at 70% of 86 wte posts across the Community Mental Health Teams (CMHT) transformation programme which runs across 12 Primary Care Networks (PCNs). Recruitment to all non registered posts is complete. Recruitment of the registered workforce has been challenging and there is expectation that by the end of March there will be sufficient numbers recruited to complete the roll out.

The Chair asked about the Mental Health Partnership Office Overspend. Mr Beckwith will respond to this query outside the meeting.

Resolved: The report was noted.

Agency cap spend information to be included in future reports Action PBec

Mental Health Partnership Office overspend detail to be circulated outside of the meeting

Action PBec

10/21

Quality Committee Assurance Report & 7 October 2020 Minutes

Mr Smith presented the report to the Board and the minutes from the October meeting. He explained that it was a positive meeting and showcased the great work that is taking place. He was impressed with the Pharmacy presentation and the true multi-disciplinary team approach pharmacy technicians are taking on wards that affect patient care including the patient understanding their medication which is important.

Inspire Unit was discussed and the quality does not stop for Covid 19 and progress continues to be made.

The Quality Committee will consider any feedback from the Care Quality Commission (CQC) meeting when it is available.

Resolved: The report and minutes were noted

11/21

Workforce & Organisational Development Committee Assurance Report & 18 November 2020 Minutes

The report provided an executive summary of discussions held at the meeting held on 20 January 2021. Mr Royles thanked Miss Norton for her assistance in finalising the the

assurance report within a tight timescale. The chair and deputy chair of the Trust's LGBTQ staff network group were welcomed as observers to the meeting. Updates were received on Health and wellbeing, equality and diversity and staff vaccinations.

Each Division shared the work they have been doing with representatives attending the meeting. An update was also received on the Proud programme .

The Chief Executive commented that this Committee is the newest of the structure and the links with the Quality Committee and workforce are well established. It was good to see areas that are being discussed across the Committees.

The minutes of the meeting held on 18 November were provided for information

Resolved: The report and minutes were noted.

12/21

Charitable Funds Committee Assurance Report & 3 November 2020 Minutes

Professor Cooke presented the report following the meeting on 19 January 2021. The minutes of the meeting held on 3 November were provided for information.

The Charities support and proactive approach to staff was recognised in helping to improve staff morale. Work is planned with the BAME network and the Whitby appeal has been launched for £200k

It was noted that the quality of governance for the Committee has improved thanks to the work of the Committee and Smile.

Resolved: The report and minutes were noted.

13/21

Six-month Review of Safer Staffing – Inpatient units (April 2020- September 2020)

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

The report covered the period April 2020- September 2020 and gave a current position in relation to Care Hours per Patient Day (CHPPD) and key performance indicators (KPI) for each unit. Mrs Gledhill was pleased with the positive report which has also been discussed at the Workforce and Organisational Development Committee. The Pharmacy team is working with units and occupational therapists, Allied Health Professionals (AHPs) will be added into the dashboard in the future.

Mr Baren commented on the incidents relating to staff of no harm asking if there was harm how this would be reported. He was informed that this would be recorded in the reportable log due to confidentiality issues.

In relation to vacancies that are currently on PICU, following successful recruitment and some skill mixing to create a band 4 for a newly registered nurse associate there is one B5 RMN which is currently vacant which the unit is hopeful one of the 3rd year students on their final placements will take up and the nurse associate role will hopefully be filled by one of the new Nurse Associates when they qualify in March.

Resolved: The report was ratified by the Board.

14/21

Covid 19 Update

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

the approach being taken to address the requirements of phase 3 and 4 recovery planning

The impact of the second wave in October/November saw infections rates increase with Hull recording the highest rate in England for a while. Infection rates have now reduced, but remain a problem in some areas and a surge continues to be seen in North Yorkshire around Scarborough and Ryedale. Operational pressures were high during this period and sickness absence rose to 10% which was the highest level so far. Business Continuity Plans continue to be reviewed.

Staff continue to be amazing with their flexibility and commitment. Focus remains on staff health and wellbeing as they are fatigued and tired.

The roll out of the lateral flow testing was completed and staff take up of this has been high. Dr Byrne reported that 23,500 reports have been received from 2300 staff. Comparison with other organisations in the region shows the Trust to be at the top with these results. 41 asymptomatic positive results were identified.

The Vaccination centre is up and running and figures show that:-

6,300 people have been vaccinated including 4,700 health and social care staff, Trust staff and staff from other NHS organisations and Clinical Commissioning Groups. 1,600 patients from the Harthill Practice have also been vaccinated for JCVI and over 80s. 2,451 Trust staff have been vaccinated equating to 77% of staff. Thanks were extended to the Human Resources Director at York for support in vaccinating colleagues in Scarborough and Ryedale.

A return on the investment of the very low temperature freezer is being seen. The focus is on supporting bank colleagues and working with BAME colleagues to increase the uptake. 1-2% of staff have opted out who are predominantly female and work is underway to understand this more. No untoward incidents have been recorded in the Lecture Theatre.

In terms of the second dose, guidelines suggest this should be at 11 or 12 weeks which the Trust is following. If this changes, a review will be undertaken. Spare vaccine has been used for inpatients with approx. 40-50% receiving the first dose. Additional security precautions are in place to protect the valuable vaccination. Dr Byrne thanked the corporate staff and clinical areas that have helped to make the programme a success. The work of Dr Chong and Ms Jenkinson, the Deputy Chief Operating Officer has been invaluable in the roll out of the programme.

Mr Royles acknowledged the comments made by staff in that they felt valued to receive the vaccination at an early stage. The Chief Executive said that staff health and wellbeing continues to be a focus for the organisation. In conjunction with the acute sector work is underway around long Covid to see how this can be developed for staff. In terms of learning disability patients, she has written to the Licencing Committee to ask if consideration can be given to this cohort of people being vaccinated.

The Chair thanked the Executives for their part in the programme which has been a huge amount of work.

Resolved: The report was noted

15/21

Infection Prevention and Control Board Assurance Framework

Mrs Davies joined the meeting to present the report which provided a summary of compliance against additional actions that have been incorporated within the revised Infection Prevention and Control Board Assurance Framework Document published on October 2020 (version 1.4)

A review of the additional lines of enquiry has been completed by the Infection Control Team. Compliance is noted to have been observed in a large majority of the areas outlined within

the report however it is acknowledged that an immense amount of personal effort and commitment is needed by staff to continue to maintain this position.

Mrs Davis explained that the document is evolving since it was produced. Work has already been completed in each of the inpatient units and there is a clear plan and action plan within these areas. The main are of issued is around ventilation which can be difficult to mitigate in inpatient areas. However work has started to improve all of the required areas.

Mr Patton noted this was an excellent piece of work that gave good assurance. He explained to the Board that the staff at risk groups and risk assessment screening was discussed at the last Workforce Committee meeting and assurance given.

Dr Byrne said the team has provided significant support around the vaccination centre too. He asked if Mrs Davies about her thoughts on Lateral Flow Testing in the organisation and if it helped with infection control. Mrs Davies said that in her view Lateral Flow Testing should replace the PCR testing as it does pick up the infection and it is being looked at nationally. The test had helped to identify staff with asymptomatic symptoms which had helped to prevent outbreaks.

Professor Cooke thanked Mrs Davies and the team for their contribution to the Covid 19 response. The Quality Committee had discussed the document and Professor Cooke offered the Committee's assistance if it was required in the future.

In relation to risk assessments, Mr Baren asked if these had started to be reviewed for staff that had had the Covid 19 vaccination. From an Occupational Health perspective Mrs Davies said there was no good evidence nationally around the benefits of having the vaccination and the risk of transmission. She did not expect this would be available nationally until after the second dose had been given.

The Chief Executive thanked Mrs Davies and her team for all they have and continue to do. The acquired infection rates are so good due to staff diligence and the support, responsive and proactive approach from the Infection Control team. This was echoed by the Chair and other Board members.

Resolved: The Board noted the report.

16/21

Research & Development Report

The report provide the Board with assurance that work continues to enhance research in the Trust and ensure the Trust's obligations in relation to the delivery of NIHR Portfolio research and performance targets are met, thus facilitating opportunities for our community to participate in research, including that relating to COVID-19, to trial new interventions and enhance quality.

Ms Hart explained that the annual recruitment target for studies has been doubled this year which will help with funding for the new financial year. Less studies have been running due to the pandemic, but the organisation is involved in Covid 19 studies. Research projects that were paused have now resumed and progress continues to be made with research with some adaptations. A regional accountability review was held with Sheffield Teaching Hospitals which was positive with good feedback and it was pleased with the growth and development that has been made.

Research funding continues to be received from the Department of Health and this has funded an Addictions Doctor to do research around telemedicine. Covid 19 studies are being participated in and for the World Health Organisation where details of positive cases are shared to give a national picture. Some staff are also part of the Covid 19 vaccine trials.

There has been increased collaboration with Hull University Teaching Hospital and with the Integrated Care Service moving forward. There has also been involvement with the BAME

Yorkshire and Humber project. The team has also provided support to other areas of the Trust including emergency planning and the vaccination centre.

Different ways of working have been used to aid research including the virtual conference which was held over two half days.

Professor Cooke said he is proud of the programme under the leadership of Ms Hart, Dr Byrne and the Chief Executive. He has seen a change in studies into intervention studies getting involved and the proactivity of the team has been outstanding. It is important for the organisation to be involved in the Covid 19 research. He recognised that the conference arrangements were stressful but it was a coup to have the two national tsars and Tony Avery for applied research.

Mr Patton agreed the conference was a success. He said that feedback was that this is a preferred method of delivery and that perhaps a hybrid of virtual and in person could be used in the future as has been done by other companies. The Chief Executive said this could be looked at for the next conference. From her CRN chair perspective, she was pleased to see what organisations are doing to transform and diversify and seeing the shift in research coming into the community and primary care.

The Chair thanked Ms Hart for presenting her report.

Resolved: The report was noted

17/21

Risk Management Strategy 2021-2024

Mr Sims, Corporate Risk Manager, explained that the strategy has been developed to continue the improvements to risk management arrangements within the Trust, and sets out clear ambitions to further strengthen the maturity of its underlying processes and the culture within the organisation over the next three years. The main changes made were in relation to section 4 and there has been further alignment to the Trust's goals.

Professor Cooke thought this was a good piece of work. He noted there was an internal focus especially around ambitions 1-3 and wondered whether there should be consideration of the Provider Collaborative and the Integrated Care Service. He also suggested there should be something around Covid 19 as there were a number of policies that were reviewed quickly and some consideration for the future could be included. If the Care Quality Commission (CQC) identified anything around risk this should also be included. Mrs Gledhill thanked Professor Cooke for his observations and will discuss at the Executive Management Team (EMT) around the future landscape that could be included. The CQC did ask about risk management and the risk register and the command arrangements in place for Covid 19.

Mr Patton supported the comments made. He said there was the "hearts and mind" issue and how it is communicated better for example having a development and implementation session. Mrs Gledhill will make reference in the strategy to the Patient Safety Strategy and the collaboration picture. Mr Royles referred to mitigation post Covid 19 and managing the expectations. Mrs Gledhill said a dynamic risk management approach is taken and there are robust governance arrangements, but will look at where inclusion about ambitions can be done.

It was agreed to bring the revised strategy back to the February Board for ratification. It was also asked that the new branding be used.

Resolved: The Board noted the Risk Management Strategy which will come back to the February meeting for ratification when the revisions have been made **Action HG**

18/21

EU Exit Update

Mr Beckwith presented the report which provided the Board with an update on the Trust's position following the EU exit.

Having left the EU with a deal including zero tariff on customs which was anticipated to have a 2/3 days delay. The Brexit Group will continue to meet until the end of April and will provide updates to the Board.

The Board's attention was drawn to a potential challenge in relation to Dutch/Holland hauliers who would not be able to progress unless they had a negative lateral flow test. Testing capacity has been put in place for north and south bank ports and no significant delays have been seen. Dr Byrne acknowledged that the UK had not seen as much disruption, but felt it might not be the same for other countries. In Northern Ireland full custom checks are taking place and he personally felt there would be an issue for the UK in July when the full checks are introduced.

Mr Baren referred to EU nationals and how future recruitment may be affected. Mr McGowan explained that support is being given for existing staff and the same would be offered for any new recruits. Dr Byrne reported that at the moment there are no issues with medics however there was no guarantee this would be the case going forward. The risks are understood by the GMC and Health Education England and it is not necessarily in the Trust's gift to fix although the Trust does everything it can to mitigate against any risks.

The Chief Executive explained there is a big campaign around international recruitment which is running in conjunction with Tees, Esk and Wear Valley to encourage people into mental health posts. Some conversion of qualifications is required for some posts and the Trust supports these staff and any new EU staff. Details are provided to the Workforce and Organisational Development Committee and it was suggested that the Committee look to gain assurance.

Resolved: The report was noted

19/21

Annual Declarations 2020/21

The Trust is required to make annual declarations after the financial year end. The report provided the Trust Board with a summary of the annual declarations that are required to be made by the Trust, evidence of how the Trust meets these declarations whilst ensuring that the views of Governors have been taken into consideration.

Mr Baren asked if there would be any changes needed due to the Provider Collaborative and being a commissioner as well as a provider. Mr Beckwith explained that no guidance has yet come out about commissioning and if there are any points they will be included.

The Chair had some observations which she will send to Mr Beckwith. The report will go to the Council of Governors meeting in April.

Resolved: The report was noted.

20/21

Council of Governors Meeting Minutes – 15 October 2020

The minutes from the meeting held on 15 October were presented for information.

Resolved: The minutes were noted

21/21

Items for Escalation

No items were raised

22/21

Any Other Business

No other business was raised.

23/21

Exclusion of Members of the Public from the Part II Meeting

It was **resolved** that members of the public would be excluded from the second part of the meeting having regard to the confidential nature of the business to be transacted, publicity of

which would be prejudicial to the public interest.

24/21

Date and Time of Next Meeting

Wednesday 24 February 2021, 9.30am by Microsoft Teams

Signed Date

Chair

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

Summary of actions from January 2021 Board meeting and update report on earlier actions due for delivery in February 2021						
<i>Rows greyed out indicate action closed and update provided here</i>						
Date of Board	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
27.1.21	04/21	Patient Story	It was agreed that Mrs Parkinson and Mrs Gledhill will take this forward and raise with the services and it will also be communicated	Chief Operating Officer/ Director of Nursing, Allied Health and Social Care Professionals /Head of Corporate Affairs	February 2021	Paul Johnson, Clinical Lead provided a session about the peer support worker role at the last senior leadership forum. A further session is planned to continue to raise awareness of the role. Mrs Parkinson is meeting with the peer support workers to understand what more the Trust can put in place to support these new roles well.
27.1.21	07/21(a)	Publications and Highlights Report	MHL Committee comments to be fed back for inclusion in the organisation's response	Medical Director	February 2021	Covered off in Committee and referenced in the assurance report
27.1.21	07/21(b)	Publications and Highlights Report	Final version of the response to be circulated to Board members	Head of Corporate Affairs	March 2021	Item not yet due
27.1.21	08/21(a)	Performance Report	Statistical Process Chart for Referral to Treatment to be linked to the national target	Director of Finance	February 2021	National Waiting Times targets exist for EIP and IAPT, the remainder of the

						waiting times standards are based on 18 week standards (<i>former national targets</i>)
27.1.21	08/21(b)	Performance Report	Update to be provided to Board members outside the meeting around the slips, trips and falls incidents at Whitby	Director of Nursing, Allied Health and Social Care Professionals	February 2021	E mail circulated 8.2.21
27.1.21	08/21(c)	Performance Report	Mortality report to go to the Quality Committee then to a future Board meeting	Medical Director	June 2021	Item not yet due
27.1.21	09/21(a)	Finance Report	Agency cap spend information to be included in future reports	Director of Finance	February 2021	Report updated to include Agency Spend
27.1.21	09/21(b)	Finance Report	Mental Health Partnership Office overspend detail to be circulated outside of the meeting	Director of Finance	February 2021	Notes sent to Board Members
27.1.21	17/21	Risk Management Strategy	Strategy to come back to the February Board for ratification following amendments	Director of Nursing, Allied Health and Social Care Professionals	February 2021	Item on February 2021 agenda

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

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

Trust Board Public Workplan 2020/2021 – (no August or December meeting) (v16)

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:												
Deleted /Removed Items												
Digital Plan Annual Update – reports into Finance and Investment Committee		PBec		x	x	x						
Estates Strategy Review –reports into Finance and Investment Committee		PBec				x				x		
Estates Annual Update - reports into Finance and Investment Committee		PBec				x						
Procurement Strategy Annual Review – reports into Finance and Investment Committee		MM				x				x		
Workforce & OD Strategy including an Annual Refresh – reports into Workforce & Organisational Development Committee		SMcG		x					x			
Guardian of Safeworking Quarterly Report – reports into Workforce & Organisational Development Committee		JB	x			x		x		x		
Sustainable Development Management Plan Update –reports into Finance and Investment Committee		PBec										
Equality Diversity and Inclusion Public Sector Duties- reports into Workforce & Organisational Development Committee		SMcG										
Safeguarding Annual Report (internal) – reports into Quality Committee re-added to Board Workplan Sept 20		HG					x					
Internal Audit Annual Report – reports into Audit Committee		PBec										
Review Risk Appetite moved to July as per previous year and moved to part II July		HG				x						

Agenda Item 5

Title & Date of Meeting:	Trust Board Public Meeting: 24 th February 2021			
Title of Report:	Patient Story – My Involvement Journey			
Author/s:	Name: Lorna Barratt Title: Senior Patient and Carer Experience Co-Ordinator			
Recommendation:	To approve		To receive & note	
	For information	✓	To ratify	
Purpose of Paper:	To inform Board members of Jean’s journey from being involved in Trust activities to becoming a Service User/Carer Governor for the Trust.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Patient Story	✓
Key Issues within the report: <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<p>The key messages of the Board story are:</p> <ul style="list-style-type: none"> Jean’s experience of caring for her family members Jean is passionate about participating in many Trust activities including Research and Development and Patient and Carer Experience. The story highlights Jean’s experience of becoming involved in Trust activities through her lived experiences. 			

Monitoring and assurance framework summary:

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

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

Agenda Item 7

Title & Date of Meeting:	Trust Board Public Meeting – 24 February 2021			
Title of Report:	Chief Executive's Report			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	✓
Purpose of Paper:	To provide the Board with an update on local, regional and national issues.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Monthly report to Board	✓
Key Issues within the report:	<ul style="list-style-type: none"> Identified within the report Policies to ratify 			

Monitoring and assurance framework summary:

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

✓ Tick those that apply

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

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

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

1 Around the Trust

1.1 Slavery and Human Trafficking Annual Policy Statement.

This statement is made pursuant to section 54(1) of the Modern Slavery Act 2015

1. Organisational Structure

The Trust provides a wide range of health and social care services across a large geographical area that includes Hull, the East Riding of Yorkshire and North Yorkshire and provides specialist mental health services to people from across the UK.

We became a foundation trust ten years ago. We employ approximately 2,500 substantive staff who work at numerous sites and locations across our catchment area throughout the East Riding, Hull and Whitby.

2. Our Arrangements to Prevent Slavery and Human Trafficking

We are committed to ensuring there is no modern slavery or human trafficking in our supply chains or any part of our business activity. Our commitment is covered by our approach to modern slavery and human trafficking, which is part of our safeguarding strategy and arrangements.

Policies

Our commitment to ensure no modern slavery is reflected in a number of our policies and procedures including:

- Adults and Children Safeguarding policies - through these we address modern slavery issues with level three training and also provide e-learning as a stand-alone training module for modern slavery.
- Raising Concerns and Freedom to Speak Up Policy - this policy reminds anyone who works (or has worked) in the NHS, or for an independent organisation that provides NHS services that they are able to raise concerns - this includes agency workers, temporary workers, students, volunteers, sub-contractors and governors.

Recruitment

We operate a robust recruitment policy, including conducting eligibility to work in the UK checks for all directly employed staff, and agencies on approved frameworks are audited to provide assurance that pre-employment clearance has been obtained for agency staff, to safeguard against human trafficking or individuals being forced to work against their will
Procurement and Supply Chains

When procuring goods and services we apply NHS Terms and Conditions, a contract condition within the terms is compliance with the Modern Slavery Act 2015. All suppliers must comply with this as well as all relevant law and guidance and they are required to use good industry practice to ensure that there is no slavery or human trafficking in its supply chain. It is also a requirement that they should notify the Trust immediately if it becomes aware of any actual or suspected incidents of slavery or human trafficking in its supply chains.

1.2 Pre Hire Inter Authority Process (IAT)

The organisation successfully switched on the pre hire IAT on 1st January. This allows us to passport data around between NHS organisations, such as personal details, training records, bank accounts and so on. This has two main benefits of:

1. Massively reducing the amount of data entry required when adding new starters to the system, with the eventual goal of removing documents such as the starter form
2. Improving the employee experience by having all of their data available to them on their start date and not having to provide documentation again or repeat training from a previous trust

Completing the IAT pre-hire essentially means we start transferring data across as early in the recruitment process as possible while they are still an applicant, instead of waiting until they start.

1.3 Safety Briefing Paper

Detailed below are the main points for all safety aspects completed by the safety team:

Fire:

- All fire risk assessments are within date
- Annual fire safety certificate has been completed and submitted. No outstanding items identified.
- Fire warden training has been placed as an online course since December 2020.
- All Humber buildings continue to achieve full compliance with the enforcing authority.
- Fire safety was subject to an external audit and was successful in the audit. Minor point regarding the fire safety policy was identified, amended.

H&S:

- All H&S safety inspections have been completed.
- Advice given when requested to staff regarding home risk assessments. Staff have raised questions around room ergonomics and posture and these areas these have been addressed and advised upon.

Security:

- All security inspections have been completed.
- Modular building security assessments have commenced for staff to use during the COVID periods.
- Liaisons with NHS organisations continue whereby intelligence regarding criminal acts and COVID related incidents are shared.

For the 2021 period each building will be assessed on a single day. Fire, Security, H&S and COVID assessments will be completed at one visit. This will have a twofold effect, the first is that as only one visit will be required the 'down' time of staff facilitating the inspector will be reduced and items identified and remedial actions can be dealt with for all disciplines at the same time.

1.4 Branding

To share some feedback with the Board following the brand workshops earlier this month, over 100 members of staff attended and there was excellent engagement and a lot of enthusiasm for the new brand and the brand centre.

The communications team will now be running these workshops every three months to pick up new starters and those who could not attend. It's a good way to keep the brand fresh in everyone's memories. We will also be adding new templates all the time as they are requested and developed so a good way to show those too.

Jess Lees, an apprentice working in the Workforce and Organisational Development team is supporting Health Education England publicity week.

1.5 Redesigning Adult Inpatient Mental Health Services

Work continues to refine the form and function of the planned new build in order to obtain an accurate assessment of the capital cost and ensure that affordability is optimised. As part of this work a decision has been taken to separate the scheme for corporate accommodation included in the initial scope for this programme and to manage the provision of corporate accommodation as a

distinct project. This is because the specification for corporate accommodation has been changed through the Covid- 19 pandemic and the impact of remote working.

A meeting has been held with NHS England/Improvement (NHS E/I) to present the rationale for the business case and obtain a better understanding of the process for accessing capital funding. Currently the Health Infrastructure Programme (HIP) is the only route to access major capital, and the process for the next tranche of applications is not expected to be announced until the autumn 2021 at the earliest. NHS E/I have advised the Trust to use the work undertaken on developing the Outline Business Case (OBC) to refine and strengthen the original Strategic Outline Business Case (SOC), and to delay further development of the OBC until the route to accessing capital is announced. The Draft updated SOC should be available for the April 2021 Board.

2 Regional News

2.1 Local Government Reorganisation – York and North Yorkshire

We have been contacted regarding the issue of local government reorganisation in York and North Yorkshire, and invited to discuss the proposals.

The council are expecting the Government to announce a consultation on proposals for reorganisation in the next few weeks.

As you may be aware, before Christmas, the six district and borough councils of Craven, Harrogate, Richmondshire, Ryedale, Scarborough and Selby, submitted to Government a full business case for an 'East & West' model of local government reorganisation.

This model would see Craven, Harrogate, Richmondshire and Hambleton join together to form a unitary council in the West, and Selby, City of York, Ryedale and Scarborough join together to form a unitary council in the East.

Details will be circulated to Board members for any comments.

2.2 Humber Coast and Vale (HCV) Communication and Engagement Services

Lindsay Cunningham, who has led the delivery and co-ordination of the Humber Coast and Vale (HCV) communication and engagement services in the Partnership over the last 4 years, is moving on to lead the communications and engagement for the Humber Acute Service Review.

Colleagues from the NECS (ABbreviation) communications team who have already been supporting the work being carried out by the HCV Partnership communications team and wider Communications Leadership Group will continue to support us and provide additional resource and capacity.

2.3 HCV the Development of Two Partnership Directors

The development of two Partnership Directors. - one for North Yorkshire & York and one for Humber and the process has been completed and Amanda Bloor will be taking up the position for our geographic partnership in North Yorkshire & York and Emma Latimer will be taking up the position for our geographic partnership in Humber. Both Amanda and Emma will continue in their Accountable Officer roles.

These positions are critical to the development of the work in Humber, Coast and Vale implementing the 'ICS Next Steps' engagement now as we head towards our transition period from April 2021. Both roles report directly to the executive chair and will be members of the developing Executive team for the ICS.

The role of the Partnership Directors for the Humber Partnership and the North Yorkshire & York Partnership is to bring the voice of the 'place' community into the:

- Delivery of the Partnership's vision and ambitions that are around the triple aims: improving health and wellbeing; improving care and the quality of services; and ensuring that services are financially sustainable; and also
- To have specific ICS wide responsibilities;
- Provide strong professional leadership voice as a Partnership Lead for place;
- To provide clear and robust leadership for the development and delivery of the ICS strategy and policy;
- Create a culture of mutual accountability with partner organisations through leading the Humber and North Yorkshire & York Partnerships, and associated activities;
- Ensure the delivery of the Humber/York North Yorkshire Partnership strategy and associated plans;
- Play a lead role in fostering strong engagement with stakeholders and local communities;
- Contribute effectively as a member of the HCV Partnership/ICS core team particularly in relation to steering the transition from the current state to the future arrangements circa April 2022.

Congratulations go to Amanda and Emma.

2.5 Academic Health Science Network (AHSN) Update

The AHSN Ready now innovations include:

Supporting and raising awareness of some great industry innovations that support the Workforce. Here is a whistle-stop tour of some of the innovators the AHSN are currently supporting in our region:

- **The PCN Hub by Circular Wave**
This is a new staff management platform for Primary Care Networks (PCN) that has been developed specifically to support GPs and Primary Care Networks with the delivery of services such as COVID-19 vaccination clinics. It streamlines staff communication and management so that PCNs can be more efficient, increase capacity and develop new integrated services.
- **ImproveWell**
Is a purpose-built engagement solution. By giving all staff a voice, it helps leaders to improve staff experience and the quality of patient care from the ground up. Together, ImproveWell's three feedback systems boost morale and empower the frontline to drive change. 24/7 everyone can share how their day at work is going, suggest ideas for improvement and complete tailored pulse surveys.
- **The Quick Prioritisation Tool by My Leadership Strengths**
This product has been built to drive the development of busy managers in need of practical tools to support on the job learning. It's ideal for aspiring or newly promoted leaders looking to establish their individual development priorities. It has been trialled by leaders in primary care and other parts of the NHS.
- **Engage Deck by Engage Solutions Group**
At a time when internal communications and employee engagement has never been more important it can be challenging to keep staff supported and updated – especially those who may be working from home. This app gives staff live updates on infection prevention, COVID-19 testing, the latest on the vaccine and information about health and wellbeing initiatives in their Trust.
- **Locum's Nest**
Locum's Nest support and enable collaborative staff banks for NHS organisations, sharing their workforce as a unit, in response to COVID-19 and beyond. It can be used to rapidly create new COVID-19 collaborative staff banks to support the region's healthcare systems as a whole. In response to COVID-19, they have developed an innovative new dashboard to help the NHS accurately predict workforce needs during the pandemic.

- **Lantum**
Lantum is a tool designed for primary care networks, GP federations, integrated urgent care, online consultation hubs, extended access hubs, COVID response services, mass vaccination sites and integrated care systems that need to schedule and coordinate staff and volunteers within an entire workforce and helpforce ecosystem. It has been launched in over 260 primary care networks and 2 Integrated Care Systems across the country.
- **Doc Abode**
Healthcare providers can use Doc Abode to notify available, best-matched clinicians of the need for patient consultations in real-time which they can respond to via a secure mobile app. Clinicians can view and accept urgent, on-demand, or scheduled patient consultations and shifts based on their availability, proximity and expertise through the Doc Abode App. Doc Abode won an HSJ Partnership Award for Workforce Innovation in 2019 in conjunction with Yorkshire & Humber AHSN and Local Care Direct.
- **Patchwork**
Patchwork have developed both Primary and Secondary care collaborative banks capable of managing multiple staff groups, offering shifts via an easy-to-use app, driving adoption and ensuring increased patient safety. Their app-based worker booking solution, combined with a fully integrated administration Hub enables NHS organisations to broadcast shifts out across their own and collaborating organisations quickly, reducing the need for expensive agency staff.

AHSN Network Impact Report 2018-20

AHSN Network's Impact Report was published shortly before Christmas. The report highlights the outstanding impacts achieved by AHSNs and evidences how, together, they are driving adoption and spread in healthcare innovation, transforming patient outcomes, enabling efficiencies, saving the NHS money, generating economic growth and attracting millions of pounds of investment for the country's economy. They estimate that, over the past two years, our collective work has benefited more than 479,000 patients and generated £322.3 million of inward investment for UK economy.

The report also details how AHSNs have mobilised quickly to support the NHS and health and social care response to COVID-19.

2.6 Courts and Tribunals

The Lord Chief Justice today has stressed that courts and tribunals must continue to function despite the lockdown to ensure the rule of law continues to be upheld and that the administration of justice is sustained. This view has been endorsed by the new Chief Coroner, HHJ Teague QC. Our coroner Professor Marks has expressed his intention to follow his direction in this jurisdiction and any inquests that are listed must continue in accordance with the principles of social distancing and other safety measures that have been recommended by H.M. Government and put into practice by our local authority.

For the avoidance of doubt, whilst the presiding coroner must be in court, Lord Burnett stated in his letter of 5th January 2021 that:

“No participant in legal proceedings should be required by a judge or magistrate to attend court unless it is necessary in the interests of justice. Facilitating remote attendance of all or some of those involved in hearings is the default positions in all jurisdictions, whether backed by regulations or not.”

3 National News

Contained in the publications and as separate agenda items.

4 Director's Updates

4.1 Chief Operating Officer Update

4.1.1 Scarborough Community Nursing – Urgent and Unplanned Service

Traditionally, planned and unplanned or urgent nursing care has been delivered by the District Nurse (DN) teams within people's own homes and care homes in Scarborough. This approach means that staff have only been able to plan some of their working day, expecting to need to accommodate urgent and 'on the day' demand for patient visits. Staff were reporting that this approach was becoming increasingly challenging and therefore work was undertaken as part of the divisions overall service development and quality improvement plan to address this.

The new Urgent and Unplanned service commenced on 21st December 2020 in response to:

- increasing demand in community nursing activity
- increased complexity of community patient care
- Surge in demand due to acute hospital Covid- 19 pressures
- staffing challenges related to the Covid- 19 outbreak
- staff feedback relating to the impact of these challenges on staff wellbeing

This separation of planned and unplanned referrals meant that district nurses no longer needed to accommodate both types of demand and planned work was no longer disrupted. Between the 21st December 2020 and the 8th January 2021, 195 referrals for urgent nursing care were received and responded to by the new team across Scarborough during the week days. This change also coincided with a further surge in covid related hospital admissions in Scarborough and the need for the community team to respond to a further rise in demand for unplanned referrals.

Clinical staff, administrators, operational leaders, and data teams have been involved in the development, implementation and evaluation of this new model of nursing care. Very positive feedback has been received from patients, families and staff, with the team being able to respond quickly when urgent visits are needed. The next step is to expand this service across 7 days and across a wider community patch in the near future.

4.1.2 Integrated Specialist Public Health Nursing Service (ISPHN) – Family Nurse Partnership

The Family Nurse Partnership (FNP) service is a nurse led intensive parenting support programme for first time mothers under the age of 19 years or under the age of 24 years if they are care leavers or have a statement of Special Educational Needs. It is delivered as part of our wider ISPHN service in the East Riding of Yorkshire. It offers intensive and structured home visiting support provided by specially trained nurses for all eligible women from early pregnancy until the child is aged 2. The service has continued to be provided throughout the pandemic, especially as there is evidence about the adverse impact on parents and babies. The Babies in Lockdown Report (2020) captured a range of issues that parents faced:

- Almost 7 in 10 found their ability to cope with their pregnancy or baby had been impacted as a result of COVID-19.
- Nearly 7 in 10 felt the changes brought about by COVID-19 were affecting their unborn baby or young child.
- Other issues raised by parents were increased mental health concerns and difficult birthing experiences, with fathers and other co-parents being excluded from the pregnancy journey and digital health appointments reported as leaving some women feeling exposed and humiliated.
- Mothers of babies and toddlers isolated from extended family and friends felt more vulnerable during lockdown.

There were similar experiences of increased mental health issues reported in the Young Minds publication in 2020. The FNP service aims to build supportive relationships with families using in-depth methods to work with young parents on attachment, relationships and psychological preparation for parenthood. With a positive, optimistic and strength-based approach, East Riding

Family Nurses work with teen mums and their babies to achieve positive outcomes and behaviour change in the following areas:

- A healthy pregnancy
- Help planning the future.
- Improvements in child's health and development
- Safeguarding: Reduced childhood injuries
- School readiness: Improved language development
- Maximise cognitive development
- Improved school performance: Emotional/behavioural regulation

This team works very closely with and is supported by the Trust's safeguarding team.

4.2 Director of Nursing, Allied Health and Social Care Professionals

4.2.1 Care Quality Commission (CQC) Transitional Monitoring Visit – 26th January 2021

The Trust transitional review meeting was undertaken on January 26th 2021 on MS Teams. Clinical Leads, and leads for Patient Experience, Equality and Diversity, Safeguarding, Mental Health Legislation and Executives all participated in the review. The main focus was on key lines of enquiry where the CQC had been unable to gather intelligence from other sources. Twenty three KLOE were covered in the meeting with the members bringing excellent divisional and corporate examples of patient and carer involvement, staff engagement, equality and diversity, safeguarding, partnership working and good governance.

CQC have informed us that there will not be a written report produced but have provided verbal feedback to us thanking us for the work we had taken during the pandemic in particular how we had managed the speed of change in respect of the use of digital platforms and how we had supported our staff and patients. They reported positively on our partnership working and how we were working with others to resolve issues that had emerged as a direct result of the pandemic. They were impressed with all of the information and examples we put forward against the KLOE and particularly noted our approach to safeguarding, our befriending service, how we had established a BAME forum and Trust lead and the work we were undertaking in respect of ensuring information is accessible for our patients and service users.

They commented on the further we were doing in relation to equality and diversity in terms of data gathering which will inform work to reduce inequalities and the work we are doing to ensure our board and senior staffing at least match the overall composition of different ethnic groups in the workforce/ local community.

No concerns were raised in respect of any of the KLOE that were tested.

4.2.2 Quality Accounts 2020-21- Update

We have not as yet received a national mandate around the reporting requirements for 2021/22; however we have been informed that there will be no requirements for external auditing of any of the indicators. In lieu of a national directive setting out timescales for publication we are continuing to develop this year's accounts in line with the timescales set before the pandemic for 2019-20.

We continue to progress all four quality priorities agreed by the Trust board in 2020. As these priorities are all transformational pieces of work and progress has been impacted upon by the pandemic it has been proposed that for 2021/22 we continue with the same priorities but with a stretch on each of them. This approach was agreed at the Quality Committee at its meeting in February 2021.

Each priority lead is currently working with the Assistant Director of Nursing, Patient Safety and Compliance on additional stretch for their area for the 2021/22 financial year. These will be presented and agreed in principle at QPaS on 4th March 2021.

Once agreed these will be presented at the March PACE forum for further work up to ensure stakeholder involvement prior to being presented to the Executive Management Team, the Quality Committee and Trust board for final approval.

4.2.3 White Ribbon Update

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. The Trust was accredited White Ribbon status in 2020 and is currently the only NHS Trust with this accreditation.

The White Ribbon action plan is progressing well. There has been a significant amount of work undertaken to raise awareness around domestic abuse and sexual violence. A staff survey was completed which identified strengths across the Trust, identifying that staff had a sound knowledge of domestic abuse and ensured that service users had information available about domestic abuse services. It also identified some gaps which generally were around staff confidence in the initial enquiry process, which identified the need for further training in undertaking the risk assessment.

The Trust has recruited over 40 domestic abuse champions during the first rollout of the training and nine male Ambassadors; there are plans to commence further training to increase domestic abuse champions across the Trust. The training has already had a positive impact on raising awareness of domestic abuse, with an increase in contacts to the safeguarding duty desk and recognition of varying types of harm including gas lighting, stalking and coercion and control.

The revised Domestic Abuse Bill is awaiting agreement within the House of Lords, once this is finalised work will be undertaken to reflect the changes within the Trust Domestic Abuse policy. Training packages are in development to include DASH (Domestic Abuse Stalking and Harassment Tool) risk assessment training and awareness for ambassadors who sign the White Ribbon Promise. All will be available via the ESR platform.

The next stage of the action plan requires information around how the Trust's behavioural framework fits into the White Ribbon action plan. This will need to include assurances of promotional material not containing sexist or abusive language and how we can effectively evidence this. Further insight is also required around the information from the datix reporting system in respect of staff that experience abuse either physically or sexually and how the White Ribbon zero tolerance is making a difference to staff experiences.

A full update against the plan will be reported to the next Quality Committee.

4.3 Medical Director

4.3.1 Director of Medical Education (DME)

The Director of Medical education (DME), Dr Stella Morris has announced her intention to step down from the role of DME in June. Over the past 3 years, and under the leadership of Stella the Trust has been able to transform its educational offering to undergraduates, post graduates and the substantive medical workforce. All three areas are able to demonstrate discernible improvements which have been externally validated by the GMC and HYMS. In addition Stella has led overseen the development of the education program to include events such as a medical conference in 2019 followed by the ground breaking 'Murder in Mind' event in 2020. This focus on our educational offering has borne rich dividends in terms of the Trust's ability to recruit many of its higher trainees that have been developed under Stella's supervision. We are incredibly grateful to have had the benefit of her wisdom and energy over the past 3 years. The process of recruiting her replacement is currently under way.

4.3.2 Guardian of Safe Working

Dr Mo Quadri (Consultant Psychiatrist in secure services) has agreed to take on the role of Guardian of Safe working following on from Dr Jennifer Kuehnle. I am confident that he will be able to build on the positive work undertaken by Jennifer and his experiences of being a recent appointment following successful completion of his higher training in Humber makes him an ideal candidate for the role.

4.3.3 Development of a Humber Youth Board

The Trust is in the initial stages of developing a Humber Youth Board with support from our partner organisations. The purpose of the Youth Board will be to actively engage and involve children and young people in Trust activities from supporting the Trust with recruitment and volunteering opportunities to sharing lived experiences to influence change.

4.3.4 Telephone Pilot

The Patient Experience Team is introducing a new telephone pilot where it will be supporting a few teams to strengthen the collection of their Friends and Family Test (FFT) feedback. Staff and Volunteers will be phoning patients following contact with our services and will ask the FFT survey questions. The aim of the pilot is to reduce pressure on our front line teams by collecting this very important qualitative feedback on their behalf.

4.4 Director of Workforce & Organisational Development

4.4.1 Flu

Final flu uptake figure was 76%.

4.4.2 Health and Wellbeing

The Trust has secured £40k from the system to fund our first year of PhysioMed (a fast track physio intervention service for staff) and help fund an additional temporary role to support wellbeing initiatives. At a system level, we will also have access to:-

- 1) **Health and Wellbeing App** providing a place for staff to access information easily and can also include links into ESR and E-roster and other areas.
- 2) **Coaching and Mentoring** network across the ICS
- 3) **Holistic and practical based interventions** including physical wellness, action learning sets, MSK solutions etc
- 4) **Debriefing / Traumatic Stress** training and support for frontline health and social care staff.

The Trust is part of task and finish groups to help set each of the above up.

4.4.3 Flexible Working Guide

To help support and promote flexible working in the trust a staff and manager's guide has been produced to demonstrate the different types of flexible employment we have in place and how to apply for this.

4.4.4 Chair Recruitment

The Chair role is currently out for advert with a closing date of 28th February. Interviews are scheduled to take place on 23rd March.

4.4.5 Celebrate LGBT+ History Month- February 2021

February is LGBT+ History Month in the UK and the NHS is celebrating alongside its LGBT+ staff. The theme of this year's celebration is "Mind, Body and Spirit". The trust has a programme of events and activities co-designed with our LGBT+ network.

4.4.6 The Future of HR and OD- the conversation for NHS HR and OD staff

The independent review of HR and OD set out in the People Plan within the NHS is underway. The trust has been chosen along with 48 other trusts to provide information into the review. A series of engagement sessions are being run across the country to feed into this process.

4.4.7 Pre Hire IAT

The trust successfully switched on the pre hire IAT on 1st January. This allows us to passport data around between NHS organisations, such as personal details, training records, bank accounts and so on. This has two main benefits of:

1. reducing the amount of data entry required when adding new starters to the system, with the eventual goal of removing documents such as the starter form
2. Improving the employee experience by having all of their data available to them on their start date and not having to provide documentation again or repeat training from a previous trust

Completing the IAT pre-hire means we start transferring data across as early in the recruitment process as possible while they are still an applicant, instead of waiting until they start.

4.4.8 New Learning Plan

A plan of new and revised learning needed in the trust has been brought together. 30 different events (either new, or existing that are being revised or moved from classroom based to e-learning) make up the plan, all with senior sponsors in the trust. The programme will be prioritised by Operational Delivery Group and roll out will take place over the next 12 months. The plan is predominately operationally clinically focused training.

4.4.9 Workforce and Organisational Development (OD) Apprentice

Jess Lees our Apprentice in Workforce and OD, was one of a number of apprenticeships in the health sector chosen by HEE for their publicity of Apprenticeship week. In the promotion, Jess speaks about her time with the trust and how she is enjoying being part of the trust and wider NHS.

4.5 Director of Finance Update

4.5.1 Financial Planning Update

Planning Guidance is still awaited for 2021/22, the most recent CFO briefing confirmed

- No planning to be undertaken in Quarter 4 2020/21
- Current arrangements will rollover for at least Quarter 1 2021/22
- Guidance now expected end of March/Early April
- Settlement with Treasury unlikely to be known until March
- Current timetable is for Final Plans to be submitted in June

4.5.2 Annual Accounts Timetable

NHS England and NHS Improvement have set out the accounts timetable and year-end arrangements, key dates are set out in the table below:

Date	Submission
27 April (noon)	Agreement of balances only
Between 3 May and 11 May (noon)	Full PFR submission with draft accounts

11 May (noon)	Agreement of balances only
22 June	Audit Committee
29 June (noon)	Final PFR form (must be consistent with audited accounts)
30 June	Trust Board
1 July (noon)	Full audited submission (excluding PFR form already submitted)

4.5.3 EU Exit

The Trust's Brexit Group have continued to meet, all work stream leads have confirmed it is business as usual with no adverse implications or concerns raised to Executive Management Team.

4.5.4 IT Capital Secured

The Trust was notified of an opportunity to apply for capital against a NHSX remote working capital fund. An application was submitted and the Trust has been awarded £286k of capital funding.

Funding will be used to replenish IT stocks for laptops and other consumables which were provided to support the response to home working at the start of the pandemic

4.5.5 Care Certs

There are two types of CareCert notifications,

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

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

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

	Issued	Deployed or no Action required	Awaiting deployment, action or testing
High Priority	0	0	0
CareCert Bulletins	4	2	2

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

5 Trust Policies

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

Policy Name	Approving Committee	Date Approved	Lead Director
Blanket Restrictions Policy	Mental Health Legislation	4/2/21	Medical Director

	Committee		
Immunisation and Vaccination screening of staff Policy	Quality Committee	10/2/21	Director of Nursing, Allied Health & Social Care Professionals

6 Communications Update

12th Jan – 12th Feb

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:

- Continued support of vaccination programme communications including targeted email communications to drive up vaccine rate.

Key Projects

- **New Trust Corporate Visual Identity**

The new Trust identity was launched on Tuesday 19th January 2021. As part of this, the communications team developed the online brand centre for staff to use the brand in their day to day work. The team have received a high amount of positive feedback on the downloadable assets and the site itself. The site will continue to be developed and resources uploaded to ensure staff have access to up-to-date branding documents.

The team have held a number of design workshops to support staff to use the templates and tailoring them to specific requirements. Positive feedback was received from the over 100 staff in attendance and as a result of the popularity, more have been scheduled throughout the year.

“Thank you - really enjoyed what can be a slightly dry topic for me! And thanks to everyone who helped in the background - brilliant teamwork”

“Really love the new branding and lots of ideas / information on how to use it”

“That was a really helpful and informative session with lots of practical tips”

- **Patient Information Portal**

The first options for the new online patient information, platform have now been completed by the University of Hull students. The first phase of design and were tested with an invited panel of over 40 patients, carers, staff and stakeholders at an online workshop on 14th January. Workshop and survey results will feed into the final survey designs which will be tested with the same group prior to future development.

- **Humbelievable – recruitment campaign**

The team have continued to support a range of teams with recruitment. To further strengthen advertising we have worked with the Recruitment team to create 'Job advert creation guidance'. We have worked directly with a number of teams to rewrite job adverts in the new style to track and monitor the response before we roll out across the Trust.

Users	Page views	Avg Session Duration	Most viewed page
4,922 (+58% increase)	8,545	00:55 mins	/jobs/ (3,677 views)

New Year, New Job campaign (social ads):

As part of the overall campaign, we have continued to produce and promote recruitment advertisements under his key message. This has also included the development and promotion of

dedicated service pages within the recruitment website such as the CAMHS Inspire recruitment page – giving users an insight into the new state of the art facility.

<https://join.humber.nhs.uk/camhs-inspire/>

External Communications

• Media Coverage

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

Positive new stories published		Negative new stories	
Local media	13	Local media	1
Humber website	5		
TOTAL	18		1

Coverage included working with the Whitby Appeal team and the NHS Property Services team to promote the Whitby Hospital and Gardens renovation update and the fundraising activities and donations currently received.

• Awareness Days

The first few weeks of February has seen us mark a number of important dates including; LGBT+ History Month, Sexual Abuse and Sexual Violence Awareness Week (1 Feb), Children’s Mental Health Week (1 Feb), Time to Talk Day (4 Feb) and Female Genital Mutilation Awareness Day (6 Feb).

Children’s Mental Health Week (1 – 7 Feb)

To mark Children’s mental health and spread awareness for the things we do year-round to support this mission we worked with our SMASH team to promote their ‘SMASH Bake Off’ involving schools in Hull, East Riding and North Lincs regions.

To ensure as many children as possible could get involved and bake their own ‘un-worry cake’ the team partnered with the Cherry Tree Centre in Beverley and the Wold Fayre Foodservice to provide ingredients to families. Young people who took part sent us photographs of their cake and descriptions of their experiences and what it meant to them to take time to enjoy the little things in every day and to express themselves – aligning well with [this year’s theme](#).

Engagement rates for external campaign:

- Reach (views): 17,000+
- Engagement (shares + likes): 700+
- Three positive media interviews

• Together We Can 2.0

The communications team has begun the second phase of positive stories and inspirational experiences of our teams during COVID-19. We identified teams who were not involved in the first round of stories and will use these stories in a range of internal and external publications.

• Whitby Hospital and Gardens renovation project

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

Positive media relationships have results in stories been covered in Whitby Gazette, Gazette and Herald, Scarborough News, Yorkshire Coast Radio, Esk Valley News and BBC Tees.

• Trust Website

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

Year on year, we continue to see increases in the number of user visiting the Trust website. With the previous period seeing just over 10,000 users, this period we see this increase by over 90% to 19,380. This demonstrates the popularity of the website and indicates that our search engine optimisation techniques are proving to work.

The number of sessions being created by users compared to the last period has increased by 118%, totalling to nearly 30,000 sessions. This means that users are visiting the site on more than one occasion from the same device. This can be seen as a positive indicator that the site holds the relevant information the users is seeking.

	Target	Performance over period
Bounce Rate	50%	61%
Social Referrals	12% (a 10% increase in 2019 position)	9.2%

- **Social media**

	Target	Performance over period
Engagement Rate	4%	6.2%
Reach	+50,000 p/m	227,150
Link Clicks	1500 p/m	1,729

This period has seen an increase of social media activity around national and international awareness days. We have continued to see significant engagement of our organic (non-paid) job advertisements, seasonal and Primary Care messaging.

Internal Communications

Poppulo

Our internal communications platform continues to support us to deliver timely and targeted email communications. Open rates and click through rates during January remain above the national average.

	Trust average engagement rates	National Average
Open Rate	73%	65%
Click Through Rates	11%	10%

On Tuesday, 19 January we launched our new brand to staff using Poppulo. It was opened by 83% of staff with a CTR of 51% making it our most engaged with communications to date outside of our twice weekly staff newsletters.

Other most popular communications include:

	Open Rate	CTR
COVID-19 Vaccine Update: Day One	100	99
COVID-19 Vaccine Update: Day Three	93	74
Flu vaccination campaign	88	12
COVID-19 vaccination bookings open	84	63

Intranet

Intranets are an integral internal communication and staff engagement tool for any organisation. Part of our objective to have high quality digital communications that our staff can access how, when and wherever they are, is to update our intranet.

Work has started to move our intranet to the most up to date platform. This work will be completed by the end of May 2021 and will deliver significant improvements to the site flow and user experience, including been mobile optimised.

Current performance:

	Target	Performance over period
Bounce Rate	40%	56.6%
Visits	+20% on 2019 average	+78%

7 Health Stars Update

Whitby Appeal

Work continues on the Whitby Hospital rebuild and great progress is being made.

Health Stars continue to engage with the local community and they have been very receptive and supportive. The fantastic work continues within the newly established Task & Finish groups which will support the enhancements and fundraising for the Hospital Appeal. Each group focuses on an area of development which includes: Artwork, Garden & Landscaping, Hospital Naming & Signage along with the Fundraising group. The groups have had a great attendance by a diverse set of members and fantastic developments are being made.

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

The team continue to work with local businesses, staff, schools and the community to identify fundraising opportunities and grants which will support the £200,000 target to “add sparkle” to the Hospital.

The Trust Communications are actively involved in press releases and media coverage to support and raise the profile of the appeal.

NHS Charities Together Stage 3

Stage 3 is the recovery grant aimed at supporting staff. This is being given out based on £22 per person employed by each NHS Trust. Health Stars grant allocation is £66,000. Unlike the previous grants given based on staff numbers, this grant is not given automatically and they need to apply for the money. Health Stars received great involvement and support from the wellbeing groups within the Trust and it was agreed a staff wellbeing role was the chosen project to pursue for this stage of funding.

Health Stars continue to work closely with Natalie Belt (Mental Health Primary Care Network Lead /Service Manager) and great progress is being made on the development of the proposal for a staff Health Trainer who will support staff in a number of ways. The final proposal will be shared at the upcoming March CFC meeting in preparation for Health Stars to make the grant application.

NHS Charities Together Stage 2

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

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

The group continue to meet to discuss how the funds can be utilised to have maximum impact across the HCV ICS area. The ideas have now been collated ready for the group's next meeting to make the final decision easier.

Starbucks donation via NHS Charities Together

Thanks to a generous donation from Starbucks, an amount of £2,100 has been received by Health Stars. This was raised by Starbucks in December 2020.

The purpose of the grant is 'to contribute towards physical and/or mental well-being of staff and volunteers, for example (but not limited to): via the provision or enhancement of internal or external wellbeing spaces: the provision or replenishment of food and beverage: or other services which contribute towards well-being'

The team are working to identify the best use of the grant to ensure it has maximum impact within the Trust.

Patient and Carer Experience Team (PACE)

Health Stars and our Trust PACE team are working collaboratively to help raise the profile of Health Stars and accessing charitable funds to enhance services across the Trust. They are currently carrying out a piece of work in partnership with Service Managers across the divisions to highlight opportunities to utilise charitable funds and have a lasting and positive impact on patient experience.

Teams and their patients, service users and carers are encouraged to submit ideas by Friday 5th March, these will then be reviewed to see how Health Stars can support and "add sparkle".

Events

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

I look forward to sharing more information with you as this area of work progresses.

Michele Moran
Chief Executive
February 2021

Agenda Item 8

Title & Date of Meeting:	Trust Board Public Meeting – 24 February 2021			
Title of Report:	Publications and Policy Highlights			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To receive & note	
	For information	x	To ratify	
Purpose of Paper:	To update the Trust Board on recent publications and policy.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	10/2
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	
Key Issues within the report:	<p>I. Enabling innovation and adoption in health and social care: Developing a shared view CQC</p> <p>II. Collaboration in urgent and emergency care</p> <p>III. Covid-19 recovery and resilience: what can health and care learn from other disasters</p> <p>IV. Impact assessment of the Mental Capacity (Amendment) Act 2019</p>			

Monitoring and assurance framework summary:

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

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

Publications and Policy Highlights

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

1. Enabling innovation and adoption in health and social care: Developing a shared view CQC 8 February 2021

Innovation can be a powerful tool for improving the health and social care that people receive, but the evidence suggests that we are not taking full advantage. [Enabling innovation and adoption in health and social care \(cqc.org.uk\)](https://www.cqc.org.uk/publications-and-policy/2021/02/enabling-innovation-and-adoption-in-health-and-social-care)

Despite advances in technology and care models, the health and social care system in England could be better at spreading the best innovations and maximising the benefits for people who use services. Health and social care providers have a crucial role in changing this situation. To help them do this, national bodies working across the health and care system have come together to develop a shared understanding of what providers need to do to innovate well and how regulators and other national bodies can support them to do this. This work has pointed to 6 principles that are crucial for providers to be more effective at innovating. The principles are based on reviews of the literature on innovation, CQC reports and engagement with over 60 health and social care organisations.

Principles

- Develop and deploy innovations with the people that will use them
- Develop a culture where innovation can happen
- Support your people
- Adopt the best ideas and share your learning
- Focus on outcomes and impact
- Be flexible when managing change

Lead: Medical Director

This report will be shared with the Quality Improvement forum. The themes identified are well understood and have informed the Trusts Patient Safety strategy and Quality Improvement approach. In addition data from our national staff survey would suggest that we can demonstrate improving results over the past 2-3 years linked to these themes

2. Collaboration in urgent and emergency care CQC 2 February 2021

In the autumn of 2020, we looked at how providers were working together in urgent and emergency care (UEC). Winter and the pandemic now place UEC services under exceptional pressure. It's against this context we're publishing examples of the innovation and creative approaches we've found so far.

[Collaboration in urgent and emergency care | Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/publications-and-policy/2021/02/collaboration-in-urgent-and-emergency-care)

Our findings explore:

- keeping people safe
- public messaging
- supporting people's mental health needs
- tackling inequalities
- including adult social care in UEC planning
- effective governance
- keeping staff safe
- good use of technology
- supporting children and young people
- capturing system learning

Lead: Chief Operating Officer

We continue to work very closely with our partners to support this work especially through the Accident & Emergency and system resilience boards. We remain focussed on mental health crisis work through the Mental Health and Learning Disability ICS programme and through the Crisis Care Concordat work. Through the pandemic we have made service changes to enhance our crisis and emergency pathways.

3. Covid-19 recovery and resilience: what can health and care learn from other disasters Kings Fund 4 February 2021

As Covid-19 swept the globe, countries rushed to tackle the immediate threat of the virus. New hospitals were built in a matter of days, people have been required to restrict their activities to an extent inconceivable during peacetime and a new class of vaccine was developed, trialled and approved within a matter of months. The scale of the emergency response has been extraordinary. But while focus has rightly been on the immediate response to the virus, what comes next?

When a disaster strikes, emergency plans are quickly enacted and command-and-control structures mobilised. When it comes to managing recovery, however, the processes and roles aren't always so clear. How do individuals, communities and countries recover from disasters? How do we know what support is needed, which groups should be prioritised and how should efforts be co-ordinated and managed? And what role should the health and care system play in recovery?

We set out to understand what the health and care system can learn from the experience of recovery from other disasters. This long read identifies the key insights they shared with us and shares the four priorities that we learnt require conscious attention and action.

[Covid-19 recovery and resilience: what can health and care learn from other disasters? \(kingsfund.org.uk\)](https://kingsfund.org.uk/covid-19-recovery-and-resilience-what-can-health-and-care-learn-from-other-disasters/)

Lead: Chief Operating Officer

This is a helpful and insightful report. It will be reviewed by our Emergency Preparedness, Resilience and Response (EPRR) team and the elements that are relevant to the Trust will then be considered and taken forward within our command arrangements.

4. Impact assessment of the Mental Capacity (Amendment) Act 2019

Department of Health and Social Care 28 January

The Liberty Protection Safeguards (LPS) were introduced in the Mental Capacity (Amendment) Act 2019. LPS will provide the framework to determine whether a deprivation of liberty is necessary and proportionate for the care or treatment of an individual who lacks the mental capacity to consent to their arrangements, in England and Wales. They will replace the Deprivation of Liberty Safeguards (DoLS) system, which was found to be “bureaucratic” and “too complex” by a House of Lords Committee in 2014. [Impact assessment of the Mental Capacity \(Amendment\) Act 2019 \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/421142/impact-assessment-of-the-mental-capacity-amendment-act-2019.pdf)

This impact assessment is an updated assessment of the Mental Capacity (Amendment) Act 2019. It provides an assessment of DoLS at present and fully funded, as well as for LPS as set out in the act.

Lead: Medical Director

[This report will be shared with the Mental Health Legislation manager for consideration and action through the Mental Health Legislation Steering Group.](#)

Agenda Item 9

Title & Date of Meeting:	Trust Board Public Meeting– 24 th February 2021			
Title of Report:	Performance Report - Month 10 (January)			
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 January 2021.</p> <p>The report is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits presented in graphical format.</p>			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Finance & Investment Committee		Executive Management Team	<input checked="" type="checkbox"/>
	Mental Health Legislation Committee		Operational Delivery Group	<input checked="" type="checkbox"/>
	Charitable Funds Committee		Other (please detail)	
Key Issues within the report: <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<p>Commentary is included below for those indicators that have fallen outside of the normal variation range.</p> <p>Cash in Bank - cash in bank has increased in month to £35.8m, the position includes one month's additional block income (£10m), it has been confirmed that no block payment will be received in March.</p> <p>The position in January has increased following amendments to block values to reflect additional non recurrent funding that is flowing within the Humber Coast and Vale Mental Health Partnership.</p> <p>Incident Data – For January 2021, there were two categories of incident that saw an increase in their incident reporting rate when compared to December 2020. The two categories of incident were 'self-harm' and 'violence and aggression – verbal.'</p> <p>Incidents of 'self-harm' saw a 37.6% increase in reporting rate for January 2021 or an increase of 29 incidents when compared to the previous month, increasing from 77 incidents in December 2020 to 106. Although there was a clear increase in the total number of self-harm incidents reported for the</p>			

Trust, there does not appear to be an individual service that reported the full amount of the increase recorded. The only Trust service that did see a noticeable increase was Orion which reported 71 self-harm incidents for January 2021, compared to 51 for December 2020 which was a 39.2% increase in self-harm reporting for the unit.

Incidents of 'violence and aggression – verbal' saw a 106.5% increase in reporting rate for January 2021 when compared to the previous month, with an increase of 34 incidents, rising from 32 incidents in December 2020 to 66 in January 2021. On review of the locations where these incidents occurred, it was not possible to identify an individual area of noticeable increased reporting which accounted for the full amount of the increase recorded when compared to December's data. The main trust units that did see an increase in their reporting rates of 'violence and aggression – verbal' incidents were Derwent Ward who's reporting rate increase from 4 incidents to 13, Westlands which increased from 3 incidents in December to 11 in January, and Willow Unit that reported no 'violence and aggression – verbal' incidents in December but reported 6 in January 2021.

Out of Area Placements – The trust has procured additional out of area bed capacity to secure bed availability to deal both with increased demand and also reduced capacity due to the impact of covid on available beds within the Trust (*isolation beds and infection control requirements*). Measures are in place to ensure that any of our patients admitted to out of area beds have close clinical oversight and are either returned to a Trust bed or their discharge is effectively and safely managed with input from our community services by care coordinators. As soon as we are confident that infection rates have sufficiently reduced we will look to reduce the number of beds for covid positive patients. This will release beds for general admissions and reduce the reliance on out of area beds.

52 Week Waiting Times – in common with the National picture, the Trust's performance on waiting lists has been affected by the impact of changes in services as a result of the response to the COVID19 pandemic.

Whilst this has impacted on all services it has been particularly noticeable in CAMHS areas, specifically for the autism diagnosis service which was effected by school closures leading to inability to access critical information to support making a diagnosis, older peoples memory assessment service and our department of psychological medicine service.

Recovery plans are in place for all the areas with excessive waiting times and these are monitored via the Operational Delivery Group and Divisional Performance Accountability Reviews. Clinical pathways continue to be adapted to fully

	<p>utilise digital opportunities to improve productivity whilst ensuring that clinical outcomes are optimised and good patient experience is maintained.</p> <p>This work is also being supported by bespoke capacity and demand modelling work provided by external expertise which concluded at the end of January and has provided a deep dive into waiting times data and clinical pathways to enhance the work taking place. The Deputy Chief Operating Office is focussing on supporting all areas with long waits and undertakes weekly targeted reviews with all areas with over 52 week in order to achieve and accelerate our improvement trajectories.</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:
Jan-21

Caring, Learning and Growing

Chief Executive: Michele Moran
Prepared by: Business Intelligence Team



Humber Teaching NHS Foundation Trust Integrated Board Report

For the period ending:

Jan 2021

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

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:

Jan 2021

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

PI RETURN FORM 2020-21

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Jan 2021**

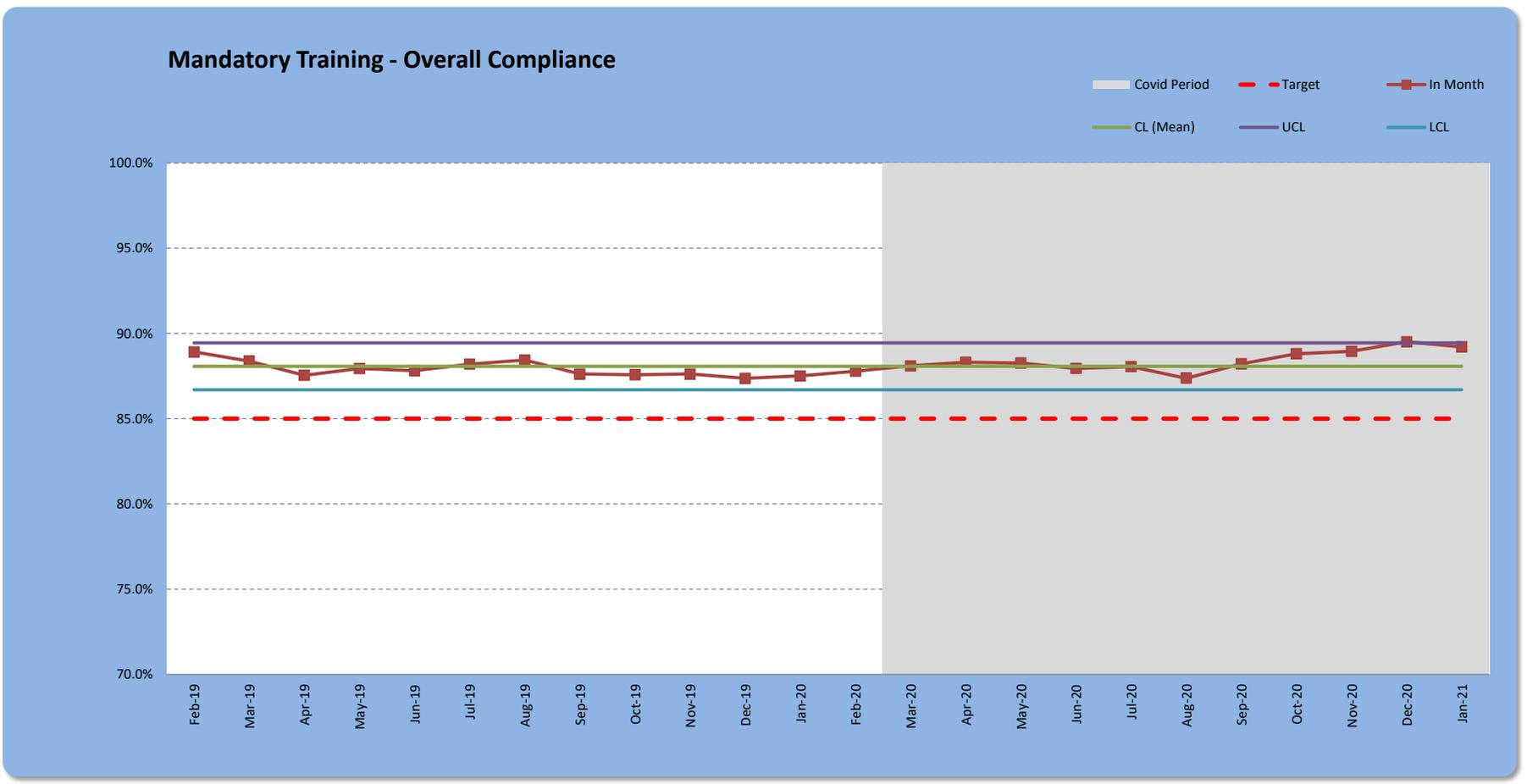
Indicator Title	Description/Rationale	Executive Lead
Mandatory Training	A percentage compliance based on an overall target of 85% for all mandatory and statutory courses	Steve McGowan

KPI Type
WL 5

Narrative

Above target, a reduction of 0.29% when compared to December.

Target: 85%
 Amber: 75%
 Current month stands at 89.2%



PI RETURN FORM 2020-21

Goal 1 : Innovating Quality and Patient Safety

For the period ending:

Jan 2021

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

KPI Type
WL 2 VAC

Narrative

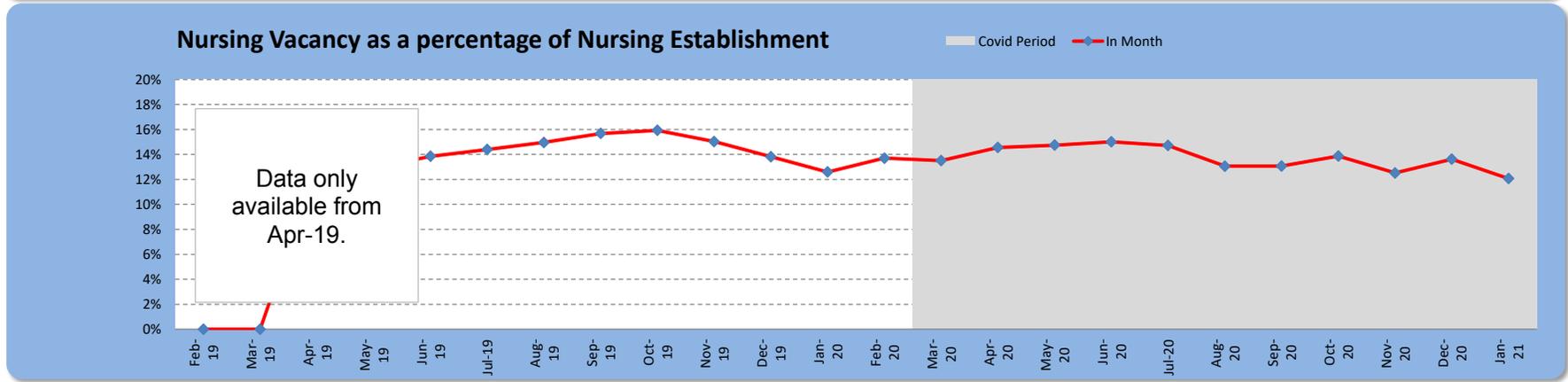
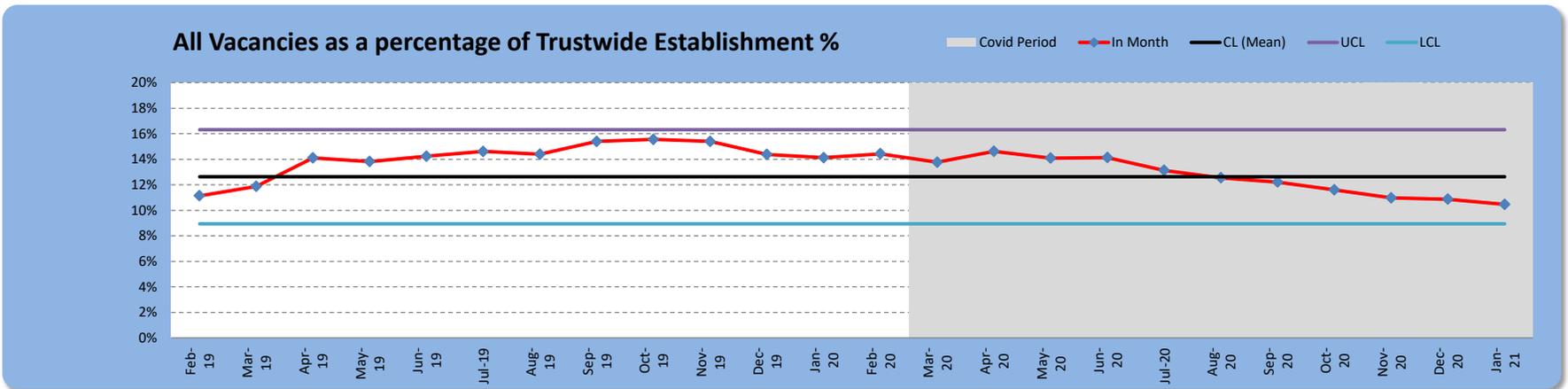
Vacancies dropped by 0.4% when compared to the previous reporting period.

Nursing Vacancy rate has decreased by 1.6% on the previous month.

Breakdown for Month

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

Current month stands at 10.5%



PI RETURN FORM 2020-21

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Jan 2021**

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

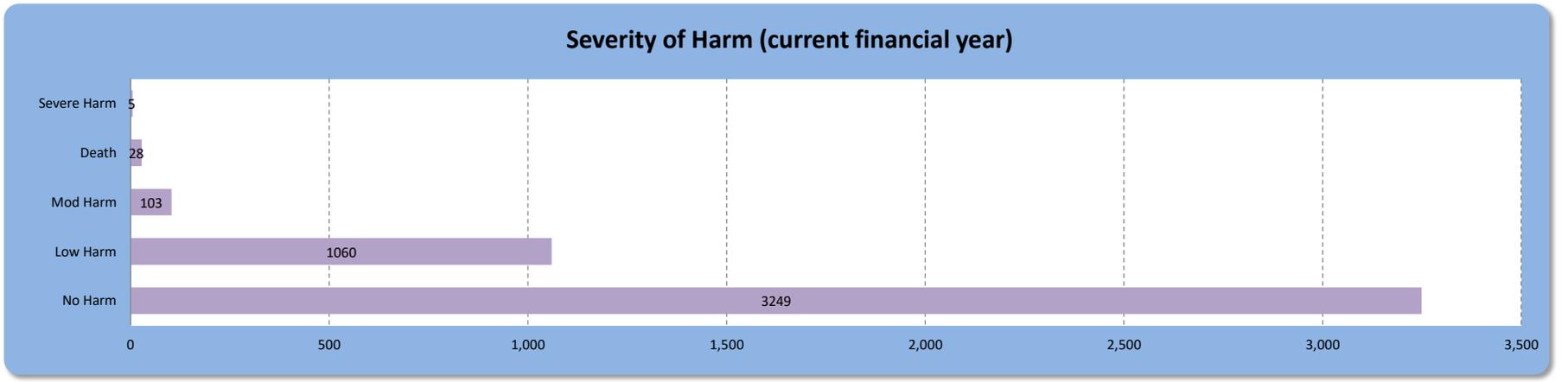
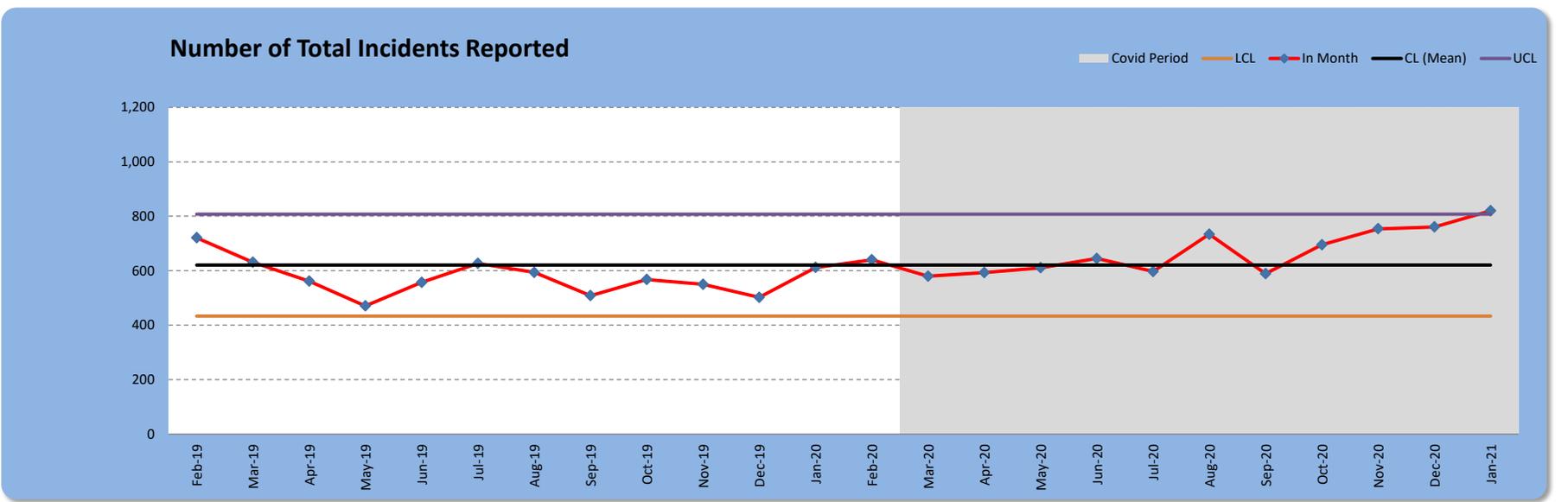
Narrative

Increase of 59 when compared to the previous month

UCL: 808
LCL: 434

Current month stands at 820

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: **Jan 2021**

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

Narrative

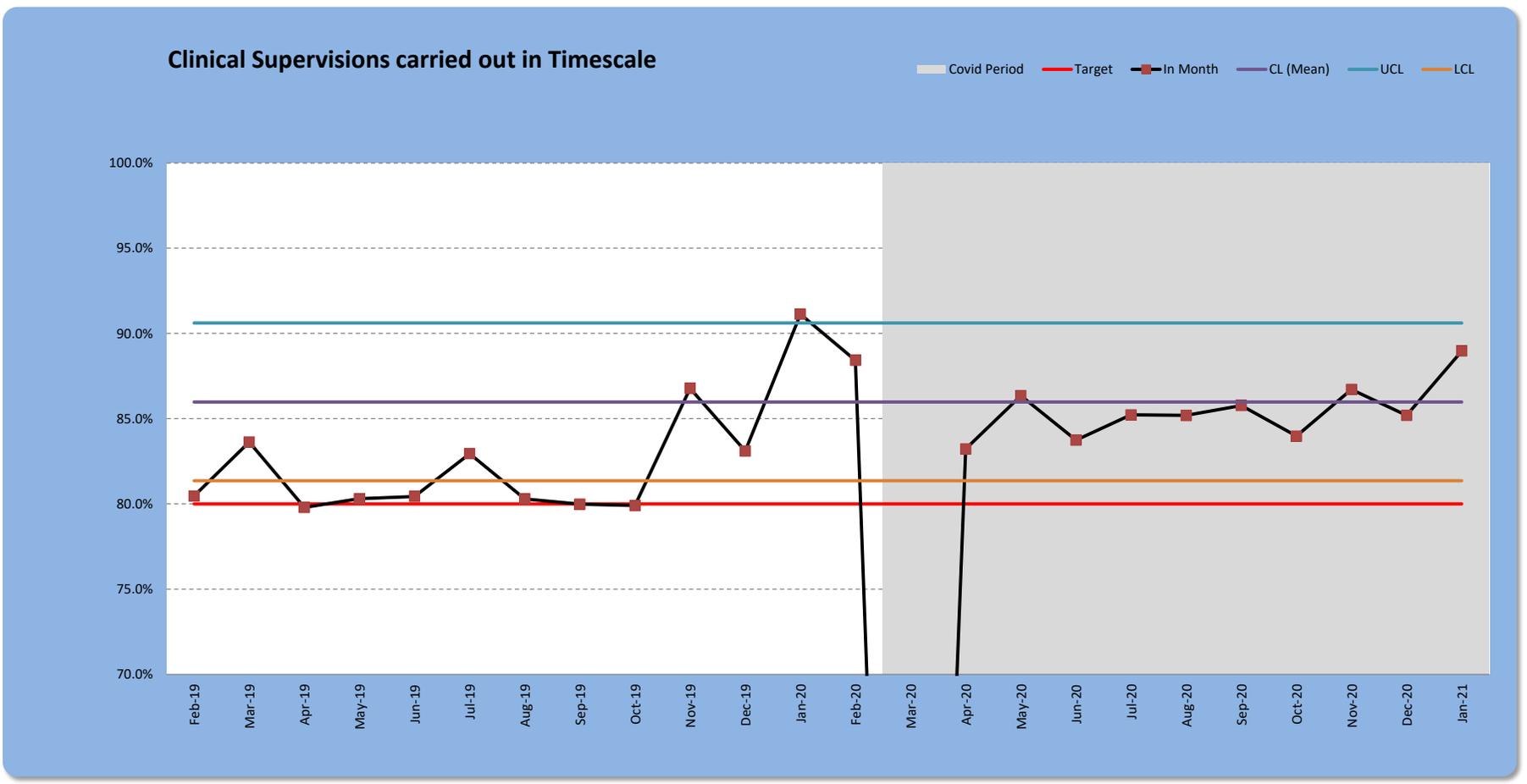
Performance has increased in January by 3.8%

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

Target: 80%

Amber: 75%

Current month stands at 89.0%



HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

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



Shown one month in arrears

Speciality	Units					Bank/Agency Hours				Average Safer Staffing Fill Rates				QUALITY INDICATORS (Year to Date)				High Level Indicators					Indicator Totals		
	Ward	Speciality	WTE	OBDs (inc leave)	CHPPD Hours (Nurse)	Bank % Filled	Improvement	Agency % Filled	Improvement	Day		Night		Staffing Incidents (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ partly upheld) relating to Staff Availability	Failed S17 Leave	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	Sickness Levels (clinical)	WTE Vacancies (RNs only)	Nov-20	Dec-20
										Registered	Un Registered	Registered	Un Registered												
Adult MH	Avondale	Adult MH Assessment	36.6	80%	17.24	14.3%	↑	0.0%	→	78%	62%	102%	100%	0	11	0	0	93.8%	92.6%	100.0%	83.3%	3.5%	0.2	1	1
	New Bridges	Adult MH Treatment (M)	41.2	99%	8.51	21.1%	↑	7.5%	↓	76%	91%	73%	143%	0	0	0	0	68.4%	94.9%	72.7%	92.3%	17.1%	4.0	3	4
	Westlands	Adult MH Treatment (F)	37.6	93%	8.34	21.2%	↑	5.3%	↑	84%	83%	88%	125%	3	44	0	0	83.3%	85.7%	84.6%	76.9%	12.4%	0.0	1	2
	Mill View Court	Adult MH Treatment	36.0	31%	During December, this ward is being used for COVID patients only. Therefore, we have excluded the ward from this section for this reporting period.									0	23	0	0	86.4%	94.6%	100.0%	81.3%	14.3%	4.8	2	1
	PICU	Adult MH Acute Intensive	34.9	84%	20.34	36.3%	↑	11.2%	↓	84%	105%	95%	106%	1	109	0	0	91.3%	83.3%	61.5%	84.2%	18.9%	5.0	2	2
OP MH	Maister Lodge	Older People Dementia	33.2	56%	20.21	25.0%	↓	0.0%	→	57%	102%	100%	102%	0	45	0	0	92.5%	89.4%	90.0%	73.1%	9.0%	3.0	1	2
	Mill View Lodge	Older People Treatment	26.4	89%	13.23	17.1%	↑	0.0%	↑	81%	105%	106%	98%	0	5	0	0	76.9%	93.5%	62.5%	100.0%	3.5%	-0.5	2	2
Specialist	Pine View	Forensic Medium Secure	30.4	94%	7.71	10.5%	↑	0.0%	→	83%	83%	100%	100%	0	0	0	1	100.0%	95.8%	100.0%	81.8%	5.6%	2.0	3	2
	Derwent	Forensic Low Secure	24.9	72%	20.47	41.0%	↑	0.0%	→	100%	110%	104%	169%	3	12	0	0	82.8%	91.2%	77.8%	64.7%	8.6%	1.4	1	2
	Ouse	Forensic Low Secure	25.1	93%	7.19	12.5%	↑	0.0%	→	99%	78%	100%	102%	0	3	0	0	96.2%	95.5%	90.9%	88.2%	4.5%	0.0	2	1
	Swale	Personality Disorder Medium Secure	26.1	62%	13.52	31.8%	↑	0.0%	→	91%	77%	105%	134%	0	3	0	0	96.2%	94.6%	66.7%	86.7%	1.1%	0.2	0	0
	Ullswater	Learning Disability Medium Secure	34.2	59%	15.14	20.4%	↑	0.0%	→	74%	114%	100%	104%	1	6	0	0	95.7%	91.9%	77.8%	81.3%	10.8%	2.0	1	2
Child & LD	Townend Court	Learning Disability	38.8	51%	26.39	31.0%	↑	0.0%	→	64%	93%	71%	128%	1	21	0	0	48.5%	90.3%	50.0%	95.8%	5.8%	4.6	4	4
	Inspire	CAMHS	42.9	80%	29.04	0.0%	→	0.0%	→	56%	85%	106%	91%	5	10	0	0	86.4%	89.7%	94.1%	88.9%	4.9%	4.0	0	0
CH	Granville Court	Learning Disability Nursing Treatment	57.1	Not Avail	n/a	30.7%	↓	0.0%	→	107%	82%	104%	97%	0	0	0	0	86.8%	90.0%	90.9%	60.0%	8.6%	0.0	1	2
	Whitby Hospital	Physical Health Community Hospital	47.5	85%	10.65	0.0%	→	0.0%	→	95%	91%	100%	100%	1	0	0	n/a	97.1%	94.3%	83.3%	73.7%	1.2%	1.6	1	0
	Malton Hospital	Physical Health Community Hospital	25.2	84%	11.08	Not on eRoster	→	Not on eRoster	→	85%	98%	101%	98%	1	5	0	n/a	95.7%	84.3%	63.6%	78.9%	7.1%	6.6	0	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.

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

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

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

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

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

Registered Nurse Vacancy Rates

Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
15.00%	13.10%	13.90%	12.80%	12.64%	12.50%	9.60%	9.10%	11.20%	10.60%	10.60%	11.16%

Slips Trips and Falls

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

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: **Jan 2021**

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

Narrative

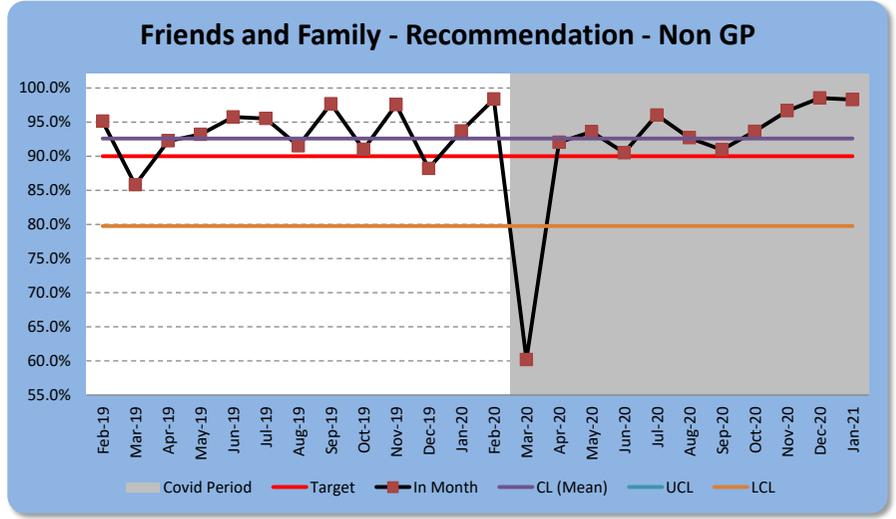
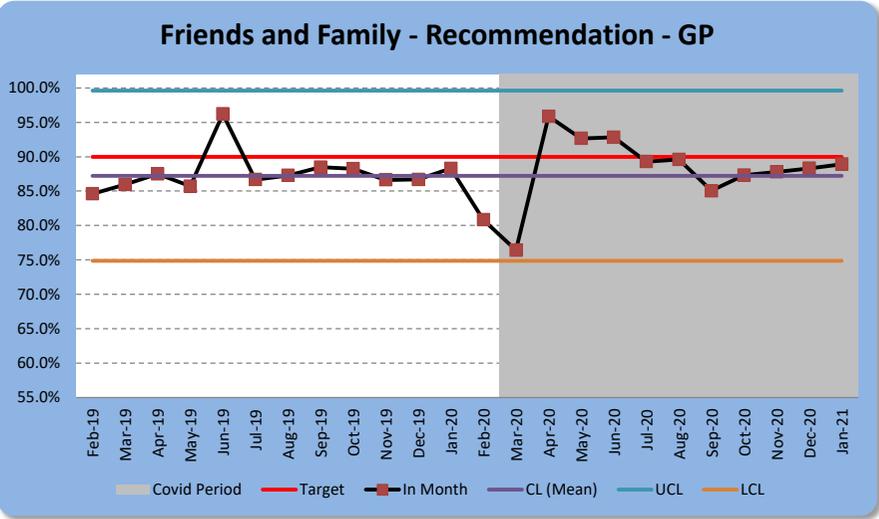
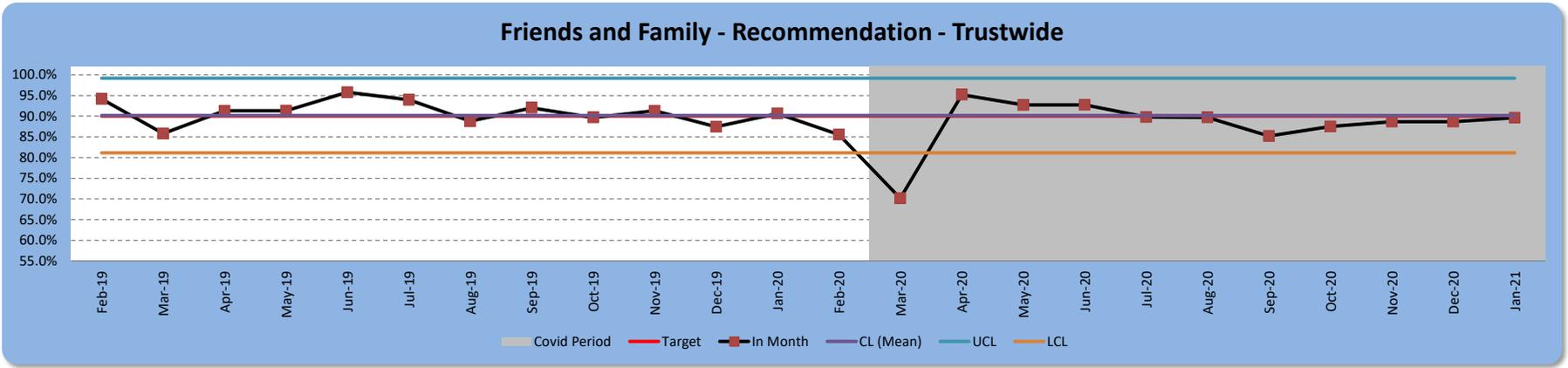
GP Recommendation is below target for Jan-21 at 88.9%

Non GP is above target at 98.3% for January which is a decrease of 0.2%.

Target: 90%

Amber: 80%

Current month stands at 89.6%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jan 2021**

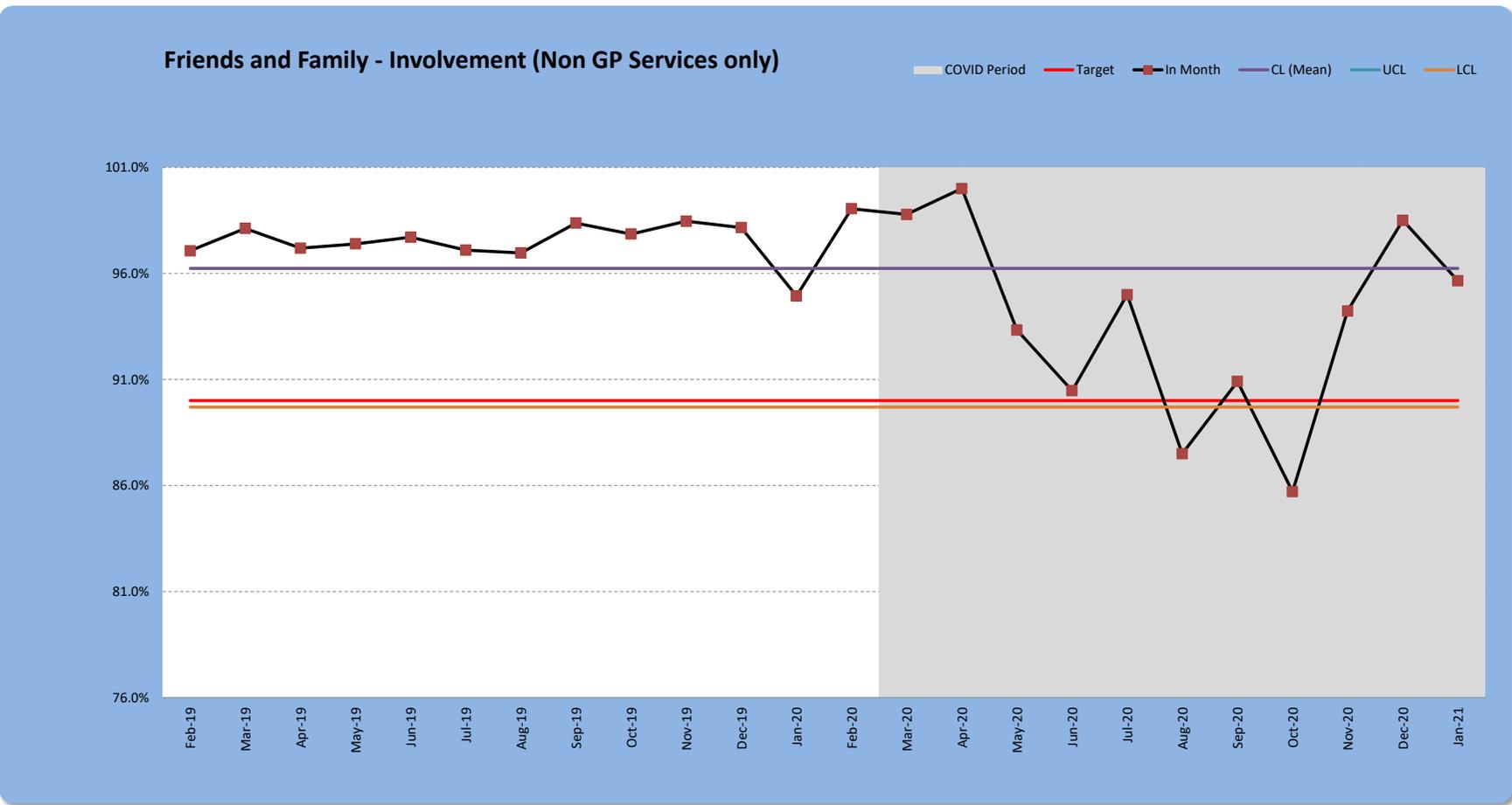
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Friends and Family Test	Results of the overall surveys completed where patients felt they were involved in their care	John Byrne	CA 3c %

Narrative

Performance has decreased by 2.9% when compared to the previous month.

Target: 90%
Amber: 80%

Current month stands at 95.7%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jan 2021**

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

KPI Type
OP 12

Narrative

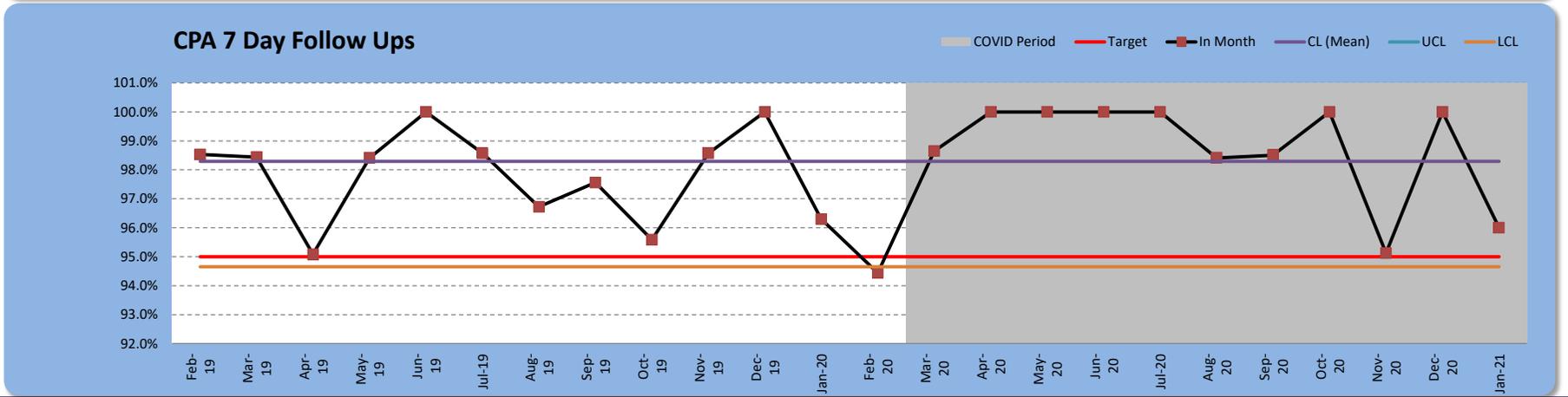
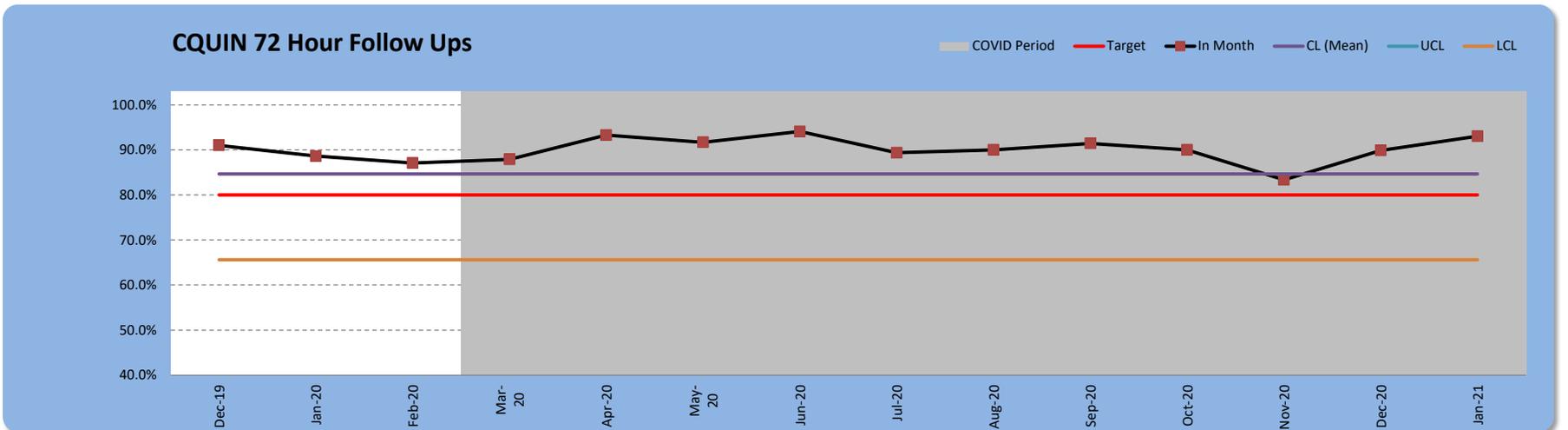
Both 72 hours and 7 day indicators are above target for January.

The 7 day indicator has decreased by 4%.

Target: 80%

Amber: 60%

Current month stands at 93.0%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jan 2021**

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

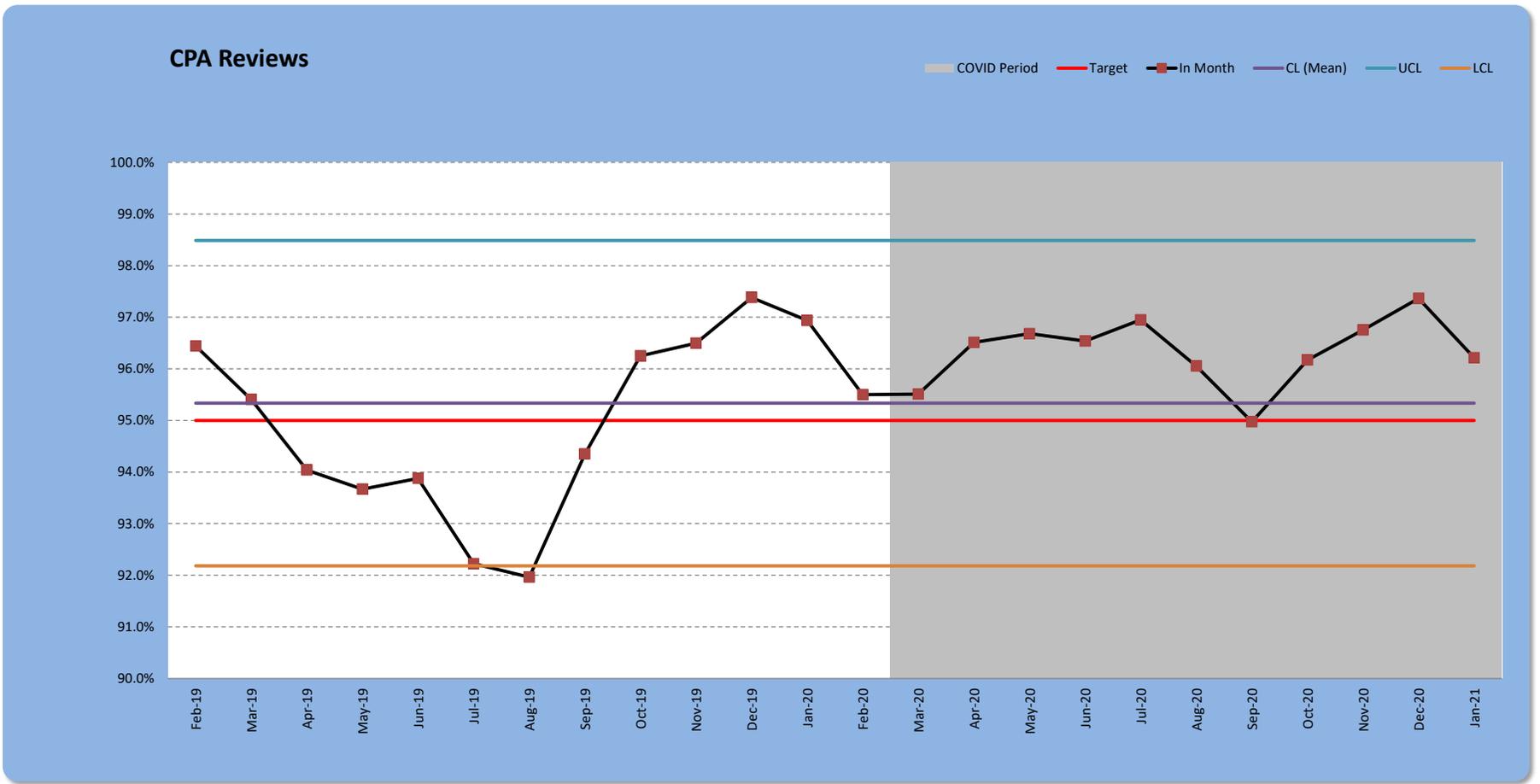
KPI Type
OP 7

Narrative

Performance has decreased by 1.2% when compared to the previous month.

Target: 95%
Amber: 85%

Current month stands at 96.2%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jan 2021**

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

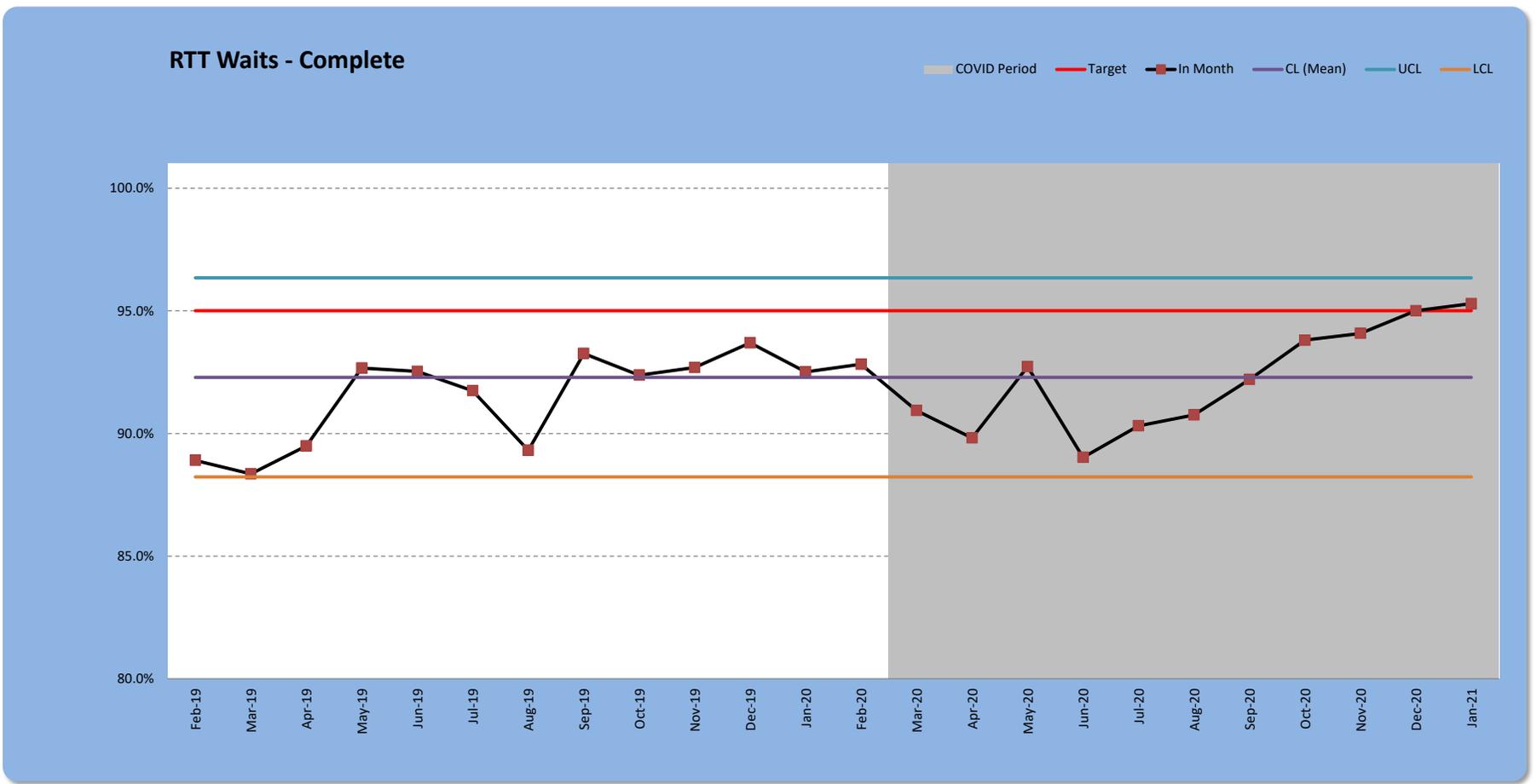
KPI Type
OP 20

Narrative

Increase by 0.3% when compared to the previous month.

Target: 95%
Amber: 85%

Current month stands at 95.3%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jan 2021**

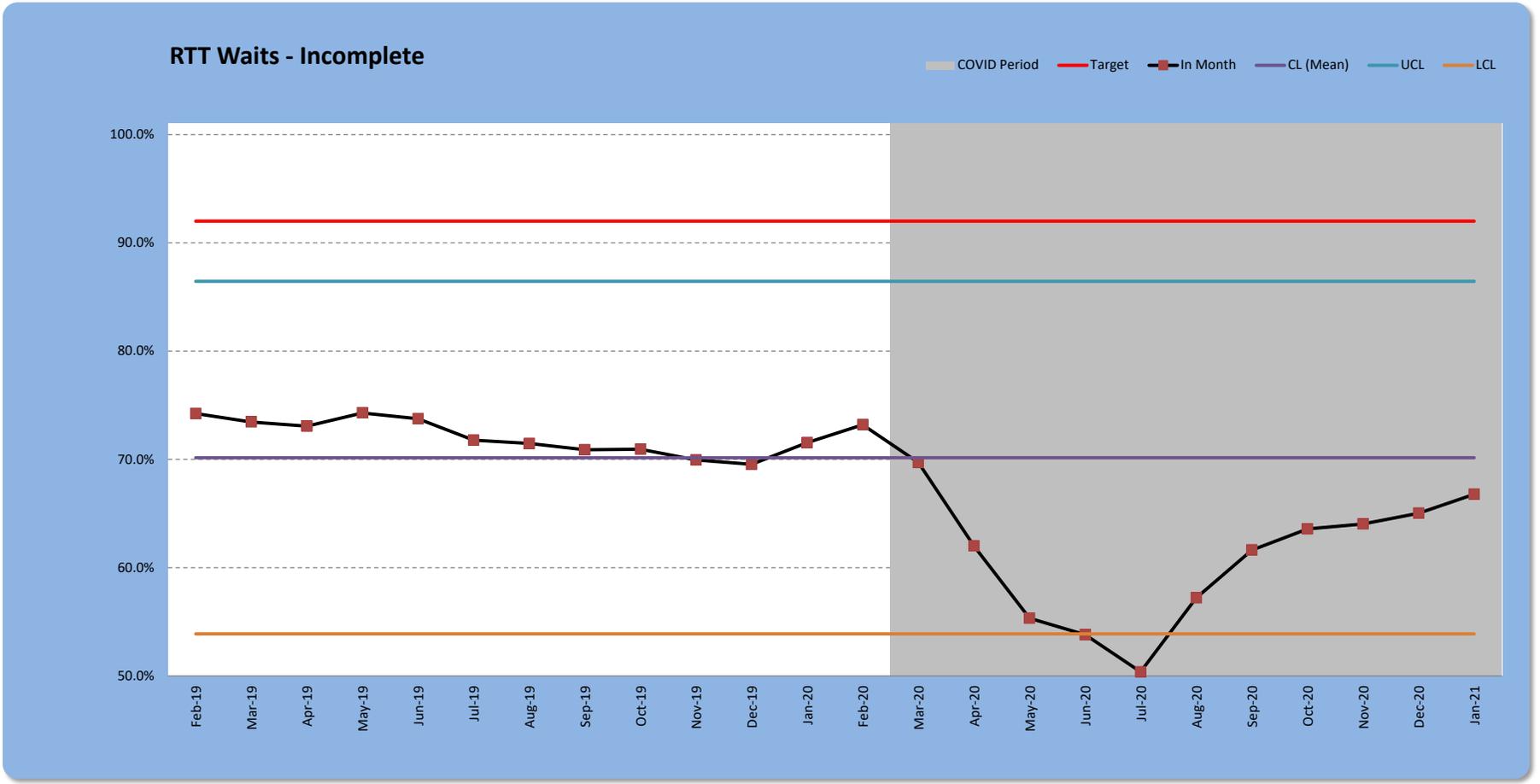
Indicator Title	Description/Rationale	Executive Lead
RTT Waiting Times (Incomplete Pathways)	Referral to Treatment Waiting Times (Incomplete Pathways) : Proportion of patients who have had to wait less than 18 weeks for either assessment and or treatment.	Lynn Parkinson

KPI Type
OP 21

Narrative

Performance has increased by 1.7% when compared to the previous month.

Target: 92%
 Amber: 85%
 Current month stands at 66.8%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jan 2021**

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

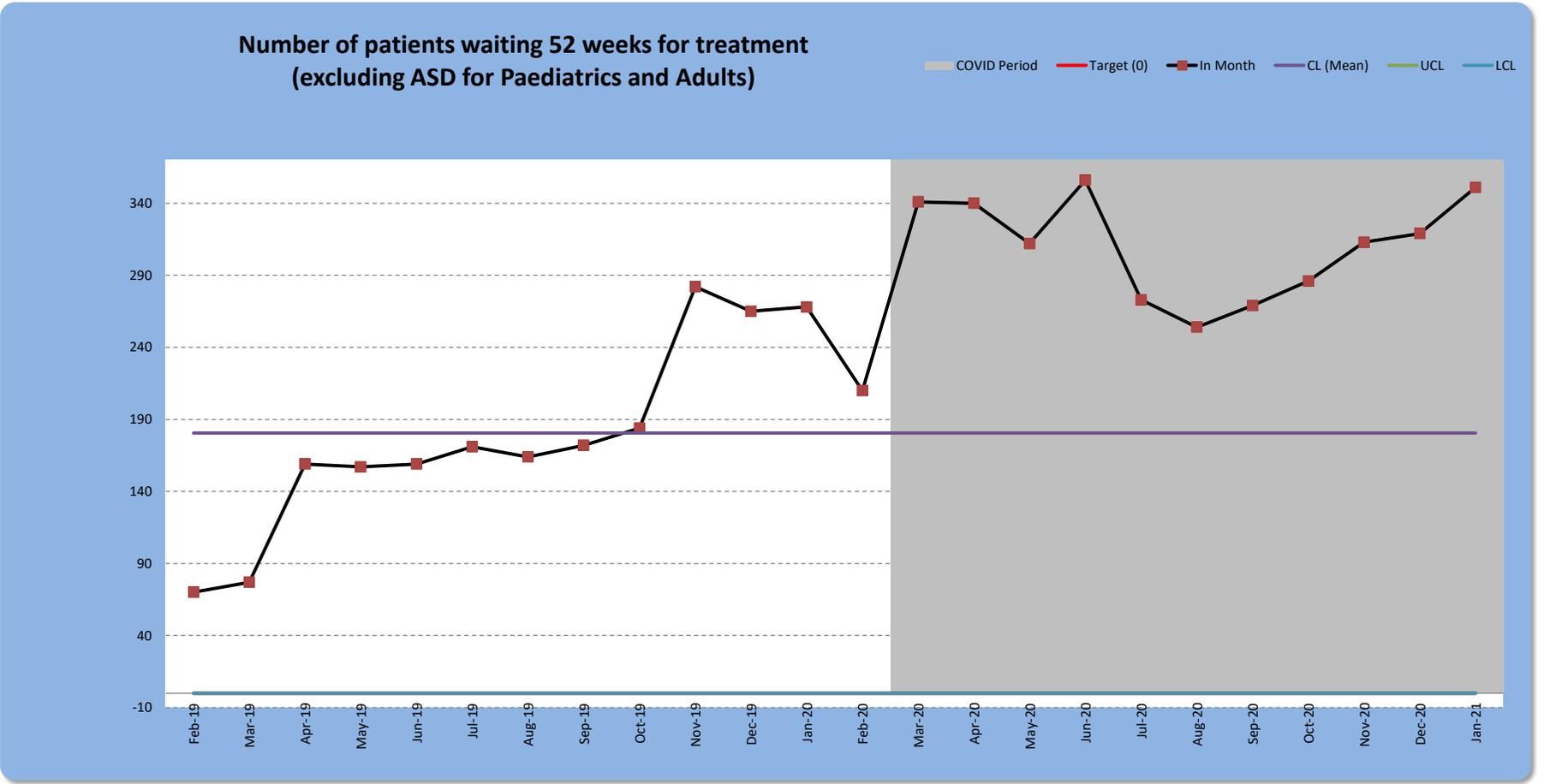
KPI Type
OP 22x

Narrative

Increase of 32 when compared to the previous month.

Target: 0
Amber: 0

Current month stands at 351



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jan 2021**

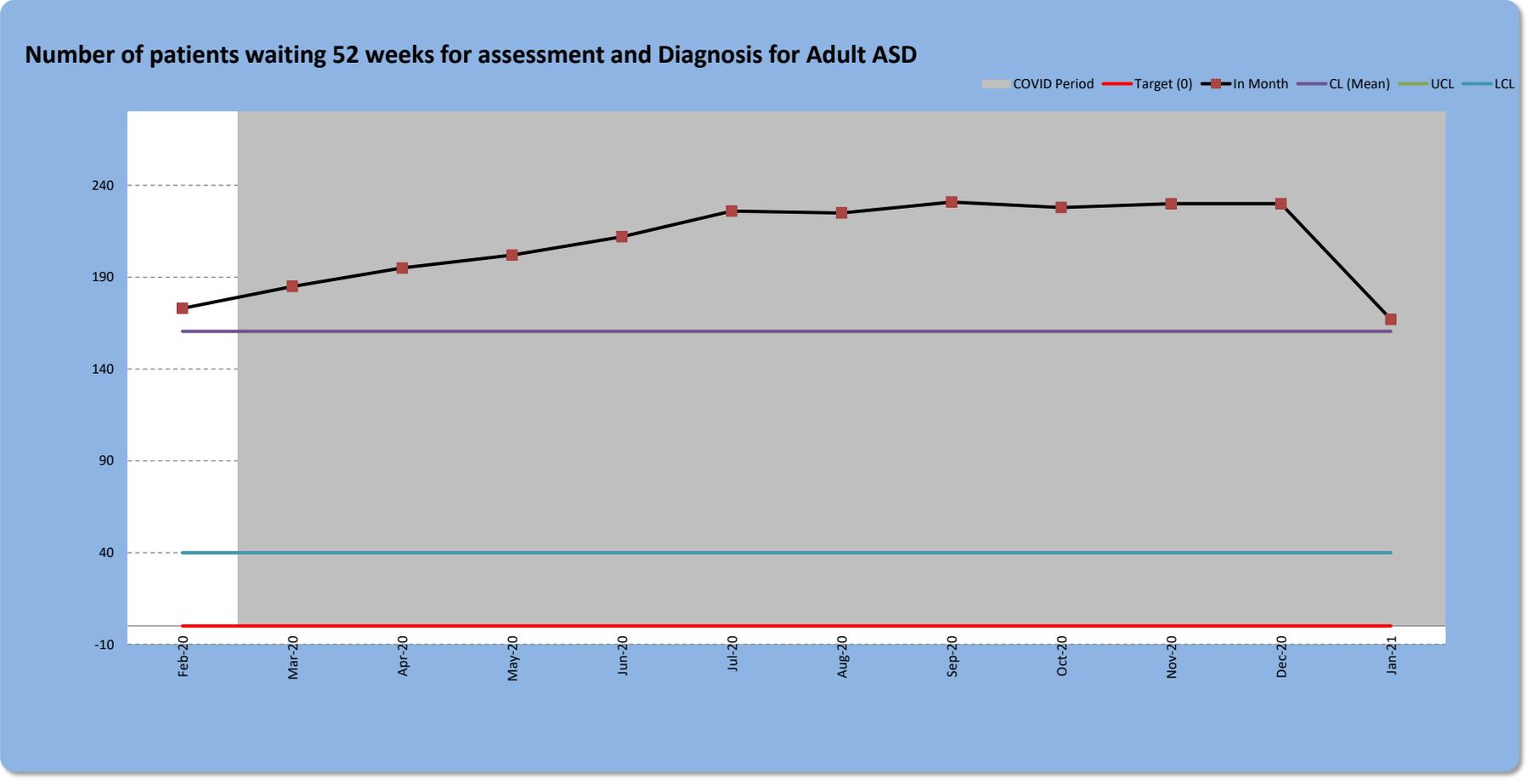
Indicator Title	Description/Rationale	Executive Lead
52 Week Waits - Adult ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Adult and have been waiting more than 52 weeks	Lynn Parkinson

KPI Type
OP 22u

Narrative

Reduced of 63 when compared to the previous month.

Target: 0
 Amber: 0
 Current month stands at 167



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jan 2021**

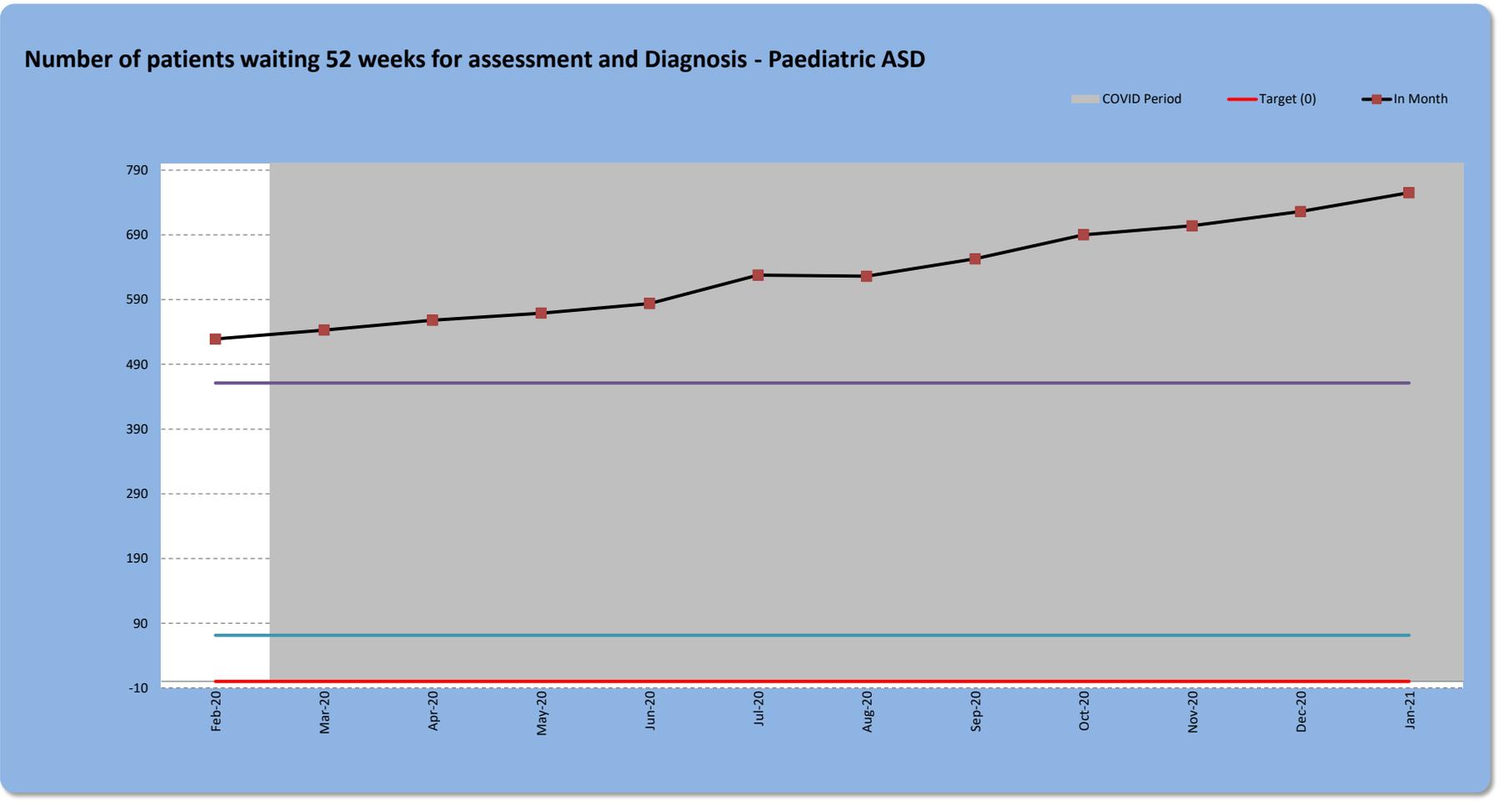
Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - Paediatric ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Children and have been waiting more than 52 weeks	Lynn Parkinson	OP 22s

Narrative

Increase of 29 when compared to the previous reporting period.

Target: 0
Amber: 0

Current month stands at 755



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jan 2021**

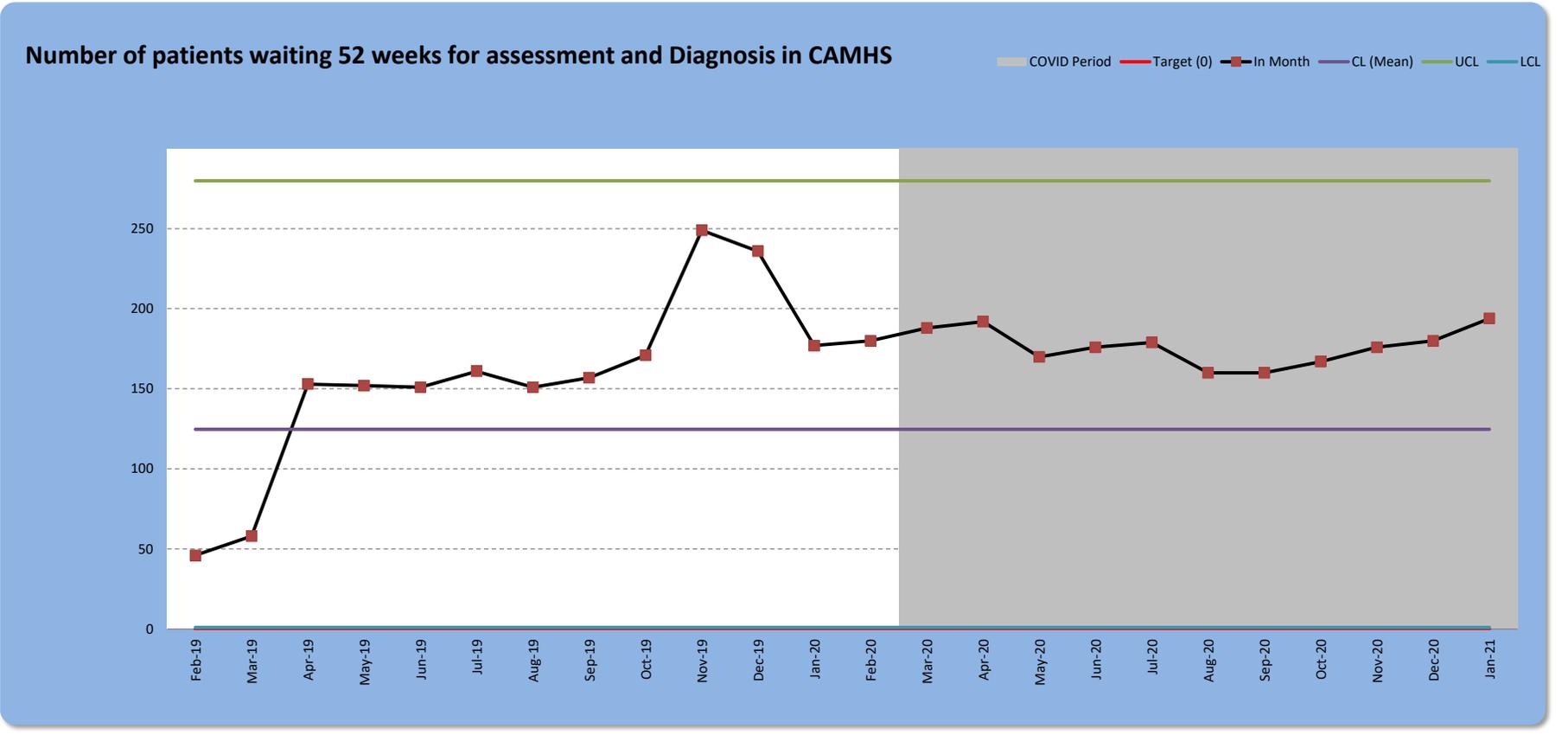
Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks (excluding paediatric ASD)	Lynn Parkinson	OP 22j

Narrative

Increase of 14 when compared to the previous month.

Target: 0
Amber: 0

Current month stands at 194



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jan 2021**

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

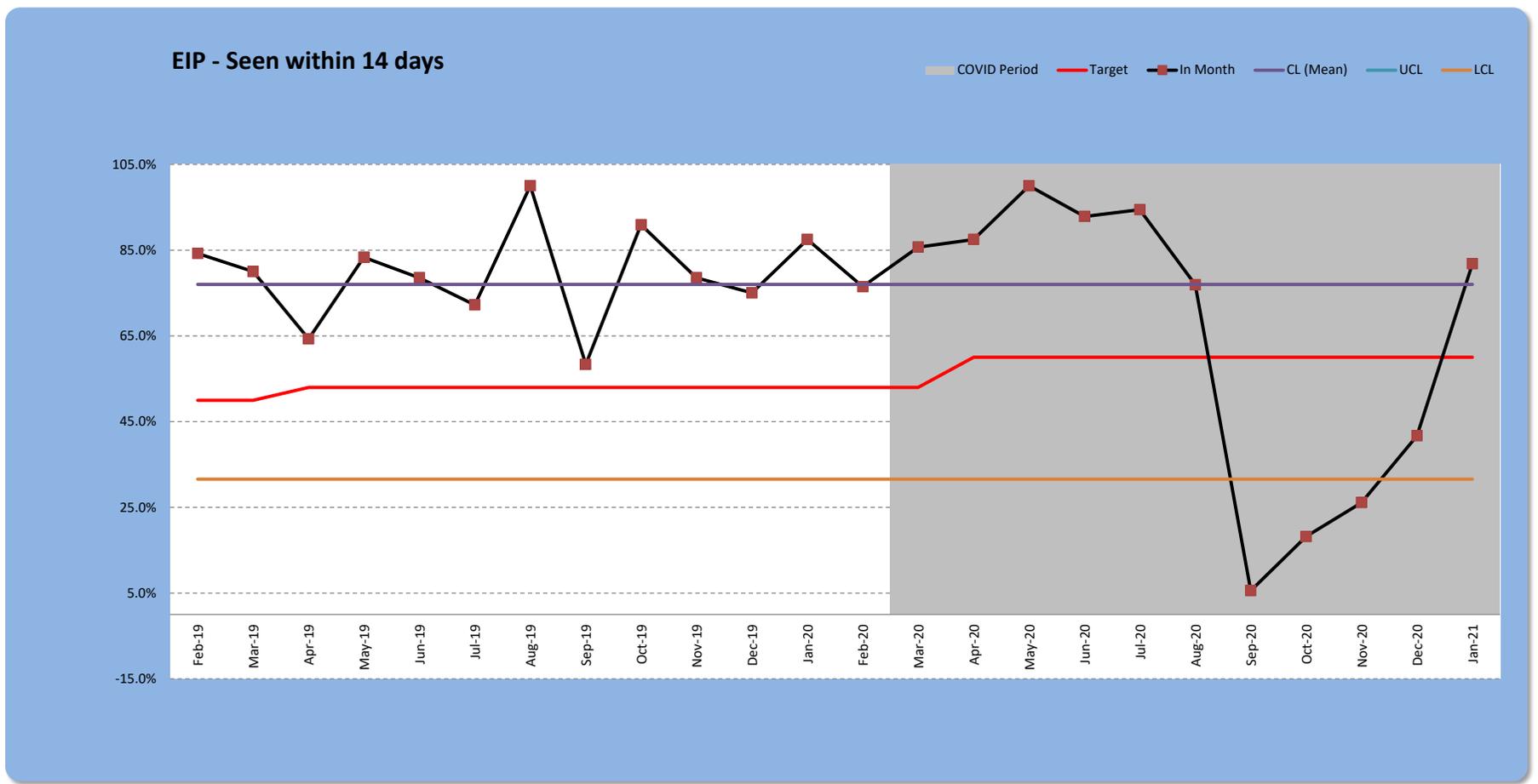
Narrative

Increased by 40% when compared to the previous month and remains below target. Performance is now above target.

Target has increased to 60% in 2020/21.

Target: 60%
Amber: 55%

Current month stands at 81.8%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jan 2021**

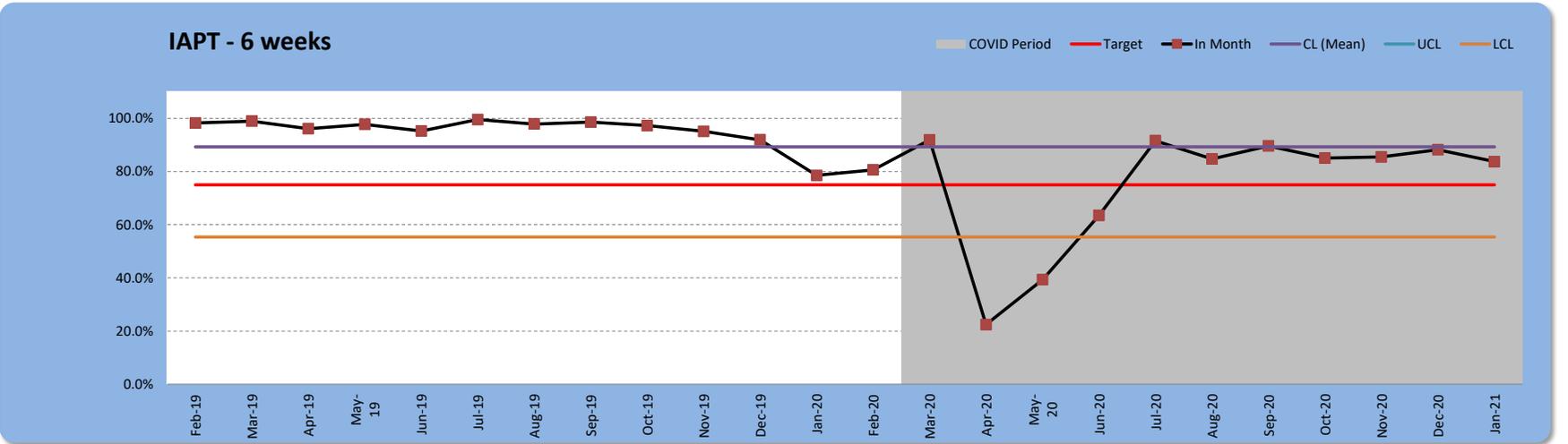
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Improved Access to Psychological Therapies	Two graphs to show percentage of patients who were seen within 6 weeks and 18 weeks of referral	Lynn Parkinson	OP 10a

Narrative

Performance has decreased by 4.5% but remains above the target of 75%

Target: 75%
Amber: 70%

Current month: 83.7%

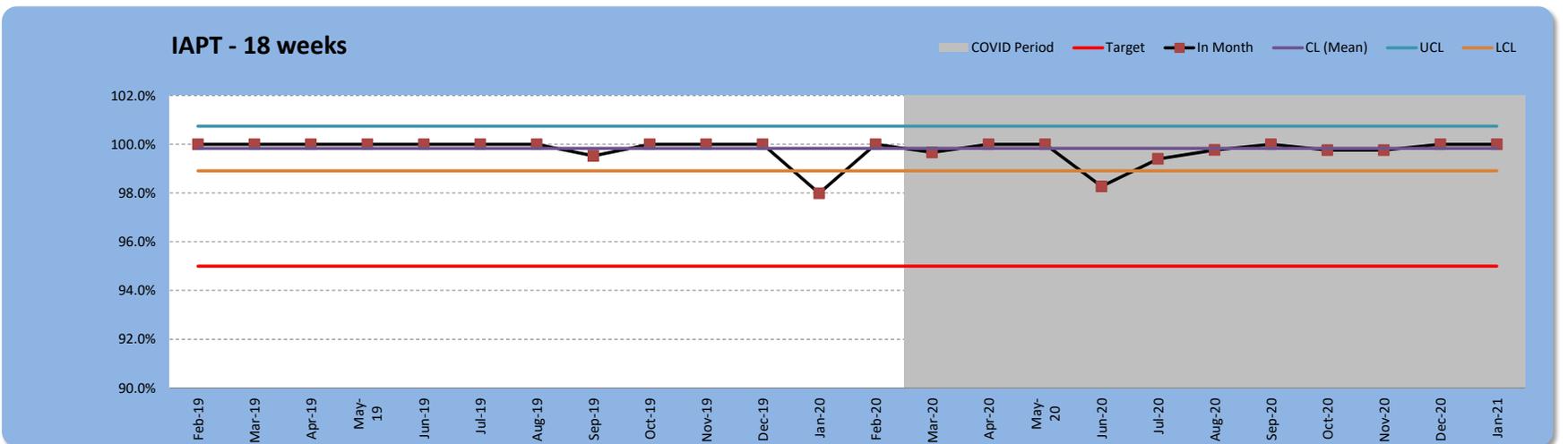


Narrative

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

Target: 95%
Amber: 85%

Current month: 100.0%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jan 2021**

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

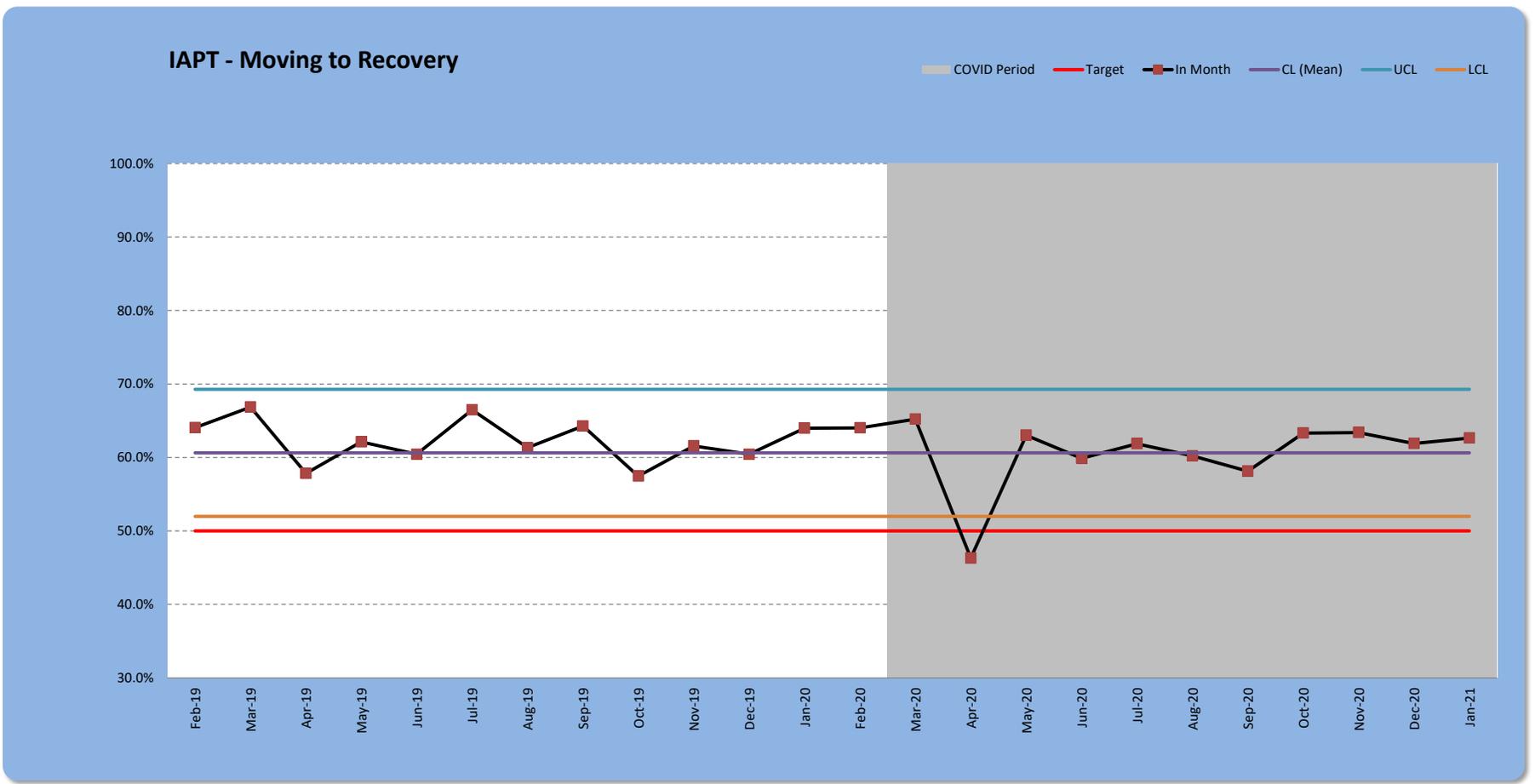
KPI Type
OP 11

Narrative

Performance remains above the 50% target but with a decrease of 0.7%

Target: 50%
Amber: 45%

Current month stands at 62.7%



PI RETURN FORM 2020-21

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Jan 2021**

Indicator Title

Description/Rationale

Executive Lead
Lynn Parkinson

KPI Type

ST 4b

Out of Area Placements

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

Narrative

Out of area days has increased by 83 days when compared to the previous month.

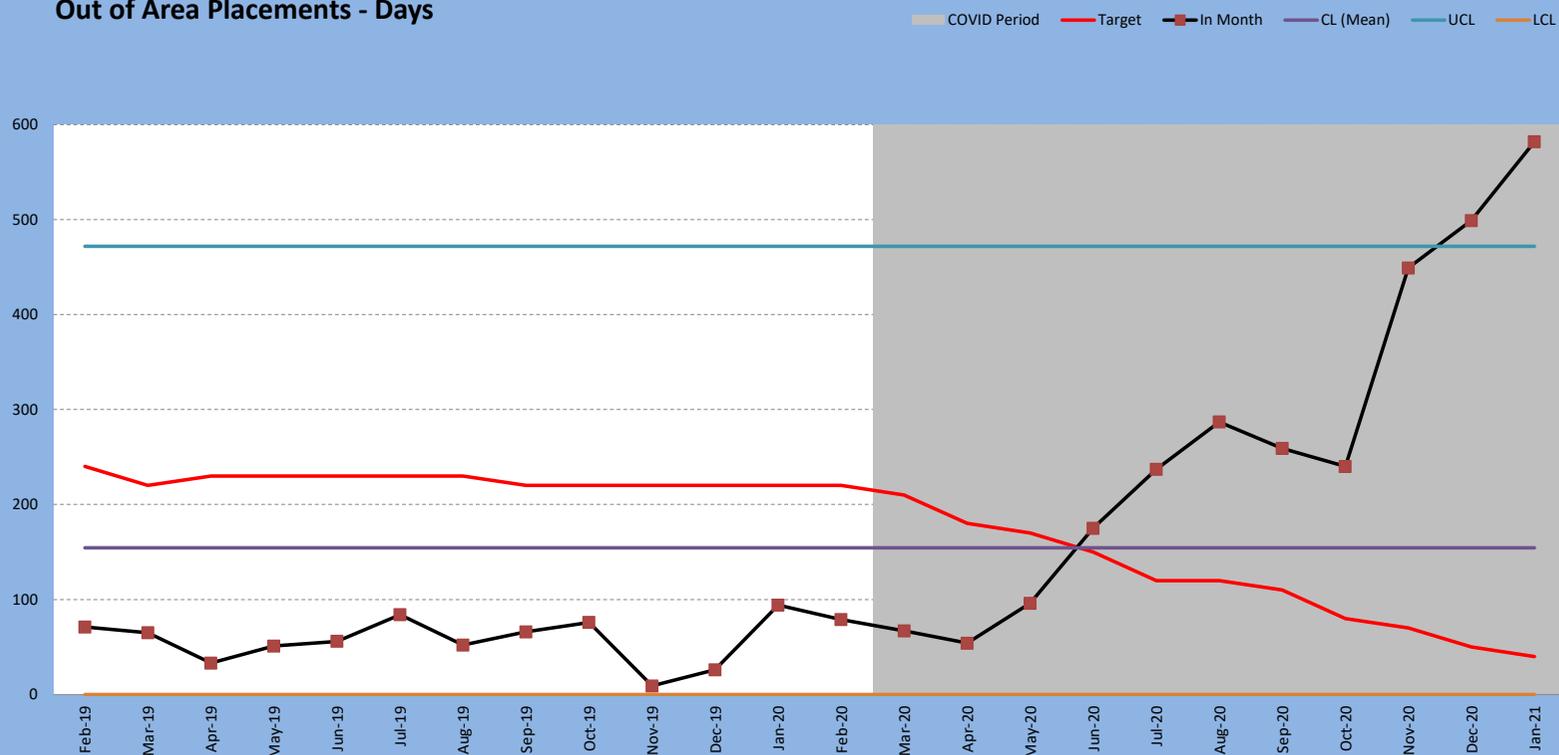
In recent times additional Beds have been purchased from NAVIGO and CYGNET but these remain within the data.

Target: 40

Amber:

Current month stands at 582

Out of Area Placements - Days



PI RETURN FORM 2020-21

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Jan 2021**

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

KPI Type
OP 14

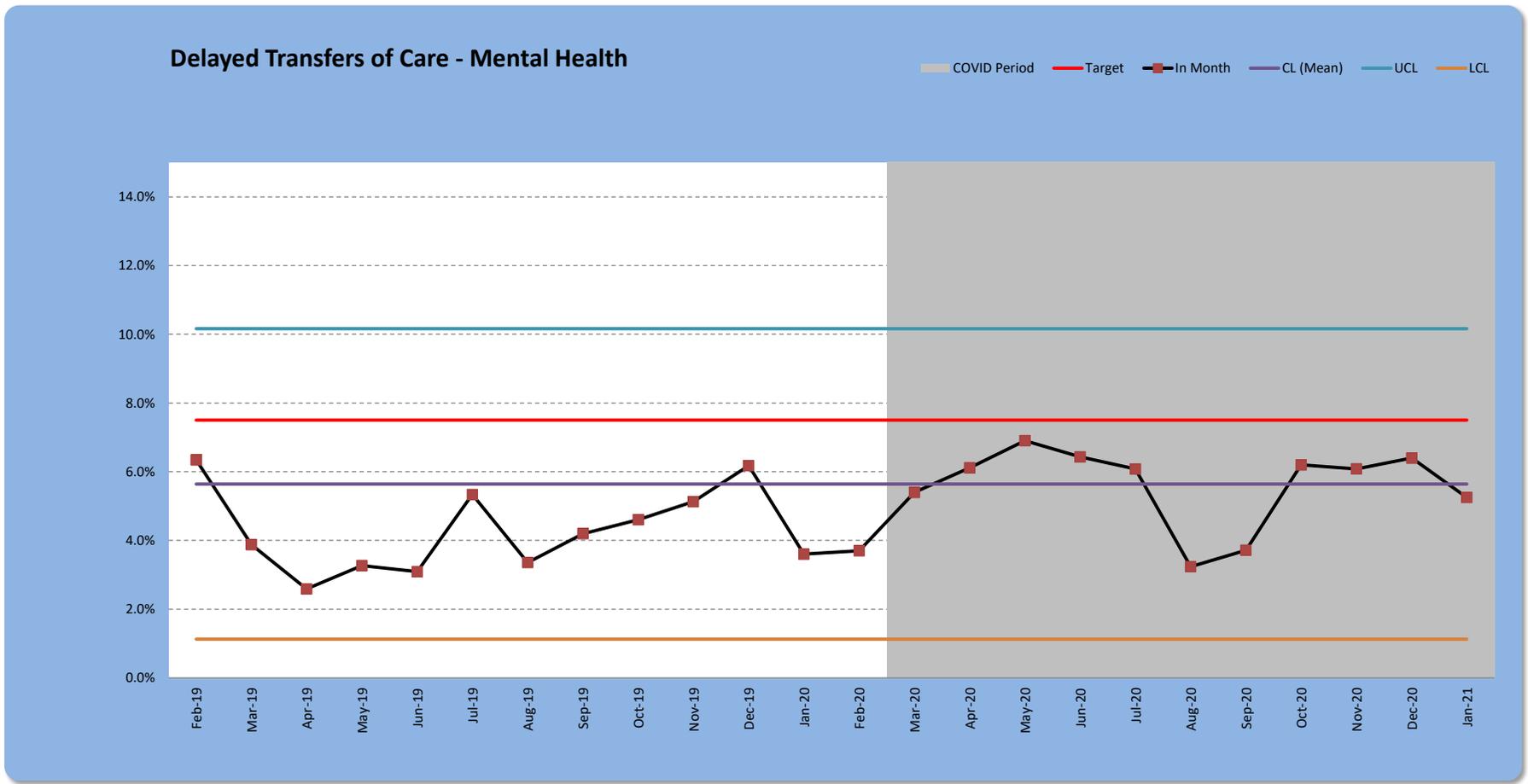
Narrative

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

Low performance is Good.

Target: 7.5%
Amber: 7.0%

Current month stands at 5.3%



PI RETURN FORM 2020-21

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending:

Jan 2021

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

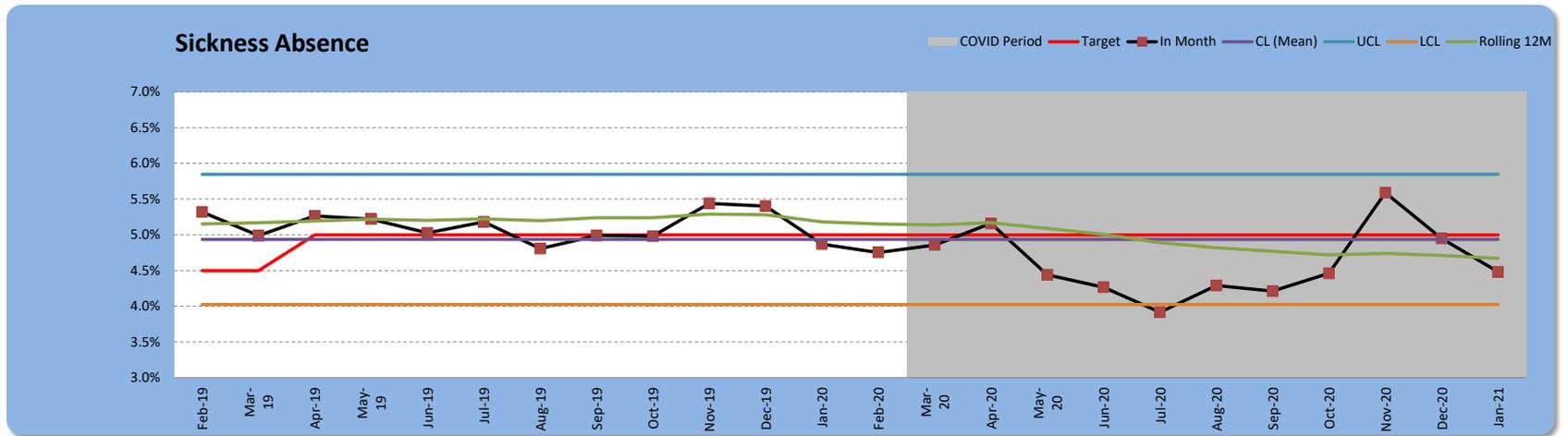
KPI Type
WL 1

Narrative

Sickness/Absence Rate has decreased by 0.5% when compared to the previous month.

Dec-20 Rolling 12 month figure is within target reporting at 4.7%

Target:	5.0%
Amber:	5.2%
Current month	4.5%



PI RETURN FORM 2020-21

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Jan 2021**

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

Narrative

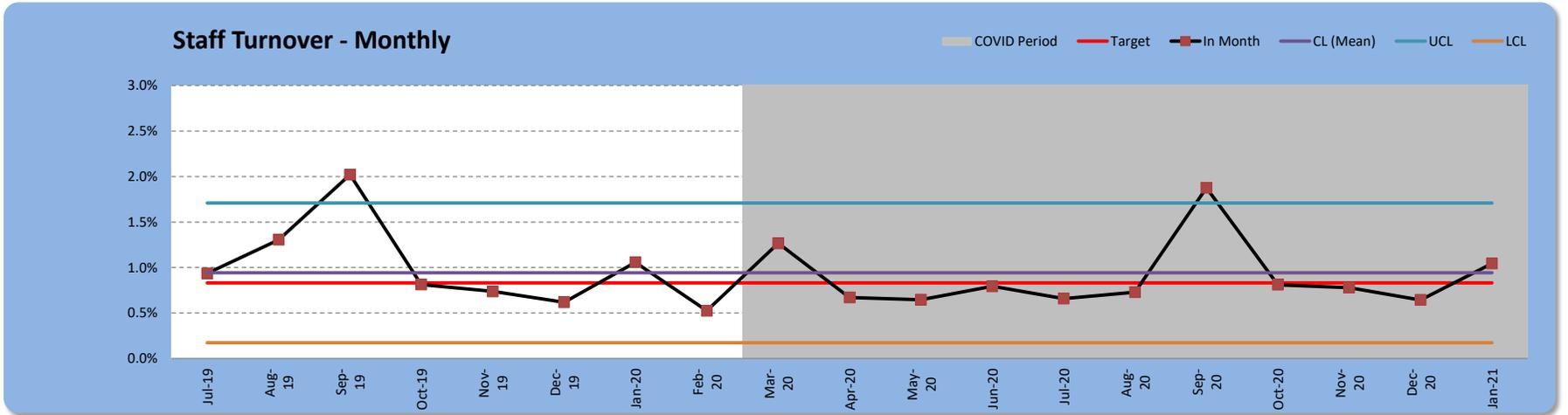
Staff Turnover has increase by 0.4% in the reporting period, this is a 0.4% increase on the previous month.

Low Performance is good.

Target: 0.83%

Amber: 0.70%

Current month stands at 1.0%



Narrative

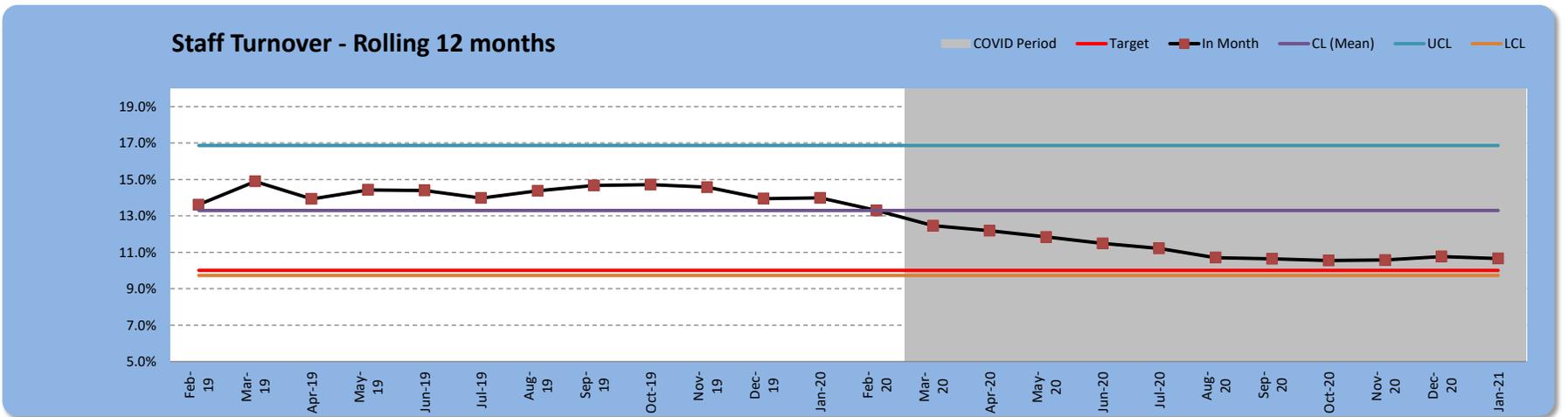
Exceeds Target.

Low Performance is Good.

Target: 10%

Amber: 9%

Current month stands at 10.7%



PI RETURN FORM 2020-21

Goal 5 : Maximising an Efficient and Sustainable Organisation

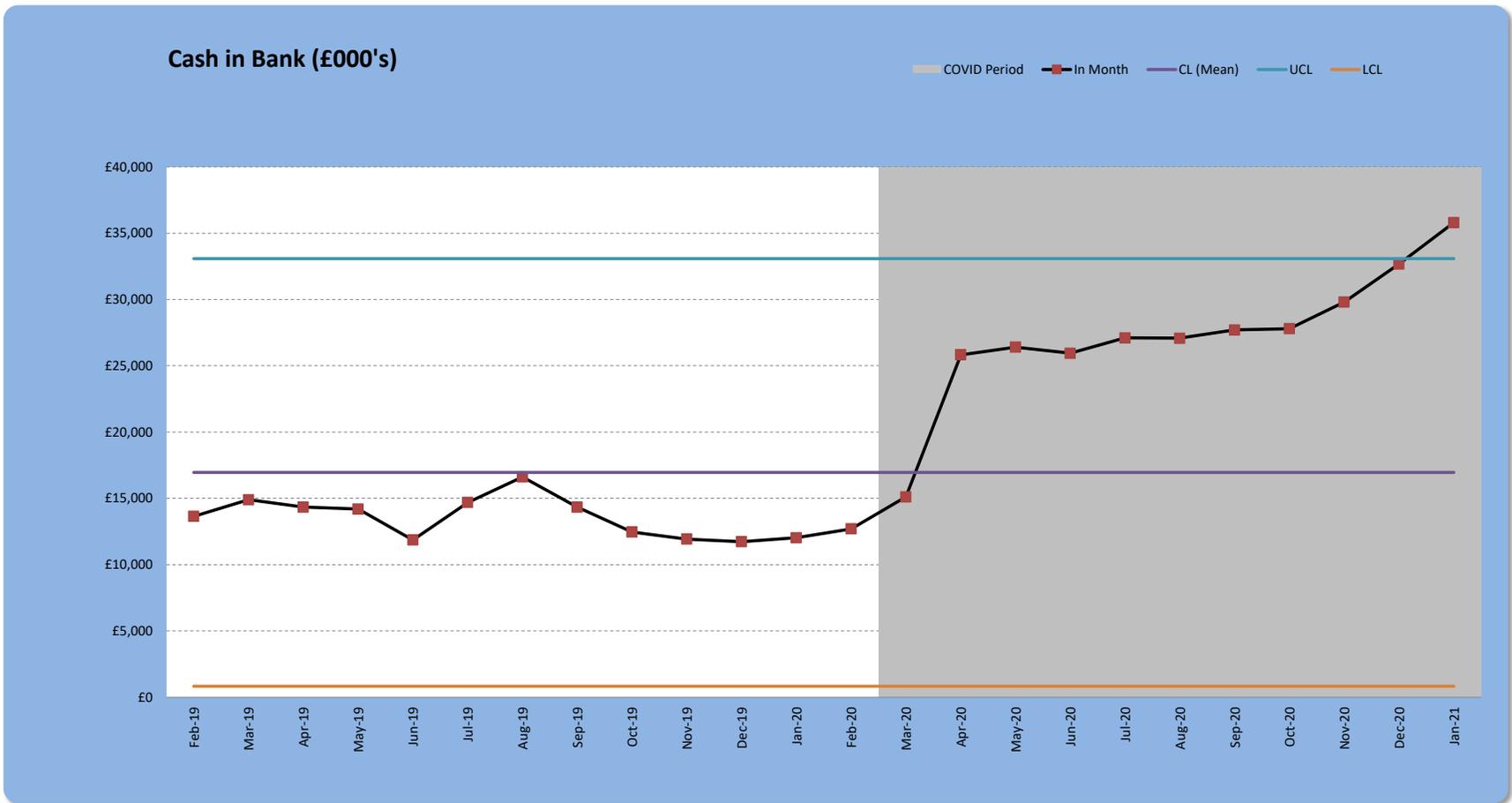
For the period ending: **Jan 2021**

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

Narrative

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

Current month stands at £35,801 ,000



PI RETURN FORM 2020-21

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Jan 2021**

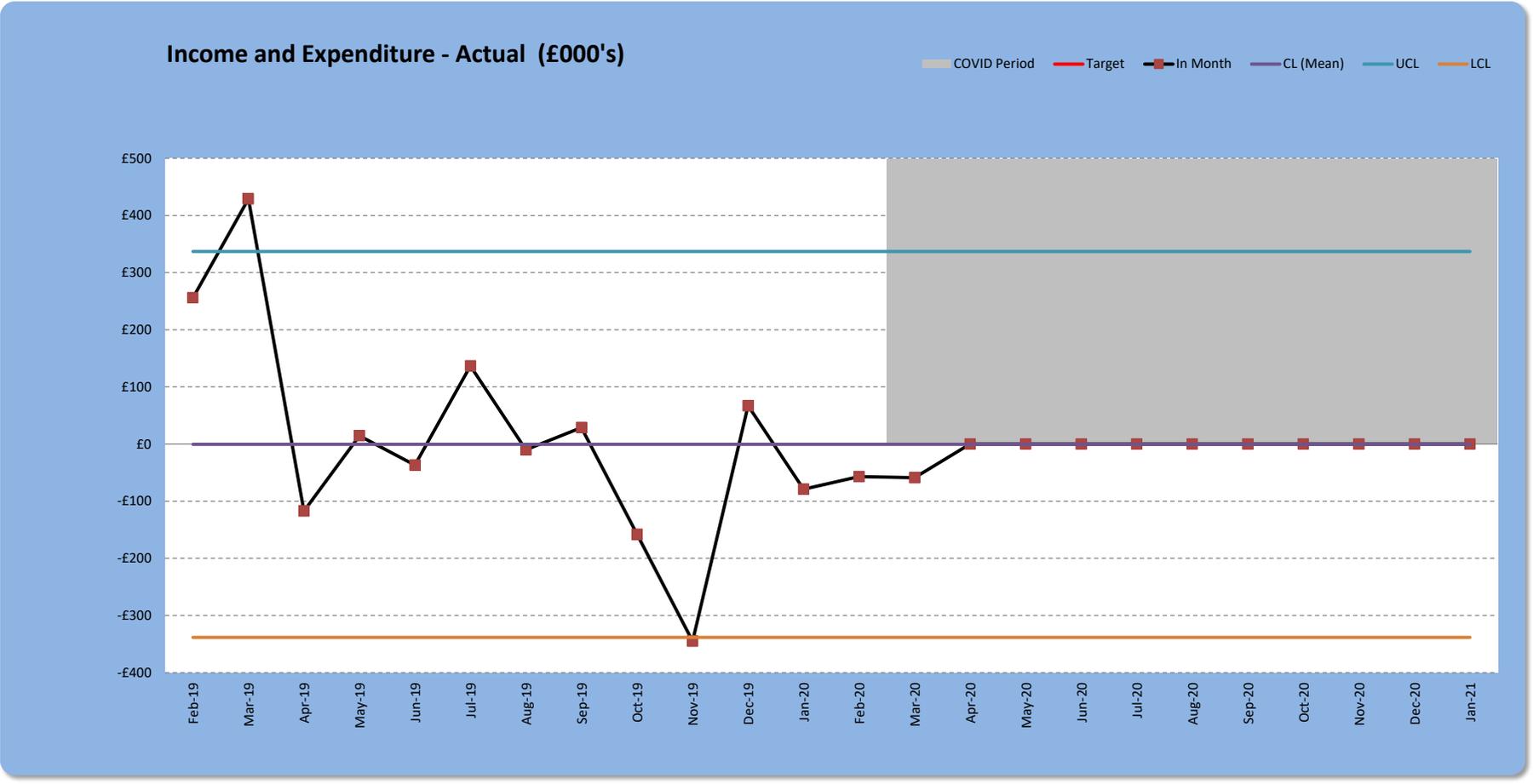
Indicator Title	Description/Rationale	Executive Lead
Income and Expenditure (£000's)	Review of the Income versus Expenditure (£000's) by month	Peter Beckwith

KPI Type
F 4b

Narrative

The Trust is at break even status

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



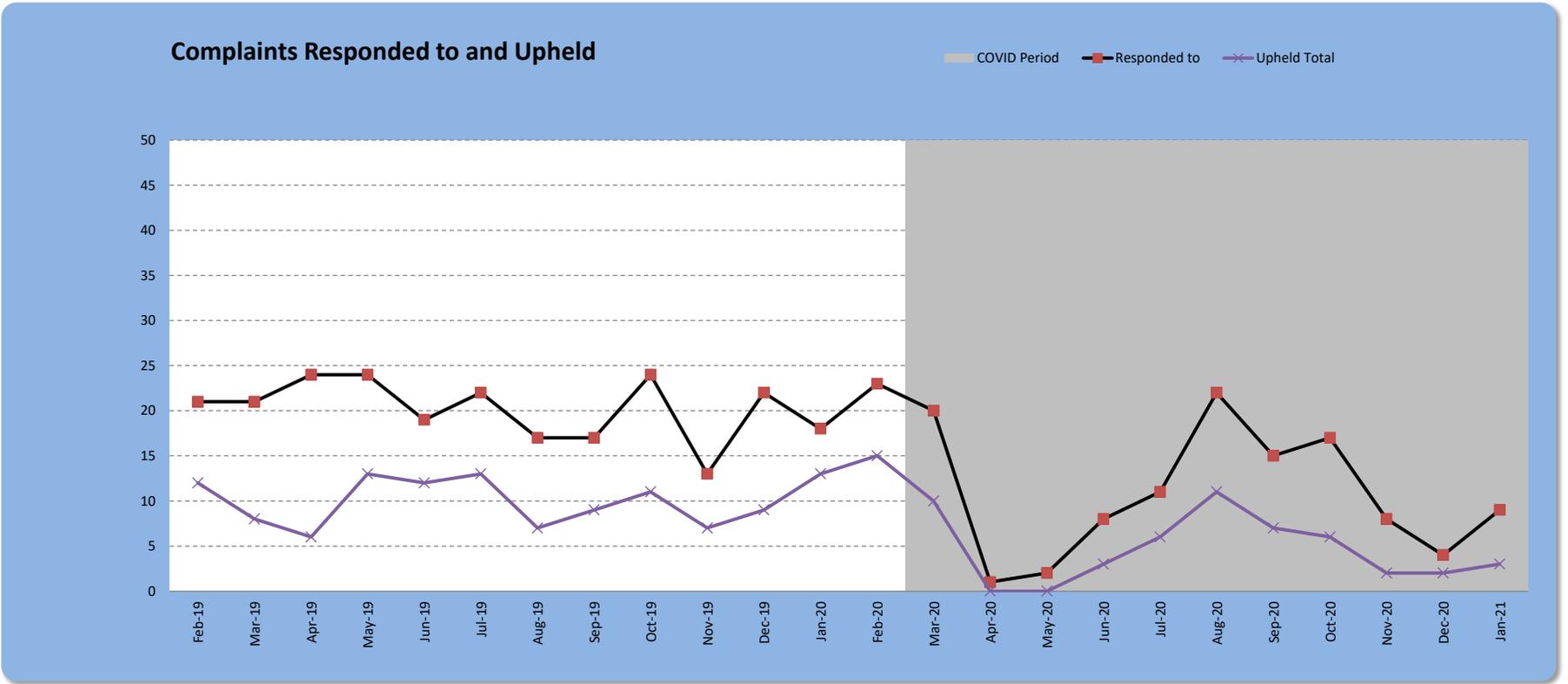
PI RETURN FORM 2020-21

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Jan 2021**

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

Narrative
Upheld Results
During the month, the following number of complaints was responded to 9
Of the number of complaints responded to in the month 3 were upheld which equates to 33.3%
YTD Upheld
50.0%



PI RETURN FORM 2020-21

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Jan 2021**

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

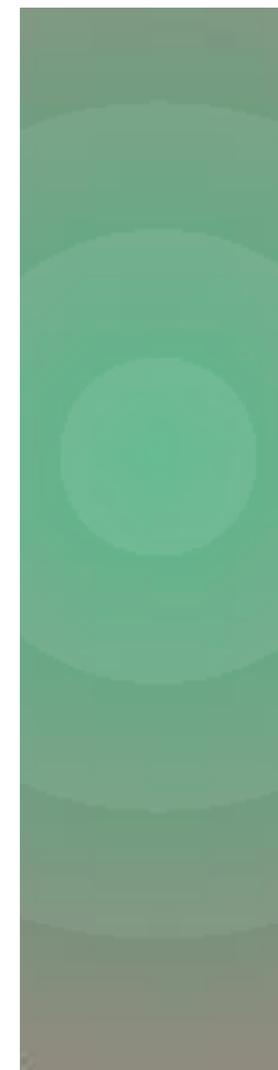
Narrative

15 compliments received in the month

Target: 0
Amber: 0

Current month stands at 15





Executive Team:

Chief Executive: Michele Moran

Chairman: Sharon Mays

Chief Operating Officer: Lynn Parkinson

Director of Finance: Peter Beckwith

Director of Workforce and Organisational Development: Steve McGowan

Medical Director: John Byrne

Director of Nursing: Hilary Gledhill

Issue Date: 11/02/2021



Agenda Item: 10

Title & Date of Meeting:	Trust Board Public Meeting– 24 th February 2021			
Title of Report:	Finance Report 2020/21: Month 10 (January)			
Author/s:	Name: Peter Beckwith Title: Director of Finance			
Recommendation:	To approve		To receive & note	X
	For information	X	To ratify	
Purpose of Paper:	<p>This report is being brought to the Trust Board to present the draft financial position for the Trust as at the 31st January 2021 (Month 10)</p> <p>The report provides assurance regarding financial performance, key financial targets and objectives.</p> <p>The Board are asked to note the financial position for the Trust and raise any queries, concerns or points of clarification.</p>			
Governance: <i>Please indicate which group or committee this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	
Key Issues within the report: <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<ul style="list-style-type: none"> • A break even operational position was recorded to the 31st January 2021 • Within the reported position is year to date covid expenditure of £12.130m, details of which are included in the report. • Cash balance at the end of January was £35.801m, 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

<input type="checkbox"/>	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 – January 2021

1. Introduction and Purpose

This report is being brought to the Trust Board to present the financial position for the Trust as at the 31st January 2021 (Month 10). The report provides assurance regarding financial performance, key financial targets and objectives.

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

2. Income and Expenditure

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

For the purpose of Month 10 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 to offset covid expenditure has been allocated across the divisions and corporate areas to enable the non-covid underlying position to be reported.

The Trust reported a year to date break even position for January. After £0.060m of donated asset depreciation and an impairment charge of £0.554m (which does not count against the Trust's Control Total), the Trust has a reported deficit of £0.614m, details of which are summarised in the following table.

Table 1: 2020/21 Income and Expenditure



	20/21 Net Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Income							
Trust Income	124,284	10,347	10,556	209	101,833	101,808	(25)
Clinical Income	14,659	1,155	1,182	27	11,846	12,446	600
Total Income	138,943	11,501	11,737	236	113,680	114,254	575
<u>Clinical Services</u>							
Children's & Learning Disability	27,205	2,249	2,308	(59)	22,659	22,419	240
Community & Primary Care	30,431	2,511	2,472	39	25,372	25,288	84
Mental Health	45,760	4,092	3,896	196	36,825	36,100	725
Secure Services	11,190	927	912	15	9,128	9,197	(68)
	114,586	9,780	9,589	191	93,985	93,005	981
<u>Corporate Services</u>							
Chief Executive	1,940	152	145	8	1,637	1,623	14
STP Office	1,445	222	223	(1)	320	470	(150)
Chief Operating Officer	6,841	542	598	(56)	5,761	5,854	(93)
Finance	12,307	1,898	1,889	8	10,133	10,091	41
HR	3,127	268	304	(36)	2,666	2,759	(93)
Director of Nursing	2,177	177	140	36	1,876	1,796	81
Medical	1,716	135	38	97	1,452	1,282	170
Finance Technical items (including Reserves)	(9,835)	(2,046)	(1,651)	(395)	(7,884)	(6,751)	(1,133)
	19,718	1,348	1,687	(339)	15,961	17,123	(1,162)
Total Expenditure	132,789	11,139	11,097	42	109,946	110,128	(182)
EBITDA	4,640	373	472	(99)	3,733	4,126	(393)
Depreciation	3,102	245	253	(7)	2,452	2,528	(76)
Interest	148	12	14	(2)	123	121	2
PDC Dividends Payable	2,341	195	195	0	1,951	1,951	0
PSF Funding	(951)	(79)	-	(79)	(793)	(474)	(319)
Operating Total	-	-	-	-	-	-	-
<i>Excluded from Control Total</i>							
Donated Depreciation	220	18	5	13	183	60	124
Impairment	-	-	-	-	-	554	(554)
Ledger Position	(220)	(18)	(6)	(12)	(183)	(614)	431
EBITDA %	3.7%	3.6%	4.4%		3.7%	4.1%	
Surplus %	0.0%	0.0%	0.0%		0.0%	0.0%	



2.2 Trust Income

Trust income year to date was £0.575m 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 £22.419m represents an underspend against budget of £0.240m

2.3.2 Community and Primary Care

Year to date expenditure of £25.288m represents an underspend against budget of £0.084m

2.3.3 Mental Health

An underspend of £0.725m was recorded year to date for Mental Health. Budget pressures in Mental health unplanned care due to additional staffing costs, have been offset by the underspend in Mental Health planned care from current vacancies.

2.3.4 Secure Services

An overspend of £0.068m was recorded YTD for Secure Services. The main reasons for this is the use of Agency Medical Staff, to which the Service are actively recruiting and an unfunded Enhanced Package of Care on Ullswater. 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 £1.162m overspent. The main pressure sits within Finance Technical, when this line is excluded corporate services are reporting a £0.029m overspend.

- The Finance directorate is reporting a year to date underspend of 0.041m.
- The Human Resources directorate has a year to date overspend of £0.093m.

2.5 COVID Expenditure

At the end of January 2021 the Trust recorded £12.130m of Covid related expenditure, details of which are summarised below.



COVID 19 Costs	April £m	May £m	June £m	July £m	Aug £m	Sept £m	Oct £m	Nov £m	Dec £m	Jan £m	Total £m
Pay Costs	0.258	0.414	0.397	0.183	0.162	0.227	0.076	0.266	0.321	0.226	2.530
Non Pay Costs	0.281	0.302	0.201	0.302	0.436	3.193	0.136	0.323	0.312	0.242	5.728
Income Top Up	0.179	0.478	0.396	0.655	0.523	0.463	0.283	0.265	0.260	0.260	3.762
Vaccine Costs									0.046	0.064	0.110
Total Costs in Position	0.717	1.194	0.994	1.140	1.121	3.883	0.495	0.854	0.939	0.792	12.130

Since month 7, covid expenditure is no longer claimed and as part of the revised plan, the block from Hull CCG now includes of £0.365m of Covid funding per month, as well as £0.465m of Top up funding.

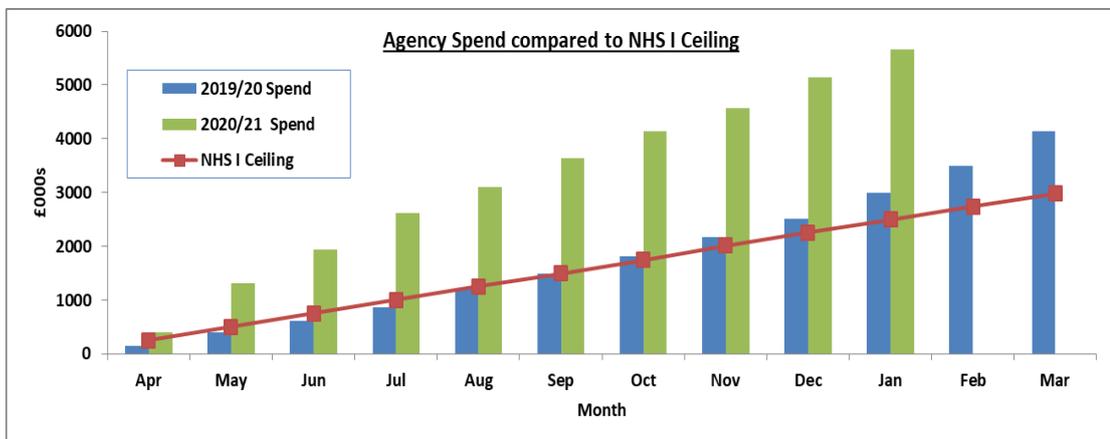
2. Staff Costs

2.1 Agency

Actual agency expenditure for January was £0.515m, which is above the ceiling of £0.245m for the month. The year to date spend to the end of January 2021 £5.659m, which is higher than the same period last year where the costs were £2.501m, as shown in the table below.

Year to date spend is above the annual ceiling

Table: Agency Spend



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

Staff Type	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Consultant	238	534	362	410	313	370	361	317	415	358	3,677
Nursing	90	267	170	121	122	106	96	88	99	119	1,279
AHPs	10	27	38	54	13	0	24	11	16	20	213
Clinical Support Staff	10	27	8	15	(6)	10	11	(2)	(0)	8	81
Administration & Clerical	46	66	44	85	47	42	5	29	36	11	409
Grand Total	392	921	622	685	490	528	497	443	566	515	5,659



3. Statement of Financial Position

The Statement of Financial Position in Appendix 4 shows the Trust's assets and liabilities as at 31st January 2021. In month, the net current asset position decreased by £0.388m to £6.238m. This was related to an increase in cash due to the month 6 Covid receipt.

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 January 2021 the Trust held the following cash balances:

Table 2: Cash Balance

Cash Balances	£000s
Cash with GBS	35,590
Nat West Commercial Account	162
Petty cash	49
Total	35,801

As part of the national response to the COVID pandemic the Trust received two Block income receipts in April and therefore the reported cash position is significantly higher.

3.2 Capital Programme

Year to date the capital expenditure spend is £5.063m comprising of expenditure for IT schemes (£0.724m), LHCRE (£1.252m) and Property Maintenance (£2.570m).

£0.481m of Covid related capital expenditure has been recorded year to date. £0.298m relates to Estates projects and £0.182m on IT related projects. £0.117m of capital funding has been received year to date for Video conferencing and laptops.

4. Recommendations

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



Appendix 1
Statement of Financial Position

	JAN-21 £000	DEC-20 £000	Movement £000	COMMENTS
Property, Plant & Equipment	111,918	111,270	648	
Accumulated Depreciation	(26,999)	(26,752)	(247)	
Net Property, Plant & Equipment	84,919	84,518	401	
Intangible Assets	11,340	11,333	7	
Intangible Assets Depreciation	(1,982)	(1,971)	(11)	
Net Intangible Assets	9,358	9,362	(4)	
Total Non-Current Assets	94,277	93,880	397	
Cash	35,590	32,680	2,910	Additional Block payment received in April and Month 6 Covid income receipt
Trade Debtors	4,847	4,808	39	
Inventory	150	150	0	
Non Current Asset Held for Sale	1,543	1,543	0	Westend reclassified as AHFS
Other Current Assets	2,300	2,019	281	
Current Assets	44,430	41,200	3,230	
Trade Creditors	3,782	3,576	206	
Accrued Liabilities	34,410	30,998	3,412	Additional Block payment received in April.
Current Liabilities	38,192	34,574	3,618	
Net Current Assets	6,238	6,626	(388)	
Non-Current Payables	1,216	1,216	0	Local Government Pension Scheme Liability
Non-Current Borrowing	4,020	4,006	14	
Long Term Liabilities	5,236	5,222	14	
Revaluation Reserve	18,558	18,558	0	
PDC Reserve	63,279	63,279	0	
Retained Earnings incl. In Year	13,443	13,448	(5)	
Total Taxpayers Equity	95,279	95,285	(6)	
Total Liabilities	138,708	135,081	3,627	



Agenda Item 11

Title & Date of Meeting:	Trust Board Public Meeting – 24 February 2021		
Title of Report:	Finance and Investment Committee Assurance Report		
Author:	Name: Francis Patton Title: Non-Executive Director and Chair of Finance Committee		
Recommendation	To approve		To note
	To discuss	√	To ratify
	For information	√	To endorse
Purpose of Paper:	<p>The Finance and Investment Committee is one of the sub committees of the Trust Board</p> <p>This paper provides an executive summary of discussions held at the meeting on 17th January 2021 and a summary of key points for the Board to note.</p>		
Governance		Date	
	Audit Committee		Remuneration & Nominations Committee
	Quality Committee		Workforce & Organisational Development Committee
	Finance & Investment Committee	17.2.21	Executive Management Team
	Mental Health Legislation Committee		Operational Delivery Group
	Charitable Funds Committee		Other (please detail)
Any Issues for Escalation to the Board:	<p>The committee recommends that the Board: -</p> <ul style="list-style-type: none"> • Notes the excellent month ten performance. • Notes the update on the Operational and Corporate Services Budget Reduction Strategy performance. • Notes the excellent work undertaken on the draft financial planning paper. 		

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 ten performance showed that the Trust had recorded a year to date break even position for January.

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

In terms of BRS the committee received assurance that the Divisions and Corporate were

more or less on plan and that whilst the major schemes looked to be behind much had either been delivered elsewhere, would potentially deliver this year or will slip into next year but won't impact on year end outturn. The committee asked for a detailed breakdown at the April meeting.

With planning guidance not yet out, the committee received an excellent draft financial planning paper coupled with the forecast BRS plan from 2021/22 to 2023/24 which gave a level of assurance on next year's position as far as could be done without the detailed planning guidance.

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

The committee received an update to the Estates Strategy and the Sustainable Development Management Plan and agreed to defer a detailed discussion on these to the April meeting.

Key Issues:

The key areas of note arising from the Committee meeting held on 17th January were:

- In terms of the Insight report the key issues raised were: -
 - At month 9 the ICS reported a favourable variance of £5.4m with expenditure to date on Covid of £124.5m
 - The National financial position shows £9.7bn of expenditure over and above the level voted for by Parliament.
 - Planning guidance is now expected to be released in early Spring.
 - The Trust will work to an extended timeframe for submitting annual accounts and completing the audit, with presentation of accounts to June Board.
 - £286k of IT capital finding has been awarded to the Trust and will be used to replenish laptops and other IT equipment deployed to support remote working.
 - Additional work to address issues arising from the recent ligature audit has been agreed by the CERG (£673k) with schedule of works in place

- In terms of the month ten financial performance the Trust reported a year-to-date break-even position to the 31st January 2021. After the donated depreciation and impairment charge, the reported deficit for Month 10 Year to Date was £0.614m. Within the reported position is year to date covid expenditure of £12.130m.

The Children's and LD Division has a year-to-date expenditure underspend of £0.240m and a net underspend of £0.293m; the Community and Primary Care Division has a year-to-date expenditure underspend of £0.084m and an overall division underspend of £0.628m (primary care reported an in month profit of £0.006m); the Mental Health Division has a year-to-date expenditure underspend of £0.725m and an overall underspend of £0.690m; the Secure Services Division is showing a year-to-date division net overspend of £0.030m (The large movement on last month is because of the transfer of LD FOLS (Forensic Outreach Liaison Service) and Forensic CAMHS into the division which had a large underspend); Corporate (excluding finance technical) is showing a year to date overspend of £0.030m.

Cash at the end of January stood at £35.801m with the underlying cash balance being £24.917m

The aged debtors outstanding at the end of January were £4.847m. This is an increase of £0.039m compared to the December Aged Debt balance of £4.808m (NHS outstanding debt increased by £0.224m). Trade Creditors stood at £3.872m.

Performance against the better payment practice code for NHS and Non-NHS are currently 94.77% and 71.75% respectively. This performance is compared to the national target of 95% of invoices being paid within 30 days of the invoice date.

The Committee complimented the finance team on the work undertaken to arrive at this position.

- The committee received an update on BRS delivery which showed that the Major Schemes have achieved £1.648m year to date. The effect of the Covid 19 Block funding in months 1 to 6 and the agreement of system envelope funding for the remainder of the year has meant that schemes which are dependent on new resources being approved can't be recognised as being achieved in full. The effect of this has been mitigated by the top up process which has enabled the Trust to receive funds to breakeven. This means that some schemes will slip into 2021/22. Savings targets have also been mitigated by receiving top up funding of £0.652m.

The Divisional and Corporate Savings have been profiled at £1.436m for Month 10 and are showing savings of £1.442m which is an overachievement against the profiled savings of £0.006m. The Community and Primary Care Division is reporting an underachievement at Year End of £0.111m in relation to the Recovery College and Primary Care back office savings. These targets will slip into 2021/22. The Mental Health Division is reporting an underachievement of £0.210m at year end relating to a number of schemes. An alternate scheme has been evaluated but is subject to funding agreement with Commissioners and may slip into 2020/21. This would be in addition to the 2021/22 Divisional target. Children's and LD Division is forecasting an overachievement of £0.001m and Secure Services an overachievement of £0.003m.

The committee asked for a detailed analysis of both major and divisional schemes that hadn't delivered this year in order to understand what would flow into next year. The committee also commended the team on the excellent work in maintaining BRS this year despite the ongoing Covid-19 issues.

- In the absence of any planning advice the committee received a draft financial planning update from the Finance team plus the budget reduction strategy for 2021/22 to 2023/24. The draft report provided a calculation of the Trust's Monthly Net Run Rate which is estimated at £10.414m moving to £10.473m in 2021/22

Funding in Quarters 2 to 4 is expected to to a normal commissioning system. Savings will be required from the carry forward of major schemes from 2020/21 and further investment in Services through the Mental Health Investment Standards.

This was supported by the BRS which showed good progress has been made to date to produce the first iteration of the BRS 2021/22 to 2023/24 There is a current gap of £1.249m which is primarily made of a pressure within the Mental Health Combined Division of £1.014m relating to Medical Staffing. It was agreed that all gaps should be considered with further savings being made to offset them in full; that all savings with a Red Rag rating are reviewed and actions are taken to enable reclassification as Amber or produce alternative savings; to produce QIAs for current proposed savings.

The committee discussed how some tension could be put into this forecast to pick up any

slack in the draft financial plan.

The committee found the reports extremely useful giving assurance on the size of the challenge for next year and the plans already in place to mitigate them in the absence of any planning guidance.

- The committee received the section of the Board Assurance Framework (BAF) and Risk Register for Quarter 4 2020/21 relating to Trust finances and sustainability and reviewed the 5 key risks and overall BAF. In terms of the Risk Register the committee agreed to update two of the risks lowering the risk level. The overall assurance rating against Strategic Goal 5 - Maximising an efficient and sustainable organisation - currently remains at 'yellow' for the Quarter 4 2020/21 position which is representative of the challenges and uncertainty linked to the national COVID-19 situation.
- The committee received an update to the Estates Strategy and the Sustainable Development Management Plan and agreed to defer a detailed discussion on these to the April meeting.
- The committee received assurance reports from the Capital and Estates Group.

Agenda Item 12

Title & Date of Meeting:	Trust Board Public Meeting – 24 February 2021			
Title of Report:	Mental Health Legislation Committee Assurance Report following meeting of 04 February 2021.			
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 04 February 2021 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"> • Committee received two presentations on medical reviews of seclusion, and s.136 • Approved 1 reviewed policy, noted that all others are up to date, and others under review • Steering Group working effectively • Received detailed insight report • Noted plans to set up Task and finish groups to look at MHA White paper and provide Trust response to consultation • Received informative Equality and Diversity Annual 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	
Key Issues:				
Committee noted key items and assurances:				
<ul style="list-style-type: none"> • Meeting was quorate. • Received MHL Quarterly Performance Report and noted no obvious outliers with regards to key metrics. Some detailed questions regarding Community Treatment Orders and information on recall and revocation to be provided. • Received MHL summary report which summarised the work of the MHL Steering Group which is now working effectively under the leadership of Kwame Fofie with support from Michelle Nolan. The group is doing the 'heavy lifting' in relation to data analysis and topical issues allowing MHLC to concentrate on assurance (as opposed to reassurance). Exceptions to the MHA - one issue regarding expired AMHP warrants is under investigation, the results of which will be reported back. CQC Mental Health Act visits – Committee noted all actions closed and huge reduction in identification of issues during remote CQC MHA reviews. • The insight report reflected a work on a number of often voluminous reports and consultations as follows: <ul style="list-style-type: none"> ○ Department of Health and Social Care - 10/11/20, Care Home Manager Role to be dropped from the Liberty Protection Safeguards. ○ New Guidance to improve practice – November 2020, Out of sight – who cares? - Restraint, segregation and seclusion review ○ Change to the <i>Mental Health (Hospital, Guardianship and Treatment) (England) Regulations 2008</i> governing the completion of statutory forms under Part 2 MHA ○ Monitoring the Mental Health Act in 2019/20: The Mental Health Act in the coronavirus (COVID-19) pandemic. ○ CQC COVID-19 INSIGHT - Issue 5 - November 2020 ○ The Government Response to the Joint Committee on Human Rights reports on the Detention of Young People with Learning Disabilities and/or Autism and the implications of the Government's COVID-19 response (October 2020) ○ White paper – reforming the MH ○ Approved Judgment – Devon Partnership – 13/01/21 ○ Legal guidance for services supporting people of all ages during the coronavirus pandemic: Mental health, learning disability and autism, 				

- In relation to the MH White paper consultation, it was acknowledged that this is an enormous task and, in this regard, staff volunteers are being assembled into task and finish groups concerning discrete parts of the document, in order to provide Trust response by the consultation deadline date in April.
- In relation to patient support, it was noted that the Trust had put a lot of work into physical health refresher training in a proactive response to the pandemic. Up to 50 consultants had attended physical health refresher training at HRI and a rapid response team had also been deployed. Further work ongoing around Respect and introducing to community services and mental health wards for optimal support with physical health needs. The committee commended the actions taken to underpin mental health care with good physical health.
- Received the 3rd Equality and Diversity Annual Report - the committee praised the work that had gone into this which had provided comprehensive and rich information and had largely identified that the application of the MHA by ethnicity and gender is in line with the general population. Future reports are likely to be expanded to include some analysis of the Eastern European population, comparison of young people under 16 population to those admitted or detained, and work is underway to enrich the community data set with an EDI sub group having been set up to look at how clinicians can collect data. The skewing effect of out of area patients was also noted in relation to secure services.
- Dr Shahbaz gave a presentation on the re-audit of seclusion medical reviews and how the introduction of a template to complete the review had achieved positive results. The new template was providing much better information for treatment decisions and staff handovers and was improving the quality of patient care. The committee thanked Dr Shahbaz for her work and for an informative presentation, and noted how nursing staff are now planning the development of a review template for seclusion nursing reviews to aid recording, given the success of the medical review template.
- Dr Gibbins gave a presentation assessing the use of s.136 compared with the Royal College / Code of Practice guidelines and the previous audit. There was positive improvement overall and some practical recommendations were made particularly around safety and risk. A decline in police advance notification was noted and this will be raised at the Crisis Care Concordat. New arrangements will come into place regarding length of police stay from April and Dr Gibbins generously offered to re-audit once these changes have bedded in. The committee thanked Dr Gibbins for her work and for an informative presentation and noted that the MHL team were now taking over scrutiny of s.136 forms and, from April, will undertake data input. The s.136 form has been reviewed in order to aid clarity of timings and remove duplications. This will improve data quality and auditing.
- Received Q3 RRI report and noted a slight dip in training (due to COVID) but that, overall, the Trust benchmarked well against national standards and that this positive performance was being maintained.
- Received and note RRI annual report for 2019/20.
- Approved minor changes to blanket restriction policy to reflect MHA Code of Practice guidance to assess individual patient impact.
- Noted all policies up to date with only one minor issue regarding signing of s.117 policy which will be rectified soon.
- Approved MHLC ToR with regard to a nominated Associate Hospital Manager being on the committee (currently the chairman).
- Noted the Chair's assurance report to Board.

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Agenda Item 13

Title & Date of Meeting:	Trust Board Public Meeting – 24 February 2021			
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	✓
	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 9 February 2021 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) Assurance report	✓
Key Issues within the report:	Identified in the report			

Monitoring and assurance framework summary:

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

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

Executive Summary - Assurance Report:

A meeting of the Audit Committee took place on 9 February 2021. 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 Plan
- Counter Fraud Progress Report
- External Audit Strategy Memorandum
- Draft Effectiveness Review and ToR annual review
- Virtual Establishment Visits Update
- Cyber Security Update (SIRO Group Assurance Report)
- Procurement Activity Report
- Tender Waiver Update
- Board Assurance Framework
- Risk Register – Board and deep dive Mental Health n
- Information Governance Assurance Report and minutes
- Update on changes to Contracts/Agreements

Risks and major items discussed

One Internal Audit Assurance Report was received and discussed:

Mental Health Act

Significant Assurance

The audit plan for the second half of the year was reviewed by Operational Delivery Group and EMT and remained substantially unchanged, although some changes were requested by management due to operational reasons. We were assured that any audits not performed in 20/21 would be picked up in 21/22, with the audit days adjusted accordingly. The Internal Auditors assured the Committee that the programme completed by the end of April would include all 'must do' audits, and that they would be able to give a meaningful Head of Internal Audit opinion. The Mental Health Act report was discussed and the recommendations in hand to be completed.

Although the completion of previous audit recommendations was good (only one low level recommendation from 19/20 was still outstanding), there were nine recommendations from 20/21 pushed back to a later implementation date. Thirty five had been completed. The Committee stressed the need to have timely completion and that any changes should be minimal, only being able to be moved with EMT approval.

The Committee were disappointed that the 21/22 Annual Internal Audit Plan was not yet drafted for review, and asked that this be done by email so that the Plan could be in place by 1 April.

The Counter Fraud report contained an update on counter fraud activity and progress against the agreed work plan for 20/21. This gave updates on the proactive exercises and investigations, as well as work done on communications. Three proactive reviews had been completed in spring 20 but only finalised with management in Feb 21. The committee requested the same procedures be adopted for these as with internal audit reports.

A small number of salary diversion scams were notified, at NHS organisations in the area (not HTHFT). It was agreed that these were of a concern and required additional comms and training, especially any newer members of staff.

The external auditors, Mazars, presented their external audit strategy for the upcoming yearend. The various materiality limits were explained and discussed, as well as the additional value for money work. An adjustment I fee allocation was discussed. The audit work would be off site once more, and the later audit deadline noted. The Committee also met with Mazars after the formal meeting and noted good progress.

The draft Effectiveness Review and ToR were discussed, and some changes made and requested. These will be discussed and finalised at the next meeting, by when the Committee and attendees will be asked to complete a 'monkey survey' for feedback, facilitated by the internal auditors and in line with the feedback at FIC..

The Cyber assurance report was noted and CORS remediation plan accepted.

A virtual establishments visits programme has been initiated and no issues of note were identified. The limitations of virtual visits were discussed and site visits will be effected in due course, aided by the internal auditors.

The Committee welcomed the assurance given by the Procurement Activity Report, noting especially during the remote working, and noted the advantages of the DocuSign digital sign off system. The Committee were assured with regard to the impact of Brexit (minimal to date).

Five new single tender waivers were noted, along with updates on tender waivers currently still active. A number of these are with charities and related to projects. It was agreed that the format of the report would be updated and clarified ahead of the next report.

The BAF was presented in draft form for Q4, and the changes noted and discussed. The changes required should the Provider Collaborative (PC) commence from 1 April were discussed, and further work required through EMT as to how the BAF and risk register for the PC are presented to the Board. The finalised BAF is due to the Board in March.

In relation to the Trust risk register, six risks were noted following the de-escalation of three Command risks (down to amber) Progress against the 11 higher level (12+) risks for Mental Health Division was discussed with management. Actions were being actively taken to mitigate these. It was noted that all 11 risks had an initial risk score the same as current. Actions and mitigations should reduce some of these in the short term, and the Committee requested an update in August..

The increase in Clinical Negligence insurance, in particular, (£140K) was noted as part of the six monthly insurance cost review.

The Information Governance Report/Minutes were discussed and quoracy queried. It was recommended that the Terms of Reference may require a review for membership. The Claims Management Policy was approved.

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 excellent progress on the 19/20 audit recommendations, but concern that 9 recommendations from 20/21 had been deferred.

The late drafting of the 21/22 internal audit plan

The delay to the 2021 external audit (15 June) due to offsite working

Agenda Item 14

Title & Date of Meeting:	Trust Board Public Meeting – 24 February 2021			
Title of Report:	Humber Coast and Vale Specialised Mental Health, Learning Disability and Autism Provider Collaborative – Commissioning Committee Report			
Author/s:	Peter Baren Non-Executive Director and Chair of the Commissioning Committee			
Recommendation:	To approve		To receive & note	
	For information	√	To ratify	
Purpose of Paper:	<p>The Commissioning Committee is one of the sub committees of the Trust Board</p> <p>This paper provides an executive summary of discussions held at the meeting on Friday 29 January 2021 an a summary of key points for the Board to note.</p>			
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) <i>Commissioning Committee</i>	29 January 2021
Key Issues within the report:				

Monitoring and assurance framework summary:

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

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

Executive Summary - Assurance Report:

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

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

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

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

Key Issues:

Key areas for nothing from the meeting on 29 January 2021:

Following formal feedback from NHS E on 29 December 2021 the Provider Collaborative has moved into Shadow Form with NHSE/I. The first shadow meeting was held on 22 January 2021 with overall positive from NHS E/I f to the collaborative progress against key actions identified by NHS E/I.

Financial due diligence is to be completed by mid-February 2021 at present the financial gap is £6.6m, this includes funding withheld of £3.6m that is clearly identified in the funding envelope calculations, the remaining gap of £3m is approximately 5.75% of the overall budget to transfer.

Revised business cases including 3 year financial and commissioning plans to be shared with NHS E/I and provider collaborative partners during February 2021.

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

A new commissioning risk register has been developed and will be monitored by the commissioning committee and align with the Trust Board Assurance Framework.

Quality assurance due diligence of all our partner providers has commenced. 1 of the partner providers within the collaborative currently has a CQC rating of requires improvement and inadequate and the commissioning team are working closely with NHS E (current lead commissioner) to ensure the provider action plan to respond to the CQC rating is deliverable within identified timescales.

Partnership Agreement workshops have commenced facilitated by Hill Dickinson solicitors; the aim is to have a final Partnership Agreement with agreed finance risk and gain share completed by March 2021.

Timescales and Activities

Timescale	Activities
February 2021	<ul style="list-style-type: none"> • Partnership Agreement - Workshop 2 – all provider collaborative partners are invited to attend the workshop with the final workshop for those in the financial risk and gain share. • Information Sharing Agreement – to be reviewed and updated as part of the developing Partnership agreement • Terms of Reference for all work streams to be reviewed and updated as part of Partnership Agreement • Partnership Agreement finalised and shared with Lead Provider Board for review and comment • Partnership Agreement shared with Partner Organisation Boards for approval • Updated Business Cases including financial assumptions and commissioning intentions shared with provider partners • 'negotiation' with NHS E contractual terms and conditions for Lead Provider
March 2021	<ul style="list-style-type: none"> • Contract with Lead Provider and NHS E/I agreed

April 2021	<ul style="list-style-type: none"> • Go Live* • Commissioning and Quality assurance monitoring of providers to the Provider Collaborative commences
Before 30 June 2021	<ul style="list-style-type: none"> • Sub-Contracts with Partner Providers complete • Performance and information flows agreed

*Go Live is subject to
 Finances Agreed
 Partnership Agreement in place with Risk / Gain shares agreed
 Stability of all the Provider Partners
 Contracts being in place
 No further pause due to COVID-19

Annex Commissioning Committee Terms of Reference attached

**Humber Teaching NHS Foundation Trust
 Provider Collaborative Commissioning Committee**

Terms of Reference

<p>Constitution & Authority</p>	<p>The Provider Collaborative Commissioning Committee is constituted as a standing committee of the Humber Teaching NHS Foundation Trust’s Board of Directors.</p> <p>The Committee is delegated by the Board to exercise decision-making powers in discharging its duties, whilst recognising those matters reserved elsewhere.</p> <p>Humber Teaching NHS Foundation Trust (HTFT) is the Lead Provider within the Humber Coast and Vale (HCV) Provider Collaborative and will hold the Lead Contract with NHS E/I. HTFT as Lead Provider will sub-contract with a range of healthcare providers in the delivery of:</p> <ul style="list-style-type: none"> • Child and Adolescent Mental Health In-Patient services • Adult Low and Medium Secure services • Adult Eating Disorder Services. <p>The Commissioning Committee has been established by HTFT as the Lead Provider and holds delegated responsibility to provide commissioning leadership and monitoring functions. On behalf of the Provider Collaborative and Lead Provider the Commissioning Committee will review any significant service proposals to ensure developments are in line with the assessed population needs and can be met from within the resources available within the Provider Collaborative.</p> <p>The Provider Collaborative will be responsible for managing the budget and patient pathway for specialised mental health care for people who require services in their local area.</p> <p>As detailed in the <u>NHS Mental Health Implementation Framework</u>, from April 2020 NHS England and NHS Improvement aim to mainstream the New Care Models approach for specialised mental health, learning disability and autism services, enabling local service providers to join together under NHS-led Provider Collaboratives.</p>
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	<p>The Commissioning Team (reporting to the commissioning committee) – is an enabler supporting all partners within the Collaborative to ensure appropriate health care services are commissioned to serve the needs of the HCV population and in so doing, improve the efficiency, effectiveness, economy and quality of services, reduce inequalities and promote the involvement of patients, our partners and the public alike in the development of our services.</p> <p>The Commissioning Committee (Commissioning and Finance) is authorised by the Humber Teaching NHS Foundation Trust (HTFT) Board and will operate within the delegated powers to complete any activity within the parameters of these Terms of Reference.</p> <p>The Committee will have the authority to establish sub-groups as necessary to fulfil its objectives however it may not delegate any powers delegated by the HTFT Board and will remain accountable for the work of any such sub-group.</p>
<p>Role / Purpose</p>	<p>The purpose of the Commissioning Committee is to enable HTFT as the lead provider to provide commissioning leadership and monitoring functions. The Committee will provide assurance to the HTFT Board on matters of financial performance and will undertake contractual monitoring, financial and performance management of the Provider Collaborative to deliver the HCV Provider Collaborative aims to transform care for people in low and medium secure mental health services, CAMHS in-patient and Adult in-patient eating disorders services.</p> <p>Day to Day provision of patient care is the responsibility of Providers within the Provider Collaborative Partnership. Services will be commissioned utilising NHS Standard Contracts with clear Key Performance Indicators (KPIs) and Outcomes. The Commissioning Committee will take a collaborative approach to working with Providers within the Provider Collaborative Partnership to deliver our overall strategic aims which are to improve care pathways and patient care outcomes.</p> <p>The Provider Collaborative aims to reduce reliance on in-patient care, reduce out of area treatments, increase provision of care closer to home and reduce the expenditure on bed-based care; in doing so it will aim to generate financial savings. These savings will be reinvested in other parts of the Forensic, CAMHS and Eating Disorders mental health and learning disability pathways through formal contracting and commissioning arrangements.</p>

	<p>This approach will ensure delineation between the Provider Partnership and Commissioning and enable our overall partnership to be conducted in an open and transparent way and follow due process.</p>
<p>Scope & Duties</p>	<p>The objectives and duties of the Committee are to:</p> <ul style="list-style-type: none"> • Assessing population need and demand • Ensuring the development of pathways that meet need and deliver the best outcomes for service users and hold operational services to account for their delivery. This will include working with the operational services and service users and carers to develop robust business cases for the reinvestment of savings into other parts of the pathway, providing constructive challenge and support through the development. It will also include working with the wider system to manage the whole pathway across what has traditionally been called primary, secondary and tertiary services. • Management of agreed pathways ensuring service users are placed in the most appropriate setting as close to home as possible (utilising the Case Manager Standard Operating Procedure (SOP)) • Monitoring performance including quality assurance on outcomes, experience, safety, activity and finance. Working with operational services to drive improvement where appropriate (this will include monitoring and reporting of incidents and complaints) • Linking in with the wider commissioning system including other Provider Collaborative and local and national commissioners in order to improve services along whole pathways of care and manage pressures within the wider system • Contract management, including quality assurance across NHS and independent sector. This will be the first line of arbitration/mediation between partners • Appropriate reporting to Humber Coast and Vale – Specialised Mental Health and Learning Disability - Provider Collaborative Oversight Group and NHSE/I (including nationally required returns) <p>The duties of the Commissioning Committee of HTFT as the Lead Provider are detailed under the following headings;</p> <ul style="list-style-type: none"> • Financial Planning • Transactional • Contracting • Risk Management

Specific responsibilities

Financial planning

- Monitoring the detailed monthly expenditure position of the Provider Collaborative and reviewing the robustness of the risk assessments underpinning financial forecasts
- Provide assurance to the HTFT Board that the commissioning programme is effectively established and managed and that risks to delivery of the plan and any significant service impacts or risks are effectively managed or mitigated
- Develop financial models to support shift in investment from inpatient services to community services, including co-commissioning of preventative pathways with other stakeholders such as Clinical Commissioning Groups, Primary Care Networks and Local Authorities
- Review in year performance against commissioned services and financial plans and examine the effectiveness of any remedial action plans.
- Provide assurance to the HTFT Board on the delivery of agreed improvement programmes to reduce cost and increase efficiency including assurance on benefits realisation and value for money.

Transactional

- Ensure an accurate financial position is reported against the Provider Collaborative budget
- Produce a monthly forecast outturn spends against budget report
- Report on the financial performance against Provider Collaborative budget
- Review business cases (for both commissioning and decommissioning) and investments and/or disinvestments - provide financial assessment & scrutiny prior to consideration by the Provider Collaborative Oversight Group these will then be translated into contractual agreements which are held by the Lead Provider

Contracting

- Ensure appropriate contracts are negotiated and in-place that enables the Provider Collaborative to deliver its aims
- Agree Contract Variations and necessary formal Commissioning Intentions dialogue with Provider Collaborative

Risk Management:

- Review and modification of the risk register, including ownership and delivery of action plans against defined timescales
- Discuss and review of any issue likely to require inclusion

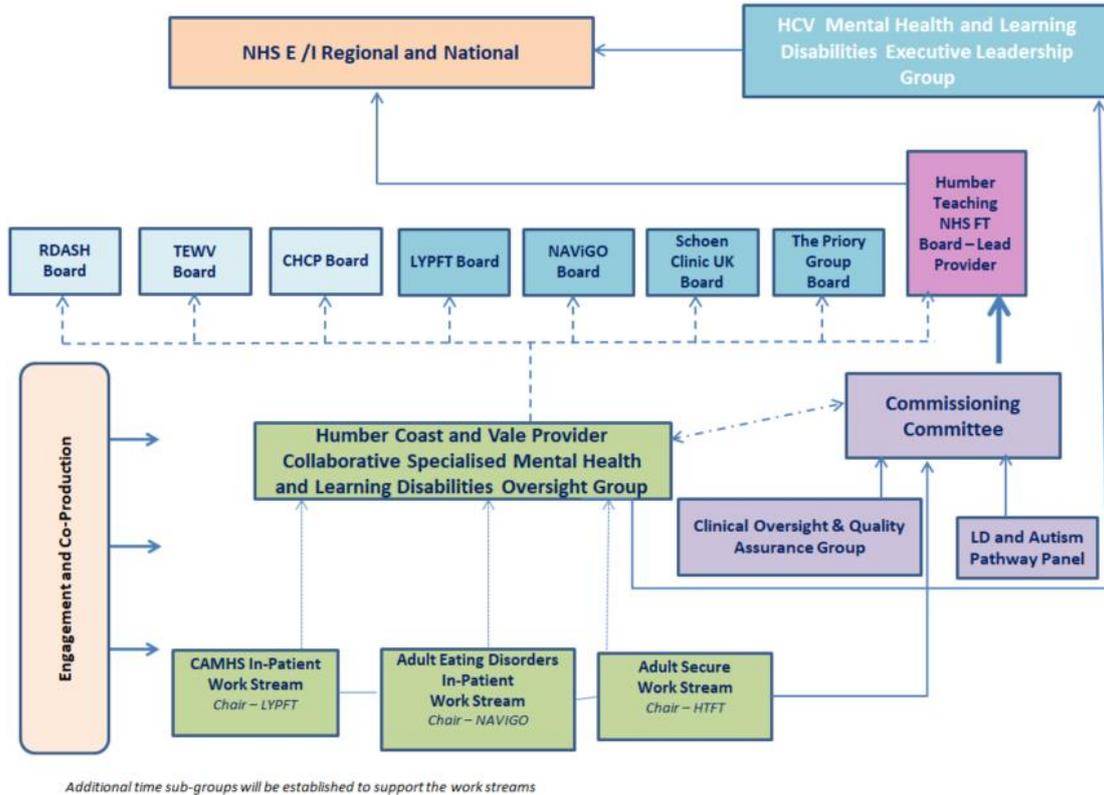
	<p>on, or modification to, any risk register</p> <p>The Commissioning Committee will receive minutes and/or reports from those groups that report directly into it i.e.</p> <ul style="list-style-type: none"> • Clinical Oversight and Quality Assurance Group • LD and Autism Pathway Panel • CAMHS Inpatient Workstream • Adult Eating Disorders Inpatient Workstream • Adult Secure Workstream • Provider Collaborative Oversight Group <p>The Commissioning Committee will have relationships with other groups and committees that will inform its work including links with -</p> <ul style="list-style-type: none"> ▪ Transforming Care Alliance Network/Forum to ensure the needs of patients with learning disability and autism are understood and service developments are in line with the wider system developments. Further work will be necessary to define and agree definitive links once engagement with the Forum commences ▪ Humber Coast and Vale Clinical Commissioning Groups to ensure widest development of patient pathways to reduce admission to hospital care but also reduce length of stay ▪ Humber Coast and Vale Integrated Care System
Membership	<p>Humber Teaching NHS Foundation Trust – Lead Provider</p> <ul style="list-style-type: none"> • Non-Executive Director, Peter Baren (Chair) • Chief Executive, Michele Moran (Vice Chair) • Director of Finance, Peter Beckwith • Director of Nursing, Allied Health and Social Care Professionals, Hilary Gledhill • Programme Lead – HCV Provider Collaborative Commissioning, Melanie Bradbury
Attendance	<p>HCV Provider Collaborative – Commissioning</p> <ul style="list-style-type: none"> • Commissioning Lead Adult Secure Care, Steven Shaw • Clinical Lead, Adult Secure Care, Dr David Harvey • Commissioning Lead Adult Eating Disorders, Dr Barry Flintoff - NAViGO • Clinical Lead, Adult Eating Disorders, Amanda Simpson - NAViGO • Programme Lead CAMHS, Angie Ward - HCV Integrated Care System • Clinical Lead, Inspire CAMHS inpatient Care, Nicola Green • Business Manager, name tbc • Performance/Information/Contracts Lead, name tbc • Nursing and Quality Lead, name tbc

	<ul style="list-style-type: none"> • Service User and Involvement Lead, name tbc
Quorum	<p>The quorum necessary for the transaction of business and decision making shall be three (3) members including;</p> <ul style="list-style-type: none"> • Chair or Vice Chair • 2 Directors and or Chief Executive from HTFT <p>Decisions will be reached by consensus. If a decision cannot be reached by consensus then it will be escalated to the Humber Teaching NHS FT Board for resolution.</p>
Chair	<p>The meeting will be chaired by Peter Baren, HTFT Non-Executive Director</p> <p>Vice-Chair will be Michele Moran to deputise for the Chair when necessary.</p>
Frequency of meetings	<p>Meeting will be held monthly, however frequency may increase during the annual planning cycle to ensure that the work undertaken by the Commissioning Team are timely, reflecting the fast pace nature of contract negotiations.</p> <p>Meetings may be held in person or utilising remote technology (e.g. Microsoft Teams)</p>
Accountability and Reporting Arrangements	<p>The Commissioning Committee is responsible for providing an assurance report and the minutes after each Commissioning Committee meeting to the public Trust Board meeting of HTFT.</p> <p>Any issues of commercial confidentiality will be reported to the private Part 2 of the Board</p> <p>Members will be invited to declare any conflicts of interest.</p>
Agenda & Papers	<p>The Business Manager or Programme Lead – Commissioning will be responsible for arranging meetings.</p> <p>An agenda for each meeting, together with relevant papers, will be forwarded to members to arrive 1 week before the meeting.</p> <p>Unapproved minutes will be circulated to the membership.</p> <p>Record Keeping - Agenda and Papers can be accessed via the Commissioning Team Secretary.</p>
Monitoring and Review	<p>An annual effectiveness review will be undertaken which will include a review of attendance and a review of the Commissioning Committee Terms of Reference.</p>

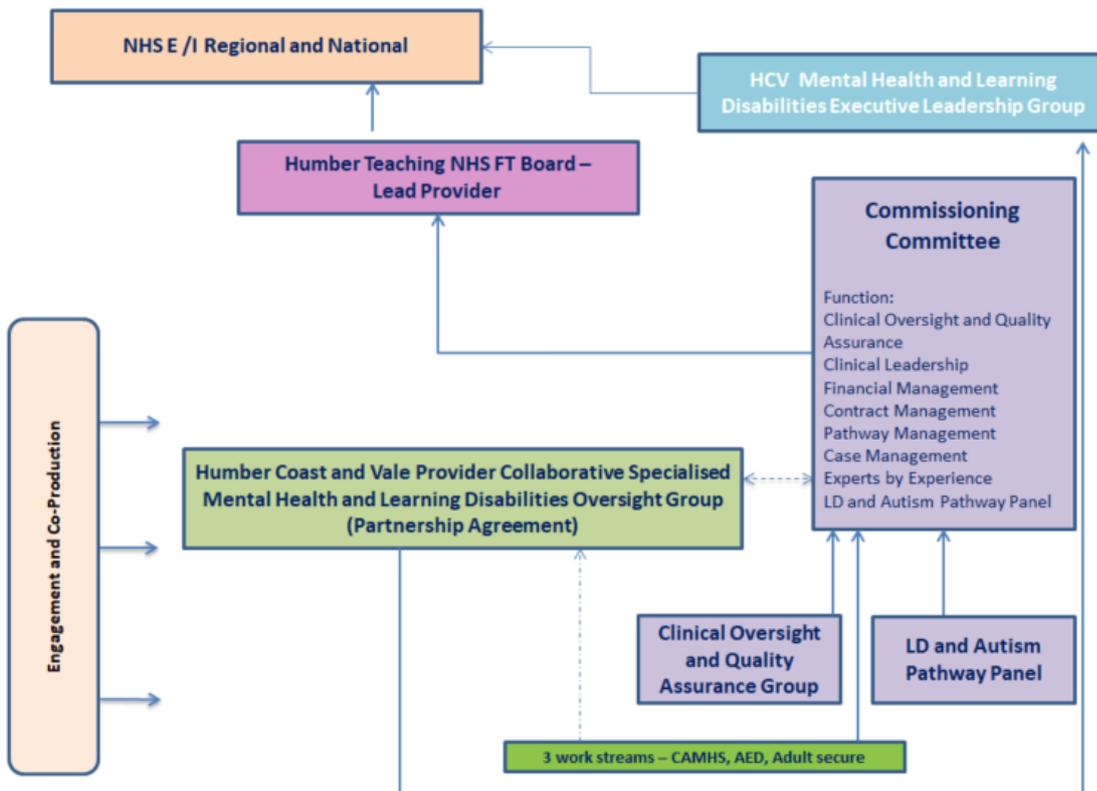
Agreed by Commissioning Committee (Date)	<i>29/1/2021 TBC</i>
HFT Board Approved (Date)	February 2021 TBC
Review Date	

Reporting Schematic:

Overall Provider Collaborative Governance Framework



Lead Provider Delineation Governance Framework



The Commissioning Committee will overall adhere to the Humber Teaching NHS FT Mission, Values and Principles in all of its work:

The Trust Mission:

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

Our Trust Vision:

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

The HTFT Trust Values are at the centre of the HCV Provider Collaborative work programme. These are:

Caring - Caring for People while ensuring they are always at the heart of everything we do.

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

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

In addition we have specific Vision, Mission and Goals for our Commissioning work –

Our Vision (where we are going)

We will be effective and innovative commissioners of positive health outcomes by delivering the principle of care is provided within the least restrictive environment.

We will commission robust care pathways for our population working in partnership with (NHS, Independent Care providers, voluntary sector and social care). We will enable people to feel empowered to care for themselves and remain independent for as long as possible.

Our Mission (why we are here)

We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Humber Coast and Vale.

Our Goals (how we will get there)

- Commissioning Safe, Accessible, High Quality Health Outcomes
- Seamless Alliances and Integration
- Empowering Staff to deliver the high quality care
- Responsible Use of all Resources available

Values (how we will behave)

- ❖ *We Do the Right Thing* by making commissioning decisions that are clinically safe
- ❖ *We Acknowledge Difficulties* and seek creative solutions
- ❖ *We Empower Staff* by encouraging them to be innovative, receptive to change and courageous in the way they work

- ❖ We are *Caring and Compassionate* by always putting the person at the heart of all decision making.
- ❖ We are *Approachable, Supporting our Commitment* to our people who access services
- ❖ We *Acknowledge and Promote* the work of our colleagues and partners
- ❖ Commissioning and Care Provision are a partnership and We *Listen to and Support* each other
- ❖ We work *Openly and Transparently*

Agenda Item 15

Title & Date of Meeting:	Trust Board Public Meeting – 24 th February 2021			
Title of Report:	Covid-19 Response – Summary Update February 2021			
Author/s:	Name: Lynn Parkinson Title: Chief Operating Officer			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	This report provides an overview of the ongoing arrangements and continuing work in place in the Trust and with partner organisations to manage the Covid- 19 emergency. The paper provides an update on the planning in place to address the NHS Response to Covid- 19 as set out in the letter to Chief Executive Officers from Sir Simon Stevens and Chief Operating Officer Amanda Pritchard from NHS England in April 2020 and the approach we are taking to address the requirements of phase 3 and 4 recovery planning. Chief Operating Officer Amanda Pritchard and Julian Kelly, Chief Financial Officer from NHS England also wrote to Trusts on 23rd December 2020 setting out the operational priorities for winter and 2021/2022 and the report sets these out.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Monthly Report	✓
Key Issues within the report:	The report provides an update on the Trusts Emergency Preparedness, Resilience and Response (EPRR) and command arrangements in place to respond to the Covid- 19 emergency. It gives an overview of the key issues relating to patient and staff testing, personal protective equipment (PPE), staff health and wellbeing, Covid- 19 vaccination, service changes and the approach we are taking to plan for phase 3 and 4 (recovery and restore) of the pandemic.			

Monitoring and assurance framework summary:

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

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

Covid-19 Summary Update – February 2021

1. Introduction

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

In summary this letter required that the systems:

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

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

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

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

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

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

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

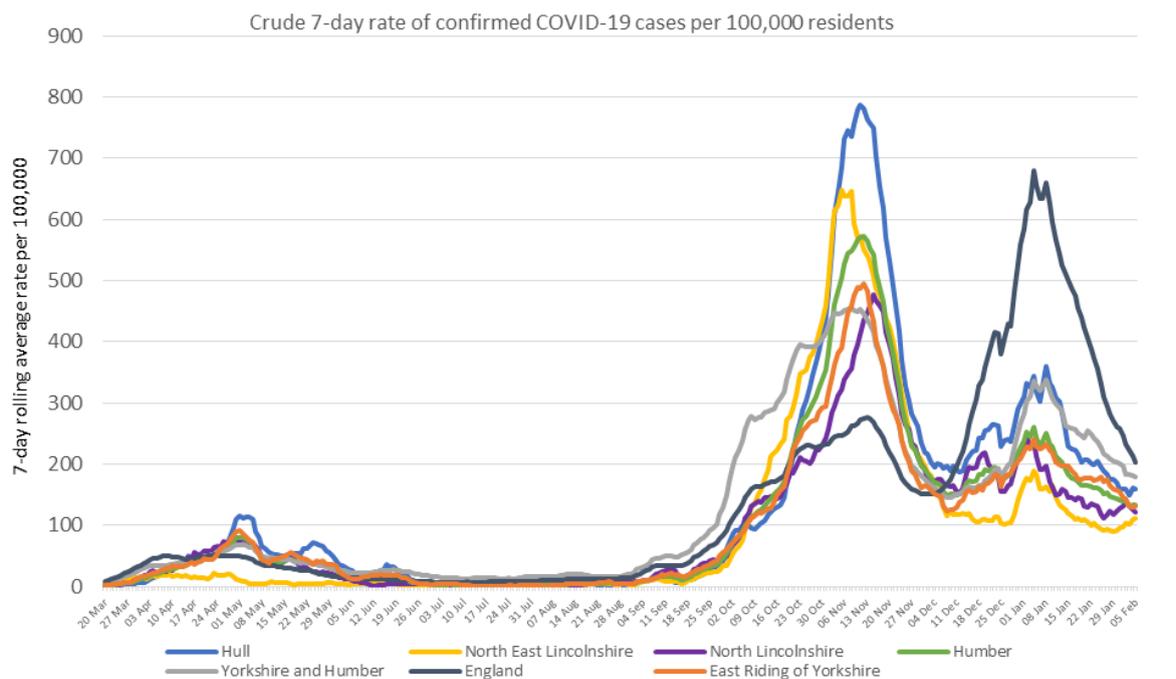
Positive Test and Trace Update – Case increase and latest 7-day rate per 100,000.		
Area	Actual increase in positive tests in latest 7 days (01 February – 07 February)	7 day rate per 100,000 for 7 days previous* (07 February)
East Riding of Yorkshire	742	133.1
Hull	837	162.4
North East Lincolnshire	260	98.4
North Lincolnshire	274	121.3
Yorkshire and Humber	16,694	174.1
England	327,798	186.8

Source: PHE Daily Briefing

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

For the same period the 7 day rate for 100,000 population for Scarborough is 106.0, for Ryedale is 110.0 and Hambleton is 138.0

As of 10 February 2021, there have been 1,155 hospital deaths due to COVID-19 across the Humber area. This includes 726 deaths registered by HUTH, 404 deaths registered by NLAG, 23 deaths registered by CHCP (East Riding Community Hospital) and 2 death registered by HTFT. York Teaching Hospitals NHS Trust recorded 533 deaths over the same period.



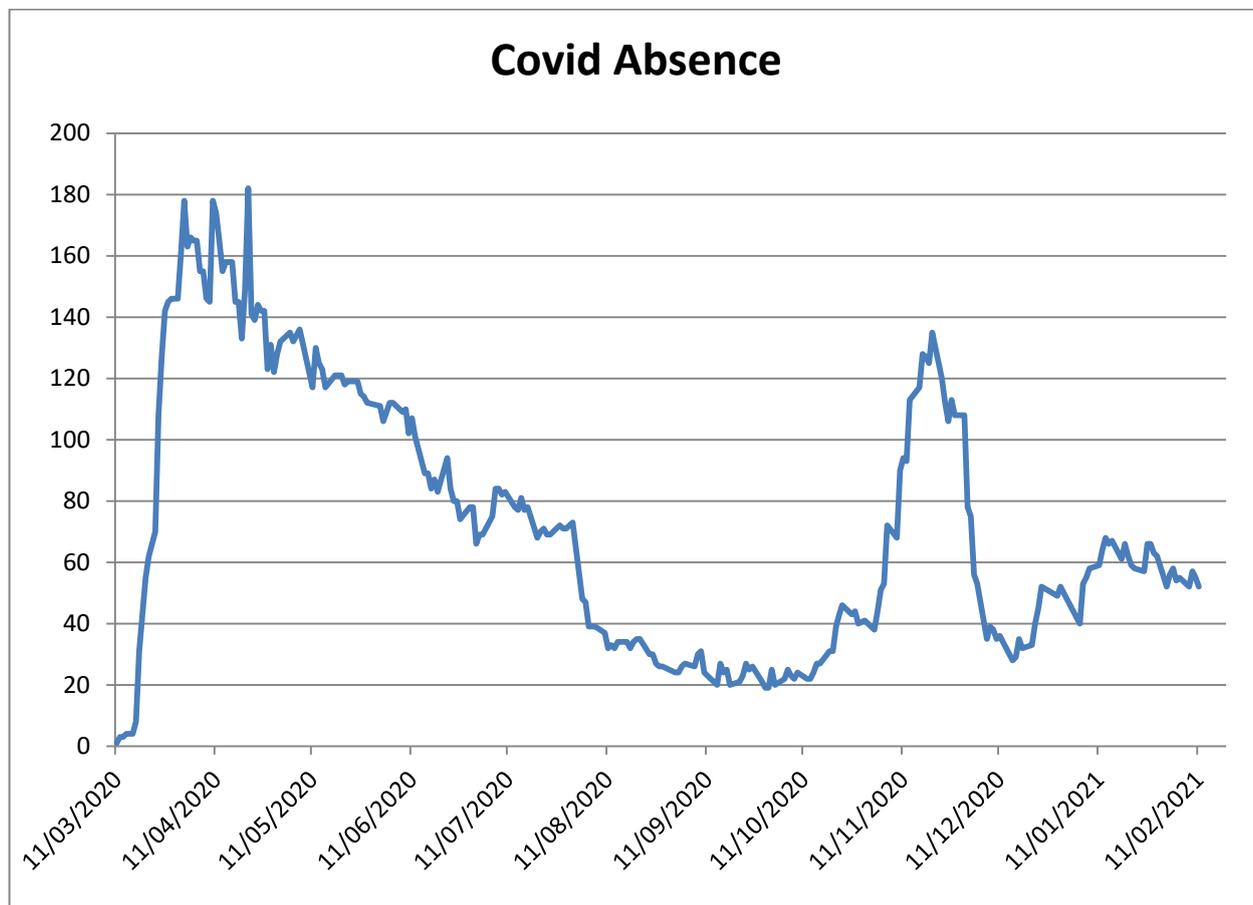
2. Emergency Preparedness, Resilience and Response (EPRR) and Command Arrangements in response to Covid-19

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

Operational service pressures remained high in January with the highest pressure seen in unplanned care within the mental health division due to ongoing high demand and in our community services in Scarborough, Ryedale and Whitby due to very high pressures on the acute hospitals for covid related admissions. Our community services in North Yorkshire enhanced further its provision to support timely acute hospital discharges to alleviate the pressures on beds. Our primary care practices have also experienced a rise in pressure and activity due to undertaking covid vaccinations alongside their usual demand. This led to the Trust raising its overall operational pressures escalation level (OPEL) to 3 (severe pressure) predominantly for periods during January however these pressures have reduced during early February. Capacity and demand modelling work demonstrated that our shortfall of older people's beds is likely to persist through winter and therefore we have put short term measures in place and we now have contingencies to enable us to access more beds through a mutual aid arrangement with Navigo. We are also pursuing a new capital scheme that gives us opportunity to make additional beds available at Maister Lodge for older peoples beds. Our overall bed occupancy has remained above its usual level in January and February with the pressures especially high for mental health beds and our community beds at Malton and Whitby Hospitals, it has been between 70-80%. Use of out of area mental health beds rose in January as a consequence of pressures. The overall number of available beds is reduced due to the need to provide isolation/cohort beds for covid symptomatic and positive patients and infection control requirements. To address this shortfall and ensure beds are available when required the Trust has block booked independent sector beds on a short term basis. The position is continuing to be monitored closely.

The number of patients who have tested positive for covid remained low during January and currently we have one patient in our cohort ward at Mill View Court.

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



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

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

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

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

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

3. Testing and Isolation Arrangements

The Trust continues to carry out swab or polymerase chain reaction (PCR) tests for any patients in our inpatient beds that have symptoms of Covid-19. Isolation areas remain in place for all of our inpatient services. Mill View Court is now our Covid-19 positive isolation cohort ward for our mental health and learning disability patients and has been operational throughout January and early February, although numbers of covid positive patients have been low. Isolation beds remain available on Darley ward at the Humber Centre but have not been required during January. Due to the redevelopment work taking place at Whitby Hospital our ward there is not be required to manage patients who are Covid-19 positive whilst it has been decanted to a temporary ward. We

have received confirmation from North Yorkshire and York Clinical Commissioning Group that they currently do not require Fitzwilliam Ward at Malton hospital to be a Covid-19 cohort ward. Our Covid-19 Rapid Response Team is now available to support any patients in mental health or learning disability beds with Covid-19.

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

Staff absence due to leave required to care for children with covid symptoms is very low. Schools remain closed and we are monitoring the position to ensure that our staff with children are able to access schools due to their critical worker status within the current national guidance.

Lateral Flow (asymptomatic staff testing)

The Trust was chosen as an early adopter of the Lateral Flow Antigen Testing which detects the presence of the COVID-19 viral antigen from a swab sample and it is focussed on asymptomatic staff. The test is deemed 60-70% accurate in picking up a positive result. Evidence shows that 2.8% of staff are likely to be picked up as positive who are currently not showing symptoms.

The requirement is for members of staff to test themselves at 3/4 day intervals (twice weekly), the test will either show negative, positive or inconclusive. If negative the member of staff continues to test at the suggested intervals; if inconclusive, the test is repeated; if positive, the member of staff will contact their line manager to be referred for PCR testing in line with the current process to confirm the result. In the meantime the staff member will remain in isolation until the result is confirmed. Each staff member is required to record their result on each occasion using an online form. This is not a compulsory test and staff are not obliged to take part but, to date, there has been a great enthusiasm and take up of the kits. Full roll out across the Trust has now been completed with over 3000 boxes distributed. Our view is that deploying these tests is protecting our staff from further transmission of the virus and supporting our efforts to protect our patients. Over 2500 staff are submitting their results (which is mandatory under Public Health England requirements). Over 27000 tests have been reported since December with 45 positive results which have been followed up by PCR tests and normal Infection control procedures. This data is reported daily through the Gold/Silver daily sit rep. There is currently a very limited amount of accurate or regional benchmarking available, however we have been proactively using targeted communications to continue to encourage our colleagues to undertake the tests and report their results. A key focus for us now is using the data to track any positive tests post vaccination. Currently no staff member has tested positive for covid ten days post vaccination based on data submitted by over 1000 colleagues. This does play a key role in engaging our colleagues, reassuring them, encouraging others to step forward and most importantly create the positive conditions for high levels of vaccine uptake as we prepare to deliver the 2nd dose.

4. Covid-19 Vaccine

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

The Trust vaccination centre at Willerby Hill has continued to operate either as a Hospital Hub or a Primary Care Network Site (Harthill PCN). Over 12000 vaccines have now been given to health and social care staff as well as patients in the Joint Committee on Vaccination and Immunisation (JCVI) cohorts 1-4. The vaccine service has been adopted into the Trusts governance framework (clinical and corporate). All relevant clinical protocols (adapted from national frameworks) have been signed off through Quality and Patient Safety Group (QPAS). The CQC have produced a template to support Hospital Hubs with regard to collating an approach to clinical governance. This is currently being completed by the Chief Pharmacist and reflects the requirements that were needed to go live as a Hospital Hub. This will be submitted to QPAS and Gold command.

Gold command retains oversight of completion of vaccines for our staff through the daily Gold/Silver sit rep report as well as updates from the SRO with regard to planning and operational issues. The operational management of the service is overseen by the SRO through twice weekly planning meetings. Currently work is taking place to plan the scheduling of 2nd dose appointments for the cohort of 12,000 people. The key requirement is ensuring that everyone gets immunised before the end of the 12th week with vaccine delivery being the key variable. Several different options are available, however it will be March before we have final clarification of the delivery schedule.

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

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

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

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

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

6. Safe Working in our Environments

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

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

7. Covid-19 Risk Register

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

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

Command Risk 34	Increased levels of anxiety, fatigue and potential mental health impact to staff working across Trust staff as a result of the COVID-19 national emergency and the implemented changes / different ways of working adopted by the organisation which could impact on the quality and sustainability of services	16	16
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8. Staff Health and Wellbeing

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

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

Our communications team have continued their efforts to maintain a focus on staff health and wellbeing. Regular Covid-19 updates continue to be issued to all staff containing guidance from the Trust and Government along with relevant updates from our stakeholders. Frequent "Ask the Exec" sessions have been held and the last one took place on 2nd February, these continue to be received well with around one hundred staff attending.

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

Focus has been maintained on those groups of staff that are more vulnerable to Covid-19, such as those with underlying health conditions, older staff, shielded staff, pregnant women, people from Black, Asian and Minority Ethnic (BAME) backgrounds and men. The guidance requires

managers to liaise frequently with staff in any of the increased risk groups in order to support them and to consider if adaptations are needed to their roles. Feedback from staff and managers is that the guidance in place is working well and roles have been adapted. Uptake of the use of the risk assessment continues to be monitored closely to ensure that it has been offered to all vulnerable staff. This is a dynamic process and reviews of completed assessments are required to ensure that mitigation being taken to reduce risks and work role adaptations are effective.

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

Support has been put in place for our staff who are experiencing long covid and this will be developed further. The executive management team have also recognised that as our response to covid stabilises and services recover, that staff are likely to experience further impact on their psychological wellbeing. As the emergency response phase subsides the impact of what staff have lived and worked through will be psychologically processed and symptoms of mental distress and trauma are likely to rise.

9. Covid-19 Clinical Advisory Group

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

- Continuing to ensure that our covid related changes and interventions do not increase restrictive practices.
- Reviewed our arrangements and approach to monitoring physical health care in our mental health and learning disability pathways
- Reviewed arrangements for vaccinating our inpatients in line with JCVI priority groups.
- Reviewing clinical pathways to ensure that use of digital technologies promotes inclusion and maintains recovery rates.

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

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

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

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

Focus has continued to be on acute hospital trusts elective activity along with some national mental health pressures e.g. Children and Adolescent Mental Health Service (CAMHS) Tier 4 beds. Central to this planning is ensuring local health and care systems remain ready and resilient for the predicted and ongoing Covid-19 response requirements in this period. We have made submissions to NHSE/I to set out our expected activity across our services and related financial submission have been made too. Guidance was received by the Trust in late December relating to Phase 4 planning requirements and we continue to respond to this.

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

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

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

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

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

11. Conclusion

The Trust has continued to manage effectively the impact of Covid-19 within its ongoing EPPR and command arrangements. The current ongoing phase of delivery and planning is crucial to ensure that we can sustain our services supported with adequate capacity to manage the anticipated increase in demand alongside the ongoing 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: 16

Title & Date of Meeting:	Trust Board Public Meeting 24 th February 2021			
Title of Report:	Risk Management Strategy 2021-2024			
Author/s:	Executive Lead : Hilary Gledhill, Executive Director of Nursing, Allied Health & Social Care Professionals. Author: Oliver Sims Corporate Risk and Compliance Manager			
Recommendation:	To approve		To receive & note	
	For information		To ratify	√
Purpose of Paper:	<p>Following approval by the Executive Management Team and initial review by Trust Board in January 2021, the Board are asked to ratify the new Risk Management strategy which covers the three-year period from February 2021 – February 2024.</p> <p>This strategy has been developed to continue the improvements to risk management arrangements within the Trust, and sets out clear ambitions to further strengthen the maturity of its underlying processes and the culture within the organisation over the next three years.</p>			
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	11.01 2021
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Trust Board	27.01 2021
Key Issues within the report:	<p>Key changes made to the Risk Management Strategy 2021-2024 from the previous version of the strategy document are as follows:</p> <ul style="list-style-type: none"> • General review undertaken and updates made to the content within the body of the strategy to ensure it is reflective of current processes and the risk management arrangements within the Trust. • Updates made to the format and content of various sections of the strategy document, namely the ‘Risk Appetite, ‘Duties and Responsibilities’ and ‘Structural Arrangements’ sections to ensure they are more accessible and user-friendly. 			

- Development of 'Risk Management Ambitions' for the next three years detailing the areas of development in order to further increase the risk maturity of the Trust and the risk culture within its services. These ambitions specifically promote:
 - Greater devolution of decision making and accountability for the management of risk throughout the organisation from Trust Board to point of delivery (Board to Ward).
 - A risk management culture of monitoring and improvement, which ensures risks to the delivery of Trust's strategic goals and objectives are identified and addressed through the use of a robust risk management system.
 - Further refinement of systems and processes throughout the Trust which are in place to support effective risk management and to ensure that these are integral to the day-to-day activities of Trust services including its commissioning responsibilities.
 - Trust Board being able to receive and provide assurance that the Trust is meeting all external compliance targets and legislation responsibilities, including standards of clinical quality and compliance requirements.
 - That the Trust's risk management arrangements are robust, and that excellent systems and processes are fully embedded across the organisation, that supports the delivery of the Trust's Strategic Goals.

Changes made to the draft Risk Management Strategy following review at Trust Board January 2021:

- Updates to 'Distribution Channels' on document configuration page to include awareness sessions to launch strategy and risk management ambitions.
- Minor updates to 'Scope' section of strategy to reference alignment to Trust patient safety strategy.
- Additional actions added to Ambition One around the review of local and divisional risk management arrangements to ensure that they are responsive and dynamic.
- Amendment to wording of Ambition 2 to include reference to Trust commissioning responsibilities and risk management arrangements to support this. Additional actions added around the development of

	<p>risk management performance dashboards to monitor key metrics and the incorporation of risks linked to the HCV provider collaborative into the Trust's established risk management systems.</p> <ul style="list-style-type: none"> - Minor amendments to the risk management governance section and role of the Capital Programme and Estates Group. - Provider Collaborative Commissioning Committee also added to the governance section.
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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	

Risk Management Strategy

2021-2024



Document Configuration		Document Ref:
<i>Date</i>	<i>Version</i>	V1.1
<i>Author Name / Job Title</i>	<i>Oliver Sims / Corporate Risk and Compliance Manager</i>	
<i>Directorate Name</i>	<i>Nursing, Allied Health and Social Care Professionals</i>	
<i>Clinical / Executive Sponsor</i>	<i>Hilary Gledhill</i>	
<i>Reporting Committee</i>	<i>Executive Management Team</i>	
<i>Trust Board Ratification</i>	<i>Pending – February 2021</i>	
<i>Review Date</i>	<i>March 2022</i>	
<i>Distribution Channels</i>	<i>Trust communications</i> <i>Trust Intranet</i> <i>Awareness sessions to be delivered for Trust Divisions in line with risk management ambitions</i>	
<i>Regulator Link</i>		
<i>Key Internal Documents</i>		
<i>Key External Documents</i>		

Contents

1.	Introduction	4
2.	Mission and Values	4
3.	Scope.....	6
4.	Ambitions and implementation.....	6
5.	Risk Appetite	9
6.	Duties and Responsibilities	12
7.	Risk Management Governance – Structural Arrangements	12
8.	Process Overview	15
9.	Training	20
10.	Monitoring	20
11.	Communication	20
12.	Related Documents.....	20
13.	Definitions	21
14.	Equality and Diversity.....	22

1. Introduction

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

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

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

2. Mission and Values

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



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



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

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

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

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

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

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

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

3. Scope

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

The strategy is aligned to the Trust's existing patient safety strategy in terms of its goals and ambitions, to build further risk maturity allowing for the early identification and management of risks to the organisation working towards becoming a High Reliability Organisation.

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

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

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

4. Ambitions and implementation

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

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

1. To further support greater devolution of decision making and accountability for the recognition and management of risk across the organisation from Trust Board to point of delivery (Board to Ward) **in system and partnership working.**
2. **To further refine existing systems and processes throughout the Trust to support effective risk management and ensure that these are integral to the day-to-day activities of Trust services including its commissioning responsibilities.**
3. To support the Trust Board in being able to receive and provide assurance that the Trust is meeting all external compliance targets and legislation responsibilities, including standards of clinical quality and compliance requirements.
4. To confirm that the Trust's risk management arrangements are robust, and that excellent systems and processes fully embedded across the organisation that support the delivery of the Trust's Strategic Goals through annual Trust's Risk Maturity assessment process.

Risk Management Ambition One		Alignment to Strategic Goals	
To further support greater devolution of decision making and accountability for the management of risk throughout the organisation from Trust Board to point of delivery (Board to Ward) in system and partnership working.	Strategic Goal 1 – Innovating quality and patient safety		
	Strategic Goal 2 – Enhancing prevention, wellbeing and recovery		
	Strategic Goal 6 – Promoting people, communities and social values		
Why is it important?			
It is important to create a culture in which all staff are able influence decisions, support process improvements and outcomes, to reduce risk and improve the quality of services. Bringing decision making as close as possible to the Service Delivery.			
What do we want to do?		How will we do it?	
To promote a risk culture whereby staff are able to identify risks and make decisions and improvements to ensure risks to the delivery of the trusts ambitions are identified, managed dynamically and resolved in a timely manner.		<ol style="list-style-type: none"> 1. Development and implementation of risk awareness sessions to further support risk management culture change. 2. Review of corporate and divisional risk management governance arrangements to ensure that they are responsive and dynamic in their nature in the identification and management of all organisational risks. 3. Develop the role of 'risk champions' throughout the trust to champion risk management locally and to help inform and guide staff. 	

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

	<p>3. Risk Management performance dashboards to be developed at divisional / Trust level, monitoring timeliness of risk register reviews, changes to risk ratings and completion of identified actions / mitigations.</p> <p>4. Incorporate any risks linked to HCV provider collaborative into Trust established risk management systems as appropriate</p> <p>5. Continuously review the Board Assurance Framework ensuring it remains dynamic reflecting the changing risk profile of the Trust.</p>
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Risk Management Ambition Three	Alignment to Strategic Goals	
To support the Trust Board in being able to receive and provide assurance that the Trust is meeting all external compliance targets and legislation responsibilities, including standards of clinical quality and compliance requirements.	Strategic Goal 1 – Innovating quality and patient safety	
	Strategic Goal 2 – Enhancing prevention, wellbeing and recovery	
	Strategic Goal 5 – Maximising an efficient and sustainable organisation	
Why is it important?		
The system of internal control within the Trust is an important component in the successful management of its risks. Internal controls are concerned with the methods, procedures and checks that are in place to ensure that the organisation is able to meet its ambitions.		
What do we want to do?	How will we do it?	
Integrate risk management and ensure processes are in place to allow staff to identify, monitor and communicate risks that may affect the delivery of strategic ambitions.	<ol style="list-style-type: none"> All staff to have access to training, guidance and support in the delivery of effective risk management systems. Monitoring and review of assurance limitations of internal and external audits to ensure good governance is maintained. 	

Risk Management Ambition Four	Alignment to Strategic Goals	
To confirm that the Trust’s risk management arrangements are robust, and that excellent systems and processes are fully embedded across the organisation that support the delivery of the Trust’s Strategic Goals through annual Trust’s Risk Maturity assessment process.	Strategic Goal 1 – Innovating quality and patient safety	
	Strategic Goal 4 – Developing an effective and empowered workforce	
	Strategic Goal 5 – Maximising an efficient and sustainable organisation	
Why is it important?		
Annual assessment of the Trust’s Risk Maturity will allow for further identification of areas for improvement and assist in setting and implementing clear action plans for further developments.		

What do we want to do?	How will we do it?
Undertake an annual assessment of the Trust's Risk Maturity to allow for further development of the organisation risk management arrangements and to have a method of internal benchmarking to monitor progress made.	<ol style="list-style-type: none"> 1. Annual assessment of risk maturity utilising the 'Alarm National Performance Model for Risk Management'. 2. Outcome of annual Risk Maturity assessment to be used to inform annual risk management development plan. 3. An annual assurance report on risk management will be provided to the Audit Committee and Trust Board also detailing the outcome of the Risk Maturity assessment and identified actions for further improvement.

5. Risk Appetite

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

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

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

Risk Appetite Statement – Strategic Goals	
Humber Teaching NHS Foundation Trust recognises that its long term sustainability depends upon the delivery of its strategic goals and its relationships with its service users, carers, staff, public and partners. The Trust Board considered the organisation's appetite for risk in September 2020 and agreed the following scores:	
Strategic Goal	Risk Appetite
<p>Innovating Quality and Patient Safety</p> <p>Strengthened approach to patient safety and clinical effectiveness involving people in decisions about their health.</p>	<i>Open – willingness to consider all potential delivery option.</i>
<p>Enhancing Prevention, Wellbeing & Recovery</p> <p>Patients and carers equipped with the right knowledge and skills being proactive in managing their health through a well-being and recovery focus.</p>	<i>Seek – eagerness to be innovative and to choose options offering potentially higher business rewards</i>

Risk Appetite Statement – Strategic Goals

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

Strategic Goal	Risk Appetite
<p>Fostering Integration, Partnerships & Alliances</p> <p>Delivering the right services, at the right time, in the right place of the right quality providing choice and accessibility.</p>	<p><i>Mature – Consistent in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.</i></p>
<p>Maximising Efficient and Sustainable Organisation</p> <p>Investment in services and optimising on new business opportunities in wider geographical area to sustain financial balance supporting system wide efficiency improvements.</p>	<p><i>Seek – eagerness to be innovative and to choose options offering potentially higher business rewards</i></p>
<p>Developing an Effective and Empowered, Workforce</p> <p>Nurturing our committed and compassionate people with the right skills and abilities enabling them to continually deliver excellence that is valued by all.</p>	<p><i>Seek – eagerness to be innovative and to choose options offering potentially higher business rewards</i></p>
<p>Promoting People, Communities and Social Values</p> <p>Proactively engaging and consulting with the people we serve to support them to become independent and economically active.</p>	<p><i>Seek – eagerness to be innovative and to choose options offering potentially higher business rewards</i></p>

Risk Appetite Statement – Risk Types

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

Risk Type	Risk Appetite
<p>Quality, Governance and Performance and Operational Risk</p>	<p>The quality of our services, measured by clinical outcome, patient safety and patient experience is at the heart of everything we do. Although we will support innovation, we will do so with equal improvements in management control. Therefore our risk appetite is Open, this level representing ‘a willingness to consider all potential delivery options.’</p>

Risk Appetite Statement – Risk Types

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

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

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

6. Duties and Responsibilities

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

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

7. Risk Management Governance – Structural Arrangements

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

Committee / Forum	Responsibility
Trust Board	Has overarching responsibility for risk management throughout the Trust and currently considers the Trust-wide Risk Register and Board

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

Committee / Forum	Responsibility
	policies and protocols. The committee also regularly reviews the Trust's Board Assurance Framework as well key risks linked to mental health related legislation.
Provider Collaborative Commissioning Committee	The Provider Collaborative Commissioning Committee has been established to enable the Trust to provide commissioning leadership and monitoring functions in the Trust lead provider role. The Committee provides assurance to the HTFT Board on matters of performance and will undertake contractual monitoring, financial and performance management of the Provider Collaborative to deliver the HCV Provider Collaborative aims to transform care for people in low and medium secure mental health services, CAMHS in-patient and Adult in-patient eating disorders.
Executive Management Team (EMT)	Involves all Executive Directors and is chaired by the Chief Executive. The Executive Management Team provides the leadership for risk management across the Trust, considering and approving the development of systems and processes, as well as championing risk management within their areas of responsibility. This Group is the lead for managing the Trust-wide Risk Register, monitoring the management of risk. They consider and accept new items on to the Trust-wide Risk Register, reviewing and revising risk entries on a regular basis, as well as the approval/removal of any risks from the Register at the request of the Corporate Risk and Compliance Manager.
Operational Delivery Group (ODG)	Chaired by the Chief Operating Officer considers the operational risk registers, as well as thematic risks from directorate risk registers. This group is responsible for ensuring that risk assessments are consistent, timely and appropriate actions to manage and mitigate risks are being taken, and that similar risks across the Trust are identified, cross-referenced and considered as a whole.
Directorate Business meetings	Held within each Directorate, and are responsible for ensuring that appropriate risk registers are in place, risks are being effectively captured and appropriate mitigating actions are being taken. They are also responsible for highlighting risks for escalation/ de-escalation, based on the current risk score and perceived business impact for the Trust, to/from the Trust-wide risk register via the Executive Management Team.
Operational Business meetings	Held within each business division and are responsible for ensuring that appropriate risk registers are in place, risks are being effectively captured and appropriate mitigating actions are being taken. They are also responsible for highlighting risks for escalation/ de-escalation, based on the current risk score and perceived business impact for the Trust, to/from the Trust-wide risk register via the Executive Management Team.
Quality and Patient Safety Group (QPAS)	Accountable to the Quality Committee. It oversees and coordinates all aspects of quality improvement (patient experience/patient safety & clinical effectiveness), assurance and clinical governance activity and delivery. The group has responsibility to escalate any issues which may have a potential impact on the delivery of the organisational objectives to the Executive Management Team.

Committee / Forum	Responsibility
Clinical Risk Management Group (CRMG)	Sub-group feeding into QPAS. Has responsibility for ensuring clinical risk management systems, processes and related clinical risk management strategies and policies are regularly reviewed and implemented Trust-wide. They ensure systems and processes are developed and maintained to enable Trust-wide monitoring and review of all clinical risks to ensure appropriate investigation, and maximisation of learning from incidents.
Health and Safety Group	Receives updates from multiple infrastructure, safety and compliance related sub groups, ensuring that strategic decisions are made and appropriate action taken to resolve, mitigate or appropriately escalate issues and risks. Accountable to QPAS, it also feeds into the CPB, CRMG, and EMT.
Emergency Preparedness Resilience and Response (EPRR)	Sub- group reporting to ODG on the delivery of the objectives of the sub-group including the identification, management and reporting of EPRR risks.
Capital Programme and Estates Group	The Capital Programme and Estates Group are responsible for oversight, direction and assurance against delivery of the Trust's Estate Strategy, with appropriate reporting of assurance to ODG and the Trust Board.

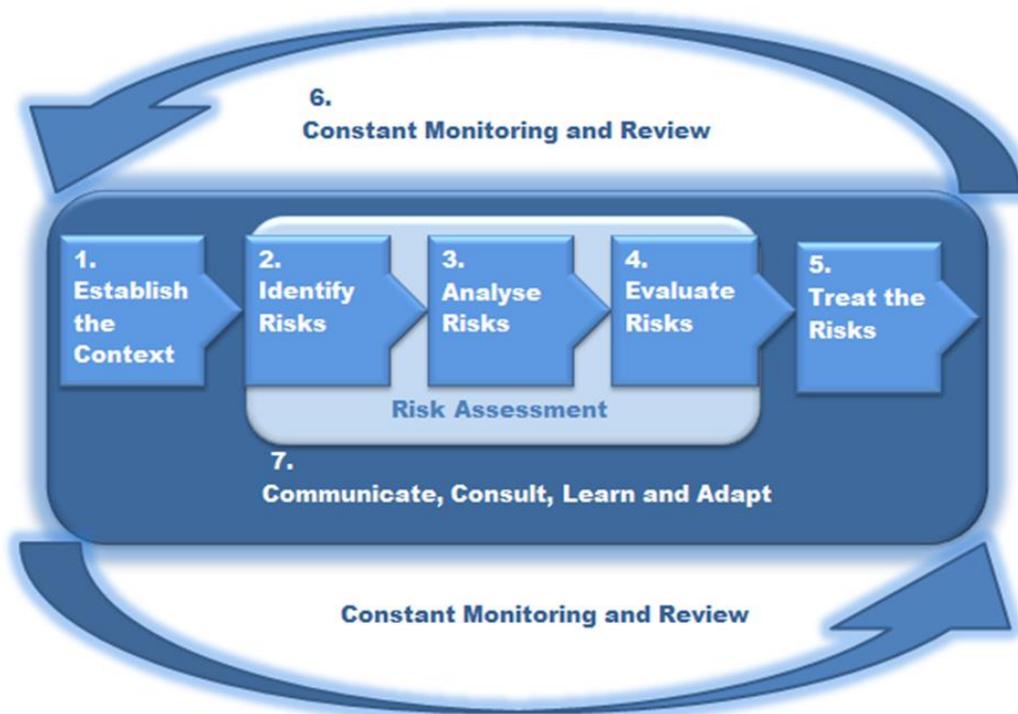
8. Process Overview

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

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

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

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



Identifying Risks

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

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

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

Risk Registers

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

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

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

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

delivery of its principal objectives.

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

Risk Methodology

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

Risks are assessed on the likelihood of the risk happening (frequency or probability) and consequences (impact) should the risk occur.

The assessment is completed using a likelihood matrix (Table 1) and consequence matrix (Table 2). While the likelihood matrix offers an option of frequency or probability, the likelihood matrix offers options based on the type of consequence (impact) that will arise if the risk should occur.

Table 1 – Likelihood Score

Likelihood Score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	This will probably never happen/recur Not expected to happen for years	Do not expect it to happen/recur but it is possible it may do so Expected to occur at least annually	Might happen or recur occasionally Expected to occur at least monthly	Will probably happen/recur but it is not a persisting issue Expected to occur at least weekly	Will undoubtedly happen/recur, possibly frequently Expected to occur at least daily
Probability	<1% Unlikely to occur	1-5% Unlikely to occur	6-20% Reasonable chance of occurring	21-50% Likely to occur	>50% More likely to occur than not

Table 2 – Consequence Score

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Consequence Type	Negligible	Minor	Moderate	Severe	Catastrophic
Impact on the safety of patients, staff or public (physical/ psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality/ complaints/ audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry Service delivery is not materially affected.	Overall treatment or service suboptimal Formal complaint (stage 1) / Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved / Reduced performance rating if unresolved Some inconvenience/ difficulty in operational performance of a particular service area	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on Operational performance of a particular service area is affected to the extent that revised planning is required to overcome difficulties.	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/ independent review Low performance rating Critical report Operational performance of a particular service area is severely affected.	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards Operational performance is compromised to the extent that the organisation is unable to meet its obligations in core activity areas.
Human resources/ organisational development/ staffing/ competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training / key training on an ongoing basis
Statutory duty/ inspections	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Critical report	Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage Late delivery of key target.	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met Partial delivery of key targets	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met Non-delivery of key targets.
Finance including claims	Small loss (less than 0.1% of budget) Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million
Service/business interruption Environmental impact	Loss/interruption of >1 hour No impact on ability to meet internal and external reporting requirements even though a particular service area is affected. Minimal or no impact on the environment	Loss/interruption of >8 hours Inability to meet a specific reporting requirement. Minor impact on environment	Loss/interruption of >1 day Difficulty in complying with key reporting requirements. Moderate impact on environment	Loss/interruption of >1 week Unable to comply with the majority of reporting requirements. Major impact on environment	Permanent loss of service or facility Unable to access any service user or corporate information. Catastrophic impact on environment

The two numerical assessment scores are then multiplied to give a risk rating and level of risk as shown in table 3.

Table 3 – Risk Scoring and Levels

			Severity of Impact/ Consequence				
			1	2	3	4	5
			Negligible	Minor	Moderate	Severe	Catastrophic
Likelihood	5	Almost certain	5 Moderate	10 High	15 Significant	20 Significant	25 Significant
	4	Likely	4 Moderate	8 High	12 High	16 Significant	20 Significant
	3	Possible	3 Low	6 Moderate	9 High	12 High	15 Significant
	2	Unlikely	2 Low	4 Moderate	6 Moderate	8 High	10 High
	1	Rare	1 Low	2 Low	3 Low	4 Moderate	5 Moderate

We undertake assessment of risk at three stages:

- **Initial risk** (inherent or gross risk) is an assessment of the risk score on identification before any control/mitigating action is proposed.
- **Residual risk** (current risk) is an assessment of the risk score with current controls/actions in place.
- **Target risk** is an assessment of the anticipated risk score after improvement actions have been achieved and controls successfully implemented. The target risk score enables managers to fully understand the impact of the actions to be taken, as well as whether these actions alone will reduce (mitigate) the risk to an acceptable level.

The assessment undertaken is the same at each stage, enabling consistency and demonstration as to how well risks are being managed by current controls.

Residual Risk Scores

All risks with a residual score that results in a classification of ‘High’ or ‘Significant’ will require a supporting action plan that describes the activities and actions being taken to mitigate the risk.

Residual risks with a level of moderate may be required to have action plans in place to further mitigate the risk. Low residual risks do not usually need any further actions.

The level of risk the controls are managing is important in considering the type and frequency of assurances required to be fully assured that the systems and process continue to work effectively to mitigate the risk. The Trust will use this information to inform the internal audit and clinical audit plans, as well as management reviews.

9. Training

Guidance on populating risk registers and managing risks is available to all staff via the Trust intranet. Risk Management training is provided upon request by the Corporate Risk and Compliance Manager.

All staff employed by the Trust, are required to attend the mandatory and statutory training that is relevant to their role and to ensure they meet their own continuous professional development requirements.

An online risk management training package is proposed for development as part of the Ambition three identified as part of this strategy and will be made available for existing and new members of staff.

10. Monitoring

The Trust's arrangements for risk management will be evaluated annually against the 'Alarm National Model for Risk Management', from which areas for further development will be identified. These will form the work plan for the coming year, against which progress will be measured and reported regularly to the Executive Management Team, Audit Committee and the Trust Board.

A detailed review of the Trust's arrangements for risk management, in particular risk registers, will be considered by the Audit Committee on an annual basis, and the Committee will report to the Board on its findings of its annual risk review as a covering statement to the annual assurance report.

Cyclical review of Operational Division and Directorate Risk Registers will be undertaken by the Corporate Risk and Compliance Manager, providing assurance to the Audit Committee (AC) and Trust Board to ensure that appropriate risk registers are being maintained, risks are being effectively captured and assessed, scoring is appropriate and consistent, appropriate mitigating actions are being taken, and risks escalated/ de-escalated in line with Trust policy.

The Risk Management Strategy, Policy and related guidance and documentation will be reviewed and updated annually in light of the assessment, as well as any changes to external and internal factors.

11. Communication

The Risk Management Strategy and supporting policies and guidance will be made available to all staff via the Trust Intranet.

The Risk Management Strategy will be made available to stakeholders and the public via publication on the Trust Internet.

12. Related Documents

The Trust's approach to risk management is embedded within its business and governance processes. This is the overarching strategy for risk management, interlinking to all Trust strategies and policies. The following documents directly support this strategy:

- Risk Management Policy
- Risk Management guidance documents (via Trust Intranet)

More information on risk management, and specific areas of risk management including related policies are available on the [Trust's Risk Management intranet](#) page along with links to additional guidance and information.

Key strategies that drive quality, safety and patient experience are:

- Patient Safety Strategy
- Patient and Carer Experience Strategy
- Clinical Audit and Effectiveness Strategy

13. Definitions

Board Assurance Framework	A method for presenting effective and focused assurances over the key risks to meeting strategic objectives.
Likelihood	Used as a general description of probability or frequency.
Probability	The likelihood of a specified event or outcome occurring. This is measured by the ratio of specific events or outcomes to the total number of possible events or outcomes. Probability is expressed along a scale ranging from 'rare' to 'almost certain'.
Risk	Defined as uncertainty/ possibility of loss, damage, missed opportunity, injury or failure to achieve objectives or deliver our plans as a result of an uncertain action or event.
Risk Appetite -	Statement of intent from the organisation about the level risk it is prepared to accept, tolerate, or be exposed to at any point in time.
Risk Assessment	The evaluation of risk with regard to the impact should the risk be realised and the likelihood of the risk being realised.
Risk Identification	This is the process of determining what, where, when, why and how something could happen.
Risk Management	The systematic identification of risk within a system or process and the implementation of actions to minimise harm arising. A key aspect of risk management is learning from events, errors, or near misses in order to reduce the risk of them recurring.
Risk Management Strategy	The overall organisational approach to risk management as defined by the Trust Board, which is documented and easily available throughout the organisation.
Risk Maturity	Overall quality and embeddedness of the risk management arrangements.
Risk Mitigation	The action that can be taken to reduce either the probability or impact of a risk.
Risk Reduction	Actions taken to lessen the <i>likelihood</i> , negative <i>consequences</i> or both associated with <i>risk</i> .

Risk Register	A tool for recording identified risks, the results of their analysis and evaluation, and monitoring actions and plans against them. The Risk Register is an important component of the organisation's risk management framework.
Risk Treatment	Process of selection and implementation of measures to modify risk.

14. Equality and Diversity

An [Equality and Diversity Impact Assessment](#) has been carried out on this document using the Trust approved EIA.

Equality Impact Assessment (EIA)

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

1. Document or Process or Service Name:
Risk Management Strategy 2021-24
2. EIA Reviewer (name, job title, base and contact details):
Oliver Sims, Corporate Risk and Compliance Manager
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other?
Strategy

Main Aims of the Document, Process or Service

The Risk Management strategy is three year strategy document that aims to further develop a robust risk management framework and build additional capability across the Trust.

The strategy is aligned to the Trust's existing patient safety strategy in terms of its goals and ambitions, to build further risk maturity allowing for the early identification and management of risks to the organisation working towards becoming a High Reliability Organisation.

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

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

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

Equality Target Group	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?	How have you arrived at the equality impact score?
<ol style="list-style-type: none"> 1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment 	<p>Equality Impact Score</p> <p>Low = Little or No evidence or concern (Green)</p> <p>Medium = some evidence or concern (Amber)</p> <p>High = significant evidence or concern (Red)</p>	<ol style="list-style-type: none"> a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	<p>Including specific ages and age groups:</p> <p>Older people Young people Children Early years</p>	Low	No evidence potential or actual differential impact or concern. Policy is applicable to all Trust staff.
Disability	<p>Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities:</p> <p>Sensory Physical Learning Mental health</p> <p>(including cancer, HIV, multiple sclerosis)</p>	Low	No evidence potential or actual differential impact or concern. Policy is applicable to all Trust staff.
Sex	<p>Men/Male Women/Female</p>	Low	No evidence potential or actual differential impact or concern. Policy is applicable to all Trust staff.

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Marriage/Civil Partnership		Low	No evidence potential or actual differential impact or concern. Policy is applicable to all Trust staff.
Pregnancy/Maternity		Low	No evidence potential or actual differential impact or concern. Policy is applicable to all Trust staff.
Race	Colour Nationality Ethnic/national origins	Low	No evidence potential or actual differential impact or concern. Policy is applicable to all Trust staff.
Religion or Belief	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	No evidence potential or actual differential impact or concern. Policy is applicable to all Trust staff.
Sexual Orientation	Lesbian Gay men Bisexual	Low	No evidence potential or actual differential impact or concern. Policy is applicable to all Trust staff.
Gender Reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	No evidence potential or actual differential impact or concern. Policy is applicable to all Trust staff.

Summary

The Risk Management strategy impacts on the Trust's risk management processes rather than individuals and is to be applied consistently to all risk management across the Trust. When individuals carry out risk assessments on situations/services and put in place mitigation, they should apply a situation/service specific equality impact assessment.

EIA Reviewer: Oliver Sims

Date completed: 23/12/2020

Signature: Oliver Sims

Updated: 12/02/2020

Agenda Item 17

Title & Date of Meeting:	Trust Board Public Meeting 24 th February 2021			
Title of Report:	EDS2			
Author/s:	Name: Steve McGowan / John Bryne Title: Director of Workforce and OD / Medical Director			
Recommendation:	To approve	X	To receive & note	
	For information		To ratify	
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"> The trust has classified itself as 'achieving' in all workforce areas Workforce improvement initiatives are taken from existing plans (WRES, WDES etc). 			

Monitoring and assurance framework summary:

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

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	

Equality Delivery System for the NHS

EDS2 Summary Report



Implementation of the Equality Delivery System – EDS2 is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS2 in accordance with the '9 Steps for EDS2 Implementation' as outlined in the 2013 EDS2 guidance document. The document can be found at: <http://www.england.nhs.uk/wp-content/uploads/2013/11/eds-nov131.pdf>

This *EDS2 Summary Report* is designed to give an overview of the organisation's most recent EDS2 implementation. It is recommended that once completed, this Summary Report is published on the organisation's website.

NHS organisation name:

Organisation's Equality Objectives (including duration period):

Organisation's Board lead for EDS2:

Organisation's EDS2 lead (name/email):

Level of stakeholder involvement in EDS2 grading and subsequent actions:

Headline good practice examples of EDS2 outcomes (for patients/community/workforce):

Date of EDS2 grading

Date of next EDS2 grading

Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective													
Better health outcomes	1.1	<p>Services are commissioned, procured, designed and delivered to meet the health needs of local communities</p> <table border="1"> <tr> <td data-bbox="465 411 712 703"> <p>↓ Grade</p> <p>Undeveloped</p> <p>Developing</p> <p>Achieving</p> <p>Excelling</p> </td> <td data-bbox="712 411 1283 703"> <p>↓ Which protected characteristics fare well</p> <table border="1"> <tr> <td>Age</td> <td>Pregnancy and maternity</td> </tr> <tr> <td>Disability</td> <td>Race</td> </tr> <tr> <td>Gender reassignment</td> <td>Religion or belief</td> </tr> <tr> <td>Marriage and civil partnership</td> <td>Sex</td> </tr> <tr> <td></td> <td>Sexual orientation</td> </tr> </table> </td> <td data-bbox="1283 411 1942 703"> <p>↓ Evidence drawn upon for rating</p> <div style="border: 1px solid #ccc; height: 100px;"></div> </td> </tr> </table>	<p>↓ Grade</p> <p>Undeveloped</p> <p>Developing</p> <p>Achieving</p> <p>Excelling</p>	<p>↓ Which protected characteristics fare well</p> <table border="1"> <tr> <td>Age</td> <td>Pregnancy and maternity</td> </tr> <tr> <td>Disability</td> <td>Race</td> </tr> <tr> <td>Gender reassignment</td> <td>Religion or belief</td> </tr> <tr> <td>Marriage and civil partnership</td> <td>Sex</td> </tr> <tr> <td></td> <td>Sexual orientation</td> </tr> </table>	Age	Pregnancy and maternity	Disability	Race	Gender reassignment	Religion or belief	Marriage and civil partnership	Sex		Sexual orientation	<p>↓ Evidence drawn upon for rating</p> <div style="border: 1px solid #ccc; height: 100px;"></div>	
	<p>↓ Grade</p> <p>Undeveloped</p> <p>Developing</p> <p>Achieving</p> <p>Excelling</p>	<p>↓ Which protected characteristics fare well</p> <table border="1"> <tr> <td>Age</td> <td>Pregnancy and maternity</td> </tr> <tr> <td>Disability</td> <td>Race</td> </tr> <tr> <td>Gender reassignment</td> <td>Religion or belief</td> </tr> <tr> <td>Marriage and civil partnership</td> <td>Sex</td> </tr> <tr> <td></td> <td>Sexual orientation</td> </tr> </table>	Age	Pregnancy and maternity	Disability	Race	Gender reassignment	Religion or belief	Marriage and civil partnership	Sex		Sexual orientation	<p>↓ Evidence drawn upon for rating</p> <div style="border: 1px solid #ccc; height: 100px;"></div>			
	Age	Pregnancy and maternity														
Disability	Race															
Gender reassignment	Religion or belief															
Marriage and civil partnership	Sex															
	Sexual orientation															
1.2	<p>Individual people’s health needs are assessed and met in appropriate and effective ways</p> <table border="1"> <tr> <td data-bbox="465 778 712 1070"> <p>↓ Grade</p> <p>Undeveloped</p> <p>Developing</p> <p>Achieving</p> <p>Excelling</p> </td> <td data-bbox="712 778 1283 1070"> <p>↓ Which protected characteristics fare well</p> <table border="1"> <tr> <td>Age</td> <td>Pregnancy and maternity</td> </tr> <tr> <td>Disability</td> <td>Race</td> </tr> <tr> <td>Gender reassignment</td> <td>Religion or belief</td> </tr> <tr> <td>Marriage and civil partnership</td> <td>Sex</td> </tr> <tr> <td></td> <td>Sexual orientation</td> </tr> </table> </td> <td data-bbox="1283 778 1942 1070"> <p>↓ Evidence drawn upon for rating</p> <div style="border: 1px solid #ccc; height: 100px;"></div> </td> </tr> </table>	<p>↓ Grade</p> <p>Undeveloped</p> <p>Developing</p> <p>Achieving</p> <p>Excelling</p>	<p>↓ Which protected characteristics fare well</p> <table border="1"> <tr> <td>Age</td> <td>Pregnancy and maternity</td> </tr> <tr> <td>Disability</td> <td>Race</td> </tr> <tr> <td>Gender reassignment</td> <td>Religion or belief</td> </tr> <tr> <td>Marriage and civil partnership</td> <td>Sex</td> </tr> <tr> <td></td> <td>Sexual orientation</td> </tr> </table>	Age	Pregnancy and maternity	Disability	Race	Gender reassignment	Religion or belief	Marriage and civil partnership	Sex		Sexual orientation	<p>↓ Evidence drawn upon for rating</p> <div style="border: 1px solid #ccc; height: 100px;"></div>		
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1.3	<p>Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed</p> <table border="1"> <tr> <td data-bbox="465 1177 712 1469"> <p>↓ Grade</p> <p>Undeveloped</p> <p>Developing</p> <p>Achieving</p> <p>Excelling</p> </td> <td data-bbox="712 1177 1283 1469"> <p>↓ Which protected characteristics fare well</p> <table border="1"> <tr> <td>Age</td> <td>Pregnancy and maternity</td> </tr> <tr> <td>Disability</td> <td>Race</td> </tr> <tr> <td>Gender reassignment</td> <td>Religion or belief</td> </tr> <tr> <td>Marriage and civil partnership</td> <td>Sex</td> </tr> <tr> <td></td> <td>Sexual orientation</td> </tr> </table> </td> <td data-bbox="1283 1177 1942 1469"> <p>↓ Evidence drawn upon for rating</p> <div style="border: 1px solid #ccc; height: 100px;"></div> </td> </tr> </table>	<p>↓ Grade</p> <p>Undeveloped</p> <p>Developing</p> <p>Achieving</p> <p>Excelling</p>	<p>↓ Which protected characteristics fare well</p> <table border="1"> <tr> <td>Age</td> <td>Pregnancy and maternity</td> </tr> <tr> <td>Disability</td> <td>Race</td> </tr> <tr> <td>Gender reassignment</td> <td>Religion or belief</td> </tr> <tr> <td>Marriage and civil partnership</td> <td>Sex</td> </tr> <tr> <td></td> <td>Sexual orientation</td> </tr> </table>	Age	Pregnancy and maternity	Disability	Race	Gender reassignment	Religion or belief	Marriage and civil partnership	Sex		Sexual orientation	<p>↓ Evidence drawn upon for rating</p> <div style="border: 1px solid #ccc; height: 100px;"></div>		
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Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective																	
Better health outcomes, continued	1.4	<p>When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse</p> <table border="1"> <thead> <tr> <th data-bbox="465 296 712 336">Grade</th> <th colspan="2" data-bbox="712 296 1285 336">Which protected characteristics fare well</th> <th data-bbox="1285 296 1942 336">Evidence drawn upon for rating</th> </tr> </thead> <tbody> <tr> <td data-bbox="465 336 712 392">Undeveloped</td> <td data-bbox="712 336 965 392">Age</td> <td data-bbox="965 336 1285 392">Pregnancy and maternity</td> <td data-bbox="1285 336 1942 584" rowspan="4"></td> </tr> <tr> <td data-bbox="465 392 712 448">Developing</td> <td data-bbox="712 392 965 448">Disability</td> <td data-bbox="965 392 1285 448">Race</td> </tr> <tr> <td data-bbox="465 448 712 504">Achieving</td> <td data-bbox="712 448 965 504">Gender reassignment</td> <td data-bbox="965 448 1285 504">Religion or belief</td> </tr> <tr> <td data-bbox="465 504 712 584">Excelling</td> <td data-bbox="712 504 965 584">Marriage and civil partnership</td> <td data-bbox="965 504 1285 584">Sexual orientation</td> </tr> </tbody> </table>	Grade	Which protected characteristics fare well		Evidence drawn upon for rating	Undeveloped	Age	Pregnancy and maternity		Developing	Disability	Race	Achieving	Gender reassignment	Religion or belief	Excelling	Marriage and civil partnership	Sexual orientation	
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1.5	<p>Screening, vaccination and other health promotion services reach and benefit all local communities</p> <table border="1"> <thead> <tr> <th data-bbox="465 695 712 735">Grade</th> <th colspan="2" data-bbox="712 695 1285 735">Which protected characteristics fare well</th> <th data-bbox="1285 695 1942 735">Evidence drawn upon for rating</th> </tr> </thead> <tbody> <tr> <td data-bbox="465 735 712 791">Undeveloped</td> <td data-bbox="712 735 965 791">Age</td> <td data-bbox="965 735 1285 791">Pregnancy and maternity</td> <td data-bbox="1285 735 1942 983" rowspan="4"></td> </tr> <tr> <td data-bbox="465 791 712 847">Developing</td> <td data-bbox="712 791 965 847">Disability</td> <td data-bbox="965 791 1285 847">Race</td> </tr> <tr> <td data-bbox="465 847 712 903">Achieving</td> <td data-bbox="712 847 965 903">Gender reassignment</td> <td data-bbox="965 847 1285 903">Religion or belief</td> </tr> <tr> <td data-bbox="465 903 712 983">Excelling</td> <td data-bbox="712 903 965 983">Marriage and civil partnership</td> <td data-bbox="965 903 1285 983">Sexual orientation</td> </tr> </tbody> </table>	Grade	Which protected characteristics fare well		Evidence drawn upon for rating	Undeveloped	Age	Pregnancy and maternity		Developing	Disability	Race	Achieving	Gender reassignment	Religion or belief	Excelling	Marriage and civil partnership	Sexual orientation		
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Improved patient access and experience	2.1	<p>People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds</p> <table border="1"> <thead> <tr> <th data-bbox="465 1142 712 1182">Grade</th> <th colspan="2" data-bbox="712 1142 1285 1182">Which protected characteristics fare well</th> <th data-bbox="1285 1142 1942 1182">Evidence drawn upon for rating</th> </tr> </thead> <tbody> <tr> <td data-bbox="465 1182 712 1238">Undeveloped</td> <td data-bbox="712 1182 965 1238">Age</td> <td data-bbox="965 1182 1285 1238">Pregnancy and maternity</td> <td data-bbox="1285 1182 1942 1430" rowspan="4"></td> </tr> <tr> <td data-bbox="465 1238 712 1294">Developing</td> <td data-bbox="712 1238 965 1294">Disability</td> <td data-bbox="965 1238 1285 1294">Race</td> </tr> <tr> <td data-bbox="465 1294 712 1350">Achieving</td> <td data-bbox="712 1294 965 1350">Gender reassignment</td> <td data-bbox="965 1294 1285 1350">Religion or belief</td> </tr> <tr> <td data-bbox="465 1350 712 1430">Excelling</td> <td data-bbox="712 1350 965 1430">Marriage and civil partnership</td> <td data-bbox="965 1350 1285 1430">Sexual orientation</td> </tr> </tbody> </table>	Grade	Which protected characteristics fare well		Evidence drawn upon for rating	Undeveloped	Age	Pregnancy and maternity		Developing	Disability	Race	Achieving	Gender reassignment	Religion or belief	Excelling	Marriage and civil partnership	Sexual orientation	
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Improved patient access and experience	2.2	<p>People are informed and supported to be as involved as they wish to be in decisions about their care</p> <table border="1"> <thead> <tr> <th data-bbox="465 300 712 336">Grade</th> <th colspan="2" data-bbox="712 300 1285 336">Which protected characteristics fare well</th> <th data-bbox="1285 300 1942 336">Evidence drawn upon for rating</th> </tr> </thead> <tbody> <tr> <td data-bbox="465 363 712 400">Undeveloped</td> <td data-bbox="712 363 958 400">Age</td> <td data-bbox="958 363 1285 400">Pregnancy and maternity</td> <td data-bbox="1285 363 1942 587" rowspan="4"></td> </tr> <tr> <td data-bbox="465 419 712 456">Developing</td> <td data-bbox="712 419 958 456">Disability</td> <td data-bbox="958 419 1285 456">Race</td> </tr> <tr> <td data-bbox="465 475 712 512">Achieving</td> <td data-bbox="712 475 958 512">Gender reassignment</td> <td data-bbox="958 475 1285 512">Religion or belief</td> </tr> <tr> <td data-bbox="465 531 712 568">Excelling</td> <td data-bbox="712 531 958 568">Marriage and civil partnership</td> <td data-bbox="958 531 1285 568">Sexual orientation</td> </tr> </tbody> </table>	Grade	Which protected characteristics fare well		Evidence drawn upon for rating	Undeveloped	Age	Pregnancy and maternity		Developing	Disability	Race	Achieving	Gender reassignment	Religion or belief	Excelling	Marriage and civil partnership	Sexual orientation	
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2.3	<p>People report positive experiences of the NHS</p> <table border="1"> <thead> <tr> <th data-bbox="465 667 712 703">Grade</th> <th colspan="2" data-bbox="712 667 1285 703">Which protected characteristics fare well</th> <th data-bbox="1285 667 1942 703">Evidence drawn upon for rating</th> </tr> </thead> <tbody> <tr> <td data-bbox="465 730 712 767">Undeveloped</td> <td data-bbox="712 730 958 767">Age</td> <td data-bbox="958 730 1285 767">Pregnancy and maternity</td> <td data-bbox="1285 730 1942 954" rowspan="4"></td> </tr> <tr> <td data-bbox="465 786 712 823">Developing</td> <td data-bbox="712 786 958 823">Disability</td> <td data-bbox="958 786 1285 823">Race</td> </tr> <tr> <td data-bbox="465 842 712 879">Achieving</td> <td data-bbox="712 842 958 879">Gender reassignment</td> <td data-bbox="958 842 1285 879">Religion or belief</td> </tr> <tr> <td data-bbox="465 898 712 935">Excelling</td> <td data-bbox="712 898 958 935">Marriage and civil partnership</td> <td data-bbox="958 898 1285 935">Sexual orientation</td> </tr> </tbody> </table>	Grade	Which protected characteristics fare well		Evidence drawn upon for rating	Undeveloped	Age	Pregnancy and maternity		Developing	Disability	Race	Achieving	Gender reassignment	Religion or belief	Excelling	Marriage and civil partnership	Sexual orientation		
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2.4	<p>People's complaints about services are handled respectfully and efficiently</p> <table border="1"> <thead> <tr> <th data-bbox="465 1031 712 1067">Grade</th> <th colspan="2" data-bbox="712 1031 1285 1067">Which protected characteristics fare well</th> <th data-bbox="1285 1031 1942 1067">Evidence drawn upon for rating</th> </tr> </thead> <tbody> <tr> <td data-bbox="465 1094 712 1131">Undeveloped</td> <td data-bbox="712 1094 958 1131">Age</td> <td data-bbox="958 1094 1285 1131">Pregnancy and maternity</td> <td data-bbox="1285 1094 1942 1318" rowspan="4"></td> </tr> <tr> <td data-bbox="465 1150 712 1187">Developing</td> <td data-bbox="712 1150 958 1187">Disability</td> <td data-bbox="958 1150 1285 1187">Race</td> </tr> <tr> <td data-bbox="465 1206 712 1243">Achieving</td> <td data-bbox="712 1206 958 1243">Gender reassignment</td> <td data-bbox="958 1206 1285 1243">Religion or belief</td> </tr> <tr> <td data-bbox="465 1262 712 1299">Excelling</td> <td data-bbox="712 1262 958 1299">Marriage and civil partnership</td> <td data-bbox="958 1262 1285 1299">Sexual orientation</td> </tr> </tbody> </table>	Grade	Which protected characteristics fare well		Evidence drawn upon for rating	Undeveloped	Age	Pregnancy and maternity		Developing	Disability	Race	Achieving	Gender reassignment	Religion or belief	Excelling	Marriage and civil partnership	Sexual orientation		
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A representative and supported workforce	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels				
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	3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations				
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3.3	Training and development opportunities are taken up and positively evaluated by all staff					
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Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective														
A representative and supported workforce	3.4	<p>When at work, staff are free from abuse, harassment, bullying and violence from any source</p> <table border="1"> <thead> <tr> <th data-bbox="465 256 712 304">Grade</th> <th data-bbox="712 256 1285 304">Which protected characteristics fare well</th> <th data-bbox="1285 256 1942 304">Evidence drawn upon for rating</th> </tr> </thead> <tbody> <tr> <td data-bbox="465 304 712 352">Undeveloped</td> <td data-bbox="712 304 1285 352">Age</td> <td data-bbox="1285 304 1942 352" rowspan="5"></td> </tr> <tr> <td data-bbox="465 352 712 400">Developing</td> <td data-bbox="712 352 1285 400">Disability</td> </tr> <tr> <td data-bbox="465 400 712 448">Achieving</td> <td data-bbox="712 400 1285 448">Gender reassignment</td> </tr> <tr> <td data-bbox="465 448 712 496">Excelling</td> <td data-bbox="712 448 1285 496">Marriage and civil partnership</td> </tr> <tr> <td data-bbox="465 496 712 544"></td> <td data-bbox="712 496 1285 544">Pregnancy and maternity Race Religion or belief Sex Sexual orientation</td> </tr> </tbody> </table>	Grade	Which protected characteristics fare well	Evidence drawn upon for rating	Undeveloped	Age		Developing	Disability	Achieving	Gender reassignment	Excelling	Marriage and civil partnership		Pregnancy and maternity Race Religion or belief Sex Sexual orientation	
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3.5	<p>Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives</p> <table border="1"> <thead> <tr> <th data-bbox="465 655 712 703">Grade</th> <th data-bbox="712 655 1285 703">Which protected characteristics fare well</th> <th data-bbox="1285 655 1942 703">Evidence drawn upon for rating</th> </tr> </thead> <tbody> <tr> <td data-bbox="465 703 712 751">Undeveloped</td> <td data-bbox="712 703 1285 751">Age</td> <td data-bbox="1285 703 1942 751" rowspan="5"></td> </tr> <tr> <td data-bbox="465 751 712 799">Developing</td> <td data-bbox="712 751 1285 799">Disability</td> </tr> <tr> <td data-bbox="465 799 712 847">Achieving</td> <td data-bbox="712 799 1285 847">Gender reassignment</td> </tr> <tr> <td data-bbox="465 847 712 895">Excelling</td> <td data-bbox="712 847 1285 895">Marriage and civil partnership</td> </tr> <tr> <td data-bbox="465 895 712 943"></td> <td data-bbox="712 895 1285 943">Pregnancy and maternity Race Religion or belief Sex Sexual orientation</td> </tr> </tbody> </table>	Grade	Which protected characteristics fare well	Evidence drawn upon for rating	Undeveloped	Age		Developing	Disability	Achieving	Gender reassignment	Excelling	Marriage and civil partnership		Pregnancy and maternity Race Religion or belief Sex Sexual orientation		
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3.6	<p>Staff report positive experiences of their membership of the workforce</p> <table border="1"> <thead> <tr> <th data-bbox="465 1007 712 1054">Grade</th> <th data-bbox="712 1007 1285 1054">Which protected characteristics fare well</th> <th data-bbox="1285 1007 1942 1054">Evidence drawn upon for rating</th> </tr> </thead> <tbody> <tr> <td data-bbox="465 1054 712 1102">Undeveloped</td> <td data-bbox="712 1054 1285 1102">Age</td> <td data-bbox="1285 1054 1942 1102" rowspan="5"></td> </tr> <tr> <td data-bbox="465 1102 712 1150">Developing</td> <td data-bbox="712 1102 1285 1150">Disability</td> </tr> <tr> <td data-bbox="465 1150 712 1198">Achieving</td> <td data-bbox="712 1150 1285 1198">Gender reassignment</td> </tr> <tr> <td data-bbox="465 1198 712 1246">Excelling</td> <td data-bbox="712 1198 1285 1246">Marriage and civil partnership</td> </tr> <tr> <td data-bbox="465 1246 712 1294"></td> <td data-bbox="712 1246 1285 1294">Pregnancy and maternity Race Religion or belief Sex Sexual orientation</td> </tr> </tbody> </table>	Grade	Which protected characteristics fare well	Evidence drawn upon for rating	Undeveloped	Age		Developing	Disability	Achieving	Gender reassignment	Excelling	Marriage and civil partnership		Pregnancy and maternity Race Religion or belief Sex Sexual orientation		
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Inclusive leadership	4.1	<p>Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations</p> <p>↓ Grade</p> <p>Undeveloped Developing Achieving Excelling</p> <p>↓ Which protected characteristics fare well</p> <table border="0"> <tr> <td>Age</td> <td>Pregnancy and maternity</td> </tr> <tr> <td>Disability</td> <td>Race</td> </tr> <tr> <td>Gender reassignment</td> <td>Religion or belief</td> </tr> <tr> <td>Marriage and civil partnership</td> <td>Sex</td> </tr> <tr> <td></td> <td>Sexual orientation</td> </tr> </table> <p>↓ Evidence drawn upon for rating</p> <div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div>	Age	Pregnancy and maternity	Disability	Race	Gender reassignment	Religion or belief	Marriage and civil partnership	Sex		Sexual orientation	
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4.2	<p>Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed</p> <p>↓ Grade</p> <p>Undeveloped Developing Achieving Excelling</p> <p>↓ Which protected characteristics fare well</p> <table border="0"> <tr> <td>Age</td> <td>Pregnancy and maternity</td> </tr> <tr> <td>Disability</td> <td>Race</td> </tr> <tr> <td>Gender reassignment</td> <td>Religion or belief</td> </tr> <tr> <td>Marriage and civil partnership</td> <td>Sex</td> </tr> <tr> <td></td> <td>Sexual orientation</td> </tr> </table> <p>↓ Evidence drawn upon for rating</p> <div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div>	Age	Pregnancy and maternity	Disability	Race	Gender reassignment	Religion or belief	Marriage and civil partnership	Sex		Sexual orientation		
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4.3	<p>Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination</p> <p>↓ Grade</p> <p>Undeveloped Developing Achieving Excelling</p> <p>↓ Which protected characteristics fare well</p> <table border="0"> <tr> <td>Age</td> <td>Pregnancy and maternity</td> </tr> <tr> <td>Disability</td> <td>Race</td> </tr> <tr> <td>Gender reassignment</td> <td>Religion or belief</td> </tr> <tr> <td>Marriage and civil partnership</td> <td>Sex</td> </tr> <tr> <td></td> <td>Sexual orientation</td> </tr> </table> <p>↓ Evidence drawn upon for rating</p> <div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div>	Age	Pregnancy and maternity	Disability	Race	Gender reassignment	Religion or belief	Marriage and civil partnership	Sex		Sexual orientation		
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Agenda Item 18

Title & Date of Meeting:	Trust Board Public Meeting -24 th February 2021			
Title of Report:	Mental Health Act White Paper 2021			
Author/s:	John Byrne Medical Director			
Recommendation:	To approve		To receive & note	
	For information	x	To ratify	
Purpose of Paper:	To Update the Board on the recently published Mental Health Act white paper			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Specific report	✓
Key Issues within the report:	<p>Launched by the Department of Health and Social Care in January 2021, the White Paper builds on the recommendations made by Sir Simon Wessely's Independent Review of the Mental Health Act in 2018 which set out what needed to change in both law and practice in order to deliver a modern mental health service that respects the patient's voice and empowers individuals to shape their own care and treatment.</p> <p>The changes are based on 4 principles that have been developed with people with lived experience of the MHA. They are:</p> <ul style="list-style-type: none"> • choice and autonomy – ensuring service users' views and choices are respected • least restriction – ensuring the MHA's powers are used in the least restrictive way • therapeutic benefit – ensuring patients are supported to get better, so they can be discharged from the MHA • the person as an individual – ensuring patients are viewed and treated as individuals <p>The Government's proposed reforms aim to tackle the racial disparities in mental health services, better meet the needs of people with learning disabilities and autism and ensure appropriate care for people with serious mental illness within the criminal justice system. The link to the forward can be</p>			

	found here. https://www.gov.uk/government/consultations/reforming-the-mental-health-act/reforming-the-mental-health-act#joint-foreword-from-the-secretary-of-state-for-health-and-social-care-and-the-secretary-of-state-for-justice-and-lord-chancellor
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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	

What are the key proposals included in the White Paper?

They have considered the review's recommendations and are proposing changes to improve mental health services and people's experiences under the Mental Health Act. This is called a 'White Paper'.

The changes aim to make sure that:

- people are detained for shorter periods of time, and only detained when absolutely necessary
- when someone is detained the care and treatment they get is focused on making them well
- people have more choice and autonomy about their treatment
- everyone is treated equally and fairly and disparities experienced by people from black and minority ethnic backgrounds are tackled
- people with a learning disability and autistic people are treated better in law and reduce the reliance on specialist inpatient services for this group of people

The White Paper is split into 3 main parts. These are:

- Part 1: legislative reforms – the changes we are proposing to the Mental Health Act itself
- Part 2: reforming policy and practice to improve patient experience – the government's plans to bring about an overall culture change within mental health services, so that people have a far better experience of care under the act
- Part 3: the UK government's response to the Independent Review of the Mental Health Act – the government's response to each of the review's recommendations (this is not covered in this document)

The White Paper includes 35 consultation questions and sets out the Government's plans for:

- New guiding principles
- Stronger detention criteria
- Giving patients more rights to challenge detention
- Strengthening the patient's right to choose
- Improving the support for people who are detained
- Community Treatment Orders
- The Mental Health Act/Mental Capacity Act interface
- Caring for patients in the criminal justice system
- People with Intellectual Disability and Autism
- Children and Young People
- The experiences of people from BAME communities

The government will consult on a number of proposed changes, including:

- introducing statutory 'advance choice documents' to enable people to express their wishes and preferences on their care when they are well, before the need arises for them to go into hospital implementing the right for an individual to choose a nominated person who is best placed to look after their interests under the act if they aren't able to do so themselves expanding the role of independent mental health advocates to offer a greater level of support and representation to every patient detained under the act piloting culturally appropriate advocates so patients from all ethnic backgrounds can be better supported to voice their individual needs
- ensuring mental illness is the reason for detention under the act, and that neither autism nor a learning disability are grounds for detention for treatment of themselves
- improving access to community-based mental health support, including crisis care, to prevent avoidable detentions under the act – this is already underway backed by £2.3 billion a year as part of the NHS Long Term Plan

Implications for Humber

The white paper has entered a consultation phase where all interested parties will be able to submit a perspective. The Trust will be collaborating in responses through several external networks. Internally, a period of consultation workshops/event which will be held to capture some additional feedback. The link to the national consultation is here: <https://www.gov.uk/government/consultations/reforming-the-mental-health-act/reforming-the-mental-health-act>

Agenda Item 19

Title & Date of Meeting:	Trust Board Public Meeting – 24 February 2021			
Title of Report:	Integration and Innovation: working together to improve health and social care for all. White Paper			
Author/s:	Name: Michele Moran Michelle Hughes Title: Chief Executive Head of Corporate Affairs			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	To share publication of the Government's White Paper published on 11 February 2021 and to highlight the key points			
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) Direct report to Board	✓
Key Issues within the report:	<p>As outlined within the paper.</p> <p>The full document can be accessed on the Gov.uk website: Integration and Innovation: working together to improve health and social care for all (publishing.service.gov.uk)</p> <p>On current timeframes, and subject to Parliamentary business, the plan is that the legislative proposals for health and care reform outlined in the White Paper will begin to be implemented in 2022.</p>			

Monitoring and assurance framework summary:

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

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

Integration and Innovation: Working Together to Improve Health and Social Care for All

Introduction

The Department of Health and Social Care formally published a White Paper on 11th February 2021 which aims to join up health and care services and embed lessons learned from the Covid-19 pandemic.

The Paper sets out how action will support recovery by stripping away unnecessary legislative bureaucracy, empowering local leaders and services and tackling health inequalities and the reforms build on the proposals in the NHS Long Term Plan. A Bill will be laid in Parliament when parliamentary time allows to carry the proposals into law.

The White Paper

This report summarises the key points of the White Paper and draws out some issues for the attention of the Board. The full document can be accessed here: [Integration and Innovation: working together to improve health and social care for all \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/92222/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all.pdf)

The key aims of the Paper include:-

- Modernising the legal framework to make the health and care system fit for the future
- Putting in place targeted improvements for the delivery of public health and social care.
- Supporting local health and care systems to deliver higher quality care to their communities, in a way that is
 - less legally bureaucratic,
 - more accountable and more joined up,
 - by bringing together the NHS, local government and partners together to tackle the needs of their communities as a whole.

The proposals aim to build on the successful NHS response to the pandemic and bring health and care services closer together to build back better by improving care and tackling health inequalities through measures to address obesity, oral health and patient choice.

The proposals build on the NHS's recommendations for legislative change in the Long Term Plan and come a decade on from the last major piece of health and care legislation. While the NHS has made practical adaptations within the current legal framework, this can be unnecessarily time consuming and changes are now necessary as part of the future recovery process from the pandemic.

The measures include proposals to make integrated care the default, reduce legal bureaucracy, and better support social care, public health and the NHS. The reforms will enable the health and care sector to use technology in a modern way, establishing it as a better platform to support staff and patient care, for example by improving the quality and availability of data across the health and care sector to enable systems to plan for the future care of their communities.

There is widespread agreement across the NHS on many of the proposals in this paper following work undertaken by NHS England and NHS Improvement and the Health and Social Care Committee to draw up a set of agreed legislative proposals in 2019. These proposals provide an important opportunity to speed up the move to integrate health and care at a local level, replace competition with collaboration and reform an unnecessarily rigid NHS approach to procurement.

However, the proposals also include new powers for the Secretary of State to direct NHS England, transfer powers between arms-length bodies and intervene in local reconfigurations. There will be a need to avoid overlap and duplication with the statutory powers of Trusts and Foundation Trusts that will remain as the key delivery mechanism for hospital and mental health care, ambulance and community services.

Some of the key points that are drawn out for the attention of Board are:-

- The paper is indicating that integrated care systems must be “coterminous with local authorities” - which would mean that, unless exemptions are created, established ICSs such as Frimley Health (which covers one unitary authority and sections of two counties), and the three which cover different parts of Essex County Council, may need to be split up or redrawn.
- Rewording the health secretary’s new powers over NHSE and stating that, where the health secretary intervenes in specific service reconfigurations, he or she “will be required to seek appropriate advice in advance of their decision, including in relation to value for money, and subsequently publish it in a transparent manner”.
- Emphasising foundation trust independence, which some fear is undermined by the proposals. It says an ICS board “will not have the power to direct providers” and that a “reserve” power to set “legally binding” capital expenditure limits on FTs was “not a general power to direct all FTs on capital spending [or] erode FT autonomy”. Details of how the power would be used transparently have been removed however.
- Highlighting that “there is a real chance to strengthen and assess patient voice at place and system levels, not just as a commentary on services but as a source of genuine co-production”, citing Healthwatch in particular.
- Stressing that provision of NHS services will remain separate from planning and funding them – not completely collapsing the purchaser/provider split: “These changes retain a division of responsibility between strategic planning and funding decisions on the one hand, and care delivery on the other, but allow for its operation in a more joined up way. We will preserve the division between funding decisions and provisions of care.”
- Recognising local authority budget concerns – stating that changes to NHS Continuing Healthcare to enable “discharge to assess” will not “increase financial burdens on local authorities” – which may frustrate NHS bodies looking to speed discharges.
- On specialist commissioning the legislation has changed to ensure financial delegation is “subject to certain safeguards” with quality outcomes still overseen at a national level to ensure patients “have equal access to services across the country.”

- Specifying that ICS will have a “unitary” board, akin to current foundation trusts, with a mixture of non-executive and executive directors sharing responsibility; and that NHSE will publish guidance on the makeup of the boards “including how chairs and representatives should be appointed”.

Legislating for Integrated Care Systems: five recommendations to Government and Parliament

NHS England and NHS Improvement also published on 11 February 2021 a paper - [Legislating for Integrated Care Systems: five recommendations to Government and Parliament](#), which summarises the feedback received from the Integrating Care engagement exercise, and sets out key legislative proposals in response to this feedback. DHSC has accepted these proposals and incorporated them into the White Paper.

1. The Government should set out at the earliest opportunity how it intends to progress the NHS’s own proposals for legislative change.
2. ICSs should be put on a clear statutory footing, but with minimum national legislative provision and prescription, and maximum local operational flexibility. Legislation should not dictate place based arrangements.
3. ICSs should be underpinned by an NHS ICS statutory body and a wider statutory health and care partnership. Explicit provision should also be made for requirements about transparency
4. There should be maximum local flexibility as to how an ICS health and care partnership is constituted, for example using existing arrangements such as existing ICS partnership boards or health and wellbeing boards where these work well.

The composition of the board of the NHS ICS body must be sufficiently streamlined to support effective decision-making. It must be able to take account of local circumstances as well as statutory national guidance. Legislation should be broadly permissive, mandating only that the members of the NHS ICS Board must include a chair and CEO and as a minimum also draw 5 | Introduction and summary representation from (i) NHS trusts and Foundation Trusts, (ii) general practice, and (iii) a local authority. As with CCGs now, NHSE/I should approve all ICS constitutions in line with national statutory guidance.

5. Provisions should enable the transfer of primary medical, dental, ophthalmology and pharmaceutical services by NHS England to the NHS ICS body. Provision should also enable the transfer or delegation by NHS England of appropriate specialised and public health services we currently commission. And at the same time, NHS England should also retain the ability to specify national standards or requirements for NHS ICSs in relation to any of these existing direct commissioning functions

Key measures from this engagement exercise included in the White Paper:-

- Proposal to create statutory Integrated Care Systems.
- Proposal to scrap mandatory competitive procurements by which NHS staff currently waste a significant amount of time on unnecessary tendering processes for healthcare services. Under the proposals, the NHS will only need to tender services when the NHS itself considered this has the potential to lead to better outcomes for patients. The

Competition Market Authority will no longer be involved in NHS oversight. Local NHS services will have more power to act in the best interests of their communities.

- The safety of patients is at the heart of NHS services. The upcoming Bill will put the Healthcare Safety Investigations Branch permanently into law as a Statutory Body so it can continue to reduce risk and improve safety. The Healthcare Safety Investigations Branch already investigates when things go wrong, so that mistakes can be learned from, and this strengthens its legal footing.
- Proposal to formally fold Monitor and the Trust Development Authority (i.e. NHS Improvement) into NHS England.
- A package of measures to deliver on specific needs in the social care sector. This will improve oversight and accountability in the delivery of services through new assurance and data sharing measures in social care, update the legal framework to enable person-centred models of hospital discharge, and improve powers for the Secretary of State to directly make payments to adult social care providers where required.
- The pandemic has shown the impact of inequalities on public health outcomes and the need for Government to act to help level up health across the country. Legislation will help to support the introduction of new requirements about calorie labelling on food and drink packaging and the advertising of junk food before the 9pm watershed.

Consultation Proposals for a Provider Selection Regime

Alongside the above document *Legislating for Integrated Care Systems* NHSE/I also published on 11 February 2021 consultation proposals for a provider selection regime which sets out a new approach to procuring healthcare services. [its consultation on proposals](#)

The consultation invites patients, NHS staff, partner organisations and interested members of the public to give views on proposals for a new NHS Provider Selection Regime, which sets out how decisions about who should provide health care services are made in future. The proposals for a new Provider Selection Regime build on earlier consultation and engagement about proposals to change primary legislation to better enable integration and implement the NHS Long Term Plan. The proposed new regime will replace the current rules around procuring healthcare services, and is based on feedback from patients, clinicians, NHS leaders and partner organisations, as well as national professional and representative bodies. The information received from the consultation will help further develop these proposals.

Recommendation

- To note the published documents
- To discuss the contents
- To note implementation of the White Paper proposals are expected to begin in 2022

15 February 2021