

**Trust Board Meeting 23 February 2022  
Agenda - Public Meeting**

For a meeting to be held at 9.30am Wednesday 23 February 2022, via Microsoft Teams

**Please note that due to patient confidentiality the live streaming will not start until 10am**

		Lead	Action	Report Format
	<b>Standing Items</b>			
1.	Apologies for Absence	CF	To note	verbal
2.	Declarations of Interest	CF	To receive & note	√
3.	Minutes of the Meeting held on 26 January 2022	CF	To receive & approve	√
4.	Action Log and Matters Arising	CF	To receive & discuss	√
5.	Patient Story - Michelle's Story: Believe and Love Yourself, You Deserve It	JB	To receive & note	√
6.	Chair's Report	CF	To note	verbal
7.	Chief Executives Report	MM	To receive & approve	√
8.	Publications and Highlights Report	MM	To receive & note	√
	<b>Performance &amp; Finance</b>			
9.	Performance Report	PBec	To receive & note	√
10.	Finance Report	PBec	To receive & note	√
	<b>Assurance Committee Reports</b>			
11.	Mental Health Legislation Committee Assurance Report	MS	To receive & note	√
12.	Audit Committee Assurance Report	PB	To receive & note	√
13.	Quality Committee Assurance Report & 2 November 2021 Minutes	MS	To receive & note	√
14.	Collaborative Committee Assurance Report	PB	To receive & note	√
	<b>Corporate</b>			
15.	HCV MH & LDA Collaborative Programme Update- Alison Flack, Programme Director HCV ICS MH and LD Collaborative Programme attending	MM	To receive & note	√
16.	Items for Escalation	All	To note	verbal
17.	<b>Any Other Business</b> Senior Independent Director Role	CF	To discuss & approve	verbal
18.	<b>Exclusion of Members of the Public from the Part II Meeting</b>			

19.	<b>Date, Time and Venue of Next Meeting</b> Wednesday 30 March 2022, 9.30am by Microsoft Teams	
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**Agenda Item 2**

Title & Date of Meeting:	Trust Board Public Meeting – 23 February 2022																			
Title of Report:	Declarations of Interest & Fit and Proper Persons Regulation (FPRR) and Trust Compliance																			
Author/s:	Name: Caroline Flint Title: Chair																			
Recommendation:	To approve		To receive & note	✓																
	For information		To ratify																	
Purpose of Paper:	<p>The report provides the Board with a list of current Executive Directors and Non-Executive Directors interests.</p> <p>Changes made are to:-</p> <ul style="list-style-type: none"> <li>• The declarations for Mr Patton, who has been appointed to Baxi Partnership Limited as a Trustee</li> <li>• A declaration for Mr Stuart Mckinnon-Evans has been added</li> <li>• Update made to the declarations for the Chair who has been confirmed as the Chair of the Committee on Fuel Poverty which is an advisory non-departmental public body sponsored by the Department for Business, Energy and Industrial Strategy.</li> </ul> <p><b>Fit &amp; Proper Persons Regulation</b> The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires all trusts to ensure that all executive and non-executive director posts (or anyone performing similar or equivalent functions) are filled by people that meet the requirements of the FPPR. The definition of directors includes those in permanent, interim or associate roles, irrespective of their voting rights at Board meetings.</p> <p>A further report will come to the June meeting and is provided at this time to provide assurance that the checks have been carried out for Mr Mckinnon-Evans appointment.</p> <p>The Board is asked to note the Trust’s compliance with the Fit and Proper Person Regulation and the continuation of the process in place.</p>																			
<p><b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i></p>	<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Audit Committee</td> <td></td> <td>Remuneration &amp; Nominations Committee</td> <td></td> </tr> <tr> <td>Quality Committee</td> <td></td> <td>Workforce &amp; Organisational Development Committee</td> <td></td> </tr> <tr> <td>Finance &amp; Investment Committee</td> <td></td> <td>Executive Management Team</td> <td></td> </tr> </tbody> </table>					Date		Date	Audit Committee		Remuneration & Nominations Committee		Quality Committee		Workforce & Organisational Development Committee		Finance & Investment Committee		Executive Management Team	
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	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Monthly Board report	✓
Key Issues within the report:	<ul style="list-style-type: none"> <li>Contained within the report</li> </ul>			

**Monitoring and assurance framework summary:**

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

✓ Tick those that apply

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

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

## Directors' Declaration of Interests

Name	Declaration of Interest
<b>Executive / Directors</b>	
Ms Michele Moran Chief Executive (Voting Member)	<ul style="list-style-type: none"> <li>• Appointed as a Trustee for the RSPCA Leeds and Wakefield branch</li> <li>• Chair of Yorkshire &amp; Humber Clinical Research Network</li> <li>• SRO Mental Health/Learning Disabilities Collaborative Programme.</li> <li>• HCV CEO lead for Provider Collaboratives</li> </ul>
Mr Peter Beckwith, Director of Finance (Voting Member)	<ul style="list-style-type: none"> <li>• Sister is a Social Worker for East Riding of Yorkshire Council</li> <li>• Son is a Student at Hull York Medical School</li> </ul>
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"> <li>• 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</li> <li>• Senior Responsible Officer for the Local Health Care Record Exemplar (LHCRE), which is governed through Humber Teaching NHS FT standing orders and procedures</li> </ul>
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
<b>Non Executive Directors</b>	
Rt Hon Caroline Flint – Chair (Voting Member)	<ul style="list-style-type: none"> <li>• Husband is a member of Doncaster MBC Councillor and Cabinet member</li> <li>• Brother-in-law works at Sandwell and West Midlands NHS Trust as the Senior Consultant for Ophthalmology at the Birmingham and Midland Eye Centre in City Hospital. He is also Professor of Ophthalmology at Aston University and Hon Consultant at Birmingham Children's Hospital.</li> <li>• Chair of the Committee on Fuel Poverty which is an advisory non-departmental public body sponsored by the Department for Business, Energy and Industrial Strategy</li> </ul>
Mr Peter Baren, Non-Executive Director (Voting Member)	<ul style="list-style-type: none"> <li>• Non-Executive Director Beyond Housing Limited</li> <li>• Son is a doctor in Leeds hospitals</li> </ul>
Mr Mike Smith, Non-Executive Director (Voting Member)	<ul style="list-style-type: none"> <li>• Director MJS Business Consultancy Ltd</li> <li>• Director Magna Trust</li> <li>• Director, Magna Enterprises Ltd</li> </ul>

	<ul style="list-style-type: none"> <li>• Sole Owner MJS Business Consultancy Ltd</li> <li>• Associate Hospital Manager RDaSH</li> <li>• Associate Hospital Manager John Munroe Group, Leek</li> <li>• Non-Executive Director for The Rotherham NHS Foundation Trust</li> <li>• Chair of Charitable Funds Committee at The Rotherham NHS Foundation Trust</li> <li>• Trustee - The Rotherham Minster Development Trust</li> </ul>
Mr Francis Patton, Non-Executive Director (Voting Member)	<ul style="list-style-type: none"> <li>• Non-Executive Chair, The Cask Marque Trust</li> <li>• Treasurer, All Party Parliamentary Beer Group</li> <li>• Industry Advisor The BII (British Institute of Innkeeping)</li> <li>• Managing Director, Patton Consultancy</li> <li>• Non Executive Director of SIBA and Chair of SIBA Commercial, The Society of Independent Brewers</li> <li>• Appointed to Baxi Partnership Limited as a Trustee</li> </ul>
Mr Dean Royles, Non-Executive Director (Voting Member)	<ul style="list-style-type: none"> <li>• Director Dean Royles Ltd</li> <li>• Owner Dean Royles Ltd</li> <li>• Advisory Board of Sheffield Business School</li> <li>• Strategic Advisor Skills for Health</li> <li>• Associate for KPMG</li> </ul>
Mr Hanif Malik, Associate Non-Executive Director (Non-Voting Member)	<ul style="list-style-type: none"> <li>• Non-Executive Director, Karbon Homes</li> </ul>
Mr Stuart Mckinnon-Evans, Non-Executive Director (Voting Member)	<ul style="list-style-type: none"> <li>• Chief Finance Officer of the University of Bradford</li> </ul>

## **Fit and Proper Persons Regulation (FPPR) and Trust Compliance 2021/22**

### **Introduction**

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

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

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

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

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

### **Trust Position**

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

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

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

### **Compliance**

Annual declarations were requested and provided by all Board members for 2021/22 and there was annual declaration of ongoing compliance. A review of the disqualified directors and the insolvency service register was undertaken. There is a documented process for the fit and proper person’s requirement that includes clear procedures and checks for new applicants.

The current process has worked well during the appointments of several executive and non-executive appointments and there have been no issues with any aspect of the fit and proper persons regulation. An additional check of the Removed Charity Trustees Register was undertaken with no anomalies found.

### **Recommendation**

The Board is asked to note the Trust’s compliance with the Fit and Proper Person Regulation and that the process was followed for the appointment of Mr Mckinnon-Evans.

**Item 3**

**Trust Board Meeting**  
**Minutes of the virtual Public Trust Board Meeting held on Wednesday 26 January 2022 via**  
**Microsoft Teams**

**Present:** Rt Hon Caroline Flint, Chair  
Mrs Michele Moran, Chief Executive  
Mr Peter Baren, Non-Executive Director  
Mr Hanif Malik OBE, Associate Non-Executive Director (from item 04/22)  
Mr Francis Patton, Non-Executive Director  
Mr Dean Royles, Non-Executive Director  
Mr Mike Smith, Non-Executive Director (up to and including item 08/22)  
Mr Peter Beckwith, Director of Finance  
Dr John Byrne, Medical Director  
Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals  
Mr Steve McGowan, Director of Workforce and Organisational Development  
Mrs Lynn Parkinson, Chief Operating Officer

**In Attendance:** Mrs Michelle Hughes, Head of Corporate Affairs  
Mr Stuart Mckinnon-Evans, Non-Executive Director from 1 February 2022 (observing)  
Mr Charlie Boshier, Senior Business Consultant, Quality Health (for item 04/22)  
Mrs Mandy Dawley, Head of Patient and Carer Experience and Engagement (for item 04/22)  
Mr Paul Johnson, Mental Health Services Clinical Lead (for item 04/22)  
Mrs Tracy Flanagan, Deputy Director of Nursing (for item 14/22)  
Ms Cathryn Hart, Assistant Director of Research & Development (for item 15/22)  
Mrs Jenny Jones, Trust Secretary (minutes)  
Ms Sue Cordon, Grant Thornton (observing)

**Apologies:** None

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.

The Chair welcomed Mr Stuart Mckinnon-Evans and Ms Sue Cordon to the meeting. Stuart has been appointed as a Non-Executive Director from 1 February and Ms Cordon is conducting the Well Led Review.

01/22 **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.

The Chief Executive, Mr Baren and the Director of Finance declared an interest for items

related to the Commissioning Committee.

02/22 **Minutes of the Meeting held 24 November 2021**

The minutes of the meeting held on 24 November 2021 were agreed as a correct record.

03/22 **Matters Arising and Actions Log**

The action log and work plan were noted.

04/22 **2021 Community Mental Health Survey**

Dr Byrne introduced Mr Charlie Boshier from Quality Health who joined the meeting to present the findings of the annual Community Mental Health Survey.

The survey field work was conducted between February – June 2021. Data was compared to 93% of other trusts that Quality Health also work with. The survey is run on paper only and not online. Comparative data was based on 50 Mental Health Trusts and Community Interest Companies with mental health functions surveyed by Quality Health

Compared with last year response rates slightly increased against the national downward trend which suggested good engagement with service users. The top 5 questions where the organisation scored well were:

- Knowing who to contact if a service user had a concern about their care
- How well this person organised the care and services needed
- Whether talking therapies were explained in a way that was understood
- Knowing who to contact out of office hours if in crisis
- Being treated with respect and dignity by NHS mental health services over the last 12 months

The bottom 5 questions were the organisation scored lower were:

- In the last 12 months have you been asked by NHS mental health services to give your views on quality of care?
- In the last 12 months did NHS mental health services give help or advice with finding support for financial advice or benefits?
- In the last 12 months did NHS mental health services give help or advice with finding support for finding and keeping work?
- In the last 12 months did NHS mental health services support you with your physical health needs
- Have the possible side effects of your medicined been discussed with you

In relation to the advice around financial advice and access to employment opportunities it was highlighted that lots of organisations scores have dipped on this question likely due to Covid.

Areas where the scores had reduced from last year were shown in the presentation by a downward arrow. One such area was in relation to service users being seen enough in the last 12 months. In the free text comments, service users reflected that they did not feel as if they had been “seen” due to Covid and the remote meetings that took place. Some trusts have overcome this by writing to service users in advance of the meeting explaining that the meeting is instead of a face to face meeting. Another area affected by Covid was in relation to service users being given the time to discuss their needs and treatment.

The Trust is one of the top performers for service users knowing how to contact someone if they had a concern about their care.

There is evidence to link the question about service users having a specific meeting to the question about service users being seen in the last 12 months. Due to Covid and restrictions some service users may not have had a meeting and this score is slightly below the national

average. Again, communication with service users in advance was suggested as a way to improve this score

A higher score than last year was given for service users knowing who to contact in crisis, but this dipped slightly for the question relating to whether service users received the help they needed on contact.

A decrease in the score was seen for the question relating to discussion around side effects of medication. This could be improved by providing printed materials explain about medicines. A lower score was also recorded for checking with service users about how they are getting on with their medication.

A new question was added this year for NHS talking therapies with no comparable data. The trust scored higher than the national average for service users involvement in talking therapies.

The support and wellbeing questions is an area looked at by the Care Quality Commission (CQC) together with financial advice and employment access. The Trust is higher scoring than the national average for the employment support and for the financial advice questions. Involvement of a member of a service users family score reduced over the last 12 months and was below the national average.

Recommendations were made by Quality Health on ways to improve lower scoring areas.

The Chair noted that in 2019 pre pandemic scores mainly increased. Mr Boshier explained that the field work would have taken place at the beginning of 2020 which was just before lockdown.

Mr Patton asked if there was a backlash with service users not wanting to do things online and therefore this has been reflected in survey scores. Mr Boshier explained that from the free text comments it was clear there is resistance to remote services and service users felt that they are not getting the same level of care if they did not have a face to face meeting. Feedback has been given to the CQC and NHSE about the wording of this particular question. It was agreed that this view could impinge on responses to other questions.

In relation to medicines, Mr Patton personally has been sent information via e mail. He asked if this was something the Trust did with patients. Mrs Parkinson reported that e mails are sent to patients following consultations. Mr Johnson explained that people's preferences for communication are taken into account. Some information may be required by e mail, printed and posted or handed to the person. Over the last 6 month, the policy has been updated and talking to service users about medication principle needs and embedded this in the clinical risk training.

Mr Smith noted the positive areas shown in the presentation. The score for patients knowing who to contact in crisis. He asked if there was any evidence of pressures outside the system around crisis accommodation in the comments made. Mr Boshier will look at the comments for this specifically. Mrs Parkinson felt the timing of the survey is important and that the changes to crisis mental health services brought to the Board in the summer, were not captured in the survey results. There has been a significant increase in demand and additional telephone support to support service users that did not need intensive support from the crisis team has been provided. Capacity and resources have been released into the crisis team to give increased focus on service users who need this support. Mr Johnson explained that people known to the service struggle during these difficult times. The reach for support has increased and capacity was reviewed in the system and extra capacity provided with 3<sup>rd</sup> sector colleagues for the MIND support line and crisis pad. Capacity has been released to support the increase in the home base treatment team and constantly reviewing these services to ensure that there is capacity in the right areas.

Mrs Gledhill pointed out that the questions may need to be changed to put it in context for services and saying face to face could be misleading.

Mr Royles commented that it was remarkable that services had continued over the last two years. He noted that some of the reduction in scores seemed to relate to the use of virtual services and asked if this view is supported by the free text comments or whether it was an assumption. The use of benchmarking is useful but if comments have been made these are helpful. Mr Boshier said some people are resistant to any form of virtual service and are unhappy. Others are pleased to be able to have this option and prefer to use it.

From a Trust perspective a working group meets quarterly with unplanned and planned service as well as patients, service users and carers. This group looks at the lowest national 20% scores and the bottom 5 scores for the organisation. Robust action plan is in place and improvement work will hopefully be reflected in the next survey due to take place Feb – June 2022.

Disappointment was expressed with the scores in some areas especially with the implementation of the Community Mental Health Team (CMHT) transformation programme. All scores are being looked at to see what can be done better. Some of the transformation work is established and other areas are coming online. It is hoped these improvements will be reflected in future surveys. Mr Johnson provided an update on the work that has been done with family involvement, reviews of care and the Care Programme Approach.

The Trust is part of the early implement site for medicines management and part of the model is to use Pharmacists and Pharmacy technicians as part of the CMHT. There has been a focus on this work with service users around medicines safety for review of medications. Personal feedback from service users has been invaluable in this work. The Chief Executive recognised the work that is being done in this area but suggested a deeper look at this area via the Quality Committee. The Recovery College is growing and developing but may not be used as much as it could be. Work is also ongoing to look at how the system can support this area.

A suite of documentation to support staff on virtual visits and digital services could be helpful. Having some education and training and support for staff around virtual consultations and how patients are supported during these.

The Chair thanked Mr Boshier, Mr Johnson and Mrs Dawley for attending the meeting. It was agreed that the medicines management work will be reviewed by the Quality Committee.

**Resolved:** The presentation was noted.

**Quality Committee to look at medicines management work Action LP**

05/22

### **Chair's Report**

The Chair provided a verbal update on areas she has been involved in since the last meeting including:-

- The Council of Governors ratified the appointment of Mr Stuart Mckinnon-Evans as the Non-Executive Director, Chair of Audit. Recruitment for the general Non-Executive Director post was unsuccessful, which was disappointing, and work is progressing on a new recruitment campaign.
- An introductory meeting was held with Care Quality Committee (CQC) representatives to share their work and processes around the inspection regime.
- Meetings held with internal colleagues, Dr Kate Yorke and Ms Helen Cammish. It was interesting to find out more about their work and about the Community and Primary Care services including our GP Practices.
- The January Council of Governors meeting was well attended. Mrs Doff Pollard has been appointed as the Lead Governor. New Governors will start on 1 February and

membership of Governor groups is being promoted. The Chair thanked the Governors who have come to the end of their terms of office for their help and support to the organisation.

There are some vacancies on the Council of Governors and elections will take place to try and fill these seats.

Mandatory vaccinations were also raised at the meeting and Governors have been asked to share their vaccination status to comply with the requirements

The Chair also visited the Humber Centre

**Resolved:** The verbal report was noted

06/22

### **Chief Executive's Report**

The report provided updates from each of the Directors along with a summary of activities undertaken by the Chief Executive. Of particular note were:-

#### **Board Voting**

At the July Board, in order to address the interim situation where, due to the retirement of a Non-executive Director and to allow time for recruitment, it was agreed that one of the Executive Directors be identified and abstain from any vote until the recruitment process has concluded. It was agreed at the time that the Chief Operating Officer would abstain from any vote until the recruitment process concluded. With effect from 1<sup>st</sup> February 2022, a new Non-executive Director will be in post and the Chief Operating Officer will resume voting rights.

This was approved by the Board.

#### **Integrated Care System (ICS) Update**

A lot is happening even though the Act has been postponed until July due to some amendments required for mental health relating to funding and clarity in the ICS where money for mental health has gone.

Detail was included in the report about the Place Boards and development of Shadow Boards or Committees. Each of these will have an NHS lead reporting to the Chief operation Officer of the ICS and Place Chair.

#### **Breastfeeding Guardian**

The Chief Executive is the Guardian for Breastfeeding and a report on the work was included in the report

#### **Staff Support**

Details of initiatives undertaken to support staff were included in the report. Information has been shared in response to queries from Unions. An additional annual leave day has been given to staff as a thank you to be taken in this financial year.

Updates on digital aspirations, from the Communications team and for Health Stars were included in the report.

#### **Covid Update**

The Omicron variant caused additional pressures for services. This region is a couple of weeks behind London so has not yet seen the full effects. Operationally teams managed to cover services relatively well and did not stand down any services. Some corporate staff with clinical experience were moved into operational areas to help with the pressures. More Covid positive patients have been identified and sickness had increased significantly. Mrs Parkinson provided an update on the OPEL levels across the system and nationally from mid December to the current time. Omicron spreads rapidly, however it was acknowledged that whilst high hospital admissions were expected, admission for ICU were not due to the vaccination programme. It

was identified that two doses did not provide sufficient protection and a booster campaign was launched nationally. The Trust took part in this campaign and mobilised a vaccination centre using space in the Trust HQ building.

Gold, Silver and Bronze command arrangements were reinstated. Covid related absence rates rose sharply and at one point were over 10% for a few days. This has reduced slightly with 46 staff off work with Covid related absences today. Some elements of business continuity plans were instigated but no services were stood down.

There has been an outbreak of Covid positive patients in the Humber Centre with seven cases reported. Additional staff have been brought in to manage the isolation requirements in line with infection prevention control guidelines.

### **Planning Guidance**

The guidance was published on 24 December 2021 with a focus in elective back log and recovery. Are seeing reference to system productivity coming into the guidance.

### **Digital Plan**

The Trust has made excellent progress against its Digital plan, and the focus is now to build on getting the digital basics right as the Trust is moving into a leading role for the region. The Trust has been confirmed as one of the three digital aspirant plus mental health and community Trusts. This provides access to funds (greater than £6M) and resources to provide a system which significantly improves the mental health pathway and improves the supplier market for clinical systems.

Mr Patton thanked the Executives for a detailed report and complimented them on the amount of work undertaken with the pressures of Covid. He highlighted there is a theme running through the meeting papers in relation to staff sickness, staff vacancies and the work force pressures. The Chief Executive agreed and that this is the main issue for that is being looked at and why the "New Year New Job campaign has been launched. Discussions have also been held at the Workforce & Organisational Development Committee in relation to this topic and the impact it has.

In response to a question around the weekly staff calls, the Chief Executive explained that there tends to be approx. 70 – 100 people on the calls, although numbers do vary. These calls are in addition to Ask the Exec sessions which will continue to be held.

It was suggested it would be helpful if the bullet points of focus in the operational planning section had updates for the ones that applied to the Trust.

Visiting guidance was another area raised. The Trust does not operate blanket restrictions for visiting. Guidance is in place and visitors must have a lateral flow test pre visiting. There is a discussion around symptoms, and they must wear ppe. Visiting is tried to be accommodated as much as we can, and all visiting is pre booked.

Mr Royles asked with the Plan B restrictions being lifted, whether visiting for Non-Executive Directors could be reviewed as it is part of the assurance process for them to visit teams. The Chief Executive said it was a relevant point and for staff too in both their work and personal lives. The blended approach to working will continue. It was felt that as long as IPC guidance is followed with the one unit visit per day that this could be reviewed and will bring suggestions back to the Board. The Chair supported this suggestion which would be helpful to Governors too

Dr Byrne appreciated the optimism around Covid, but as Medical Director, he was apprehensive about reducing restrictions. Work is taking place to be ahead of any future variants that may be identified and there will be a significant impact on health services in the next few years for long Covid. He recognised that we have to learn to live with Covid, but to still be cautious.

Mr Baren highlighted that the CQC rating awarded to the Trust some years ago is still in place. He asked if there was any opportunity to have this changed given work that has moved on. He was informed that it is a statutory requirement and can only be changed following another inspection by the CQC. The Trust is undertaking a self assessment to be in a good position for any future inspection.

A good session was held at the Finance and Investment Committee on the Yorkshire and Humber Care record. Mr Baren asked what is being done nationally at an ICS level and our own care record. He suggested it would be helpful for a paper to the Board on the digital aspirations of the Trust, the ICS and the NHS generally to give assurance that there are no gaps. Mr Beckwith supported the suggestion. There is resource in the planning guidance for next year for revenue and capital cases. Dr Byrne suggested the Board spend some time considering what digital means as a new work system and how it is moved forward and captured. The Chair felt this detail would be helpful for the Board.

The refurbishment work on PICU was noted. Mr Smith asked if ligature points have been addressed. A report was presented to the Executive Management Team (EMT) recently outlining the plans for piloting of door alarms in specific areas. Mrs Parkinson reported that a progress report will be presented at the next Quality Committee meeting.

Mrs Hughes drew the Board's attention to the Communications update in the highlighting the staff engagement work over the festive period and support for the prize draws and quiz. In response to staff comments in relation to all staff sessions, a short survey was undertaken and a "you said, we did approach" used to respond to the feedback.

The scheme at Maister Lodge has been completed although there is some further work to do on site. Issues raised by the local council are being discussed and an update will be provided at the next meeting.

**Resolved:** The report was noted,  
Operational Planning bullet points relevant to Trust to have updates included **Action PBec**  
Visiting for Non-Executive Directors to teams to be reviewed and suggestions brought back to the Board **Action MM**  
Report on digital aspirations to be produced for the Board **Action PBec/JB**

#### 07/22 **Publications and Highlights Report**

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

Dr Byrne drew the Board's attention to the Care Quality Commission's (CQC) Out of Sight report around closed culture. The executive summary is helpful, and the report will be taken to the Reducing Restrictive Interventions (RRI) group and the Mental Health Legislation Committee (MHLIC). A link to the Trust's web page on closed cultures will also be sent to Board members

**Resolved:** The report was noted.  
A link to the Trust's web page on closed cultures will also be sent to Board members **Action JJ**

#### 08/22 **Winter Pressures and Operational Performance Trends Overview Report**

The report provided an overview of the impact of winter, the ongoing Covid- 19 pandemic and other pressures on operational performance since the commencement of the winter period from October 2021.

The report focussed on key areas where performance has been adversely impacted but will also reflect areas where service change and performance have been maintained and improved. Mrs Parkinson explained that staff availability and vacancies was a key issue. Additional support and prioritisation of recruitment of clinical staff has been undertaken by the HR team. There has been a reliance on temporary staff to fill the shortfall and the HR team has supported

this too. There has been a significant rise in Primary Care activity in recent weeks with the roll out of the booster programme.

Some additional external provider support has been secured for the East Riding Neuro-diversity service position which is helping put this in the right direction. Out of area placements recovered in November before the recent outbreaks when there were closures to admissions due to isolation requirements. Delayed Transfers of Care involve some complex patients that are in mental health and learning disability beds. There is focus on this with system partners to resolve the issues and concerns around pressures in local authorities.

Mr Patton appreciated the report which provided the information Board members had previously requested. He asked in terms of sickness what the total percentage of vacancies, sickness and maternity leave that is covered by bank and agency staff. The detail is provided to the Workforce & OD Committee and Mr McGowan reported that earlier this week the figure stood at 17% for sickness and vacancies and 2% for maternity and adoption. Mr McGowan pointed out that over 200 staff are in the organisation than there was 12 months ago which has grown the establishment and workforce. Trying to keep up with demands is a significant challenge.

With regards to the complexity of clinical cases increasing referred to in the report. Mrs Parkinson explained that the remote interventions are similar to Helios but is provided by more clinicians. Helios has a threshold for complexity and the new provider will complement this. Due diligence was undertaken on the system before a contract was undertaken. Hopefully this will have an impact on over 52 week waits as it is expected to give 40 – 50 diagnoses each month.

Information on the face to face appointments for primary care pre Covid is available and will be shared with Mr Patton outside the meeting

Mr Malik asked if any forecasting has been undertaken on the anticipated impact of leavers at the start of April due to the mandatory guidance. More detail is included in a report later on the agenda. Mr McGowan said there are 58 staff who have not taken up the vaccination and 42 who have not yet had the second dose.

The time taken to recruit was discussed and whether this process has been shortened as a result of work undertaken. With the TRAC system, there has been some improvement and a post meeting note will be provided with more detail. Data from the system is good from a manager's perspective. With the prioritisation of the clinical posts, there are limited resources within the team which are being diverted to the required areas. Additional resource will be bid for in the coming year. Mrs Parkinson explained that the close working relationship with the HR team has helped with staffing.

Mr Baren asked if there has been an uptake from people wishing to retire and return. He was informed that retirees were approached before Christmas to see if they were willing to return even if it was to the bank to work across the patch including Scarborough and Whitby.

**Resolved:** The report and updates were noted.

**Information on the face to face data for primary care pre Covid will be shared with Mr Patton outside the meeting Action LP**

**A post meeting note will be provided with more detail on recruitment times Action SMcG**

09/22

### **Performance Report**

Mr Beckwith presented the report relating to the current levels of performance as at the end of December 2021. Commentary for indicators that fell outside of normal variation was included in the report. Areas of highlight included:-

- Safer Staffing dashboard fill rates are low but the care per patient per day is high
- High level of training compliance
- Positive improvement for 12 month Care Programme Approach Reviews which is up to

96%

In relation to statutory and mandatory training, Mr Royles said this was a good outcome and that the Workforce Committee is looking into what the reasons may be for why staff have not completed their training.

The safer staffing dashboard showed that occupancy levels at Mill View Court were at 111% and he asked how this was managed. Mrs Parkinson reported there has been an in month increase in the bed base at Mill View Court, but it was not over occupied and suspected this was a data issue. Mr Beckwith felt this could be due to the discharge and activity data. Mr Baren asked about when all of the PICU beds at Inspire Unit will be open. It was confirmed that the unit has had pressures around patient acuity. Recruitment of additional staff is underway, and it is hoped that it will be fully open by the end of February.

**Resolved:** The report and verbal updates were noted

10/22

### **Finance Report**

Mr Beckwith presented the highlights from the finance paper for December 2021. Highlights included:-

- The Trust recorded an overall operating surplus of £0.170m, a position consistent with the Trust's planning target.
- Within the reported position at Month 9 is Covid expenditure of £3.577m and income top up of £1.997m.
- Cash balance at the end of Month 9 was £26.329m of which £2.600m related to the Provider Collaborative
- The Year-to-Date Agency expenditure was £5.620m, this is £0.476m more than the previous year's equivalent month 9 position.

The Trust is in a block financing regime until the end of March. A surplus of £170k was reported which is a reduction from the last report. This will continue to reduce as we move towards a break-even position. Three items do not contribute to the control total; Donated Asset Depreciation, Profits on the Sale of Assets and the Yorkshire and Humber Care Record.

A significant overspend is reported in Primary Care and a detailed discussion took place at the Finance & Investment Committee meeting. A recovery plan is being produced for further discussion.

Covid 19 related expenditure is within the block allocation. The Trust is in a strong cash position. A deep dive into future plans will take place in six months' time. Capital spend year to date is low but this is not dissimilar to other providers across the NHS.

**Resolved:** The report was noted.

11/22

### **Workforce & Organisational Development Committee Assurance Report & 17 November 2021 Minutes**

An executive summary of discussions held at the meeting on 12 January 2022 and the minutes of the meeting held on 17 November 2021 were presented to the Board.

Discussion took place at the meeting around the Vaccinations as a Condition of Deployment (VCOD) position in relation to staff. A deep dive into statutory and mandatory training where overall the Trust is compliance with its targets and often exceeds but there are some categories that don't achieve their targets. The Committee asked for trajectories of when this would be back in scope.

The risk register was discussed and noted that there has been a workforce risk for some time and whether this should be refreshed in the light of the Omicron wave, health and wellbeing of staff and going forward VCOD and whether this risk captured everything.

Hard to recruit work was discussed and it was good to see that although there is a level of vacancies, that the workforce continues to grow.

Mrs Gledhill confirmed that the Quality Committee will receive an update on the safeguarding level 3 training, and it is on track to have a trajectory in place for 1 April 2022.

**Resolved:** The Board noted the report and minutes.

12/22

**Humber Coast and Vale Specialised Mental Health, Learning Disability and Autism Provider Collaborative – Collaborative Committee Report**

The assurance report covered the meetings held in November and December 2021. From the November meeting outstanding queries with NHSE were resolved. Safe and Wellbeing Reviews have been undertaken and will be completed by 31 January 2022 as requested. All actions asked by NHSE have been completed.

Work on the quality dashboard is progressing with other providers and a good working relationship is coming through. A quality visit to Stockton Hall was undertaken in December.

A Child and Adolescent Mental Health Services (CAMHS) visioning event will be held this month. A reduction is being seen in Outside of Natural Clinical Flow patients from other Provider Collaborative areas. There continues to be a high level of referrals from other Provider Collaborative areas. Nine young people are waiting for inpatient beds in the areas. The safety of those young people is being clinically managed.

A reduction in out of area Natural Clinical flow has been seen which is at 33%. There is an issue with Delayed Transfers of Care but these are being clinically managed.

**Resolved:** The report was noted.

13/22

**Finance & Investment Committee Assurance Reports December 2021 and January 2022**

Mr Patton presented the assurance reports for the December 2021 and January 2022 meetings. At both meetings the Committee received assurance around the financial position.

At the December meeting a deep dive into agency expenditure took place. Discussions around VAT were within this and the use of agency for VAT purposes. The Trust's Green plan was presented prior to submission. This has now been submitted to the Integrated Care System (ICS).

At the recent January meeting a detailed financial update was received. There was a focus on Primary Care where there has been a deterioration in financial performance. The Committee asked for a detailed recovery plan with no negative impact on patient care to come back to the Committee.

Good assurance was received around the Capital Programme. A draft budget is being developed along with Budget Reduction Strategy for next year. As the Committee now meets quarterly it was agreed that budget information will be taken to the February and March Board meetings.

The finance team was complimented for their excellent work over the last few years. A five year strategy will come to the Committee in September.

A presentation was received on the Yorkshire and Humber Care Record from Mr Rickles which gave assurance on the management of this. This is being internally managed, and the Committee complimented the team on its success to date.

Mr Beckwith added that the annual accounts timetable submission date is 22 June 2022 and discussions are taking place to bring the June Board meeting forward to meet this timescale.

Confirmation was received of the submission of the Green plan. Discussions are ongoing around Consultant VAT and how this spend is recorded. Additional support has been identified on a short term contract to focus on this piece of work and to make the best use of the system and do some positive work around recruitment of consultants in the organisation.

In relation to the Primary Care work and potential quality impact it was too early to say what the outcome might be. There is a national shortage of GPs, and two other GPs are looking to retire which will create more pressures. From a system view, the Chief Executive is leading the ICS Provider Collaborative design piece and has asked the Primary Care Collaborative what can be done.

**Resolved:** The reports and verbal updates were noted

14/22

### **Safer Staffing 6 Monthly Report**

Mrs Tracy Flanagan, Deputy Director of Nursing attended to present the report. The report showed the outcomes of the review of safer staffing requirements across our in-patient units using the National Quality Board (NQB) guidance and NHS Improvement 'Developing Workforce Safeguards'. It also provided a current position in relation to Care Hours per Patient Day (CHPPD) and key performance indicators (KPI) for each unit.

the report provided assurance that our levels of staffing are safe. Overall the majority of units are maintaining good and safe fill rate requirements and performance with the majority of areas seeing an improvement. This is despite the ongoing impact of the COVID 19 pandemic

Townend Court had low bed occupancy for some time, however this will change in the next reporting period. Importantly the fill rates for CHPPD are strong which is the most useful indicator. Inspire Unit fill rates are low. Only one PICU bed is open, and the figures are skewed by having a requirement for two registered nurses. There has been a recent review with the team to look at the demand template. CHPPD is strong.

Allied Health Professionals (AHPS) roles and new roles including Nursing Associates continue to not always be captured on roster and do not contribute to fill rates and CHPPD but this is consistent with national and regional reporting. Several options have been identified to address requiring further investment in the establishments or a change to CHPPD reporting

Sickness remains a challenge across the majority of areas. The successful introduction of nurse advocate role and two project nurse educators' roles will help to focus on retention. Training and appraisals remain stable all units achieving the Trust training targets.

Mr Malik referred to International Nurse recruitment asking if it was limited to 20 nurses. Work takes place in collaboration with NHSE and there is a set target to ensure that they receive the right support to gain their OSCEs, pastoral support and to integrate into wards. The quality over quantity approach is being used and the 3<sup>rd</sup> cohort is in progress.

The Chief Executive commented that the CHPPD rate is important and it has always been high in this area. The recruitment and retention work continues to provide safe services. It is important that the demand templates are adjusted accordingly for skill mix and different models of care. Inclusion of more triangulation of incidents with other quality reports would give more information.

Mr Baren asked about the bed base at Maister with the new arrangements. Maister Court is separate from Maister Lodge and new roles including pharmacy technicians and nurse associate practitioners are in place at Maister Court which are going through the Quality Improvement approach before any changes are made.

The Chair commented that areas that have low fill rates such as Inspire have good CHPPD and asked if the management of this is being reviewed as some of the positive things being seen is due to having low bed occupancy. Mrs Flanagan explained that the tools allow us to look at

acuity and level of dependency at any time over a 24 hour period. Work is taking place with the Inspire team to look at the current dependency levels and a recommendation to be given on CHPPD and triangulation of other data to come to a professional judgement about what the safer staffing level should be. Tools can be used at any point to look at these areas and how staffing establishments may need to be adjusted to reflect this. Inspire has been doing a lot of work on what increased bed capacity would need as we don't want to rely on low bed occupancy to get a good CHPPD. It needs to be flexible and fluid to be able to react to this.

**Resolved:** The report was received and noted.

15/22

### **Research & Development Report**

The report provided assurance/reassurance 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 Cathryn Hart explained that the organisation is the region's high performer across the country for Covid and vaccine trials study. A ground-breaking COVID-19 antiviral treatment trial, known as PANORAMIC, is currently being set up in the Trust and our eight GP practices will act as a study 'hub' for recruitment.

Work is underway to see how it can be done more easily in clinical settings such as being on Lorenzo and clinical paperwork to be used as part of normal processes.

The annual conference took place in November 2021 and was well attended with approx. 350 people attending through a blended approach of in person and virtual.

Details of trials and studies being undertaken were in the report. The research team developed a co-produced animation 'My Research Journey' (3 mins) launched in 2021, to help support people make a decision about whether they'd like to hear more about research and take part in studies locally, as well as helping staff to start a conversation about research.

The Chief Executive declared an interest in this item as the Chair of the Yorkshire and Humber Clinical research Network. She commented that due to the leadership of Ms Hart, work progresses and now includes Primary Care. As an organisation the work needs to continue and develop and attracting high calibre leaders. Promotion of research is done through Linked In to generate some high calibre interest.

Dr Byrne explained that an update in the Chief Executive's report detailed work with the Imperial University to see how we can potentially support their research into the use of 'natural language processing' technology in capturing enhanced qualitative feedback from the use of friends and Family test data.

The Chair asked how connections between the different work is captured and how research plays into this and whether there is anything that joins these up. It was noted that research makes a contribution to patient experience and from a financial perspective which was not the case some years ago.

Ms Hart was thanked for attending to present the report. She thanked the Board for its support and for raising the profile of research.

**Resolved:** The report was noted.

16/22

### **Annual Declarations Report**

The report provided a summary of the annual declarations that are required to be made by the Trust, evidence of how the Trust meets these declarations and to advise how the views of Governors will be taken into consideration. It was noted that:

- The Board has taken all necessary precautions to comply with its licence, the NHS Act and the NHS Constitution.
- The Trust has complied with required governance standards and objectives
- The Trust has a reasonable expectation that required resources will be available to deliver designated services
- That the Trust has complied with section 151(5) of the Health and Social Care Act to ensure that governors are equipped with the skills and knowledge to undertake their role.

The internal audit programme includes some audit days to look at this process and how it is reported. The report will go to the April Council of Governors meeting and come back to the Board for approval in May as part of the annual submissions.

Mr Royles suggesting adding under section C2 about the governance around the Collaborative as legal advice was taken. He also suggested that due to Covid restrictions there was the inability to undertake visits which could be included.

Mr Baren suggested adding in the ongoing governance review. He queried that as the Trust was also a commissioner whether there was any requirement in the license for this. Mr Beckwith has always provided some element of commissioning which was included in the licence. It was also suggested that the monthly meetings with the Care Quality Commission (CQC) be added to the evidence.

The Chair reported that work is underway with Governors around training that may need to be reflected. Any additional evidence suggestions to be provided to Mr Beckwith.

**Resolved:** The report and comments made were noted.

17/22 **Council of Governors 7 October 2021 Minutes**

The minutes of the meeting held on 7 October were presented for information.

**Resolved:** The minutes were noted

18/22 **Health Inequalities and the Humber Approach**

The aim of this paper was to highlight the relevant legislation, the strategic approach being taken by NHSE/I as well as the HCV ICS and look at the proposed Trust actions over the coming year.

Dr Byrne explained that the definitions of health inequalities meant different things to different people. There is a renewed focus using Core20PLUS5 approach and the paper detailed how this approach works. In the Trust there are quality improvement plans across all Divisions and a request made for them to consider the quality improvement work and frame it into Core20PLUS 5 to identify any gaps.

Mr Malik attended a Health Inequalities workshop earlier today. He provided some feedback from that meeting to the Board. Of the three key speakers each referred to the Core20PLUS5 approach and the importance of this. The workshop was chaired by Sue Symington, ICS Chair. It was suggested that further discussion be undertaken at a Board Time Out or development session.

As one of the areas largest employers, Mr Royles explained that the stability of the workforce, how we recruit and how this contributes to the system is important. The move to try and make band 2 &3 posts apprenticeship roles and the difference an anchor institution can make. Discussions have been held at the Senior Leadership Forum about health inequalities and the difference anchor institutions can make.

Mrs Parkinson said this is part of the golden thread that has been discussed throughout the

meeting. Some things are happening through the significant transformation and redesign programmes. Local authorities at Place levels produces reports and deep dives for mental health and learning disability services.

At an ICS level work is taking place with the Health and Wellbeing Board to help with education and housing. This work will feed into Places as they develop and help to improve the triangulation of information.

The mapping exercise will go to the Quality Committee as part of the review of quality plans for Divisions. An update will be brought to a future Board Time Out meeting

**Resolved:** The update was noted.

**Discussion on Health Inequalities to take place at a future Board Time Out Action JB**

19/22

### **East Riding SEND Inspection**

In October 2021, Ofsted, and the Care Quality Commission (CQC) carried out a joint inspection of the East Riding of Yorkshire (ERY) local area to consider how well the SEND (special educational needs/and or disabilities) reforms from 2014 had been implemented and how effectively agencies. The Trust's Children's services (Child and Adolescent Mental Health community services, our Integrated Specialist Public Health Nursing Service (ISPHN's) and 0-19 service) participated in this inspection.

Four key areas were highlighted in the report :

- the shortage of appropriate school places, especially for children and young people with autistic spectrum disorder and social, emotional, and mental health needs
- children's and Young People's and parents experience of the Educational Health and Care (EHC) plan process
- weaknesses in communication
- outcomes for children and young people at SEND support attending mainstream provision.

Action plans are in place and there is close working with the Local Authority and Clinical Commissioning Group (CCG)

**Resolved.** The report was noted

20/22

### **Vaccinations as a Condition of Deployment**

An update was provided to the Trust Board on the regulatory requirement for healthcare workers to have the COVID vaccine as a condition of employment and Trust plans to implement this.

On 9 November 2021 the Department of Health and Social Care set out regulations to mandate that all registered providers must only employ or engage a person in regulated activity (front line or patient facing activity) if they have been vaccinated with a complete course (1<sup>st</sup> and 2<sup>nd</sup> vaccine for the purpose of this exercise) of an authorised vaccine against Covid-19. These regulations will come into force on 1 April 2022.

Mr McGowan provided the latest numbers to the Board. As of 24 January 2021:

- 52 contracted staff had not had the vaccination and needed it. 21 staff who work on the bank are in a similar position.
- 42 staff and 13 bank staff have had the 1<sup>st</sup> dose, but need the 2<sup>nd</sup> dose before 1 April

Compared to other organisations, this is a healthy position with only one other Trust having smaller numbers. The work that Dr Byrne did on the vaccination centres helped the Trust to get to this position. Difficult conversations are taking place with the staff concerned and

redeployment opportunities will be limited.

The update was provided to give assurance of the arrangements and work being undertaken in preparation to meet the requirements. Mr Royles reported that the Workforce & OD Committee had discussed this position. It was clear that this is national policy that the organisation is required to implement.

**Resolved:** The report and updates were noted.

21/22 **Items for Escalation**  
No items were raised.

22/22 **Any Other Business**

**Condolences**

The Board was informed of the sad news that Cllr Vanessa Walker had passed away. Vanessa had close connections to the organisation from being a partner Governor, public Governor and a Non-Executive Director. She always championed the patient and in recent years chaired the Health and Wellbeing Board for East Riding of Yorkshire Council.

The Board extended its condolences to Vanessa's family, friends and colleagues.

23/22 **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.

24/22 **Date and Time of Next Meeting**  
Wednesday 23 February 2022, 9.30am via Microsoft Teams

Signed ..... Date .....  
Chair

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

<b>Summary of actions from January 2022 Board meeting and update report on earlier actions due for delivery in February 2022</b>						
<i>Rows greyed out indicate action closed and update provided here</i>						
<b>Date of Board</b>	<b>Minute No</b>	<b>Agenda Item</b>	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Update Report</b>
26.1.22	04/22	2021 Community Mental Health Survey	Quality Committee to look at medicines management work	Chief Operating Officer	May 2022	Update will be taken to the next quality committee by Paul Johnson Clinical and Weeliat Chong, Chief Pharmacist.
26.1.22	06/22(a)	Chief Executive's Report	Operational Planning bullet points relevant to Trust to have updates included	Director of Finance	March 2022	Planning paper (Including finance) due to March Board
26.1.22	06/22(b)	Chief Executive's Report	Visiting for Non-Executive Directors to teams to be reviewed and suggestions brought back to the Board	Chief Executive	February 2022	Paper and guidance sent to Chair. Dates to be arranged
26.1.22	06/22(c)	Chief Executive's Report	Report on digital aspirations to be produced for the Board	Director of Finance/Medical Director	February 2022	Digital Aspirant Plus Update included in Chief Executives Update. Full discussion on digital ambitions to be schedule for future Board Time Out
26.1.22	07/22	Publications and Highlights Report	A link to the Trust's web page on closed cultures will also be sent to Board members	Trust Secretary	February 2022	Link e mailed 7.2.22
26.1.22	08/22(a)	Winter Pressures	Information on the face to face	Chief Operating	February 2022	Information will be shared

		and Operational Performance Trends Overview Report	data for primary care pre Covid will be shared with Mr Patton outside the meeting	Officer		before the Board meeting
26.1.22	08/22(b)	Winter Pressures and Operational Performance Trends Overview Report	A post meeting note will be provided with more detail on recruitment times	Director of Workforce & Organisational Development	February 2022	Update emailed to Board members 10.2.22
26.1.22	18/22	Health Inequalities and the Humber Approach	Discussion on Health Inequalities to take place at a future Board Time Out	Medical Director	Date to be agreed	The divisions will be undertaking a review of their own work and how it links to CORE20PLUS5 as part of a mapping program associated with their Quality Improvement plans for 22/23 which will be presented at Quality Committee. When this is completed a Health Inequalities session will be arranged for a future Board Time Out.

**Outstanding Actions arising from previous Board meetings for feedback to a later meeting**

<b>Date of Board</b>	<b>Minute No</b>	<b>Agenda Item</b>	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Update Report</b>
27.8.21	144/21	Chief Executive's Report	Update on Peer Support Worker to come back to the Board in 6 – 8 Months	Chief Operating Officer	February – April 2022	Item to be presented in March
27.10.21	206/21	Finance and Investment Committee Assurance Report	Pharmacy services proposed to be a future staff story	Director of Workforce & Organisational Development	April 2022	Item not yet due.
24.11.21	224/21(b)	Chief Executive's Report	Video tour of Maister Lodge to be shared with the Board and	Director of Finance	January 2022	February 22 – Photographs included as part of Chief

			published on the website			Executive's report
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**A copy of the full action log recording actions reported back to Board and confirmed as completed/closed is available from the Trust Secretary**

**Board Public Workplan 2021/2022 – (no August or December meeting) (v14)**

**Chair of Board:** Caroline Flint  
**Executive Lead:** Michele Moran

Board Dates:-	Strategic Headings	LEAD	28 Apr 2021 (Strategy)	19 May 2021	30 June 2021 (Strategy)	28 Jul 2021	29 Sep 2021	27 Oct 2021 (Strategy)	24 Nov 2021	26 Jan 2022	23 Feb 2022 (Strategy)	30 Mar 2022
<b>Reports:</b>												
<b>Standing Items - monthly</b>												
Minutes of the Last Meeting	Corporate	Cf	x	x	x	x	x	x	x	x	x	x
Actions Log	Corporate	CF	x	x	x	x	x	x	x	x	x	x
Chair's Report	Corporate	CF	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
<b>Monthly Items</b>												
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
Humber Coast and Vale Specialised Mental Health, Learning Disability and Autism Provider Collaborative – Collaborative Committee Report	Committees	PB						x	x	x	x	x
<b>Quarterly Items</b>												
Finance & Investment Committee Assurance Report	Committees	FP	x		X		x	x		x	x	
Charitable Funds Committee Assurance Report	Committees	PB		x		x	x		x			x
Workforce & Organisational Development Committee	Committees	DR		x		x	x		x	x		x
Quality Committee Assurance Report	Committees	MS	x				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
HCV MH & LDA Collaborative Programme Update (moved from part II Nov 21)	Corporate	MM									X	
<b>6 Monthly items</b>												
Trust Strategy Refresh/Update	Strategy	MM						X update				x
Freedom to Speak Up Report	Quality & ClinGov	MM	x					x	X came in Oct			
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		
<b>Annual Agenda Items</b>												



Board Dates:-	Strategic Headings	LEAD	28 Apr 2021 (Strategy)	19 May 2021	30 June 2021 (Strategy)	28 Jul 2021	29 Sep 2021	27 Oct 2021 (Strategy)	24 Nov 2021	26 Jan 2022	23 Feb 2022 (Strategy)	30 Mar 2022
<b>Reports:</b>												
Reaffirmation of Slavery and Human Trafficking Policy Statement in Chief Executive report	Corporate	MM									X	
Disciplinary Case Review (added March 21)	Corporate	SMcG										x
Fit and Proper Person Compliance added from June 2022	Corporate	CF										
Workplan for 2021/22: To agree	Corporate	CF/ MM		x								
<b>Deleted /Removed Items</b>												
Digital Plan Annual Update – reports into Finance and Investment Committee		PBec		x	x	x						
Estates Strategy Review –reports into Finance and Investment Committee		PBec				x				x		
Estates Annual Update - reports into Finance and Investment Committee		PBec				x						
Procurement Strategy Annual Review – reports into Finance and Investment Committee		MM				x				x		
Workforce & OD Strategy including an Annual Refresh – reports into Workforce & Organisational Development Committee		SMcG		x					x			
Guardian of Safeworking Quarterly Report – reports into Workforce & Organisational Development Committee		JB	x			x		x		x		
Sustainable Development Management Plan Update –reports into Finance and Investment Committee		PBec										
Equality Diversity and Inclusion Public Sector Duties- reports into Workforce & Organisational Development Committee		SMcG										
Safeguarding Annual Report (internal) – reports into Quality Committee		HG					x					
Internal Audit Annual Report – reports into Audit Committee		PBec										
Review Risk Appetite moved to July as per previous year and moved to part II July		HG				x						

**Agenda Item 7**

Title & Date of Meeting:	Trust Board Public Meeting – 23 February 2022			
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		Collaborative Committee	
			Other (please detail) Monthly report to Board	✓
Key Issues within the report:	<ul style="list-style-type: none"> <li>Items for approval - the Modern Slavery Statement</li> </ul>			

**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	

## Chief Executive's Report

### 1 Items for Approval

#### 1.1 Modern Slavery Statement

There is a legal requirement on the Trust to publish on our website, a Board approved modern slavery statement each year. The statement is below and will be updated on the Trust website reflecting the statement for the year ahead.

#### **Slavery and Human Trafficking Annual Policy Statement 2022-2023**

*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 in 2010. 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 Approach

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. Our Arrangements to prevent slavery and human trafficking.

## **1.2 Trust Policies**

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

## **2 Around the Trust**

### **2.1 22/23 Priorities**

The Executive Management Team have agreed the 10 broad priorities for 22/23, these are:

1. Dealing with the Pandemic
2. Staff Wellbeing
3. Staff Recruitment
4. Transformation
5. New Build Progression
6. Expanding the Organisational Development Offer
7. Continue to Work and Develop with the Emerging Integrated Health System
8. Health Inequalities
9. Strategy Publication
10. Digital Offer

### **2.2 Staff Health Trainer**

Our Staff Health Trainer has commenced in post, to offer services to support staff for lifestyle management and changes.

### **2.3 International Nurses**

Our work with international nurses continues with more cohorts progressing. We are now looking to assesses the medical availability.

### **2.4 Research and Primary Care**

Building on last month's research paper, I thought the Board would be interested to read the current update on our primary care research work:

- Research Nurse (Clive Nicholson) – in post from Aug 2022.
- GP Lead for Research (Dr Iqbal Hussain) - in post and meets with Research Nurse fortnightly.
- All 8 practices engaged with us at some level.
- Research section now on all 8 practice websites.
- Studies and accruals through our 8 practices to date (6 studies open/in set-up, 6 practices recruited to date, 39 accruals of which 31 are intervention)
- Research Champions appointed for primary care – one will act as our General Practice Champion across all 8 practices and 2 champions specifically for Market Weighton practice. Evie Chandler helping us support our Research Champions
- Forming closer links with PPGs - research discussed at Market Weighton PPG AGM recently.
- GP Lead has completed GCP and is PI for Active Brains, PANORAMIC and People-Hull.
- Moving towards more practice staff becoming GCP trained.
- Research Nurse and others in R&D team now have access to System1 and can do searches in all 8 practices.
- Linking in with practices outside of 8 Trust practices – e.g. Holderness Health (Dr Margaret Ikpoh & colleagues) and James Alexander Practice.
- Established relationships internally in the Trust – e.g. practice managers, Primary Care Matron, Clinical Lead for Primary & Community Care.
- Research Nurse involved with EMRI (Ethnic Minority Research Inclusion project) and, along with Jenny Ubi Hub Lead for Humber Coast and Vale, we plan to do some work with

- underserved communities (possibly with Princes Medical Centre which has a high proportion of Eastern European communities, and Northpoint through People-Hull study).
- GP presented at Trust research conference in Nov 2021 and wrote foreword for the Trust research newsletter in Dec 2021.
  - Raised awareness of research with Trust primary care colleagues who are recognising the value of research and have included in reports for external bodies such as the CQC.

### **2.5 Maister**

The capital works at Maister are progressing really well, this allows us to increase the capacity of the unit and address the out of area numbers.

Pictures are attached to the end of the report for the Board's attention.

## **3 Around the Region**

### **3.1 New Chair Appointment**

Alan Downey has been appointed as the new Chair of York and Scarborough Teaching Hospitals NHS Foundation Trust.

Alan's appointment was made and confirmed by the Council of Governors at their meeting on 13 January 2022.

Alan has a wealth of experience to bring to the role. He began his career in the civil service before joining KPMG, where latterly he led the firm's public sector practice. He has subsequently held a number of non-executive roles, including on the Board of South London and Maudsley NHS Foundation Trust and as Chair of South Tees Hospitals NHS Foundation Trust. Alan is also currently the independent chair of a mental health partnership board within the Surrey Heartlands Integrated Care System.

### **3.2 NHS Resolution**

NHS Resolution has appointed its panel for the provision of health related legal services for claims (clinical and non clinical liabilities) and regulatory, health and employment law. Contracts were awarded following a rigorous, competitive procurement process to ensure firms are appointed that can provide a high quality service at a competitive price, ensuring maximum value for money. The successful law firms have specialist expertise and knowledge to provide advice and support on a wide range of health-related issues, including clinical negligence.

The new framework for Claims has an emphasis on timely and proactive resolution of claims in support of NHS Resolution's strategy to ensure value for money with reduced hourly rates for legal services, enhanced fixed fees and capped fees for litigation management. The intention of the revised fee structure and flexible framework is to promote early investigation and robust decision-making. This framework was developed in consultation with members and their feedback has been incorporated.

### **3.3 Harrogate and District NHS Trust**

Sarah Armstrong has been appointed as the new Chair of Harrogate and District NHS Foundation Trust (HDFT). This was approved by the Council of Governors on Monday 17 January following a rigorous selection process.

Sarah has been a Non-Executive Director of the Trust since October 2018 and will take up her new role from 1 April 2022. She will succeed Angela Schofield who is retiring having been in the role since November 2017. Sarah is also a Non-Executive Director of Harrogate Integrated Facilities (HIF) and is the Non-Executive Lead for Wellbeing at HDFT and HIF.

Sarah has a wealth of senior experience to bring to the role. She is an experienced leader in the charity sector, having been a senior manager for a national charity leading in volunteering policy

and practice, and Chief Executive for a charity raising aspirations for young people with a disability. She has previously held roles as Chief Executive of York Centre for Voluntary Service (CVS), an ambitious social action organisation which supports and champions the voluntary, community and social enterprise sector to strengthen communities, and as Director of Operations at Healthwatch England.

#### **4 Covid-19 and Winter Plan Summary Update – February 2022**

This update provides an overview of the ongoing arrangements and continuing work in place in the Trust and with partner organisations to manage the ongoing Covid-19 emergency. **NHS England and Improvement raised the national incident alert level from 3 to level 4** on 13<sup>th</sup> December in recognition of the impact of the Omicron variant on the NHS of both supporting the increase in the vaccination programme and preparing for a potentially significant increase in Covid-19 cases. Amanda Pritchard, NHS Chief Executive and Professor Stephen Powis, Chief Executive of NHS Improvement sent a letter setting out the actions every part of the NHS needs to put in place to prepare for and respond to the Omicron variant and other winter pressures. The actions are summarised below:

- Clinically prioritising services in primary care and across the NHS to free up maximum capacity to support the COVID-19 vaccination programme over the next few weeks, alongside delivering urgent or emergency care and other priority services.
- Delivering at scale whilst also retaining the focus on vaccination of those at greatest risk, including those who are housebound. Continuing to maximise uptake of first and second doses including through identifying dedicated resources to work alongside directors of public health locally.
- Creating capacity, both by maximising throughput, efficiency and opening times of existing sites to operate 12 hours per day as standard, seven days per week as well as running 24 hours where relevant for the local community, and through opening additional pop-up and new sites.
- Increasing training capacity with immediate effect to support lead employers with rapid onboarding and deployment of new vaccinators.
- Maximise the availability of COVID-19 treatments for patients at highest risk of severe disease and hospitalisation.
- Maximise capacity across acute and community settings, enabling the maximum number of people to be discharged safely and quickly and supporting people in their own homes. The operational imperative is to create the maximum possible capacity within acute care settings to support patient safety in the urgent care pathway. Work together with local authorities, and partners across local systems including hospices and care homes to release the maximum number of beds (and a minimum of at least half of current delayed discharges).
- Systems must focus on eliminating ambulance handover delays. Local systems should take immediate steps to maximise referrals from 999 to the two-hour Urgent Community Response services.
- Systems are asked to ensure that access to community-based mental health services and learning disability and autism services are retained throughout the COVID-19 surge to ensure that people at risk of escalating mental health problems and those who are most vulnerable can access treatment and care and avoid escalation to crisis point, with face-to-face care retained as far as possible. Healthcare colleagues are asked to make every contact count this winter with people with SMI and LD – to ensure promotion of health checks and interventions as well as access to COVID-19 and flu vaccination.
- Whilst it is not known what the demand from Omicron will be on critical care facilities it is essential that trusts familiarise themselves with existing plans for managing a surge in patients being admitted with COVID-19, with particular focus on the management of oxygen supplies, including optimising use at ward level.
- As in the COVID-19 wave last winter, it is crucial that we continue to deliver elective care and ensure that the highest clinical priority patients –including patients on cancer pathways and those with the longest waits continue to be prioritised.

- Local systems should stress test their plans to confirm that the elements that helped to sustain cancer services in previous waves are in place, and to ensure that rapid access, including tests and checks for patients with suspected cancer, as well as screening services, are maintained.
- Support staff, and maximise their availability, revisit your staff wellbeing offer to ensure it has kept pace with the changing nature of the pandemic, with a continued focus on ongoing health and wellbeing conversations taking place for staff. Employers should be ready to communicate any changes in testing and isolation guidance associated with Omicron.
- System leaders and NHS organisations should review workforce plans for the next three months to ensure that, as per surge plan testing that the appropriate workforce is in place to deal with an increase in the number of COVID-19 patients and to support the ramp up of the COVID-19 vaccination programme. Organisations should continue to use their staff flexibly to manage the most urgent priorities, working across systems as appropriate. Trusts should seek to accelerate recruitment plans where possible, including for healthcare support workers, and where possible bringing forward the arrival of internationally recruited nurses, ensuring they are well supported as they start work in the NHS.
- Volunteers play an important part in supporting patients, carers and staff and Trusts are encouraged to take advantage of the available support to restore volunteering and strengthen volunteer management in ways which can contribute significantly to reducing service pressures, including NHS Reserves.
- Ensure surge plans and processes are ready to be implemented if needed. NHS organisations will need to review incident coordination centre arrangements, and should ensure that these are now stood up, including to receive communication and act as the single point of contact.
- Staff and organisations should continue to follow the recommendations in the UK Infection Prevention and Control (IPC) guidance.

In the Humber, Coast and Vale ICS, system leaders were identified to lead and coordinate the response to deliver the key actions set out above.

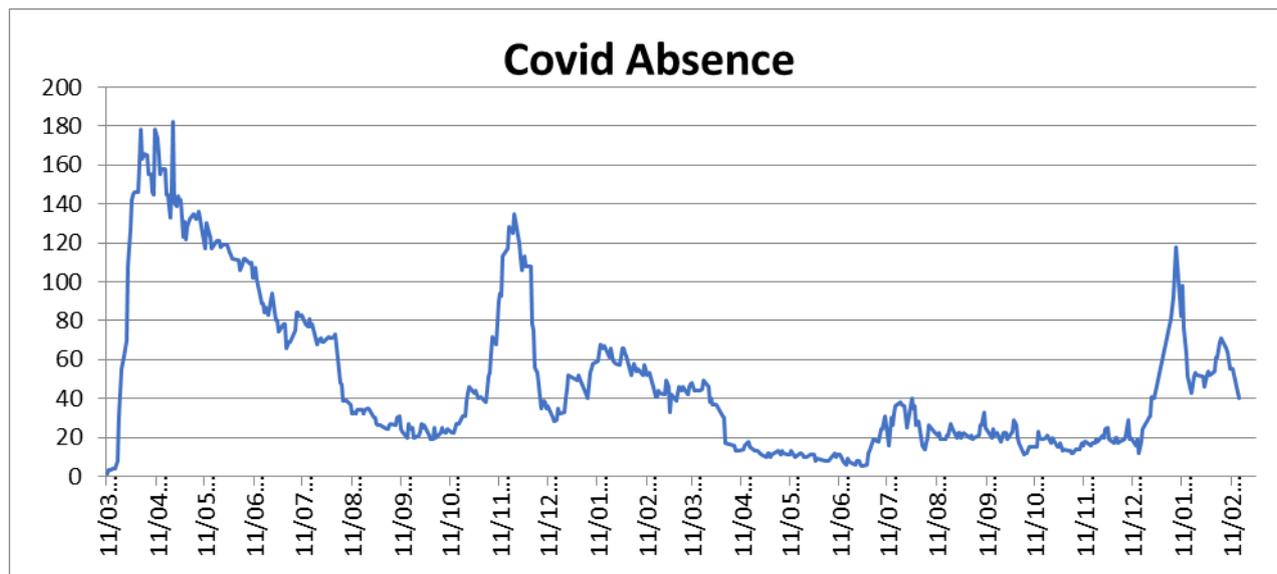
As of the 11<sup>th</sup> February 2022 the confirmed cases of Covid-19 for Yorkshire and the Humber are:

<b>Positive Test and Trace Update – Case increase and latest 7-day rate per 100,000.</b>		
<b>Area</b>	<b>Actual increase in positive tests in latest 7 days (2<sup>nd</sup> February – 8<sup>th</sup> February)</b>	<b>7-day rate per 100,000 for 7 days previous* (2<sup>nd</sup> February – 8<sup>th</sup> February)</b>
East Riding of Yorkshire	2,116	616.5
Hull	1,886	727.8
North East Lincolnshire	1,017	638.2
North Lincolnshire	1,065	616.5
Yorkshire and Humber	31,618	572.1
England	399,166	705.9
<b>Source:</b> PHE Daily Briefing		
<i>*Test results are updated every day and so rates are liable to change.</i>		

For the same period the 7-day rate per 100,000 population for Scarborough is 501.0, for Ryedale is 542.0 and Hambleton is 571.0. The overall 7- day rate for North Yorkshire is 600.0

As of 11th February 2022, there have been 1,656 hospital deaths due to COVID-19 across the Humber area. This includes 1,049 deaths registered by HUTH, 578 deaths registered by NLAG, 27 deaths registered by CHCP (East Riding Community Hospital), and 2 deaths registered by HTFT. York Teaching Hospitals NHS Trust recorded 792 deaths over the same period.

The Trust has recorded a peak of 19 cases of a Covid-19 positive inpatients on 2<sup>nd</sup> February which has reduced to three cases currently. Staff sickness absence related to Covid rose significantly in early January and contributed to an increase in operational pressures across all services. Whilst this has now reduced, when combined with non-covid related sickness the overall absence position remains raised at 7.68%.



The Trust's emergency planning command arrangements were stood down on 31<sup>st</sup> January 2022 as the operational pressures due to the Omicron wave had stabilised. Twice weekly Sitrep reporting remains in place to monitor the ongoing impact of the pandemic on our services. The command arrangements will remain under close monitoring and will be stood up again as necessary. System emergency planning arrangements have remained in place. The covid- 19 task group chaired by the Deputy Chief Operating Officer has been reinstated.

Operational service pressures remained high in some areas in January and early February due to the rise and ongoing position related to staff absence. The highest pressures were seen in our mental health inpatient beds due to having the highest rate of covid related absence along with a high level of demand. Community services in Scarborough, Ryedale and Whitby due to further high demand from the acute hospitals for discharges to be supported along with ongoing high demand for primary care. Primary care activity was further impacted by the need to support the national requirement to deliver the covid booster vaccination programme at pace. However, the Trust overall operational pressures stabilised in mid- January with escalation levels (OPEL) reducing to 2 (moderate pressure) predominantly for periods during late January and early February.

Child and Adolescent Mental Health (CAMHS) services are continuing to experience high demand for both community and inpatient services in line with the nationally anticipated surge due to the direct impact of the pandemic on children, young people and their families. Demand has continued to plateau during January and early February at a higher level than typical for this time of year, with presenting needs continuing to be of high levels of acuity and complexity. Break down of placements for young people in residential care continues to lead to urgent and crisis admissions to mental health and acute hospital beds. High demand for young people experiencing complex eating disorders has led to pressure on CAMHS beds locally and nationally leading to admissions to acute hospital beds. System and ICS work is ongoing to enhance provision to support out of

hospital care and investment has been approved. Focus continues on reducing waiting times in these services, particularly in relation to autism diagnosis.

Nationally requirements are in place to eradicate the use of out of area bed mental health beds and our services are implementing plans to achieve this. It remains a challenge however as covid safe working practice guidelines remain in place across the NHS. Our out of area bed use has seen an improved position achieved in January. This was supported by a proposal approved by Gold command in early January to temporarily adjust the cohorting arrangements in place for adult mental health beds, this was due to high demand locally for beds, no availability of mental health beds nationally and the increased number of covid positive patients in our beds. The plan was developed with and supported by the Trusts infection prevention and control leads and allowed for patients to be cohorted at Newbridges ward along with the ongoing arrangement at Millview Court. The plan was risk assessed and allowed for mental health bed flow to be maintained.

Our overall bed occupancy has remained high in January and February with the pressures especially high for mental health, learning disability beds and our community beds at Malton and Whitby Hospitals, it has been between 79.3 – 82.8%. The overall number of available beds remains reduced due to the need to provide isolation/cohort beds for covid symptomatic and positive patients and infection control requirements, beds remain reinstated where alternative provision has been made in some areas for donning and doffing of PPE. To address this shortfall and ensure beds are available when required the Trust has continued to block book five independent sector beds and the position is continuing to be monitored very closely.

System pressures have remained high in North Yorkshire and York and in the Humber areas in January and February for both health and social care, system command arrangements remain in place. Acute hospital partners in all parts of our area have reported pressures at OPEL 4 for periods of time during the last month. Local authorities have also seen their pressures rise further due to the impact of Omicron on staff availability and the national requirement that all patients who do not meet the criteria to reside in an acute hospital should be discharged. Ambulance services have continued to experience pressures and delays in handover times at acute hospitals. The combined impact of these pressures has seen system overall pressures reach OPEL 4. System work has focussed on reducing the number of patients in the acute hospitals who do not meet the criteria to reside to accommodate a rise in the number of patients requiring admission who are covid positive and to recover elective activity.

Ongoing work has been taking place by our recruitment team to increase the number of staff available to us on our bank, whilst this has had success in attracting new unregistered and administrative staff, interest from registered staff remains problematic. Staff availability remains an area of operational priority as we respond to the ongoing pandemic and winter pressures. To further address this the recruitment team has been tasked to prioritise clinical posts.

### **Testing and Isolation Arrangements**

The Trust continues to carry out swab or **polymerase chain reaction (PCR)** tests for any patients in our inpatient beds that have symptoms of Covid-19. Isolation areas remain in place for all of our inpatient services. Mill View Court, our Covid-19 positive isolation cohort ward for our mental health and learning disability patients remains operational and isolation beds remain available on Darley ward at the Humber Centre. As set out above, a temporary change to isolation arrangements has been put in place because of the wider system pressures and the need to apply infection control guidance whilst maintaining mental health acute bed flow adequately.

Delays in access to PCR tests and in receiving results which became problematic during late December and early January in line with the national position have now improved.

### **Lateral Flow (asymptomatic staff testing)**

The Trust continues to encourage all staff to undertake twice weekly Lateral Flow Antigen Testing. Over 86,500 tests have been reported with 204 positive results.

New self-isolation guidance for NHS staff came into effect on 16 August 2021 allowing fully vaccinated NHS staff and students who are identified as a contact of a positive Covid- 19 case to no longer be expected to isolate and to return to work if the required safeguards are met and implemented. This guidance was updated on 16<sup>th</sup> December to reflect self-isolation changes when in contact with a confirmed or suspected Omicron variant case. Staff who are a contact, have no symptoms and are fully vaccinated can continue to return work if the safeguards are met. Like PCR testing, availability of lateral flow devices was also disrupted during the same period, however this position has improved also.

### **Covid-19 Vaccine**

The Trust stepped up a vaccine centre as part of the national response to the Omicron variant and the need to expedite vaccination capacity at scale. Dr John Byrne, Medical Director remains our senior responsible officer for covid vaccination, he rapidly established a new hospital hub at our Trust Headquarters at Willerby Hill.

Operational guidance issued by the government regarding the requirement for people working or deployed in care homes to have been fully vaccinated against Covid-19, unless exempt came into effect from 11<sup>th</sup> November 2021. All care home workers and anyone entering a care home now need to be fully vaccinated, unless they are exempt under the regulations. Operational managers have ensured that unvaccinated staff in our services who need to access care homes are fully aware of this requirement. Processes were in place to address the position for the very small number of staff who were neither exempt nor vaccinated, and from 11<sup>th</sup> November sufficient vaccinated staff were available in all areas in order to maintain service delivery.

The Department of Health and Social Care (DHSC) formally announced, on 9<sup>th</sup> November, that individuals undertaking **CQC regulated activities in England must be fully vaccinated against COVID-19 to protect patients, no later than 1 April 2022**. This meant that unvaccinated individuals would need to have had their first dose by **3 February 2022**, in order to have received their second dose by the 1 April 2022. The Trust put plans in place to prepare to meet this requirement, on 31<sup>st</sup> January 2022 the government announced that they were no longer making the Covid- 19 vaccine compulsory for NHS frontline staff and that it will no longer be a condition of employment.

### **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 SITREPS are used to determine the content and frequency of deliveries. Currently, the supplies of PPE remain at good levels. The government moved England to Plan B on the 8<sup>th</sup> December 2021 following the rapid spread of the Omicron variant in the UK, this was moved back to Plan A on 27<sup>th</sup> January 2022. NHS England have instructed that Public Health England's infection prevention control guidelines and hospital visiting guidance remain in place for all staff and visitors. Updated National Infection Prevention and Control guidance was published in November and it specifies that:

- universal use of face masks for staff and face masks/ coverings for all patients/visitors to remain as an IPC measure within health and care settings over the winter period. This is likely to be until at least March/April 2022
- recommendation that physical distancing should be at least 1 metre, increasing whenever feasible to 2 metres across all health and care settings
- recommendation that physical distancing should remain at 2 metres where patients with suspected or confirmed respiratory infection are being cared for or managed

On 1<sup>st</sup> January 2021, national guidance for visiting inpatient settings was also updated and set out the requirement for visitors to undertake a lateral flow test prior to a visit.

## **Safe Working in our Environments**

We continue to reiterate our guidance to staff that remote working is maintained whenever possible, that face-to-face meetings should be irregular and for a specific purpose such as clinical supervision, colleague contact and support and that social distancing and infection control guidelines need to be maintained.

## **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 the pandemic for 22 months and in some areas service demand and operational pressures remain very high, they are continuing to tell us that they are feeling fatigued. Staff continue to have access to a range of options for wellbeing support and the Trust continues to enhance its offer of wellbeing resources via the “ShinyMind” app. The Humber Coast and Vale Resilience Hub to support frontline staff remains operational and providing an increased offer of psychological and emotional wellbeing support for our staff.

Our communications team have continued their efforts to maintain a focus on staff health and wellbeing. Monthly “Ask the Exec” sessions continue, and these are positively received. As national guidance was changing rapidly in response to the Omicron threat, weekly all staff calls had been taking place with the executive management team over recent weeks, as the position has stabilised these have now been stood down.

Focus has been maintained on those groups of staff that are more vulnerable to Covid-19, such as those with underlying health conditions, older staff, pregnant women, people from Black, Asian and Minority Ethnic (BAME) backgrounds and men. The guidance requires managers to liaise frequently with staff in any of the increased risk groups in order to support them and to consider if adaptations are needed to their roles. 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.

Support remains in place for our staff who are experiencing long covid and this has been developed further. The “Reset and Recovery” plan that was developed through wide engagement with staff is being monitored by the Executive Management Team (EMT).

## **Covid-19 Clinical Advisory Group**

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

- ensuring that our covid related changes and interventions do not increase restrictive practices.
- Ensuring that all areas with patients who are unwell with coronavirus are receiving the correct support.
- Reviewing and revising the visiting guidance for inpatient areas considering the Omicron variant.

## **Operational Planning - Winter and Recovery and Restore**

The **operational planning guidance for 2022/2023** was published on 24<sup>th</sup> December. It set out that the NHS’s financial arrangements for 2022/23 will continue to support a system-based approach to planning and delivery and will align to the new ICS boundaries agreed during 2021/22. It asks systems to focus on the following priorities for 2022/23:

- Invest in workforce – with more people (for example, the additional roles in primary care,

expansion of mental health and community services, and tackling substantive gaps in acute care) and new ways of working, and by strengthening health and community services by strengthening the compassionate and inclusive culture needed to deliver outstanding care.

- Respond to COVID-19 ever more effectively – delivering the NHS COVID-19 vaccination programme and meeting the needs of patients with COVID-19.
- Deliver significantly more elective care to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards.
- Improve the responsiveness of urgent and emergency care (UEC) and build community care capacity– keeping patients safe and offering the right care, at the right time, in the right setting. This needs to be supported by creating the equivalent of 5,000 additional beds, in particular through expansion of virtual ward models, and includes eliminating 12-hour waits in emergency departments (EDs) and minimising ambulance handover delays.
- Improve timely access to primary care – maximising the impact of the investment in primary medical care and primary care networks (PCNs) to expand capacity, increase the number of appointments available and drive integrated working at neighbourhood and place level.
- Improve mental health services and services for people with a learning disability and/or autistic people – maintaining continued growth in mental health investment to transform and expand community health services and improve access.
- Continue to develop our approach to population health management, prevent ill health and address health inequalities – using data and analytics to redesign care pathways and measure outcomes with a focus on improving access and health equity for underserved communities.
- Exploit the potential of digital technologies to transform the delivery of care and patient outcomes – achieving a core level of digitisation in every service across systems.
- Make the most effective use of our resources – moving back to and beyond pre pandemic levels of productivity when the context allows this.
- Establish ICBs and collaborative system working – working together with local authorities and other partners across their ICS to develop a five-year strategic plan for their system and places.

The Trust continues to effectively manage the impact of Covid-19 within its ongoing arrangements. The current continuing phase of delivery and planning is crucial to ensure that we can sustain our services supported with adequate capacity to manage the ongoing and anticipated increase in demand. The impact of ongoing winter pressures and the Omicron variant however does make it likely that elements of business continuity plans may need to be implemented over the coming weeks. The ICS Mental Health, Learning Disability and Autism collaborative has reviewed the winter plans across all the providers and identified services that can be reduced or stopped if surge pressures increase. We continue to monitor the effectiveness of the Trusts winter plan through our operational processes, including those areas that have received additional seasonal investment. Operational areas that have been impacted during winter by seasonal and covid related pressures have detailed plans in place to recover activity, these continue to be monitored closely.

Trusts have been asked to prepare for a public inquiry into the government's handling of the pandemic which will commence in the spring of 2022.

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 exceedingly impressive and we continue to demonstrate our appreciation for that.

## **5 Director's Updates**

### **5.1 Chief Operating Officer Update**

#### **5.1.1 Mental Health Support Teams launch in Hull**

Two Mental Health Support Teams in selected Hull schools and colleges were launched on 31st January 2022. These teams provide early intervention mental health and wellbeing support for children and young people aged 5-18 with mild to moderate needs, supporting with conditions such as generalised anxiety and low mood. The service will deliver support to 35 education settings across Hull. It will deliver 1:1 Cognitive Behavioural Therapy (CBT) sessions for identified children and young people, groups, and class sessions, as well as providing support for teachers, parents and carers, and assisting with whole school approaches to mental health and emotional wellbeing.

This service has been developed and commissioned by NHS Hull Clinical Commissioning Group in partnership with Hull City Council. The teams are provided by Humber Teaching NHS Foundation Trust. Over the last 12 months, the service has been in a developmental stage, with a team of Education Mental Health Practitioners (EMHPs) completing a post graduate diploma qualification, which incorporated placement opportunities at schools and colleges across the city. In December 2020, all schools and colleges across Hull were invited to express an interest in receiving support from this service, and it is being delivered to all who expressed an interest.

Mental Health Support Teams have been developed in co-production with children and young people, parents and carers and education staff across Hull. This work included face to face co-production sessions, virtual engagement meetings and online surveys. So far over 5,000 individuals have had the opportunity to give their views on different elements of the service, including:

- Current experiences of mental health support in education settings
- The specific support needs of students, staff and parents and carers
- Thoughts towards what would work well within the new service and any perceived challenges
- How to access the service
- Branding, resources, and materials

The Mental Health Support Teams will continue to test and learn by engaging with students, parents and carers and colleagues in education to ensure the programme's successful implementation and that it meets the needs of service users. To ensure that the right children and young people are receiving support, requests for support to access the service will be made by school and college staff members or another relevant professional working in the education setting. If parents or carers wish to access support for their child, they should speak to a member of staff at the school or college their child attends.

As a brand-new service for both the local NHS and education settings, provision only currently covers 35 education settings in Hull. However, work is underway to expand the support across the city with further Education Mental Health Practitioners undertaking training in 2023.

#### **5.1.2 Update on Severe Mental Illness (SMI) Annual Health Checks (AHC)**

People with severe mental illnesses are at higher risk of experiencing poorer physical health and less good health outcomes. Compared with the general patient population, patients with severe mental illnesses are at substantially higher risk of obesity, asthma, diabetes, chronic obstructive pulmonary disease (COPD) and cardiovascular disease. People with a long-standing mental health problem are twice as likely to smoke. To address this inequality the NHS Long Term Plan sets out that by 2023/24, the NHS will further increase the number of people receiving physical health checks.

As part of the Community Mental Health Team (CMHT) Transformation programme, work has been taking place to improve the uptake of these important checks and one area of success is a pilot taking place in the East Riding of Yorkshire (ERY) where Health Trainers are being utilised to deliver Annual Health Checks. The pilot commenced in September 2021 and will complete in March 2022. These checks are being offered from GP practices and community venues and to date 542 Health checks have been completed.

Of those patients who have attended their health check - 95 had raised blood pressure (17%); 111 had a raised BMI (20%); 74 had raised Lipids (13%); 10 had raised glucose levels (2%); 59 posed a Q Risk (risk of developing cardiovascular disease) (10%); 19 had problems with alcohol (3.5%) and 73 were smokers (13%).

At the end of Q4 20/21 (prior to the pilot commencing), the completion rate for health checks in ERY was 11%, this has improved to 39.9% at the end of Q3 2021/2022. This will improve further in Q4 2021/2022, ERY CCG state this is the highest compliance that they have recorded to date. The Health Trainers have also noted that attendance is highest if the SMI AHC is offered from the GP surgery; it is consistently lower if offered from other community venues.

Case studies are demonstrating that patients are also then accessing their GP for care and treatment more quickly than they otherwise would have done. The Health Trainers report that if they detect any abnormalities during checks, as they are in the surgery, they can contact the receptionist and get an appointment for the patient there and then.

Undertaking the SMI AHC in the GP surgery with the appropriate Information sharing agreements and IG compliance in place, the health trainers have been able to enter the results directly on to the GP patient record system; where the GP can then access them if further intervention is required.

Where there were any gaps in vaccinations, appointments have also been made at the time of the SMI AHC for the patients to receive them.

There has been varied levels of engagement from GP practices; but overall engagement has been good and for those practices that were slower to respond they have engaged with an offer of catch-up appointments in March. The pilot will be fully evaluated in April 2022 as part of a wider evaluation to the CMHT Transformation programme where recommendations will be made about the future approach to achieving annual health checks for this population.

### **5.1.3 Hull City Council – New Service Changes**

Work continues to take place to strengthen our operational relationships with Hull City Council to ensure that all opportunities are taken to improve service integration and outcomes for our service users. Two new changes to service delivery are set out below.

#### **Review of Current Arrangements for the Hull Mental Health and Learning Disability Social Work Services:**

An external review which was commissioned by Hull City Council and Hull Clinical Commissioning Group to examine the current arrangements and fulfilment of the Council's Statutory Duties for adult mental health and learning disability social work service. These services are currently commissioned by the NHS Hull Clinical Commissioning Group (CCG) on behalf of the Council through the Better Care Fund (BCF). The Trust has delivered these services through a S75 agreement commissioned by Hull CCG since 2015. The review commenced in early summer 2021 to examine the arrangements for Hull mental health and Learning Disability Social Work Services and a final report was presented to and supported by the Committees in Common in December 2021. This is an integrated commissioning committee responsible for facilitating shared decision-making between the CCG and Hull City Council with respect to joint commissioning and the integrated financial plan. The focus of the review was to assess the delivery of the Council's responsibilities under the Care Act 2014 within the existing arrangement. The key recommendations that were supported are that:

- The mental health social work function remains with the Trust and that governance of commissioning arrangements via the BCF for Mental Health Social Work Services be revised with effect from 1<sup>st</sup> April 2022 through work on an alliance approach to system working under the new Integrated Care System. This approach means that the Council will have direct oversight of an area for which it has statutory responsibility under the Care Act 2014 and the Mental Health Act 1983 (as amended 2007)
- The Community Learning Disability Council Social Workers transfer back to the Council, thereby amending the BCF for the Council to be the lead commissioner with effect from 1<sup>st</sup> April 2022. To amend the BCF agreement accordingly.

The external reviewer engaged with the Trust staff through group forums and interviews with key staff. The reviewer found a strong and committed partnership in place between those working directly in the mental health and learning disability services and those that were one step away, working in Council adult social care services: “relationships were close and respectful even when they were stress-tested by people with complex needs that might be hard to meet”. The review concluded that “this should provide a strong foundation on which to develop new arrangements and to retain the strong ethos of working together”.

The review considered the impact of the Community Mental Health Services Transformation Programme, launched by NHS England in 2020. That this programme brings significant new investment, and arguably has the potential to remove many of the obstacles that have challenged the delivery of Care Act duties by mental health NHS providers working on behalf of Councils. HTFT applied with the support of the Council and CCG, to be an early implementer site and was successful which meant that the Trust was in the first wave of early implementers of new ways of delivering community mental health services.

The review report sets out that the issues in Community Learning Disability Services are different from those in the Adults and Older People Mental Health Services. From the local authority perspective, learning disability placements are the single biggest driver of spend in the adult social care budget. It considered that the legal dimension of many Learning Disability cases is significant and represents one of the greatest areas of risk for Adult Social Care due to the complexity of need and the statutory social work legislation that must be applied. The national plan (Transforming Care agenda) to develop community services and close inpatient facilities for people with a learning disability was published in October 2015 and this has resulted in an increase in demand for complex social work assessments for community provision and case management and oversight. Demand for Social work intervention has increased over the years and is likely to increase further, the review report highlighted predictions from the Joint Strategic Need’s Assessment 2018 for people with a learning disability in Hull to be 1,022 by 2025 and 1,045 in 2035. Due to these factors the position supported by the Committee in Common was that the Community Learning Disability Council Social Workers transfer back to the Council, thereby amending the BCF for the Council to be the lead commissioner with effect from 1<sup>st</sup> April 2022. To amend the BCF agreement accordingly.

Discussions have taken place between the Trust, the Council and CCG to identify if the risks identified by the review could be mitigated without transferring the learning disability social work service back to the council. Whilst the outcome is that they have decided to pursue the recommendation to transfer back, they are committed as we are to ensuring the impact of this change does not adversely effect patient care and that positive ways of working that exist between the social workers and their colleagues within the community learning disability teams are maintained. Formal consultation will commence with those staff impacted by this change, and we will ensure that staff are supported well. Further updates will be brought to the board as this process progresses.

#### **5.1.4 Hull Children’s 0-19 Service**

The Trust have been awarded the contract to provide the Hull Children’s 0-19 services commissioned by Hull City Council from May 2022 following a procurement process and a successful tender submission by the Trust. The service aims to prevent ill health, promote and

protect good health and wellbeing of children aged 0 to 19 years of age and their families. This development builds on the expertise the Trust have already established in providing and retaining the 0-19 service in the East Riding of Yorkshire. It provides a real opportunity that allows us to integrate delivery with our existing children's mental health and learning disability provision, working across traditional boundaries ensuring that children, families, and young people across Hull receive an excellent and innovative public health offer. A comprehensive mobilisation plan is in place to ensure that the service is safely transferred.

Working closely with the Council and commissioners to ensure that these changes improve the outcomes for these populations is the Trusts prime focus. Robust mechanisms are in place and will be built upon to ensure that these changes are implemented successfully. These changes will be overseen within our existing operational and clinical governance mechanisms and any risks to achieving them successfully will be escalated through our usual escalation processes and to the Executive Management Team (EMT).

## **5.2 Director of Nursing, Allied Health and Social Care Professionals**

### **5.2.1 Professional Leads- Update**

As previously reported to the Board we have looked to appoint Professional Leads across our Allied Health Professional workforce to strengthen the AHP input into service delivery and design and quality improvement. We have now successfully recruited to the posts.

A change to working hours of our Professional Lead for Tissue Viability has given us the opportunity to review the tissue viability service, which is now well established, and whether a full time professional lead is still required. Following discussions with the division, information from incidents and a review of the CQC KLOE it has been agreed that a professional lead for End-of-Life care would add benefit. The post is currently in the recruitment phase and will provide support trust wide. They will be line managed in the Community Services and Primary Care Division with reporting from a professional perspective to the Assistant Director of Nursing in the Director of Nursing directorate.

### **5.2.2 Zero Events**

The Trust has a suite of zero events in areas where a focussed quality improvement initiative has been agreed to drive improvement. The suite of zero events for 2021-22 remained largely unchanged due to the transformational nature of the improvement requiring a longer timescale to undertake the improvement work and in part due to the pandemic slowing the pace of some of the improvement work.

Good progress against the suite of zero events for 2021-22 was reported to the Quality Committee at its meeting in February. Of note was the reduction in pressure ulcers acquired in our care, reduction in failure to recognise the deteriorating patient and the reduction to zero in our physical health services regarding failure to manage the risk of falls in line with Trust policy.

We are currently reviewing incident data to propose some new areas to focus on in 2022-23 with some of the existing zero events being removed from the suite and monitored via the established reporting mechanisms that are now in place to ensure improvement is maintained.

The new suite of zero events will be presented to QPAS and EMT during March for approval with monitoring via the Quality Committee. An annual report of performance of the current zero events will be produced in May 2022.

## **5.3 Medical Director Updates**

### **5.3.1 Medical Education.**

Health Education England (HEE) have refreshed their 2021 Quality Strategy and Quality Framework, and this has been shared with the Director of Medical Education and the Medical Education manager for further consideration. The principles outlined in these documents are

familiar to us in Humber and have been forming part of our approach to supporting undergraduate and post graduate education in recent years. HEE will be transitioning back into NHSE/I over the coming months and further news is awaited on what that will mean for stakeholder such as ourselves

HEE have confirmed that the Trust has been approved to see its Core Trainee numbers increase from our current position of 10 to 15 trainees from the Summer as well as an additional 2 Higher Trainees to take us to 9. In addition, we are working with the deanery to support additional FY1/2 doctors in the coming year. These outcomes are the culmination of 2 things. Firstly, we are starting to see increasing numbers of medics emerge from training following the expansion of medical schools over the past 3-4 years with regard to F1 posts (HYMS increased from 140 places 5 years ago to 220). Secondly, the deanery undertook a review of posting which demonstrated an inequity with regard to how East Riding/Hull and North Yorkshire received training posts compared to South and West Yorkshire. They have fulfilled their commitment to resolve this issue and we have seen an increase as a consequence. It's anticipated that a further increase in posts will follow over the next couple of years as a result of increasing number so of qualified doctors coming through the system. It's also been noted that fill rates for psychiatry rotations have been increasing in recent years following a fallow period. All of these issues together give grounds of optimism with regard to the long term workforce planning and delivery required in MH.

### **5.3.2 Research**

Planning for next year's City of Research Conference is underway with a provisional date of November the 3<sup>rd</sup>. The event will be blended with the opportunity to attend in person or on line. Themes for this year's research are being considered but will include a combination of national, regional and local components.

## **5.4 Director of Workforce & Organisational Development Update**

### **5.4.1 February is LGBT+ History Month**

LGBT+ History month started on the 1<sup>st</sup> of February 2022. This year's theme is *Politics in Art: 'The Arc is Long'*.

We have put out an LGBT+ book review that showcases the recent history and struggle for LGBT rights and equality, as well promoting a range of NHS and LGBT+ History events such as:

- The Northern Care Alliance (NCA) NHS Foundation Trust has organised a webinar on 3 February 2022. The keynote speaker is Carl Austin-Behan OBE. This event will also feature the trust's EDI Champions Programme and will provide opportunities to hear from LGBT+ advocates and learn more about how to become an advocate.
- LGBT History Month: in conversation with Revd. Jarel Robinson-Brown Feb 17<sup>th</sup>, 6-7pm. Revd. Jarel Robinson-Brown and Professor Esther McIntosh will explore the themes in Jarel's book "Black, Gay, British, Christian, Queer: The Church and the Famine of Grace"
- Feb 3<sup>rd</sup>, 10 – 11am Guest speaker Carl Austin-Behan OBE Carl shared his lived experience. Also introducing NCA's ED& I Champions Programme. Meet some of our LGBT+ Advocates and learn more about how to become an Advocate.
- Cabaret Night Feb 25<sup>th</sup>, 7-10pm. Hosted by the irrepressible and award-winning stand-up comedian Charlie George. A night of dazzling and diverse LGBT+ Cabaret.

We have also signposted to events lead by The Health and Care LGBTQ+ Leaders Network and the Royal College of Nursing's PROUD network.

#### **5.4.2 Support During Winter Pressures: Free Intercultural Counselling Sessions for all NHS Staff**

NHSE&I's Equality and Inclusion team are offering free intercultural counselling sessions to all NHS staff within the NEY region. These sessions are targeted at all staff whose first language is not English or who need intercultural counselling sessions. Participants can self-refer to the service and will undertake a virtual assessment, followed by up to 8 virtual sessions. These sessions will be held via Zoom/Phone.

This service has been promoted to our staff.

#### **5.4.3 Apprenticeships Sessions**

The apprenticeship team have been delivering two presentations, the first focused on providing our people with a basic overview of apprenticeships across the Trust. The second focused on supporting hiring managers to better understand the recent changes and provide guidance on the new process introduced. These two presentations will be delivered every other month going forwards and were recently delivered as part of our apprenticeship week promotions. Along with these presentations we also invited one of our leading training providers to talk about the different healthcare and corporate apprenticeships available.

#### **5.4.4 Humber High Potential Development Scheme**

The second year of the scheme has seen a fantastic response with 41 applicants applying for the 10 places. Shortlisting and selection will take place during February for a start on the scheme from April.

#### **5.4.5 Flexible Working Applications**

With effect from 1<sup>st</sup> March all flexible working requests will be made and logged via ESR. This will allow the trust to monitor number of applications, those that are supported and reasons if rejected. Allowing staff to work flexibility is identified as one of the approaches needed to help recruit and retention rates.

### **5.5 Director of Finance Update**

#### **5.5.1 Cyber Security Update**

There are two types of CareCert notifications,

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

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

Details of notifications received during 2022 are summarised in the table below:

	<b>Issued</b>	<b>Deployed or no Action required</b>	<b>Awaiting deployment, action or testing</b>	<b>Not Applicable (do not use the system the Care Cert relates to)</b>
High Priority	2	1	0	1
CareCert Bulletins	6	5	1	0

There were no Distributed Denial of Service (DDoS) attacks against the Trusts internet connections during January 2022.

The Trust IT Service desk responded to 113 calls for Out of Hours support during December 2021.

### **5.5.2 Digital Aspirant Plus**

Work is continuing on the production of a Strategic Outline Case for the digital aspirant plus programme (The Trust are one of three mental health and community Trusts in the programme).

The SOC will be presented to the Trust Board (Via EMT) early in the new Financial Year.

### **5.5.3 Blend and Thrive – Agile Working Project**

Lease Documents have been received for the new build and are in the process of being signed and sealed.

The response to tenders for the refurbishment of the of the new office premises are awaited and a new timescale for occupation will be set once contractors are appointed, current estimates are that June will be an achievable date and manager and staff support activities will be timed to fit with the revised date.

A review of Audio Visual provision is in progress to provide flexible meeting options to support the blended approach.

### **5.5.4 Capital Works Update**

214 Staff areas have now been completed, with secure bicycle storage installations due to commence in March, which will also include provision for charging electric cycles.

In addition to the existing Electric Vehicle charging points in place at Trust HQ, Miranda House and Townend Court, installations now in place at; East Riding Community Hospital, Inspire, Hornsea Hospital, Bartholomew House, Rosedale, Westlands, Newbridges and Maister Lodge. Further installations are planned at Alfred Bean Hospital, King St and further units in support of the Blend and Thrive Project at Willerby Hill.

Plans for the Humber Centre refurbishment have been developed with stakeholder groups for ward areas. Tender package has been issued for early works to convert the old swimming pool to a gym and formation of a shop with a further package in development for reception, which will be followed by the main works to reconfigure the wards.

Ward refurbishment works are on site at Millview and should complete by the end of the financial year, a contractor has been appointed for the back up generator at Miranda House.

Works have commenced at Westend to provide accommodation for the Hull Core CAMHS team, with completion anticipated early March.

A planning application has been submitted for the proposed development works at Granville court and a market valuation has been obtained for the purchase of the site. Alternative temporary accommodation options are being explored to enable services to decant whilst the works are on site.

### **5.5.5 Audit Yorkshire Counter Fraud Network**

The Trust's counter fraud champion (Iain Omand) attended the Audit Yorkshire Fraud Champions network meeting on the 26<sup>th</sup> January, this was the inaugural meeting and the network is aimed and keeping up to date with issues relating to Fraud and sharing best practice.

### **5.5.6 Capital Slippage**

#### **Maister Lodge Capital**

The Trust have been made aware of the potential to bid for capital slippage, as a consequence the Trust has applied for and been successful in securing the following funding:

Maister Lodge additional works	£1.048m
Ward Refurbishments	£0.368m
Ventilation Works	£0.100

### **5.5.7 King Street Surgery**

Following the extension completion works at King Street Surgery, Cottingham, there has been increased activity within the car park area, which is for the use of staff, patients and visitors. Due to the proximity to the local school and shops, car parking is being used by third parties making it difficult for our own patients to park.

The introduction of ANPR (without pay and display meters) means only legitimate visitors to the site will be able to enter their car registration details onto the iPad that will be held at reception, freeing up parking spaces for genuine users and issuing fines for those who are parking without permission.

The system is due to go live by the end of March 2022 to allow time for patients staff and visitors to take on board the new requirements, and adequate signage will be displayed.

## **6 Communications Update**

### **Humber People**

We have recently been working on the latest edition of Humber People, the first copy for 2022. Together with services across the Trust, we have pulled together an insightful and informative edition that includes highlights from the last few months. The way in which our Humberbelievable teams continue to work hard and achieve incredible results, even when facing the ongoing challenges that the pandemic presents to us is evident.

The copy is currently with our design and print suppliers, and distribution is set for the end of February.

### **Intranet Project – Stage 2**

We have started the next phase of our intranet upgrade project to add a clinical teams directory. The aim of directory, which will feature every clinical team in the Trust, is to help teams learn more about each other and what their referral criteria is.

It's hoped that this new resource will help to build on the amazing working relationships that some teams already have with each other and help to foster new ones.

## **External Communications**

### **• Service Support**

We continue to support a range of services to reach external audiences with key messages and campaigns, including:

### **Covid Vaccine Clinics**

Over the last few weeks, we have been working with the vaccination team to ensure we provide information on the Willerby Hill vaccine clinics.

In an effort to get more people booked in for their next dose, we have been pushing the message on social media. Directing people to the site using our postcode, and recommending people use the online booking system. This includes when booking in our clinics for the 12-15 year old cohort.

We have also promoted the #GrabAJab campaign, citing when our clinics also accept walk ins for and easy and fuss free experience.

- **Trust Website Update**

	<b>Target</b>	<b>Performance over period</b>
Bounce Rate	50%	63.78%
Social Referrals	12% (a 10% increase in 2019 position)	1.78%*

Other key stats of note:

**Users:** 14,372 (of which 12,225 were new)

**Pages per session:** 2.06

**Average session duration:** 1:35 mins

- **Social media**

	<b>Target</b>	<b>Performance over period</b>
Engagement Rate	4%	7%
Reach	+50,000 p/m	281,227
Link Clicks	1500 p/m	4,735

Our reach and link clicks have increased since the last board report.

Figures are high for this period due to increased social advertising, as part of our New Year, New Job campaign.

### **Public Relations and the Media**

- **Media Coverage**

Due to a high number of quality proactive PR campaigns, media interest remains high. This demonstrates improved engagement with the wider Trust team who now understand to come to us to share their news and celebrations.

We have worked closely with teams to develop stories that attract positive media attention and promote timely Trust and national key messages such as the ISPHNs Breastfeeding Initiative and Whitby Hospital renovation updates.

<b>Positive new stories published</b>		<b>Negative new stories</b>	
Local media	19	Local media	2
Humber website	15		
<b>TOTAL</b>	<b>34</b>		<b>2</b>

- **Awareness Days**

February marks the start of busier months ahead for awareness days. Recently, we have covered a wide range of different events, including Apprenticeship Week and Children's Mental Health Week.

### **Apprenticeship Week**

National Apprenticeship Week 2022 is the 15th annual week-long celebration of apprenticeships.

The week brings together businesses and apprentices to shine a light on the positive impact that apprenticeships make across the country.

This year, we worked with our Apprenticeship team to promote the unique opportunities at Humber. In our social media and external communications, we also ran a 'meet our apprentices' campaign. This included in depth interviews and social profiles of 8 of our apprenticeships, to promote the variety of opportunities available and the types of teams we hire apprentices into.

### **Children's Mental Health Week**

Children's Mental Health Week began on 7 February and this year's theme was Growing Together. As part of the campaign, we encouraged children and young people to consider how they have grown, and how they can help others to grow.

We also ran a sub-campaign called 'Express Yourself' in which we encouraged children and young people to find creative ways to express their personalities, beliefs and aspirations. This included a competition ran in collaboration with our Health Stars charity, who kindly sourced a lovely at home baking kit for the winner.

#### **• Awards and celebrations**

Our Medical Education team have shared some inspiring stories and celebrations with us recently. As such, we have published a number of articles to promote this excellent practice.

1. Health Education England Feedback - <https://www.humber.nhs.uk/news/?postid=560172>
2. New Training Recovery Tutor - <https://www.humber.nhs.uk/news/?postid=566549>
3. HYMS Feedback <https://www.humber.nhs.uk/news/?postid=568878>

### **Internal Communications**

#### **COVID-19 Communications**

We continue to issue twice weekly COVID-19 news bulletins to staff on a Wednesday and Friday as part of our Global Newsletter. We will continue to review the frequency of these bulletins to ensure that staff are kept up to date with the latest COVID-19 news and guidance.

#### **COVID-19 Vaccination Programme**

To support our COVID-19 Vaccination Programme we helped to arrange two confidential webinar sessions for any vaccine hesitant staff. The webinars gave the staff to opportunity to discuss any queries or concerns they have around receiving their vaccination with our Medical Director, BAME Network Chair and Deputy Director of Workforce.

#### **Office 365**

We continue to support the internal project team with the communications around the migration to new Office 365 software.

#### **Flu Vaccination Campaign**

We continue to support the flu vaccination campaign using our internal communications channels. We are now working with the flu working group to better understand where we have some gaps with specific teams in regard to vaccinations, so that we can target some 'reminder communications' at them directly.

#### **Poppulo – Internal Emails**

Between 14 January 2022 and 8 February 2022, we issued 18 internal communications to staff. Open rates have picked up and increased by 0.6 per cent this month following decline the previous month attributed to the omicron situation. We will continue to monitor the situation over the next couple of months.

	<b>Trust average engagement rates this month</b>	<b>National Average</b>
Open Rate	54.3%	65%

Click Through Rates	7.6%	10%
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## **Intranet**

- Planning is underway to add a new clinical teams' area to our staff intranet. It will include information about each clinical team and their referral criteria.
- Our intranet platform has been visited 165,385 times between 14 January 2022 and 8 February 2022.

	<b>Target</b>	<b>Performance over period</b>
Bounce Rate	40%	57.40%
Visits	+20% on 2020 average	-14.95%

Second to our home page which had 115,203 visits, our staff lateral flow test recording form was the second most visited page with 3,793 visits within this period.

## **7 Health Stars**

### **Events**

Health Stars team are excited to have the 2022 Events plan well underway.

Plans for the Health Stars Golf Day on the 9<sup>th</sup> September continue, the venue has been confirmed as Ganstead Golf Course with a shotgun format. The team are currently working to finalise the full details and running order of the day and we look forward to circulating invitations and full information with you soon.

If you would like to express your interest in entering a team of 4 for the event, please email [Kristina.poxon@nhs.net](mailto:Kristina.poxon@nhs.net)

### **Whitby Hospital Appeal**

This month Health Stars have submitted 3 grant applications in support of the appeal the details are as follows:

- Hospital Saturday Grant - £10,000.00
- The National Lottery Grants- £9,805.00
- The Haremead Trust- £5,451.62

The team continue to seek new grant funding opportunities with a further bid currently being developed to approach Sirius Minerals Foundation later this month.

Health Stars and Our Trust communications team continue to work together with support from the CCG to promote the opportunity to leave a legacy for all to see within the hospital new dementia friendly garden. The team have been working closely this period with Whitby Governor Doff Pollard and Whitby Hospital Service Manager to further plans for the Fundraising bricks campaign seeking local support from Cllr. Wild, Mayor of Whitby.

### **Wishes**

The Health Stars team continue to grant wish requests which span the breadth of Humber Teaching NHS Foundation Trust.

This month I would like to share with you one of the ways Health Stars have made a difference to our patients and service areas through the circle of wish process.

Health Stars provided grant funding for the recent yoga and meditation day for staff and patients at the Humber Centre.

The sessions were delivered by the Prison Phoenix Trust, a charity organisation that offer various yoga and meditation resources and arrange yoga classes in secure settings. The instructors ensured that each session was responsive to the individual needs of each group.

Health Stars worked closely with the Psychology Department to arrange the day. Within the wish a range of mindful and relaxation activities were carried out alongside the yoga sessions including a visit from a PAT dog, these extra elements added ensured to the day was truly special for our patients.

Those that took part were keen to speak about the benefits they had gained from the session:

“I use the resources, but it was much better having an instructor to follow. I know what I have been doing was right and learned some new positions. It was good doing it in a group, a shared experience is always better.”

“The time flew by, it was really relaxing and really chilling.”

“I found it really interesting and calming, and liked learning techniques I can do in my room especially when I’m feeling stressed.”

Please continue to showcase the difference Health Stars continue to make across our Trust and continue to access our Charitable funds through the Health Stars ‘circle of wish’ process - [Submit Your Wish — Health Stars](#)

Together we can make a lasting impact across our Trust.

**Michele Moran**  
**Chief Executive**  
**February 2022**

# Maister Lodge Refurbishment

April 2021



Humber Teaching  
NHS Foundation Trust



Staff Corridor



Nurse Office (Plywood to  
frame)



Partition Frame



Caring, Learning  
& Growing Together

# Maister Lodge Refurbishment

Completion - July 2021



Humber Teaching  
NHS Foundation Trust



Therapeutic Room



Ward Corridor



Lounge/Dining Room



Caring, Learning  
& Growing Together

**Agenda Item 8**

Title & Date of Meeting:	Trust Board Public Meeting – 23 February 2022			
Title of Report:	Publications and Policy Highlights			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To receive & note	✓
	For information	/	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	9/2
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	
Key Issues within the report:	<ol style="list-style-type: none"> <li>I. Update to CQC's regulatory approach: changes from 1 February</li> <li>II. CQC report finds ethnic minority-led GP practices “not operating on level playing field”</li> <li>III. Flexible working: raising the standards for the NHS</li> <li>IV. Guidelines for supporting our NHS people affected by Long COVID</li> <li>V. Health and social care integration: joining up care for people, places and populations</li> </ol>			

**Monitoring and assurance framework summary:**

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

√ Tick those that apply

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

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

## Publications and Policy Highlights

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

### **1. Update to CQC's regulatory approach: changes from 1 February** Care Quality Commission 27 January 2022

Throughout the pandemic we have kept our regulatory approach under review. This is in recognition of the changing pressures health and social care services find themselves working under. Our priority has always been to support services to ensure people receive safe care. We want to ensure our approach is appropriate and proportionate.

Considering the current situation – including the easing of restrictions across the country – we have reviewed and updated our regulatory approach. From 1 February we will inspect where:

- there is evidence that people are at risk of harm. This applies to all health and social care services, including those where inspections were previously postponed except in cases where we had evidence of risk to life
- we can support increasing capacity across the system, particularly in adult social care
- a focus on the urgent and emergency care system will help us understand the pressures, where local or national support is needed, and share good practice to drive improvement.

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

#### Information noted

### **2. CQC report finds ethnic minority-led GP practices “not operating on level playing field”** CQC 19 January 2022

In February 2021, CQC began work to examine concerns raised by some GPs that ethnic minority-led GP practices were more likely to have a poorer experience or outcomes from regulation than non ethnic minority-led practices.

While the limited data within the health and care system meant that it was not possible to establish any relationship between ethnicity of practice leadership and ratings, this work has identified contextual factors which can disproportionately affect ethnic minority-led practices and their ability to demonstrate how they provide good care.

Notably, ethnic minority-led practices are more likely to care for populations with higher levels of socio-economic deprivation and poorer health. This can affect their ability to achieve some national targets used in assessments of quality, and increase challenges around recruitment and funding. GPs from ethnic minority

backgrounds who contributed to this report also cited a lack of leadership support from external bodies.

Ethnic minority-led practices are also more likely to be single-handed – meaning they are operated by just one GP partner without other partners to offer support. This can present challenges around resourcing and capacity which can affect the ability of a practice to show how it is meeting regulatory requirements. In response to this work, CQC will be reviewing and strengthening how it considers the context in which a GP practice works when it makes assessments about quality and ratings. The regulator will also take the learning and insight shared by minority ethnic GPs and inspection colleagues into its developing approach to assessing integrated care systems (a new duty placed on CQC by the Health and Care Bill).

**Lead: Medical Director**

**This report has been shared with the GP lead for Primary Care and is noted with regard to previous concerns raised with regard to potential inequalities in the regulatory framework**

**3. Flexible working: raising the standards for the NHS NHS England 3  
February 2022**

NHS England and NHS Improvement has published a flexible working definition and set of principles. The definition supports a shared understanding of what flexible working means and the principles guide the ethos and values we want the NHS to aspire to when it comes to flexible working. <https://www.england.nhs.uk/wp-content/uploads/2022/02/B0395-flexible-working-raising-the-standards-for-the-NHS.pdf>

**Lead: Director of Workforce & Organisational Development**

**The Trust has a comprehensive Flexible Working scheme which adheres to the principles set out in this document. From 1st March applications for flexible working will be managed via ESR which will greater management information on number of requests, whether supported or not, equality monitoring etc.**

**4. Guidelines for supporting our NHS people affected by Long COVID NHS  
England 1 February 2022**

Guidelines to help NHS line managers and leaders understand what Long COVID is, and how they can support colleagues who are experiencing its symptoms.

**Lead: Director of Workforce & Organisational Development**

**These guidelines will be applied within the trust for those staff affected by long COVID.**

## **5. Health and social care integration: joining up care for people, places and populations** Department of Health & Social Care 9 February 2022

This white paper sets out measures to make integrated health and social care a universal reality for everyone across England regardless of their condition and of where they live.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1053845/joining-up-care-for-people-places-and-populations.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1053845/joining-up-care-for-people-places-and-populations.pdf)

It sets out plans to join up care for:

- patients and service users
- staff looking for ways to better support increasing numbers of people with care needs
- organisations delivering these services to the local population

### **Lead: Chief Operating Officer**

This paper builds on previous published principles and approaches in achieving health and social care integration. It sets out that for the health, social care and public health workforce, ICSs will be a lynchpin between national organisations and places, providing a key forum for planning and direction setting. But that it is at a more local level that the workforce makes integration a reality – and at an individual level where people experience the benefits of an integrated workforce. Local leaders will need to think about what workforce integration looks like in their area, the conditions that are needed, the practical steps required, and who needs to be involved in shaping this. Organisationally we are taking part and leading work towards achieving this and already have some good examples of well-developed integrated practise, e.g., new social work roles in primary mental health care and dedicated employment support in community mental health teams.

**Agenda Item 9**

Title & Date of Meeting:	Trust Board Public Meeting– 23 <sup>rd</sup> February 2022			
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 2022.</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>			
<b>Governance:</b> <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		Collaborative Committee	
			Other (please detail)	
<b>Key Issues within the report:</b>  <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<p>Commentary for indicators that fall outside of normal variation is included below:</p> <p><b>Safer Staffing Dashboard</b> – key headlines from the safer staffing dashboard (as at the end of December) include</p> <p>Care Hours Per Patient Day (CHPPD) remains above Threshold despite some low level fill rates across units.</p> <p>Sickness is a significant issue across all the wards (<i>with the exception of PICU and Westlands</i>) impacted by the high levels of short-term sickness and absence associated with Covid-19.</p> <p>Clinical Supervision is below target for a number of units, which has been impacted on by staffing and clinical pressures with full detailed narrative included in the body of the report.</p>			

**CPA Reviews** - The recovery plan for CPA has resulted in an improved position in February and the plan continues to be maintained.

**Waiting Times – Autism Spectrum Disorder Diagnosis (ASD) and Attention Deficit Hyperactivity Disorder (ADHD)**

- Work continues to focus on the reduction in long waiting patients across all services with a particular focus on ASD and ADHD.

The Hull ASD waiting time trajectory remains on target and the position for the East Riding of Yorkshire has improved.

All Neurodiversity services will be reported separately from core CAMHS in the February data to support greater focus on the performance and improvement of all of these services.

The services are focusing on clinical recording and reporting to ensure the data quality is as accurate as possible.

**IAPT** - The Team are maintaining their 18-week position and the recovery plan is in place to improve the deteriorating 6-week target position. January was a particularly challenging month due to levels of staff absence.

The position is expected to stabilise in February with improvement seen by end March 2022 in line with the recovery plan.

**Out of Area Placements** - Despite a very challenging month with several mental health inpatient ward closures due to Covid outbreaks, the service was able to continue to improve the Out of Area Placements by working closely with the infection prevention and control team to effectively cohort patients whilst maximising bed capacity and keeping delayed transfers of care to a minimum through good system working

**Sickness** - Sickness has continued to increase as a result of COVID 19 (both directly and indirectly).

The trust continues to provide support to staff when they are off sick and through measures to help alleviate work demands including agency cover, bank usage and incentives to fill shifts.

The Trust have invested in a number of Health and wellbeing initiatives over the last 12 months including a fast track physio service, a dedicated staff health trainer, improved staff rest areas, increased counselling support for staff and an extra days annual leave.

**Monitoring and assurance framework summary:**

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

Financial Year  
2021-22

# 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-22

Chief Executive: Michele Moran

Prepared by: Business Intelligence Team



# Humber Teaching NHS Foundation Trust

## Integrated Board Report

For the period ending: **Jan 2022**

**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.

<b>Strategic Goal 1</b>	Innovating Quality and Patient Safety	<b>Strategic Goal 4</b>	Developing an effective and empowered workforce
<b>Strategic Goal 2</b>	Enhancing prevention, wellbeing and recovery	<b>Strategic Goal 5</b>	Maximising an efficient and sustainable organisation
<b>Strategic Goal 3</b>	Fostering integration, partnership and alliances	<b>Strategic Goal 6</b>	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 2022**

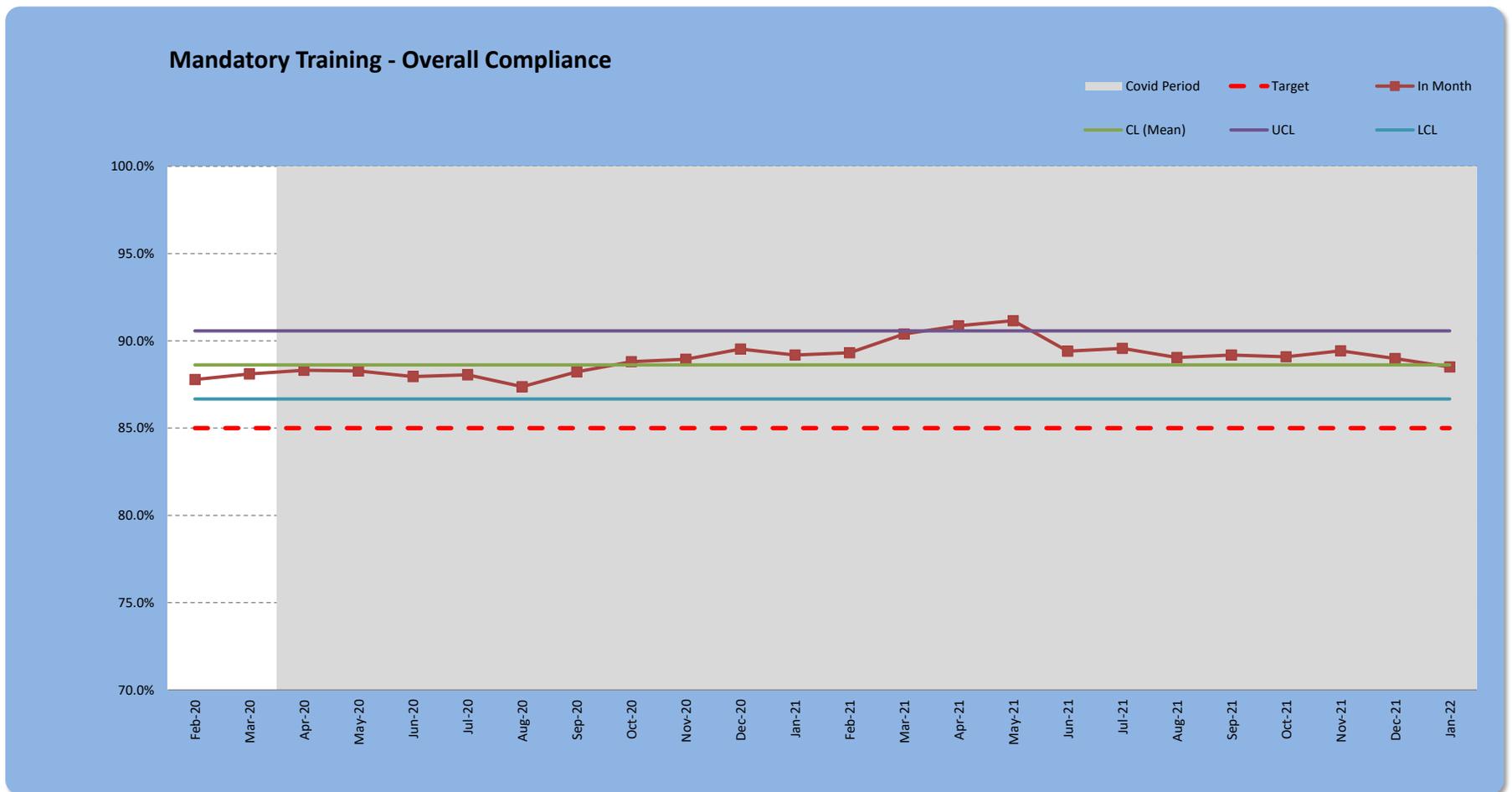
Goal 2	RTT - Completed Pathways	Based on patients who have commenced treatment during the reporting period and seen within 18 weeks of their referral
Goal 2	RTT - Incomplete Pathways	Based on patients who are waiting for assessment and/or treatment and are waiting less than 18 weeks since referral.
Goal 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 2021-22

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Jan 2022**

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Mandatory Training	A percentage compliance based on an overall target of 85% for all mandatory and statutory courses	Steve McGowan	WL 5



Target: 85%  
Amber: 80%

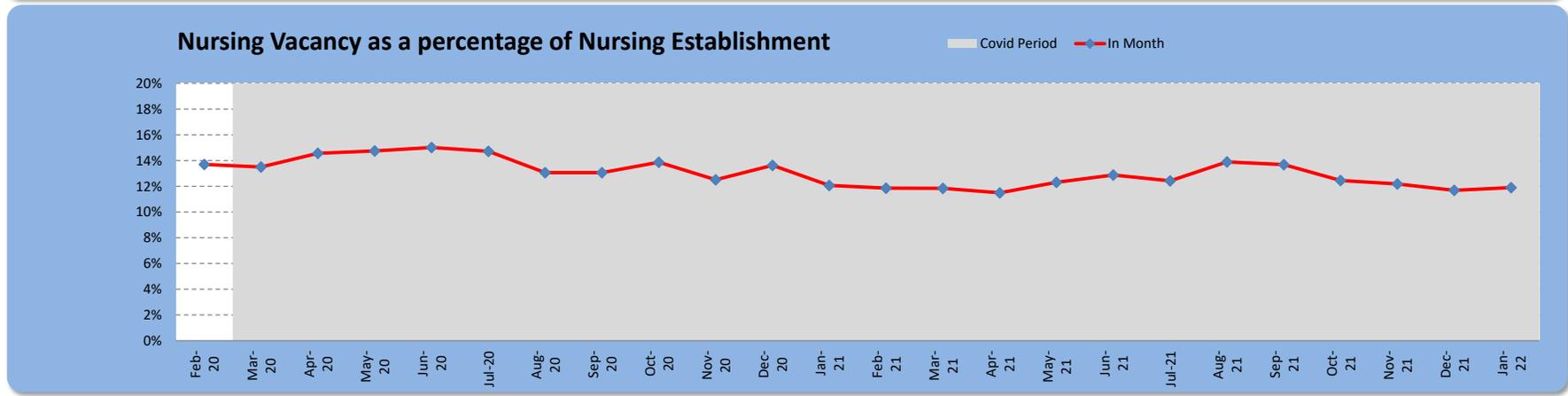
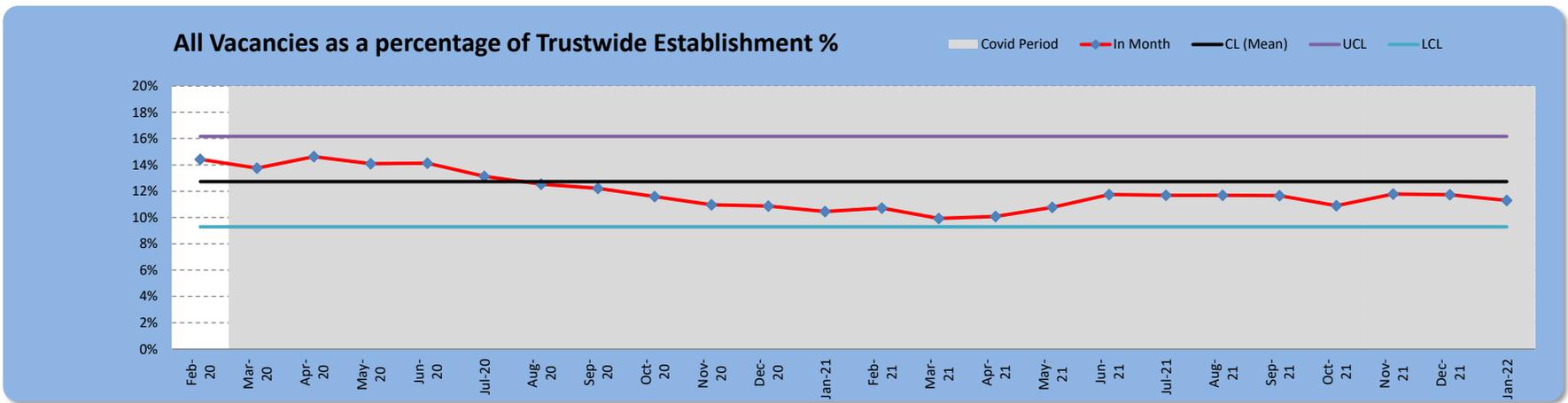
Current month stands at 88.5%

# PI RETURN FORM 2021-22

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Jan 2022**

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Vacancies (WTE)	Proportion of posts vacant when compared to the budgeted establishment. This information is taken from the Trust financial ledger.	Steve McGowan	WL 2 VAC



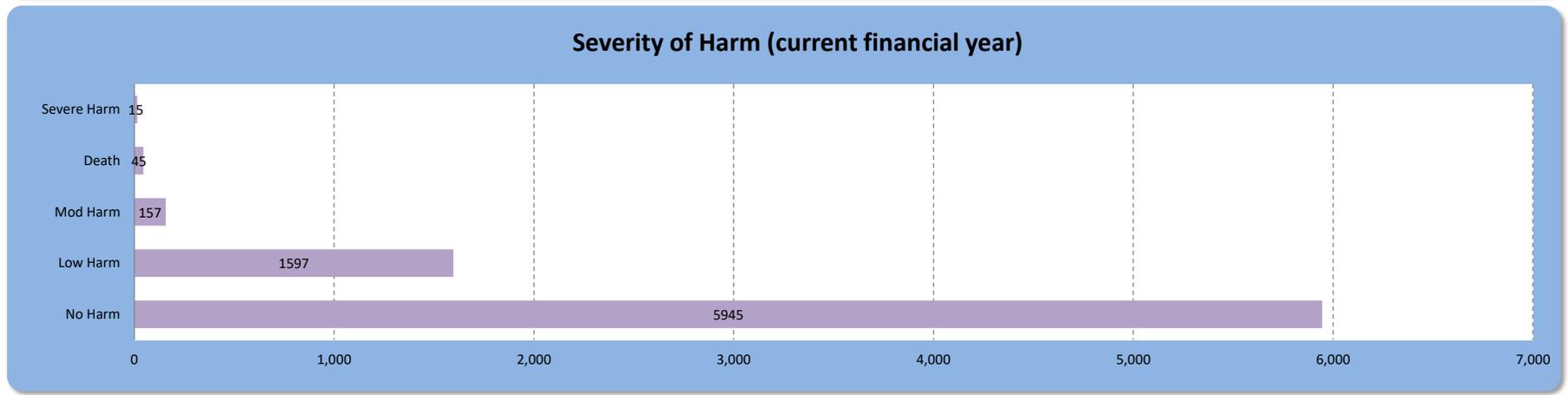
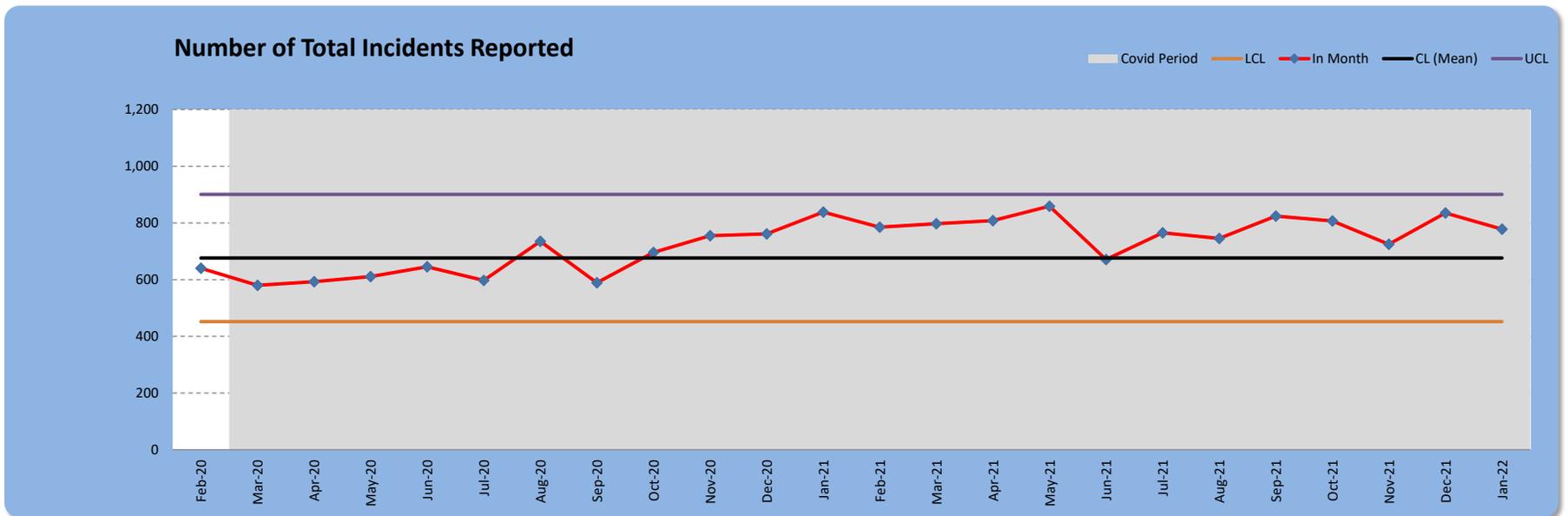
Current month stands at 11.3%

# PI RETURN FORM 2021-22

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Jan 2022**

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



Severity of incidents reported in the current financial year (YTD)

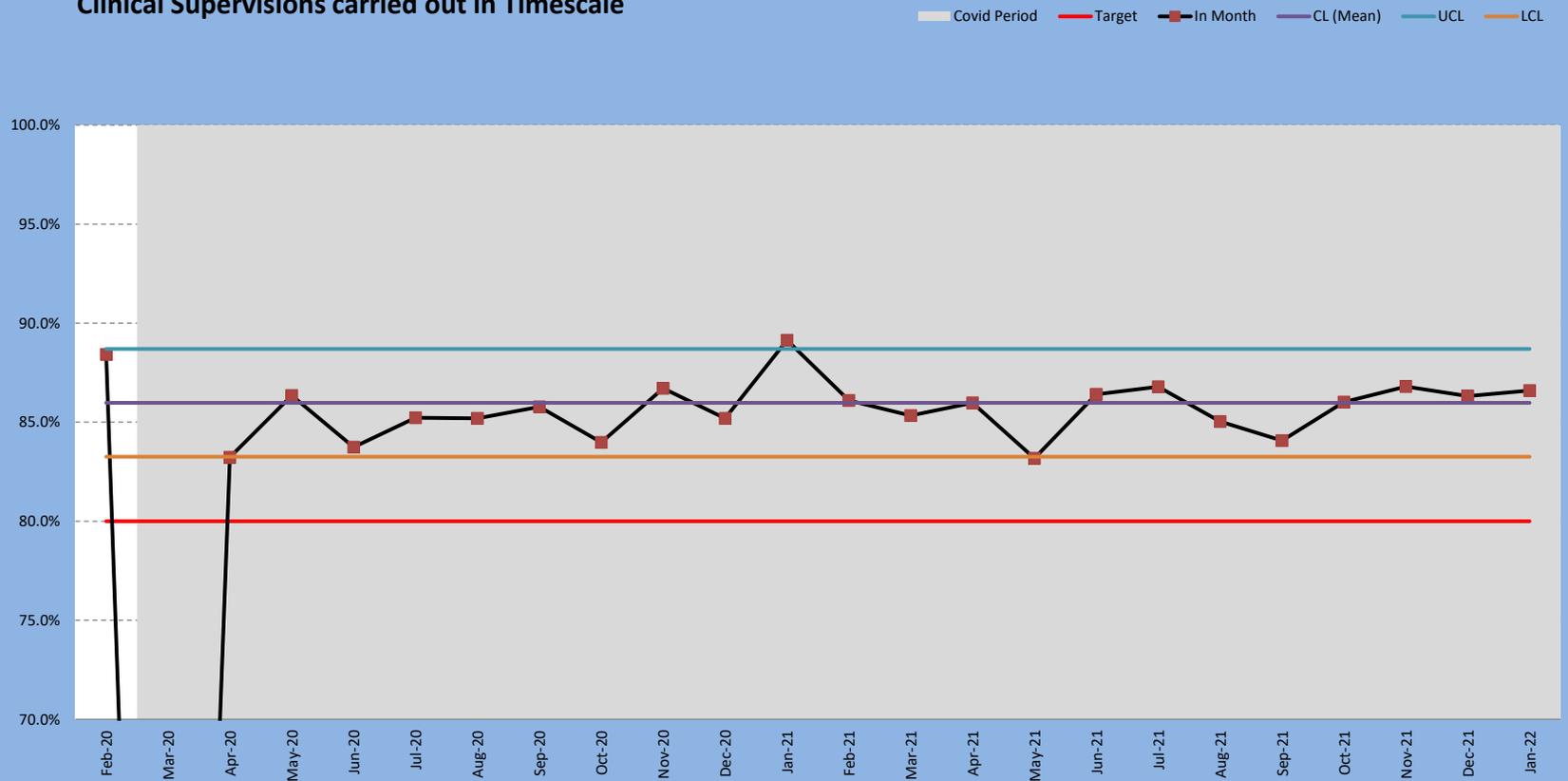
# PI RETURN FORM 2021-22

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Jan 2022**

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

Clinical Supervisions carried out in Timescale



Target: 80%  
 Amber: 75%  
 Current month stands at 86.6%

# HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

Contract Period:	2021-22
Reporting Month:	Dec-21



Shown one month in arrears

Speciality	Units					Bank/Agency Hours				Average Safer Staffing Fill Rates				High Level Indicators										Indicator Totals	
	Ward	Speciality	WTE	OBDS (inc leave)	CHPPD Hours (Nurse)	Bank % Filled	Improvement	Agency % Filled	Improvement	Day		Night		QUALITY INDICATORS (Year to Date)										Nov-21	Dec-21
										Registered	Un Registered	Registered	Un Registered	Staffing Incidents (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ partly upheld)	Failed S17 Leave	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	Sickness Levels (clinical)	WTE Vacancies (RNs only)		
Adult MH	Avondale	Adult MH Assessment	28.1	73%	12.4	22.2%	↑	13.0%	↓	80%	76%	90%	103%	2	22	8	0	75.9%	90.3%	54.5%	78.9%	14.1%	2.0	1	1
	New Bridges	Adult MH Treatment (M)	39.3	98%	9.17	11.9%	↓	6.6%	↓	83%	98%	94%	127%	0	38	0	0	No Ret	95.3%	86.7%	85.2%	4.7%	0.1	1	2
	Westlands	Adult MH Treatment (F)	35.4	91%	8.83	10.4%	↑	19.0%	↓	93%	84%	100%	122%	2	106	8	0	85.7%	81.5%	57.1%	76.2%	1.4%	1.0	2	1
	Mill View Court	Adult MH Treatment	23.3	113%	9.99	26.0%	↑	11.4%	↓	64%	85%	87%	108%	0	13	2	0	90.9%	85.1%	75.0%	75.0%	5.1%	6.8	3	2
	STARS	Adult MH Rehabilitation	36.1	90%	26.89	6.7%	↑	0.7%	↓	60%	73%	97%	100%	1	15	0	0	47.5%	96.3%	83.3%	92.3%	8.2%	1.4	5	3
	PICU	Adult MH Acute Intensive	27.8	79%	22.44	20.1%	↑	20.0%	↓	83%	90%	94%	113%	1	68	0	0	100.0%	86.9%	76.9%	73.3%	1.0%	3.0	0	0
OP MH	Maister Lodge	Older People Dementia Treatment	30.4	61%	21.52	15.6%	↑	7.6%	↓	90%	87%	116%	95%	0	30	0	0	88.9%	90.4%	69.2%	65.0%	4.7%	2.0	2	0
	Mill View Lodge	Older People Treatment	21.6	86%	16.47	16.5%	↑	28.8%	↓	49%	122%	97%	147%	8	25	0	0	58.8%	89.9%	72.7%	58.3%	11.6%	2.7	4	3
Child & LD	Pine View	Forensic Low Secure	26.3	95%	9.47	36.4%	↓	0.0%	→	95%	106%	50%	142%	4	11	1	36	62.5%	93.0%	91.7%	94.1%	13.2%	2.6	3	3
	Derwent	Forensic Medium Secure	29.8	90%	12.85	15.1%	↑	0.0%	→	94%	73%	103%	97%	0	10	2	0	76.0%	92.7%	90.0%	84.2%	12.1%	-0.2	2	1
	Ouse	Forensic Medium Secure	24.5	93%	6.33	4.6%	↑	0.0%	→	49%	95%	100%	90%	2	5	1	16	88.0%	95.2%	87.5%	84.2%	10.3%	2.6	3	2
	Swale	Personality Disorder Medium Secure	27.4	93%	9.89	35.7%	↑	0.0%	→	103%	110%	103%	109%	1	18	8	27	65.4%	93.9%	81.8%	82.4%	10.7%	2.0	2	2
	Ullswater	Learning Disability Medium Secure	25.8	50%	16.04	11.7%	↑	0.0%	→	97%	87%	90%	91%	0	32	6	4	69.2%	89.1%	62.5%	77.8%	8.0%	1.4	3	2
	Townend Court	Learning Disability	36.6	86%	35.61	35.2%	↓	0.0%	→	58%	60%	63%	114%	9	78	1	0	80.8%	91.5%	53.8%	87.0%	21.6%	2.1	4	4
CH	Inspire	CAMHS	48.0	92%	16.44	26.1%	↓	21.0%	↓	52%	78%	72%	93%	7	71	2	0	89.2%	82.7%	76.9%	90.3%	13.3%	1.0	1	1
	Granville Court	Learning Disability Nursing Treatment	41.7	n/a	n/a	28.2%	↑	8.9%	↓	126%	69%	100%	98%	1	4	0	0	90.0%	80.0%	63.6%	85.7%	9.1%	1.0	1	2
	Whitby Hospital	Physical Health Community Hospital	28.7	93%	7.85	5.5%	↓	1.2%	↑	81%	86%	93%	98%	4	0	1	0	84.8%	82.3%	93.3%	57.9%	8.6%	3.6	2	2
	Malton Hospital	Physical Health Community Hospital	29.2	86%	8.30	Not on eRoster	→	Not on eRoster	→	105%	85%	116%	84%	2	2	1	0	100.0%	70.0%	66.7%	52.4%	6.4%	2.0	2	2

# HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

## Exception Reporting and Operational Commentary

### Safer Staffing Dashboard Narrative : December

Five wards have below target levels of fill rates on days. The registered fill rates on nights are all above the threshold with the exception of Pine view and Townend court which are both showing fill rates of 50% and 63% respectively. In most instances the lower fill rates indicate that the shifts are being run with one registered nurse. On TEC one registered nurse is covering both units on nights. However, CHPPD levels remain above the threshold.

The registered fill rates on days for the STARS team have improved to 60%. The low fill rates on STARS are because there is often one OT on shift during the day, but this is not being reflected in the demand template. This will be addressed in the next safer staffing review.

The registered fill rates on days for MVL is 49%. The B6s and Nursing associates are not currently counted in the planned hours but this is being addressed and their CHPPD are above target.

Despite the low fill rates on TEC due to one registered nurse on duty at times, they have good CHPPD levels.

Supervision is below target for STARS; MVL; Pine view; Swale and Ullswater. Secure services experienced significant staffing and clinical pressures during December and Pine View; Swale and Ullswater's compliance has risen in January to 65%; 76%; 76% respectively in January with further improvement trajectories in place. STARS compliance has risen to 95%. MVLs compliance has dropped further to 45% in January due to the absence of the B7 and the 2 B6s and this has been picked up with the modern matron.

A full review of ILS and BLS compliance has been undertaken and was reported to the workforce and OD committee in November including reasons for low compliance and a recovery plan to achieve compliance. Additional capacity has been bought in and the recovery trajectories are being monitored closely.

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.  
Inspire is not fully open therefore the fill rates and CHPPD is not RAG rated until such time the facility is fully operational.

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

Staffing and Quality Indicators	
Contract Period:	2021-22
Reporting Month:	Dec-21

### Registered Nurse Vacancy Rates (Rolling 12 months)

Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
11.90%	10.30%	8.40%	8.80%	10.10%	8.92%	8.70%	11.20%	8.70%	10.90%	10.30%	10.50%

### Slips/Trips and Falls (Rolling 3 months)

	Nov-21	Dec-21	Jan-22
Maister Lodge	8	3	6
Mill View Lodge	2	5	5
Malton IPU	1	4	3
Whitby IPU	1	0	0

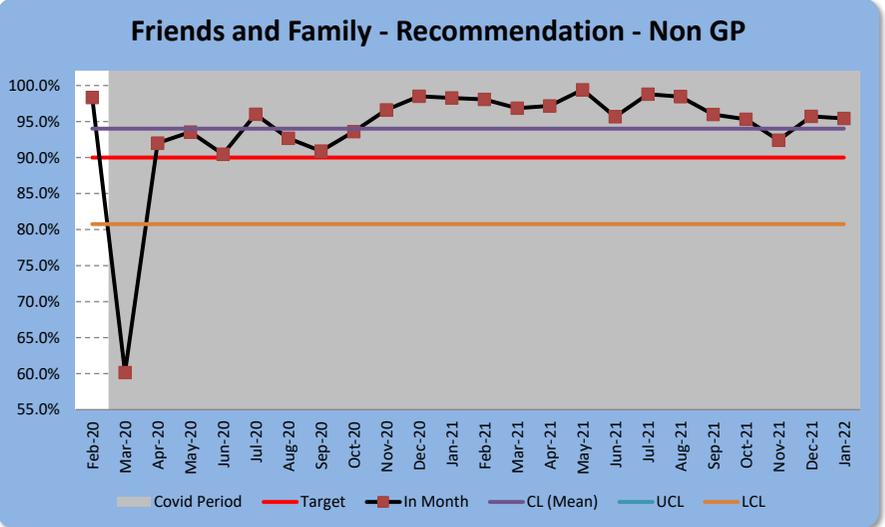
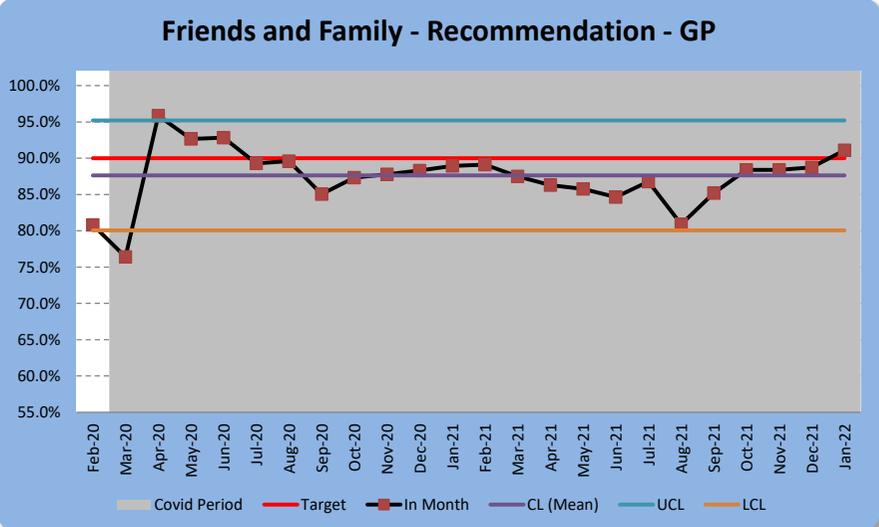
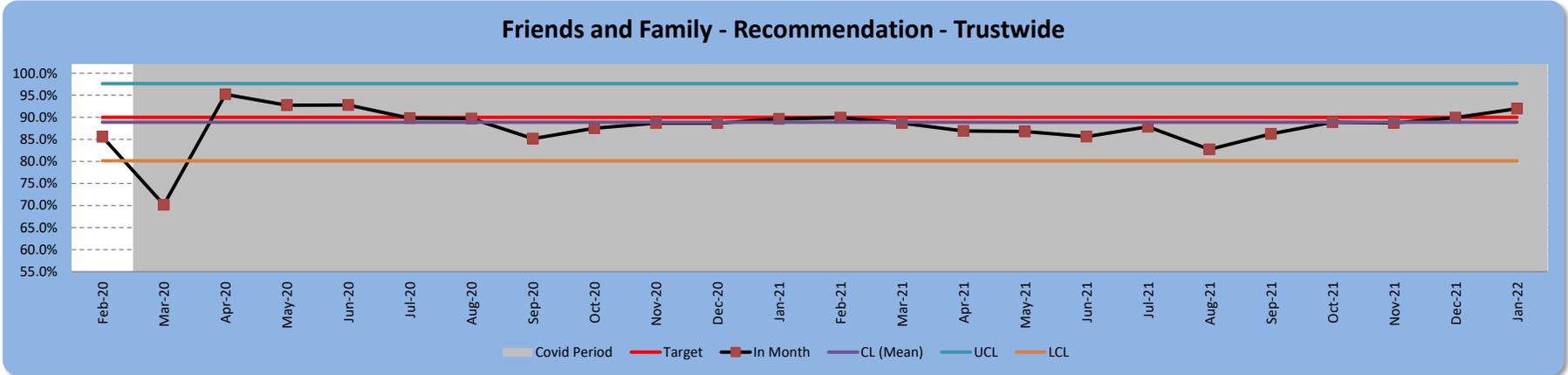
Malton Sickness % is provided from ESR as they are not on Health Roster

# PI RETURN FORM 2021-22

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Jan 2022**

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 %



Target: 90%  
 Amber: 80%  
 Current month stands at 92.0%

# PI RETURN FORM 2021-22

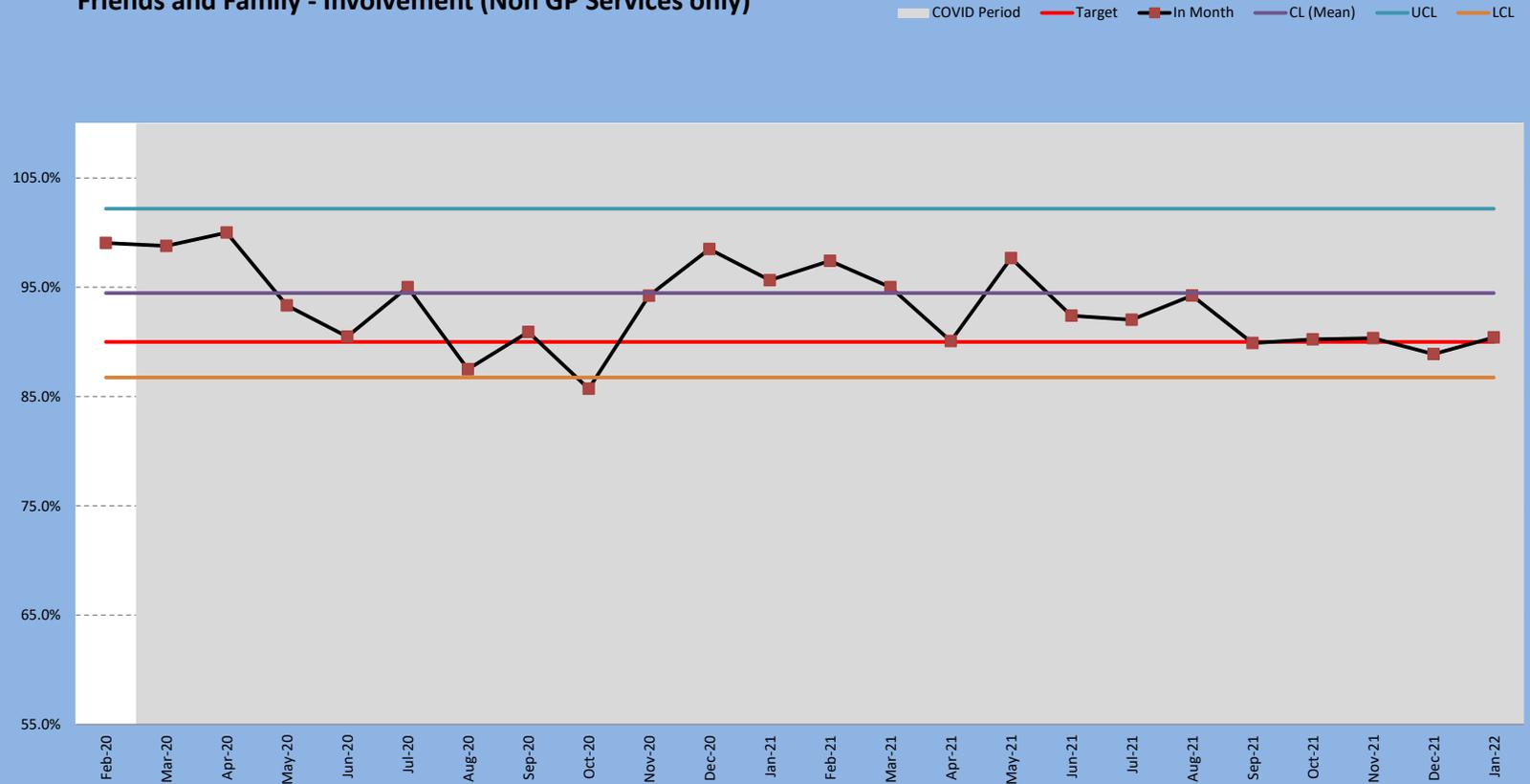
## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jan 2022**

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

KPI Type
CA 3c %

Friends and Family - Involvement (Non GP Services only)



Target: 90%  
Amber: 80%

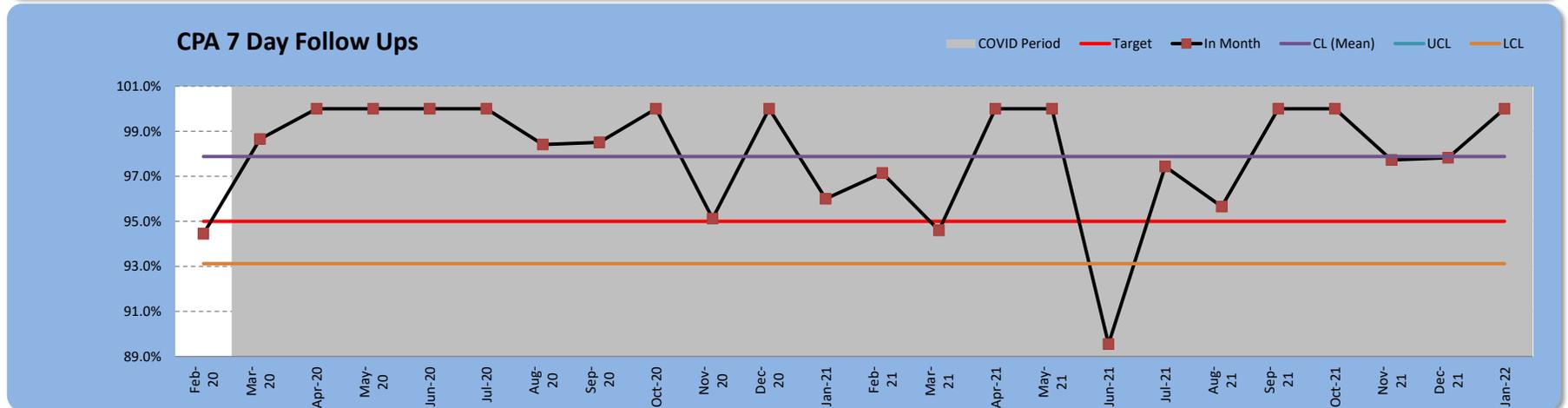
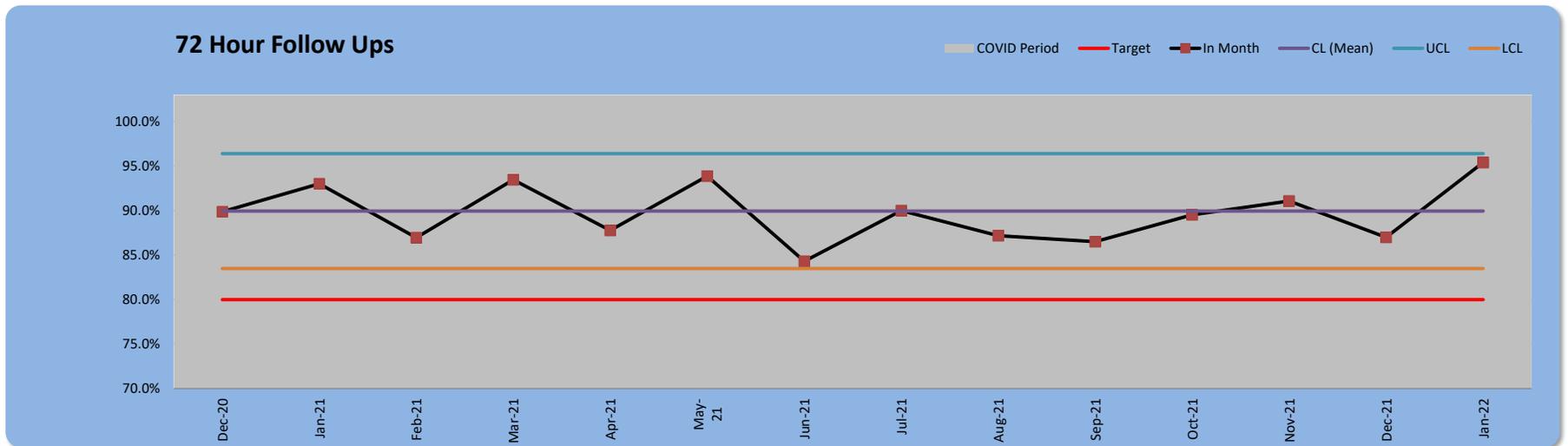
Current month stands at 90.4%

# PI RETURN FORM 2021-22

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jan 2022**

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



Target: 80%  
Amber: 60%

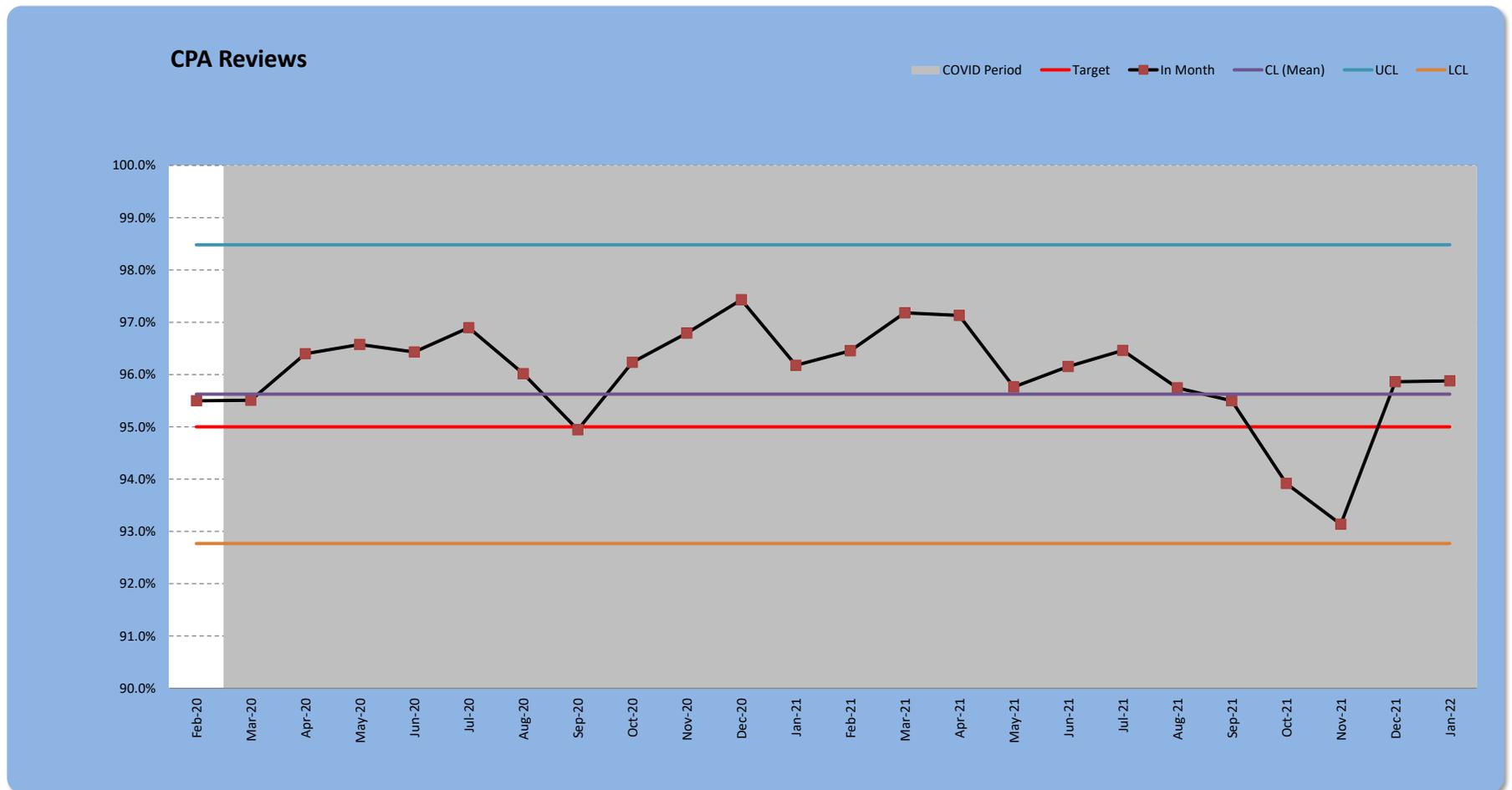
Current month  
72 hr stands at  
95.4%

# PI RETURN FORM 2021-22

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jan 2022**

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



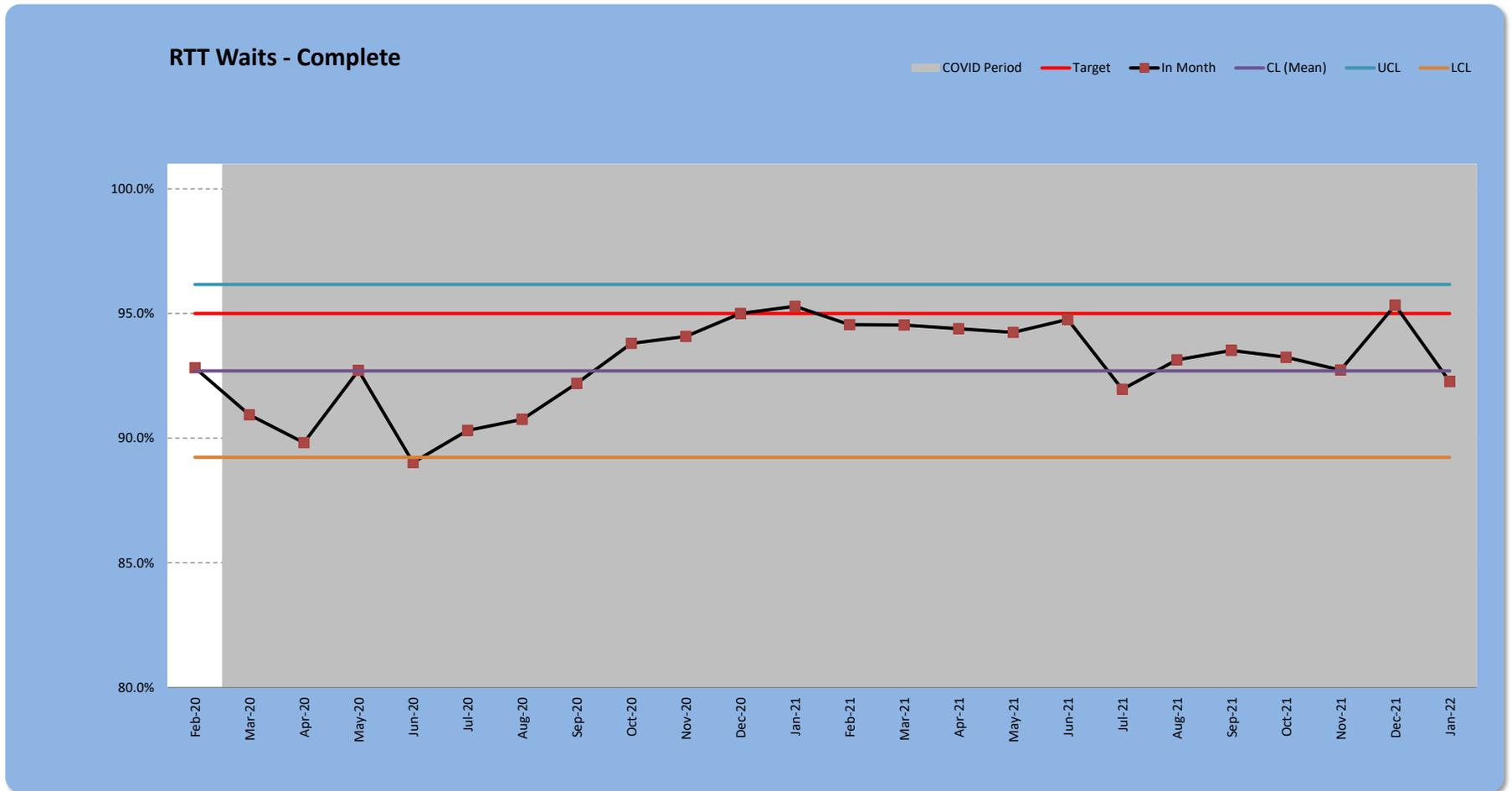
# PI RETURN FORM 2021-22

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jan 2022**

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



Target: 95%  
Amber: 85%

Current month stands at 92.3%

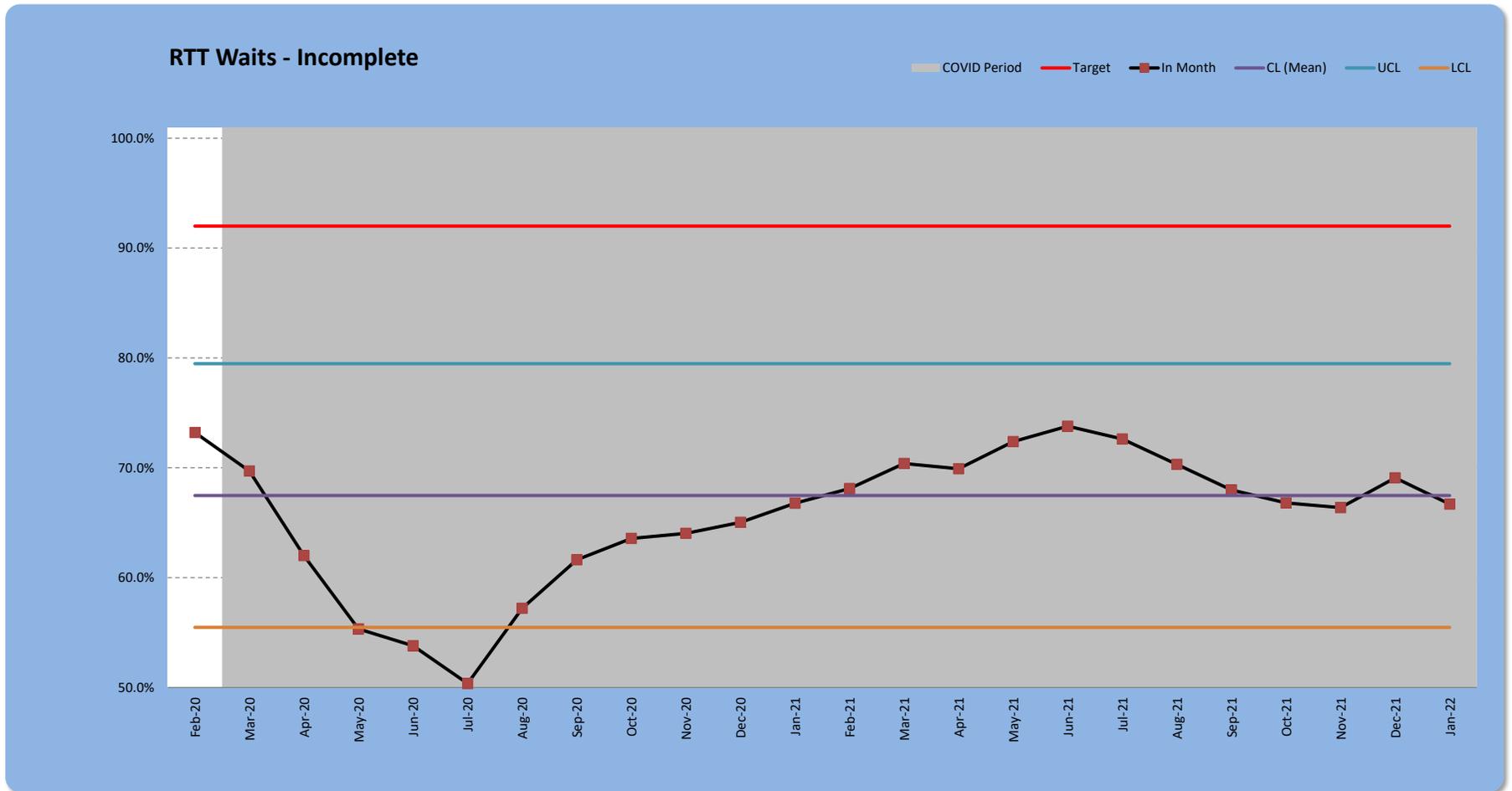
# PI RETURN FORM 2021-22

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jan 2022**

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

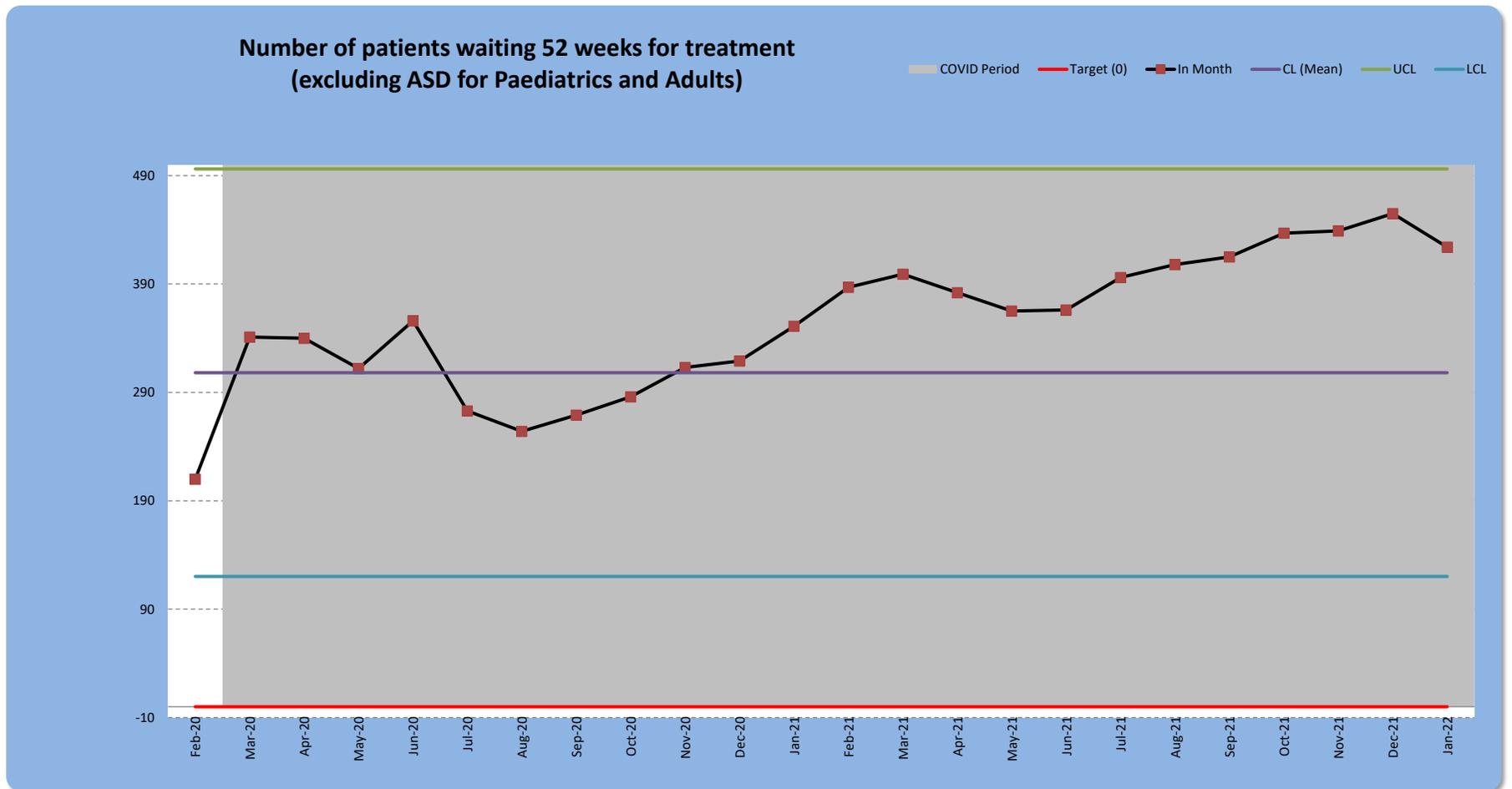


# PI RETURN FORM 2021-22

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jan 2022**

Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits	Number of patients who have yet to be seen for treatment and have been waiting more than 52 weeks	Lynn Parkinson	OP 22x



Target: 0  
Amber: 0

Current month stands at 424

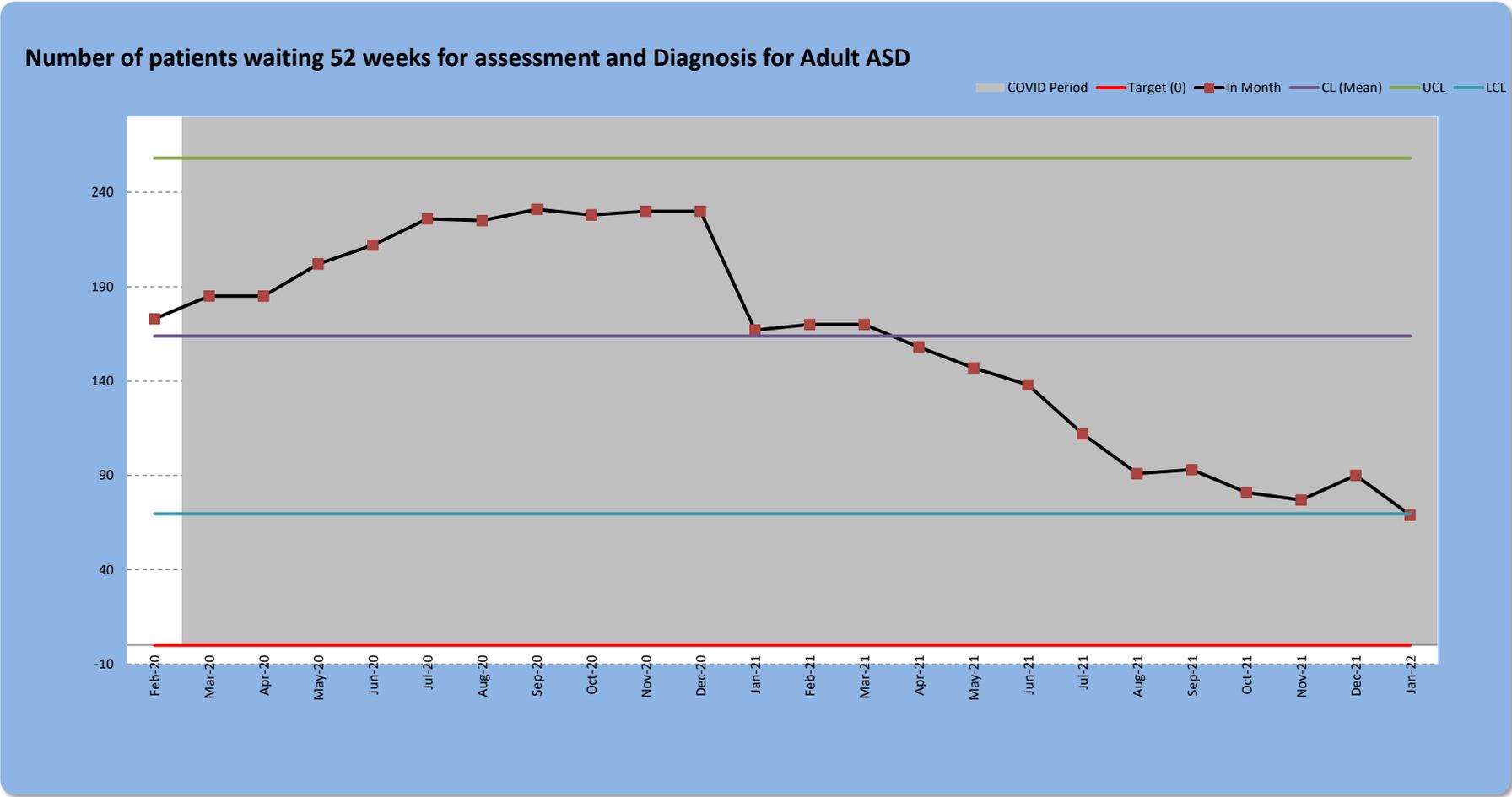
# PI RETURN FORM 2021-22

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jan 2022**

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



Target: 0  
Amber: 0

Current month stands at 69

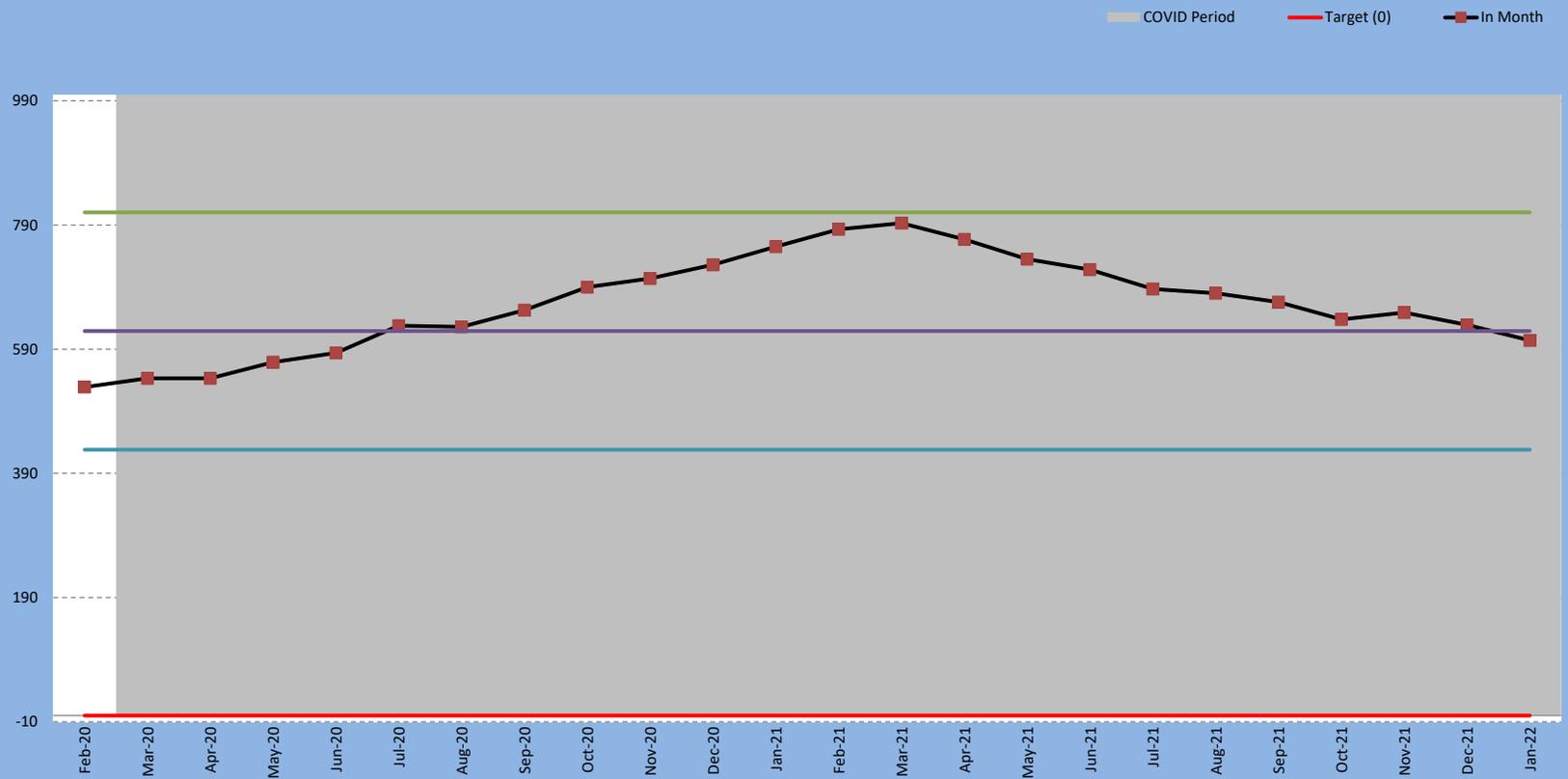
# PI RETURN FORM 2021-22

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jan 2022**

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

**Number of patients waiting 52 weeks for assessment and Diagnosis - Paediatric ASD**



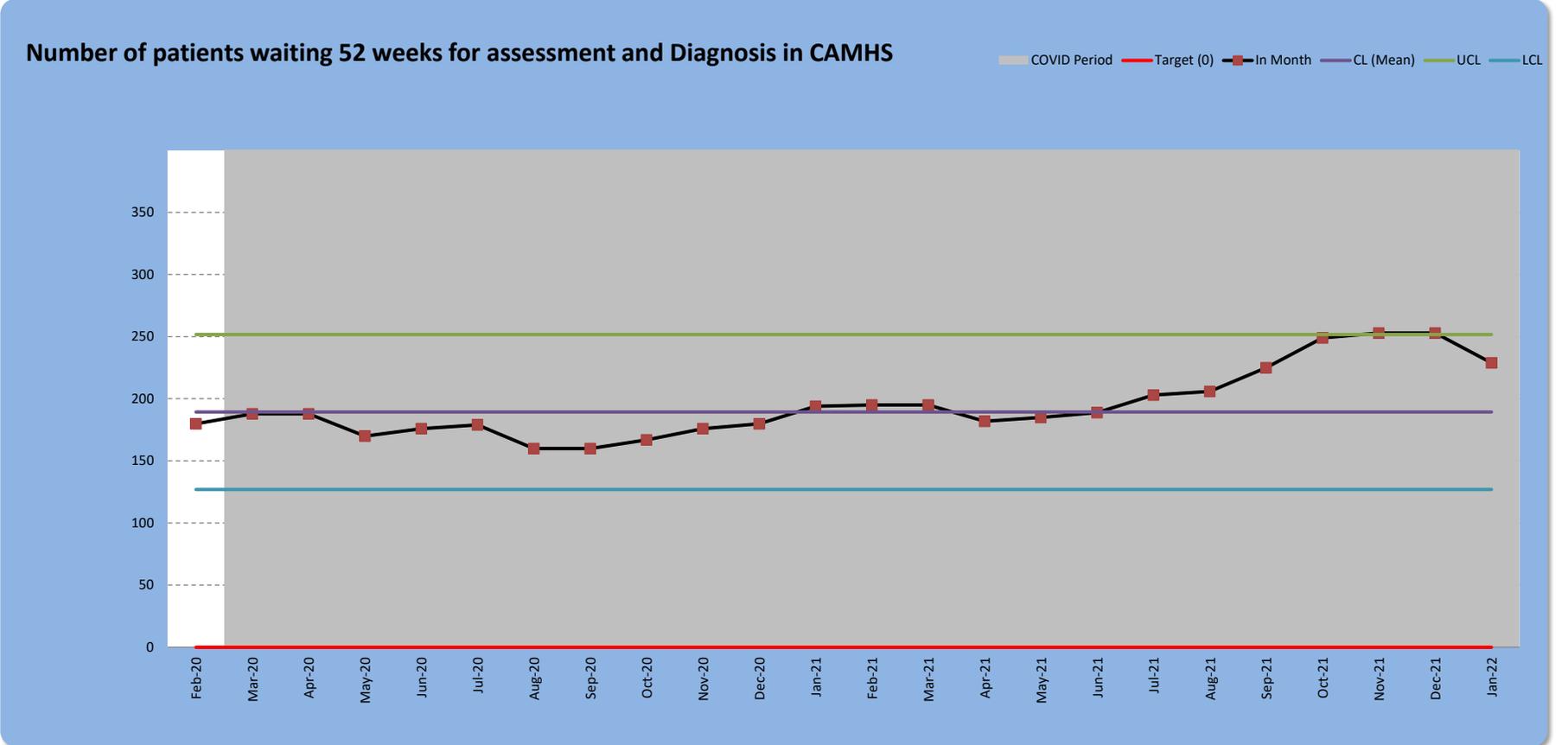
Target: 0  
 Amber: 0  
 Current month stands at 604

# PI RETURN FORM 2021-22

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jan 2022**

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



Target: 0  
 Amber: 0  
 Current month stands at 229

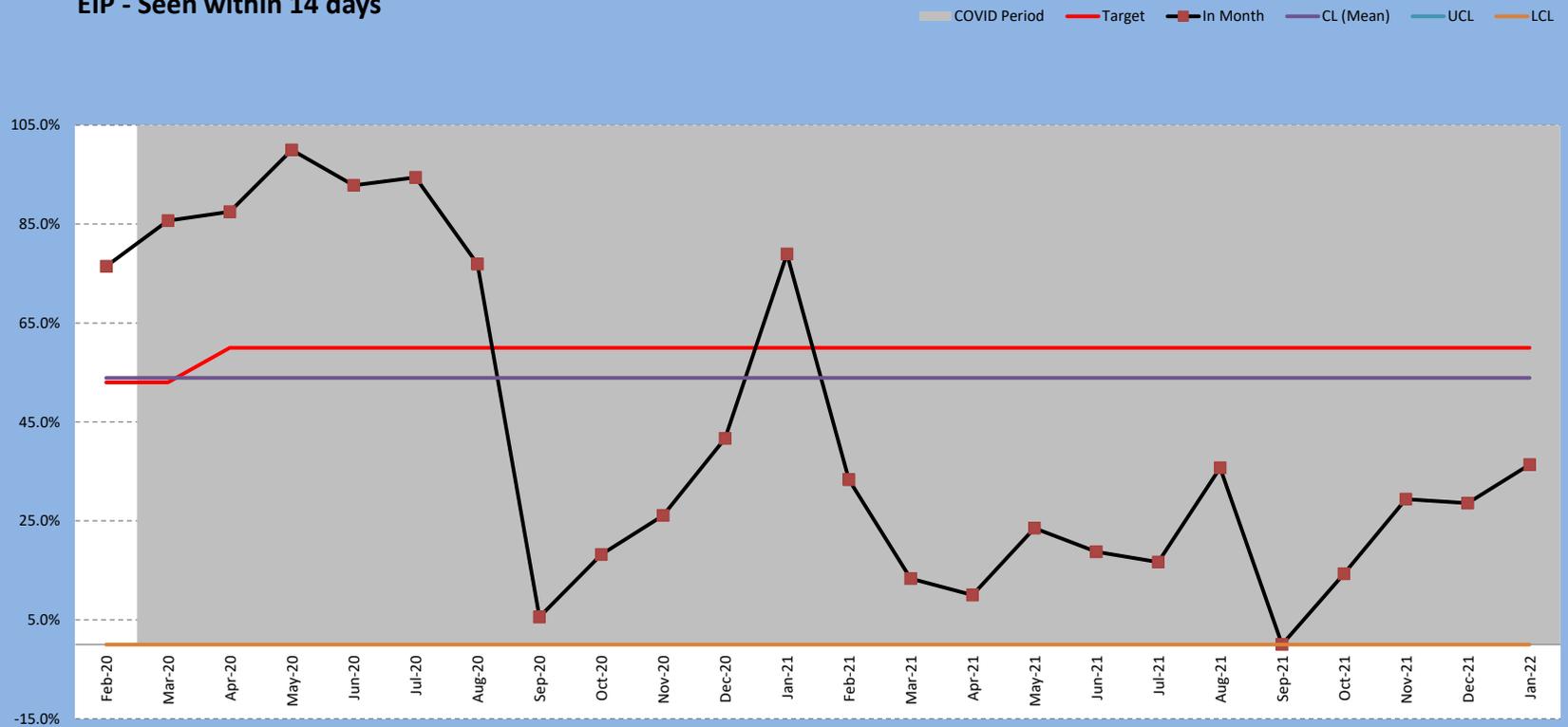
# PI RETURN FORM 2021-22

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jan 2022**

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

**EIP - Seen within 14 days**



Target: 60%  
Amber: 55%

Current month stands at 36.4%

# PI RETURN FORM 2021-22

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jan 2022**

Indicator Title

Description/Rationale

**Improved Access to Psychological Therapies**

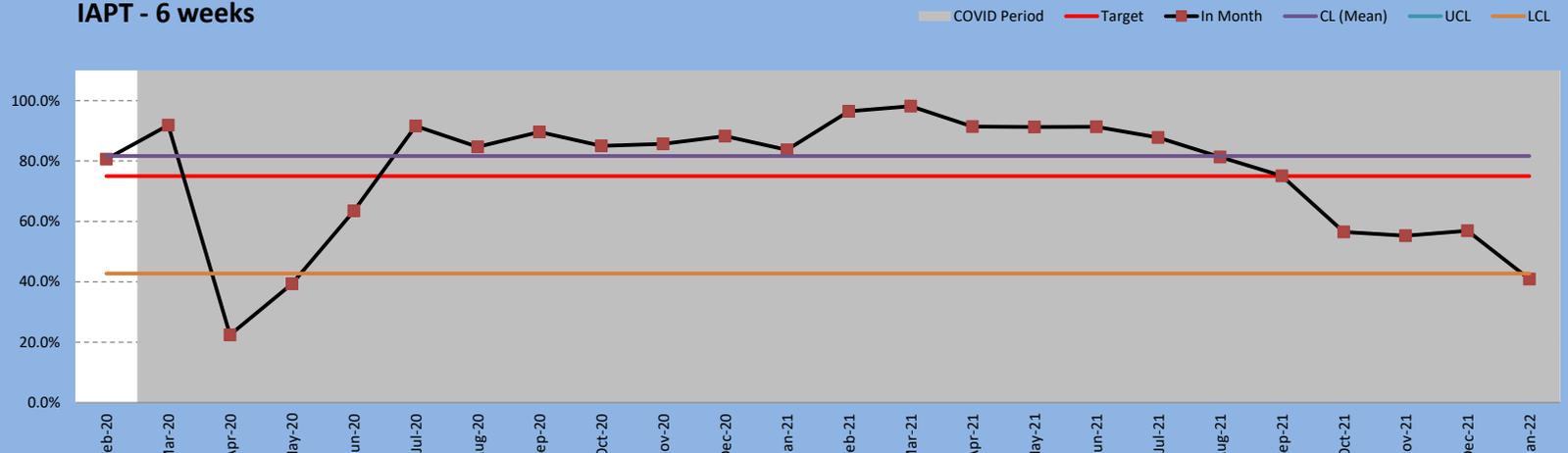
Two graphs to show percentage of patients who were seen within 6 weeks and 18 weeks of referral

Executive Lead  
Lynn Parkinson

KPI Type

OP 10a

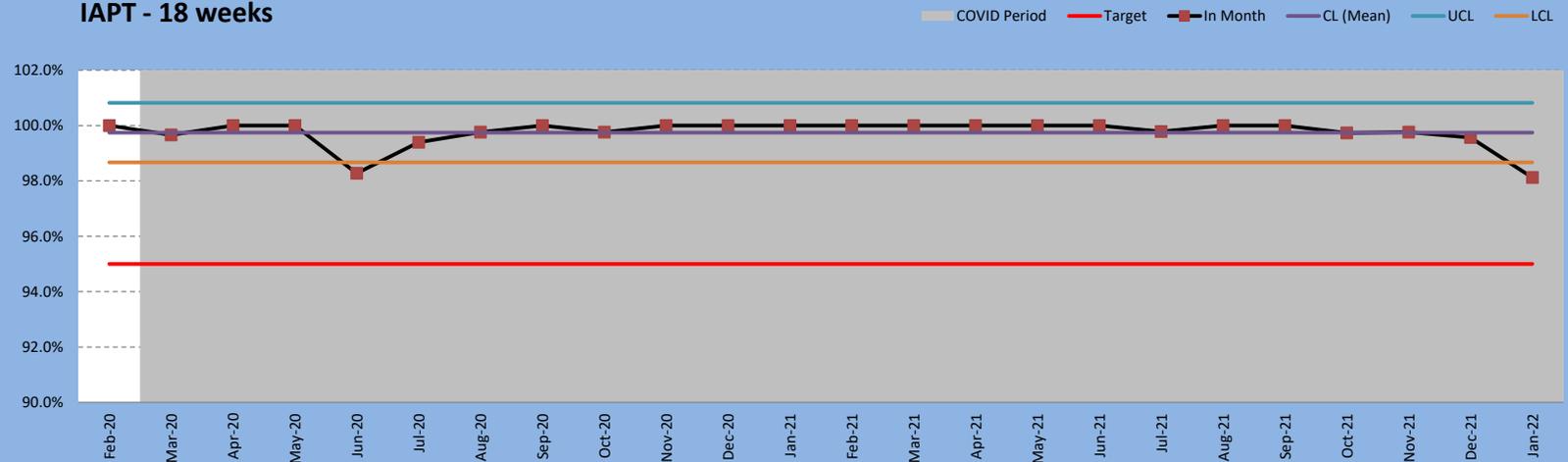
### IAPT - 6 weeks



Target: 75%  
Amber: 70%

Current month  
40.9%

### IAPT - 18 weeks



Target: 95%  
Amber: 85%

Current month  
98.1%

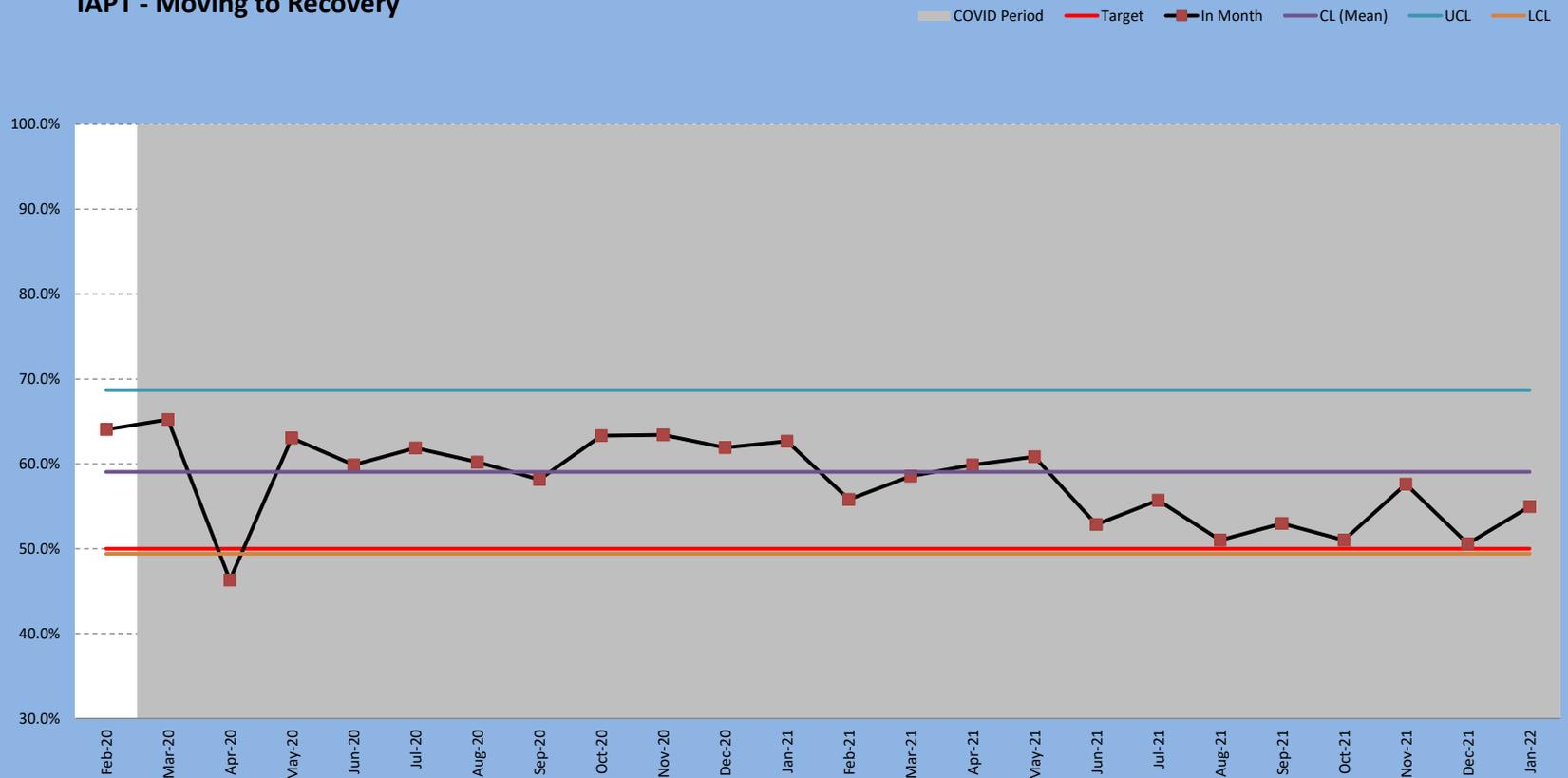
# PI RETURN FORM 2021-22

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jan 2022**

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Improved Access to Psychological Therapies	This indicator measures the Recovery Rates for patients who were at caseness at start of therapeutic intervention	Lynn Parkinson	OP 11

IAPT - Moving to Recovery



Target: 50%  
Amber: 45%

Current month stands at 55.0%

# PI RETURN FORM 2021-22

## Goal 3 : Fostering Integration, Partnership and Alliances

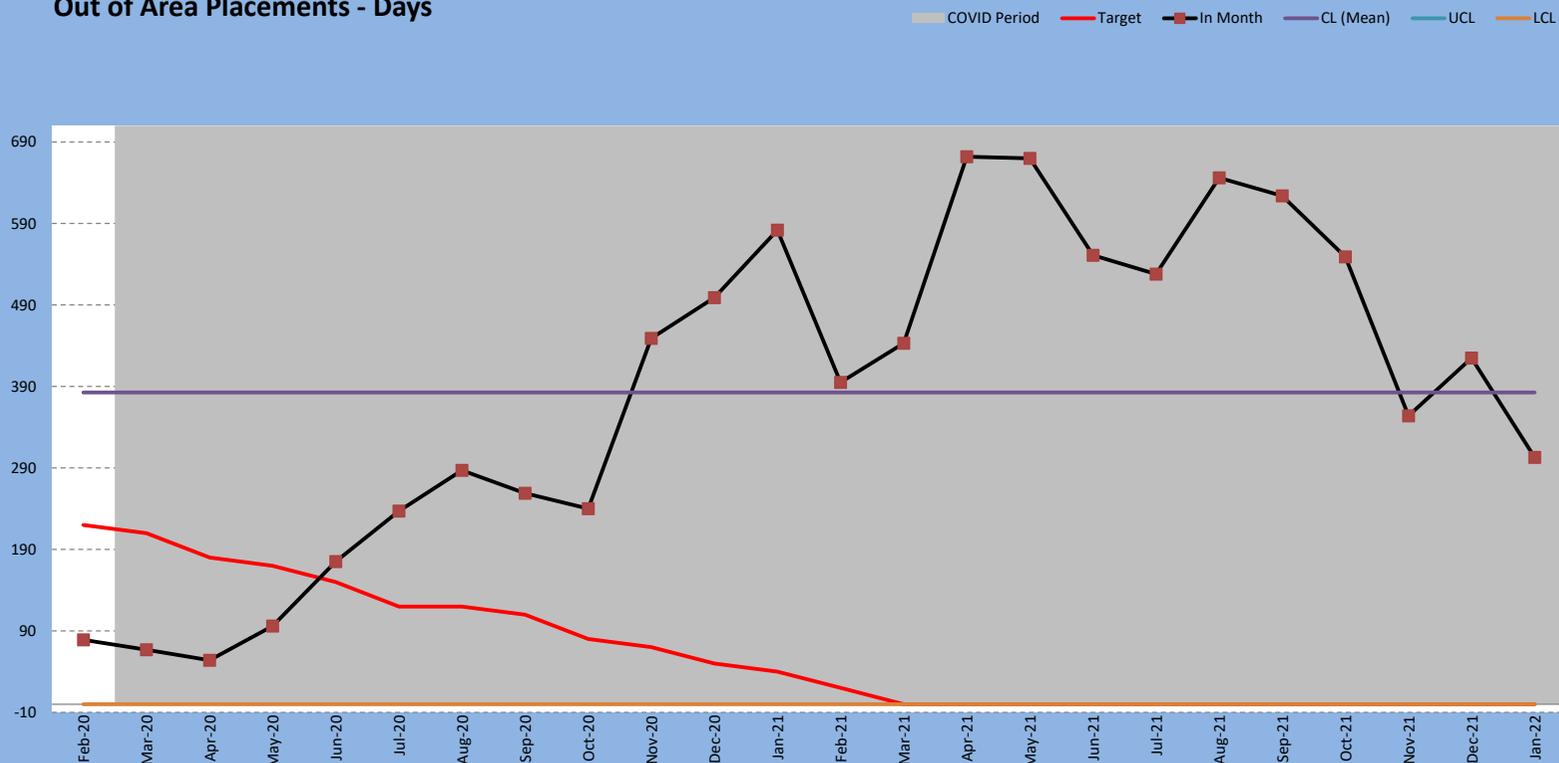
For the period ending: **Jan 2022**

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

KPI Type

ST 4b

### Out of Area Placements - Days



**Total number of patients out of area within month 18**

**Patients OoA - Split**

	# days	# patients
Adult	164	10
OP	129	7
PICU	10	1

Target: 0

Amber:

Current month stands at 303

# PI RETURN FORM 2021-22

## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Jan 2022**

Indicator Title

Description/Rationale

Executive Lead  
Lynn Parkinson

KPI Type

Out of Area Placements

Number of days that Trust patients were placed in out of area wards - split by service

ST 4 split

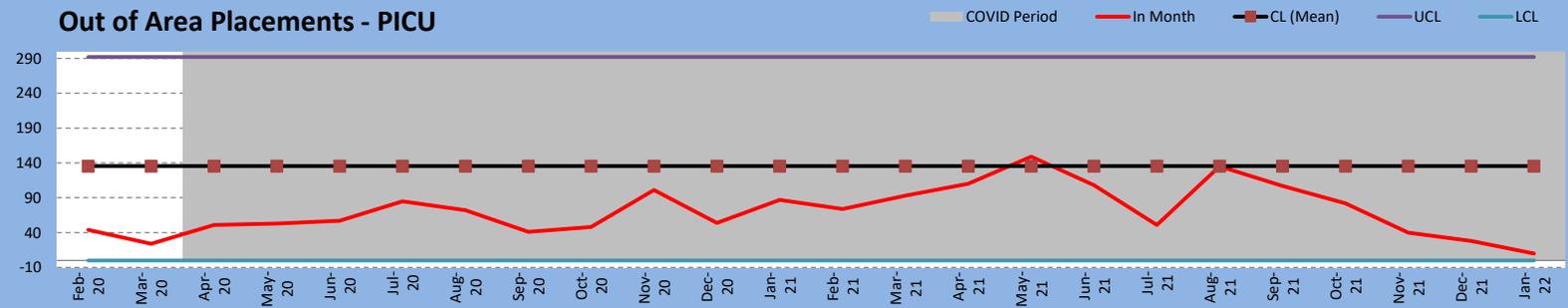
### Out of Area Placements - Adult



### Out of Area Placements - Older People



### Out of Area Placements - PICU



The split for the current month is as follows:

Jan-22	
164	Adult
129	OP
10	PICU
303	Total

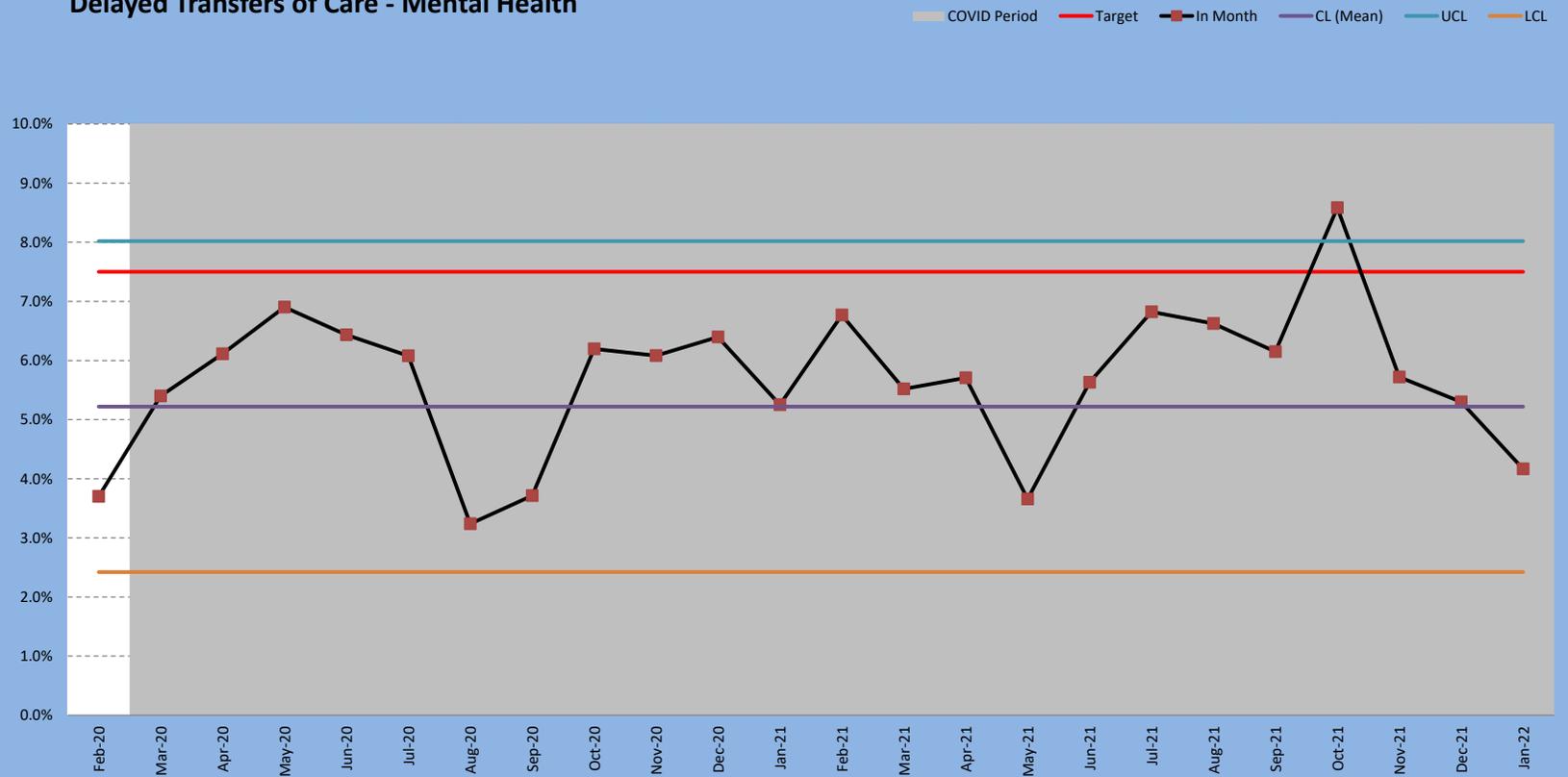
# PI RETURN FORM 2021-22

## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Jan 2022**

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Delayed Transfers of Care	Results for the percentage of Mental Health delayed transfers of care	Lynn Parkinson	OP 14

**Delayed Transfers of Care - Mental Health**



Target: 7.5%  
Amber: 7.0%

Current month stands at 4.2%

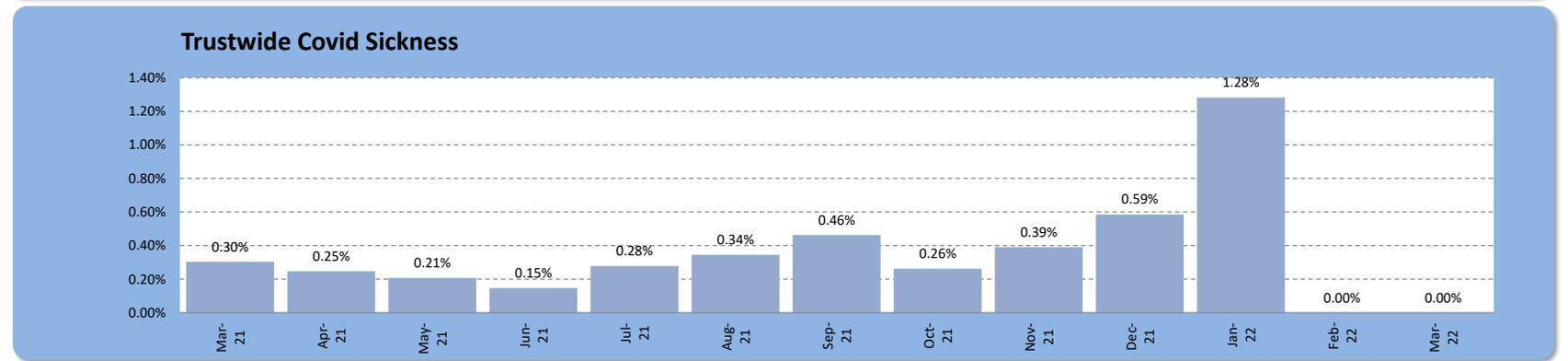
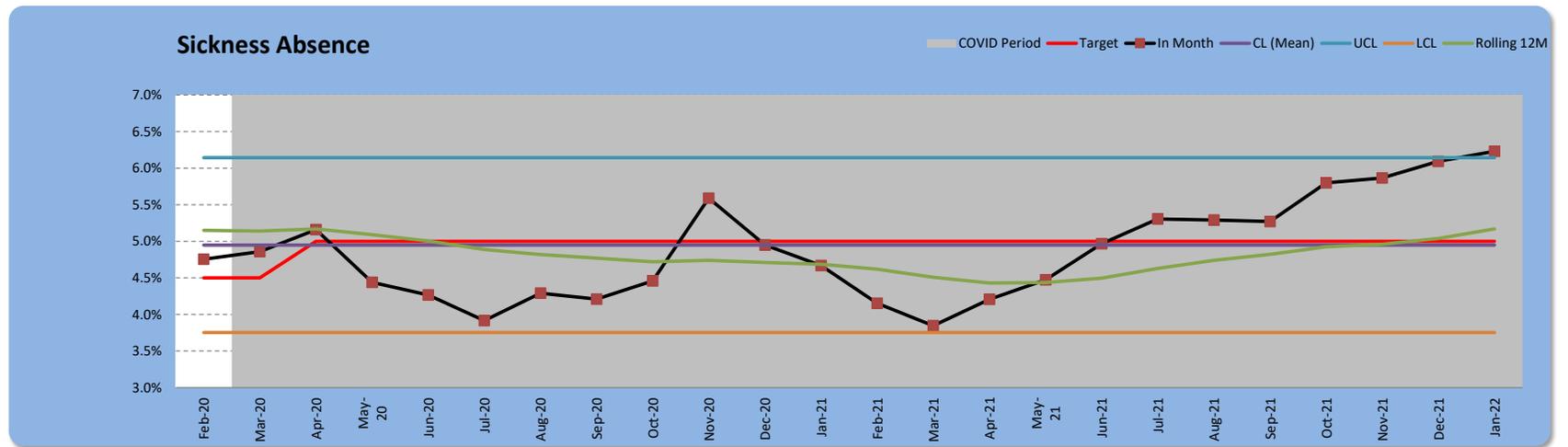
# PI RETURN FORM 2021-22

## Goal 4 : Developing an Effective and Empowered Workforce

For the period ending:

Jan 2022

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Sickness Absence	Percentage of staff sickness across the Trust (not including bank staff). Includes current month's unvalidated data	Steve McGowan	WL 1



Target: 5.0%  
 Amber: 5.2%  
 Current month: 6.23%

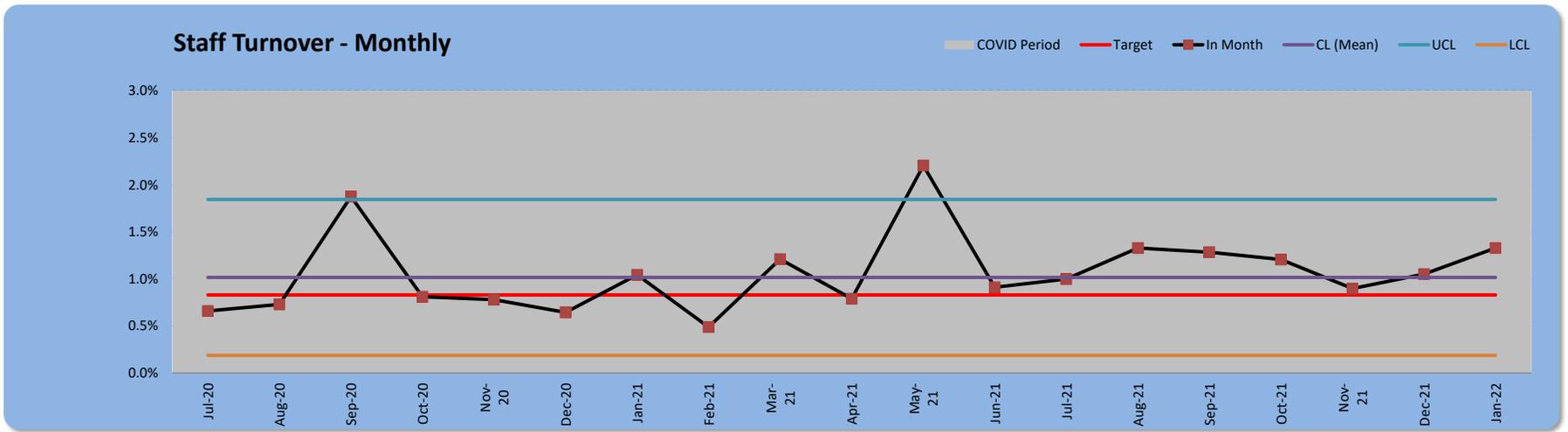
# PI RETURN FORM 2021-22

## Goal 4 : Developing an Effective and Empowered Workforce

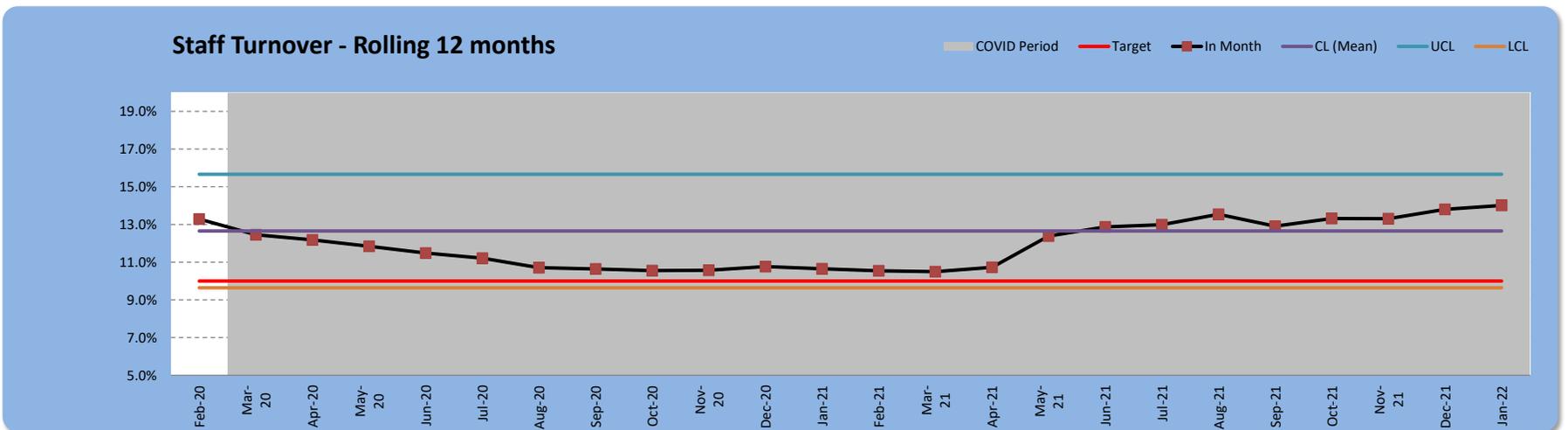
For the period ending: **Jan 2022**

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

Target: 0.83%  
 Amber: 0.70%  
 Current month stands at 1.3%



Target: 10%  
 Amber: 9%  
 Current month stands at 14.0%

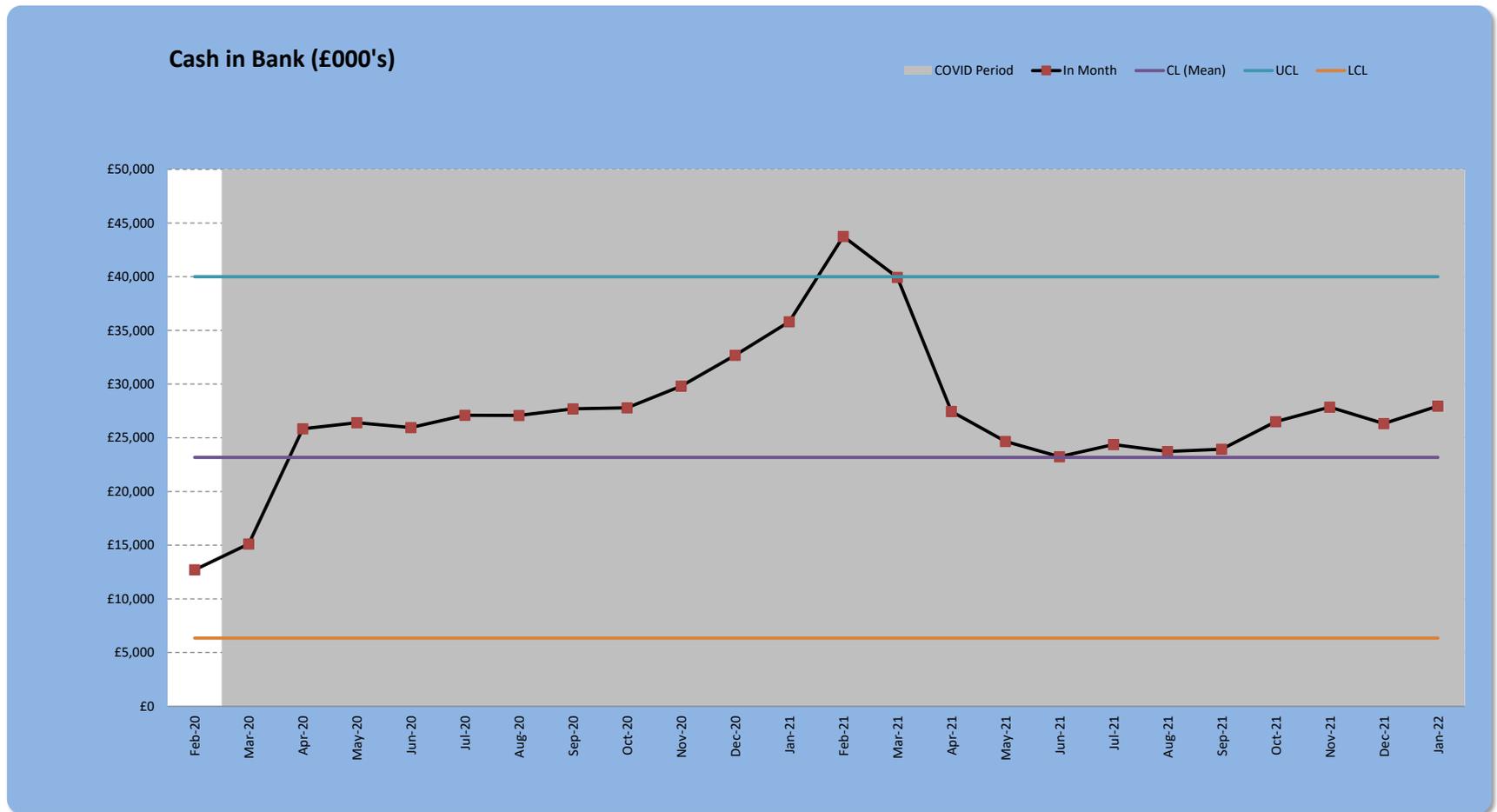


# PI RETURN FORM 2021-22

## Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Jan 2022**

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



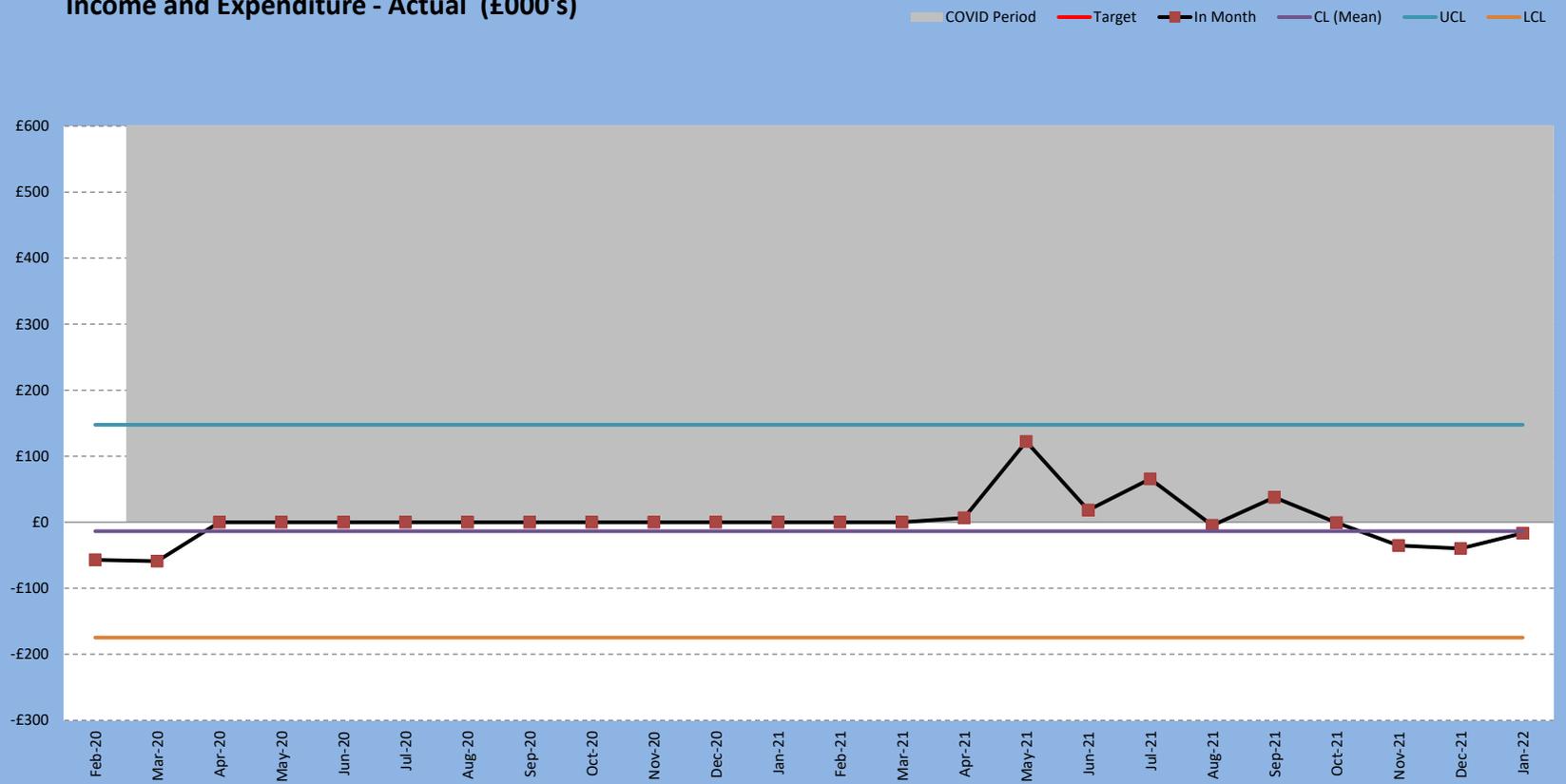
# PI RETURN FORM 2021-22

## Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Jan 2022**

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Income and Expenditure (£000's)	Review of the Income versus Expenditure (£000's) by month	Peter Beckwith	F 4b

**Income and Expenditure - Actual (£000's)**



Target:  
Amber:

Current month stands at -£17 ,000

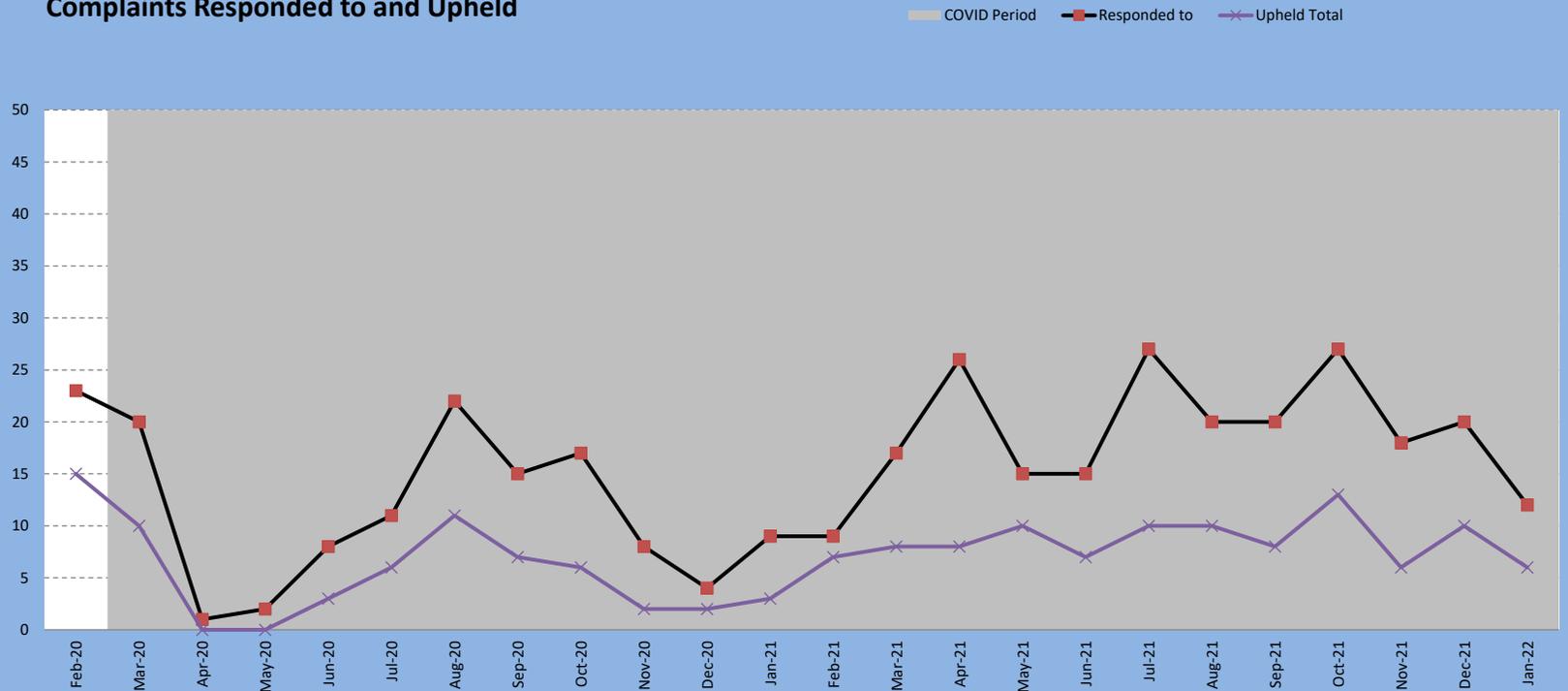
# PI RETURN FORM 2021-22

## Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Jan 2022**

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

**Complaints Responded to and Upheld**



Of the number of complaints responded to in the month 6 were upheld which equates to **50.0%**

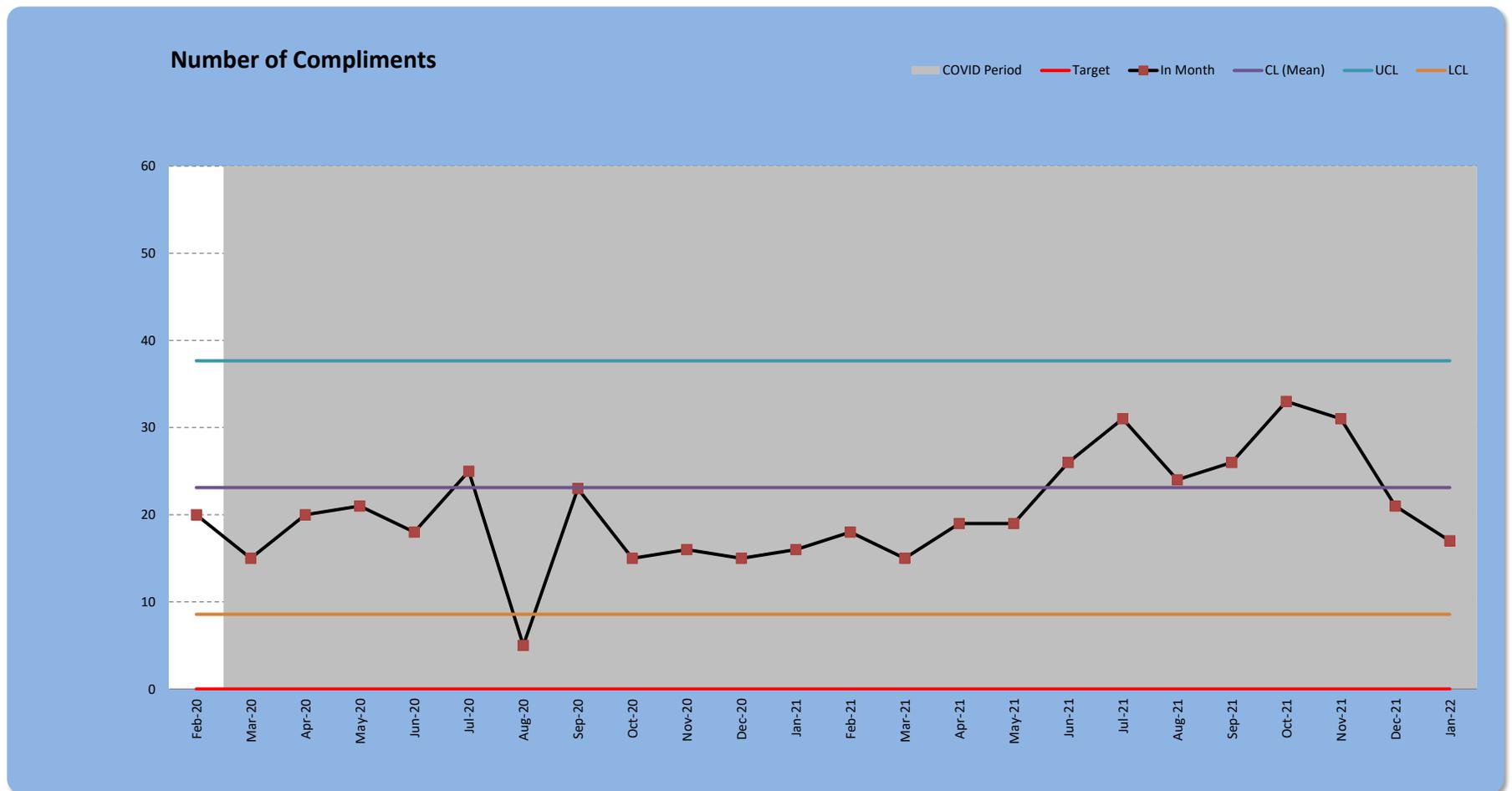
**YTD Upheld**  
**50.0%**

# PI RETURN FORM 2021-22

## Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Jan 2022**

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



Target: 0  
Amber: 0

Current month stands at 17



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: 14/02/2022

**Agenda Item: 10**

Title & Date of Meeting:	Trust Board Public Meeting – 23 February 2022			
Title of Report:	Finance Report 2021/22: Month 10 (January 2022)			
Author/s:	Name: Peter Beckwith Title: Director of Finance			
Recommendation:	To approve		To receive & note	<input checked="" type="checkbox"/>
	For information		To ratify	
	The Trust Board are asked to note the Finance report for January and comment accordingly.			
Purpose of Paper:	This report is being brought to Board Members to provide the financial position for the Trust as at the 31 January 2022 (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.			
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		Collaborative 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"> <li>The Trust recorded an overall operating surplus of £0.153m at Month 10, a position consistent with the Trust's planning target.</li> <li>Within the reported position at Month 10 is Covid expenditure of £4.021m and income top up of £2.217m.</li> <li>Cash balance at the end of Month 10 was £27.956m of which £2.818m relates to the Provider Collaborative</li> <li>The Year to Date Agency expenditure was £6.193m, this is £0.534m more than the previous year's equivalent month 10 position.</li> </ul>			

**Monitoring and assurance framework summary:**

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

## **FINANCE REPORT – January 2022**

### **1. Introduction**

This report is being circulated to The Board to present the financial position for the Trust as at the 31st January 2022 (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. Position as at 31st January 2022**

Under the planning guidance the Financial year has been split into two halves, within the first half (referred to as H1) the Trust was required to make a surplus of £0.315m and this was achieved by the Trust.

Confirmation of the required target for the second half of the year (H2) has been received by the Trust and the ask is for a annual break even position to be delivered, this results in a deficit position £0.315m for H2.

Table 1 shows for the period ended 31st January 2022 the Trust recorded an operating surplus of £0.153m, details of which are summarised in the table on the following page.

There are 3 items which don't count against the Trust's financial control targets, these are

- i) The Trust has billed Hull City Council for the amount of expenditure undertaken on the Yorkshire and Humber Care Record, this totals £2.958m
- ii) Donated Asset Depreciation (totals £0.049m year to date)
- iii) Profits on the Sale of Assets of £0.064m

Including the above items, the overall Ledger Position is a £3.127m surplus.

**Table 1: 2021/22  
Income and Expenditure**

	21/22 Net Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
<b>Income</b>							
<b>Trust Income</b>	130,672	11,058	11,117	59	108,578	109,223	645
<b>Clinical Income</b>	16,176	1,306	1,521	216	13,550	14,626	1,076
<b>Covid 19 Income</b>	6,743	664	792	128	6,302	8,340	2,038
<b>Total Income</b>	153,591	13,028	13,431	403	128,430	132,189	3,759
<b>Expenditure</b>							
<b>Clinical Services</b>							
Children's & Learning Disability	30,134	2,505	2,518	(14)	25,062	25,318	(256)
Community & Primary Care	29,371	2,485	2,664	(178)	24,466	25,425	(960)
Mental Health	52,053	4,490	4,329	161	43,643	42,915	728
Forensic Services	11,886	980	915	65	9,844	9,471	373
	123,443	10,460	10,426	34	103,015	103,130	(114)
<b>Corporate Services</b>							
	29,664	2,775	2,501	274	25,024	23,438	1,586
<b>Total Expenditure</b>	153,107	13,235	12,927	308	128,040	126,568	1,472
<b>EBITDA</b>	484	(207)	504	711	390	5,621	5,231
Depreciation	4,031	336	313	23	3,359	3,385	(26)
Interest	148	12	12	0	123	123	(0)
PDC Dividends Payable	2,341	195	195	-	1,951	1,951	-
ICS Contribution	-	-	-	-	-	9	(9)
<b>Operating Total</b>	(6,036)	(750)	(17)	734	(5,043)	153	5,197
BRS	(6,036)	(733)	-	(733)	(5,196)	-	(5,196)
<b>Operating Total</b>	1	(17)	(17)	1	153	153	0
<b>Excluded from Control Total</b>							
YHCR Section 75 Income	-	-	-	-	-	(2,958)	2,958
Profit on Assets Held for Sale	-	-	-	-	-	(64)	64
Donated Depreciation	70	6	5	1	58	49	10
	(69)	(23)	(21)	2	94	3,127	3,032
<b>Excluded</b>							
Commissioning	1	(108)	(2)	(105)	8	(3)	11
<b>Ledger Position</b>	(70)	85	(19)	(103)	86	3,130	3,044
<b>EBITDA %</b>	0.3%	-1.6%	3.8%		0.3%	4.3%	
<b>Surplus %</b>	-3.9%	-5.8%	-0.1%		-3.9%	0.1%	

## **2.2 Income**

Trust Income is overachieving against budget by £0.645m this is due to the Trust being in receipt of the backdated pay award funding, additional SDF and Spending Review monies which have been transacted by the CCGs.

The additional £1.076m of Clinical Income relates to a number of areas across the Trust and includes:

- i) Non recurrent income from commissioners for Out of Area placements provides £0.331m.
- ii) Additional income in Community and Primary Care and Addictions of £0.230m

The remaining overachievement relates to a number of minor additional amounts in Children's and LD.

Covid 19 income is showing an overachievement against budget of £2.038m and is being utilised as an efficiency to offset the pressure of the pay award.

## **2.3 Divisional Expenditure**

The overall Operational Divisional Gross Expenditure is showing an overspend of £0.114m.

### **2.3.1 Children's and Learning Disability**

Children's and LD is reporting a £0.256m overspend year to date.

CAMHS Inpatient Service is reporting a significant pressure this financial year with a year to date overspend of £0.818m. The pressure to open the PICU beds and the acuity of the patients has resulted in increased staffing levels and pay is overspent by £0.787m. The cost of the doctors for the ward is £0.360m over spent year to date due to the difficulty recruiting and the use of agency consultants.

Nursing is £0.491m overspent due to the use of agency, maternity cover and the staffing levels required.

Within LD there are pressures particularly at Granville Court with a year to date overspend of £0.400m. This has been picked up with East Riding CCG who are aware of the pressures at Granville Court and there is an understanding that when the detailed planning work is undertaken this is a high priority in terms of appropriate funding.

### **2.3.2 Community and Primary Care**

Community and Primary Care is reporting an overspend of £0.960m.

Primary Care is showing an overspend of £0.814m which is primarily due to pressures caused by the required increase of Locum Doctors which are significantly

more expensive than substantive staff, this is particularly the case at Market Weighton and Practice 2.

### 2.3.3 Mental Health

The Division is showing an underspend of £0.728m. There are pressures on medical staffing budgets due to the use of agency locums, but this is offset by underspends across the division due to vacancies across a number of service areas reflecting in part recruitment to new posts/services which have been funded for the full year within the Trusts plan. There are agency staff being employed to fill essential roles and this is being constantly reviewed.

### 2.3.4 Forensic (Secure) Services

The year to date position of Forensic Services is an underspend of £0.373m.

### 2.3.5 Corporate Services

Corporate Services are reporting an underspend of £1.472m, this is primarily in Finance Technical and relates to reserves/contingency budgets

## 3. COVID Expenditure

At the end of January the Trust recorded £4.021m of Covid related expenditure and £2.217m of Income Top Up, details of which are summarised below:

**Table 2 Covid Costs**

Covid Costs	Total £m
Pay	1.331
Non Pay	2.689
Expenditure	4.021
Income Top Up	2.217
<b>Total</b>	<b>6.238</b>

## 4. Cash

As at the end of Month 10 the Trust held the following cash balances:

**Table 3: Cash Balance**

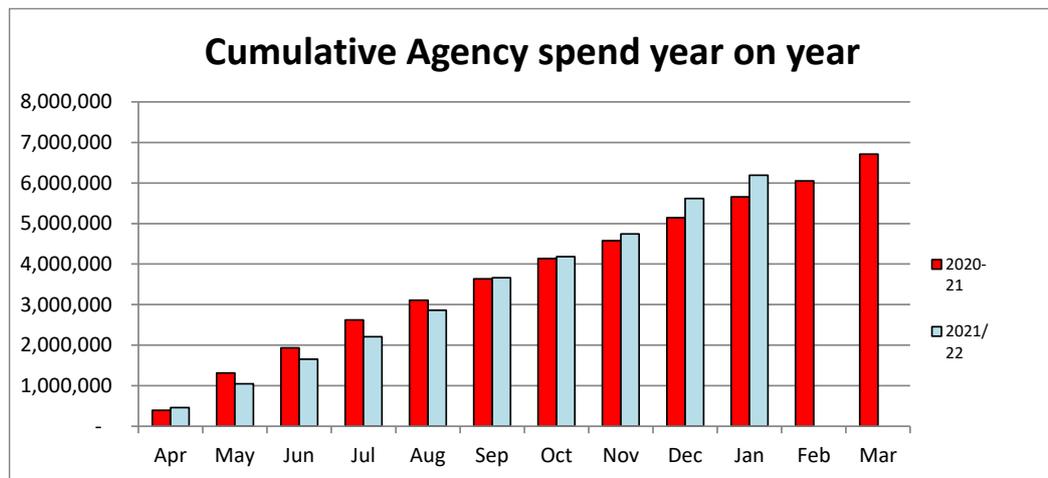
Cash Balances	Provider	Provider Collaborative	Total
	£000s	£000s	£000s
Cash with GBS	24,807	2,818	27,625
Nat West Commercial Account	281	-	281
Petty cash	50	-	50
<b>Total</b>	<b>25,138</b>	<b>2,818</b>	<b>27,956</b>

Included within this amount is the Provider Collaborative cash amount of £2.818m

## 5. Agency

Actual agency expenditure for January was £0.573m. The year to date spend is £6.193m, which is £0.534m above the same period in the previous year.

**Table 4 Agency Spend v previous year**



**Table 5 Agency spend by staff group**

Staff Type	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Consultant	390	342	456	432	505	542	327	405	560	233	4,191
Nursing	27	152	106	81	58	186	123	132	221	171	1,257
AHPs	10	51	(1)	6	16	(11)	(2)	5	43	20	138
Clinical Support Staff	13	26	18	22	42	64	32	32	48	145	444
Administration & Cler	17	20	24	17	30	18	43	(16)	5	4	163
<b>Grand Total</b>	<b>457</b>	<b>592</b>	<b>602</b>	<b>558</b>	<b>652</b>	<b>799</b>	<b>522</b>	<b>559</b>	<b>878</b>	<b>573</b>	<b>6,193</b>

The table above shows the agency spend by staff type by month, the majority of expenditure relates to Consultants.

## 6. Statement of Financial Position

The Statement of Financial Position in Appendix 1 shows the Trust's assets and liabilities as at 31st January 2022. A comparison has been made against December 21.

At £101.219m net assets have decreased reflecting the reduction in retained earnings for the year to date. The increase in cash mainly relates to the Provider Collaboration. The general increase in payables is attributable to high volumes of invoices for agency staff.

**7. Recommendations**

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

Appendix 1

Statement of Finance Position – 31 January 2022

	Jan-22 £000	Dec-21 £000	Movement £000	Comments
<b>Non-current assets</b>				
Property, Plant & Equipment	88,051	87,962	89	
Intangible Assets	13,927	13,337	590	Additions less depreciation
<b>Total non-current assets</b>	<b>101,978</b>	<b>101,299</b>	<b>679</b>	
<b>Current assets</b>				
Cash	27,956	26,329	1,627	Increase from invoices held relating to Provider Collab due to queries
Receivables	10,516	10,592	-76	
Inventory	155	155	0	
Assets held for sale	599	599	0	
<b>Total current assets</b>	<b>39,226</b>	<b>37,674</b>	<b>1,551</b>	
<b>Current liabilities</b>				
Payables	6,955	6,149	805	Due to increase in Non PO Invoices accrual - waiting to be approved and paid
Accrued liabilities	15,414	15,340	74	
Other liabilities	10,296	8,928	1,369	Increase relating to NHS England - HCV / Provider collab
<b>Total current liabilities</b>	<b>32,665</b>	<b>30,417</b>	<b>2,248</b>	
<b>Net current assets</b>	<b>6,561</b>	<b>7,257</b>	<b>-696</b>	
<b>Long Term Liabilities</b>				
Non-current borrowings	3,420	3,420	0	
Non-current- other liabilities	3,899	3,899	0	
<b>Total Long term Liabilities</b>	<b>7,319</b>	<b>7,319</b>	<b>0</b>	
<b>Total Net Assets</b>	<b>101,219</b>	<b>101,237</b>	<b>-18</b>	
Revaluation Reserve	16,250	16,250	0	
PDC	69,652	69,652	0	
Retained earnings reserve	17,391	17,409	-18	
Other	(2,073)	(2,073)	0	
<b>Total Taxpayers Equity</b>	<b>101,219</b>	<b>101,237</b>	<b>-18</b>	
<b>Total Liabilities</b>	<b>141,203</b>	<b>138,974</b>	<b>2,230</b>	

**Agenda Item 11**

Title & Date of Meeting:	Trust Board Public Meeting – 23 February 2022			
Title of Report:	Mental Health Legislation Committee Assurance Report following meeting of 03 February 2022.			
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 03 February 2022 and a summary of key issues for the Board to note.</p>			
<b>Governance:</b> <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	✓
<b>Key Issues within the report:</b>  <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<ul style="list-style-type: none"> <li>Received and approved Q3 Reducing Restrictive Interventions (RRI) report. Good assurance with the case studies adding to understanding. Personal and Team Safety (PATS) and De-escalation Management Intervention (DMI) training back on track.</li> <li>Assurance given around ongoing work in the Mental Health Units Use of Force Act subgroup and RRI subgroup</li> <li>Deep dive into the Analysis of Ethnicity and Mental Health Act (MHA) report</li> <li>Noted all Mental Health Legislation policies up-to-date with 2 under review.</li> </ul>			

**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:

- Insight report - The Committee was informed about:
  - The Human Rights Act Reform: A Modern Bill Of Rights;
  - Liberty Protection Safeguards (LPS) update: Delay in April 2022 implementation date;
  - Mental Health Units (Use of Force) Act 2018;
  - Restraint, segregation and seclusion review: Progress report by the Care Quality Commission (CQC) (December 2021).
- Performance report - positively zero use of S4s for a number of months
- RRI report Q3 –
  - Positive Engagement Team (PET) training now starting to catch up having located a venue
  - Commended case studies – an example being a young person requiring continual 'engagements' by two members of staff due to significant risk of harm – positive risk taking allowed for a reduction in restrictive practice by considering it in a trauma informed way; constantly having two members with them at all times was impacting on their sense of identity, self-esteem but also re-traumatising them. Harmful behaviour has not reoccurred, and the young person is reporting that they are much happier.
- Deep dive into the analysis of ethnicity and MHA report – Noted connections with the consultation on Human Rights Act and with the inequality agenda. Also identified possibly need to work with local authorities around ethnicities and public health and the need to split out individual ethnicity as oppose to the generic 'white' and 'non-white'. Discussed trying to understand a more nuanced approach to data; an approach that reflects the actual ethnic diversity in our geographical patch e.g., Eastern European.
- Assurance given around ongoing work in the Mental Health Units Use of Force Act subgroup and RRI subgroup
- Verbal update on closed culture work
- Commended all MH legislation related policies up to date

- Committee noted the minutes of the MHL steering group
- Observed by Director of Clinical Governance (well led review), Chair of MHLC in Sheffield Health and Social Care, and our GP lead

**Agenda Item 12**

Title & Date of Meeting:	Trust Board Public Meeting – 23 February 2022			
Title of Report:	Audit Committee Assurance Report			
Author/s:	Name: Peter Baren/Stuart Mckinnon-Evans Title: Non Executive Director, Chairs 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 meeting held on the 8 February 2022 and a summary of key issues for the Board to note.</p>			
<b>Governance:</b> <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		Collaborative Committee	
		Other (please detail) Assurance report		✓
Key Issues within the report:	Identified in the report			

**Monitoring and assurance framework summary:**

<b>Links to Strategic Goals</b> (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:**

A meeting of the Audit Committee took place via MS Teams on the 9<sup>th</sup> November 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
- Year end Assurance and Accounting Issues
- Draft Effectiveness Review and ToR annual review
- Cyber Security Update (SIRO Group Assurance Report)
- Procurement Activity Report
- Tender Waiver Update
- Insurance Provision
- Board Assurance Framework
- Risk Register – Board and deep dive Children and LD & Primary Care
- Information Governance Assurance Report and minutes
- Update on changes to Contracts/Agreements

**Risks and major items discussed**

Three Internal Audit Assurance Reports were received and discussed:

Disciplinary and Grievance Procedures  
 Phishing Exercise  
 Budget Reduction Strategy

**Significant Assurance**  
**Advisory only**  
**Significant Assurance**

The two significant assurance reports had, mainly, a number of minor recommendations where the actions were well in hand to complete. It was agreed that a summary of the Disciplinary and Grievance report should be tabled for review at the next Workforce OD cttee, and likewise the BRS report to FIC, where the relevant management would be on hand to give updates and further assurance. The Phishing Exercise was carried out in November and this related to a bogus NHS

Discounts site, where NHS login details were to be entered. 724 staff clicked onto the link and around half of these entered their login details. There is continued learning and additional training identified here.

The auditors presented a pie chart summarising the status of the previous 12 months audit recommendations. 87% (128) had been completed, 4% (6) not yet due and 13 (9%) overdue. The position was noted as good and Audit Yorkshire noted that this benchmarked well compared to other organisations. However, it was stressed that the plan was to achieve 100% on time with any revised dates having to be agreed by EMT, and this process was re-emphasised.

The Committee were informed that the 22/23 Annual Internal Audit Plan was not yet finalised for review, and asked that this be done by email to members once EMT had agreed it, 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 21/22. This gave updates on the proactive exercises and investigations, as well as work done on communications, training and National counter fraud initiatives.

The Committee met with Audit Yorkshire following on from the formal meeting, and noted the good working relationship and progress. The new Managing Director, Helen Higgs, attended.

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 and main risk areas. The fees and independence status were also discussed. The audit work would be off site once more, and the later audit and yearend submission deadline noted (22 June). A summary of potential accounting issues was presented by management and the good progress on property valuations noted. The risk relating to the timing of pensions data was also noted.

The Committee also met with Mazars before the formal meeting and noted good progress and relationship.

The draft Effectiveness Review and ToR were discussed, and some finalisation was still required. These will be discussed and finalised at the next meeting. The Committee and attendees had been asked to complete a 'monkey survey' for feedback, facilitated by the internal auditors, and the draft results of that were tabled, and considered very satisfactory. A recommendation for future reviews of the Whistleblowing Policy to come to this Committee was accepted.

The Cyber assurance report was noted and minutes accepted, with a note that the performance against the Cyber Operational Readiness Support (CORS) remediation plan would be tabled at the next Audit meeting.

The Committee welcomed the assurance given by the Procurement Activity Report, noting the fairly high activity and received good assurance around controls in this area. There was a discussion of the impact of energy price increases and a paper is

to be provided on this matter to FIC.

Five new single tender waivers were received and noted, totalling £634k, along with updates on tender waivers currently still active. A separate working schedule of tenders expiring before 31 March 2022 was tabled, which highlighted the review and control process through ODG and EMT. Four soon to expire single tenders were still to be actioned pending future commissioning and contracting intentions, but controls were in place to ensure these were actioned appropriately and on time.

The Board Assurance Framework (BAF) was presented in draft form for Q4, and the changes noted and discussed. Some actions were noted as requiring updates. The finalised BAF is due to the Board in March.

In relation to the Trust risk register, eight risks were noted which had not changed since Q3. Two of these were part of the 6 higher risks noted by the Children's and LD services division. The committee went through these one by one with the divisional director, and gained assurance that they were being actively managed as much as could be done at a local level. The Committee were pleased that the workforce risks at Inspire were being managed such that the unit could soon open fully. The five high risks relating to Primary Care were discussed. It was felt that these required updating in relation to the financial risk, following the data recently received at FIC, and the use of Locum doctors, and this is to be actioned for the next iteration.

Clinical Negligence insurance costs in 2022/23 are to rise by the maximum cap of 30% to £834k (ie plus £190k) following the annual review and this increase is mainly caused by the level of past and outstanding claims. Other insurance costs are generally in line with the previous year.

The Information Governance Report/Minutes were discussed and noted, and the ToR approved subject to a minor query. It was noted that the IG Group's effectiveness review for 21/22 will come to Audit Committee in May 22.

### **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 increase in Clinical Negligence insurance
- That the 22/23 internal audit plan is still to be signed off
- The good level of closure of prior internal audit recommendations

**Agenda Item 13**

Title & Date of Meeting:	Trust Board Public Meeting – 23 February 2022			
Title of Report:	Quality Committee Assurance Report			
Author/s:	Name: Mike Smith Title: Non-Executive Director and Interim Chair of Quality Committee			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	The Quality Committee is one of the sub committees of the Trust Board  This paper provides an executive summary of discussions held at the meeting on 2nd February 2022 with a summary of key issues for the Board to note. The approved minutes of the meeting held on 2 <sup>nd</sup> November 2021 are presented for information.			
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
		Other (please detail) QC Assurance Report prepared for the Board		✓
Key Issues within the report:	<p>The following items were noted for highlighting to the Trust Board</p> <ul style="list-style-type: none"> <li>The Committee escalated the Hull and East Riding Annual LeDeR report to the Trust Board requesting it be scheduled onto the Board planner for discussion.</li> <li>The final CQC Must do and Should do action plans were approved</li> </ul>			

**Monitoring and assurance framework summary:**

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



Legal	√			To be advised of any future implications 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	

## Executive Summary - Assurance Report:

### Key Issues

The key areas of note arising from the Quality Committee meeting held 2<sup>nd</sup> February 2022 are as follows:

The Chair welcomed everyone to the committee meeting.

The minutes of the meeting held 2<sup>nd</sup> of November were agreed as a true record with a minor amendment and the action log noted having six actions closed with follow ups action for the two remaining items. The Quality Committee Assurance report was noted, and the updated work plan approved.

### Discussion item – CMHT Transformation Programme (Paul Johnson)

PJ took the Committee through the presentation, which was included in the papers, updating the meeting on what has been achieved so far within this programme. It was noted the transformation programme is a huge undertaking which links to the whole mental health system. A good discussion was held following the presentation. The programme will undergo an evaluation in April 2022, and it was agreed the evaluation report would be brought to the Quality Committee in August 2022.

### Quality Insight Report

The Committee was updated on nurse led research, the Cawston Park SAR, and the Trust safeguarding training, along with updates on Clinical Audit and Service Evaluations and zero events. The updates were discussed, and it was agreed a Zero Event annual report would be presented to the May Quality Committee.

### Quality Committee Risk Register Summary

The risk register summary was interrogated and welcomed observing the nine risks rated nine or above with one new risk under LD services and two risks being closed since the last Quality Committee. It was noted the risk in relation to recording next of kin is being monitored closely and will be reassessed with the next data report. A full year end review of risks and their management was requested.

### CERG Report – Inpatient ligature – Review of doors

The report to look at the options to reduce the risks in relation to ligature anchor points and doors as requested by EMT was noted with the recommendations supported by the Committee.

### Research and Development – six-month update report Cathryn Hart)

The report was noted as read, having been considered by Board in January. CH highlighted the areas of research and how it impacts on our community noting a few of the studies currently open.

### Patient and Carer Experience – six-monthly report (Mandy Dawley)

MD highlighted areas from the report including the Family and Friends stage two invite with the Royal Collage in London, the latest information on the Humber Youth Action Group and the Carers Involvement Forum, acknowledging the fantastic support from both members of public and staff who continue to champion the agenda. It was noted the PACE strategy will be undergoing refresh over the next 12 months with a working group set up for people to get involved in the refresh.

**Divisional Quality Improvement Plan (QIP) update report**

KF presented a summary of the Divisional QIPs co-written by the Divisional Clinical Leads, highlighting the main themes running through all divisions. KF confirmed these plans are monitored through various Trust meetings. The report was discussed, and the fantastic work acknowledged noting how this links with the QI programme.

**National Confidential Enquiry on Suicide update presentation**

TF presented the 2021 report findings, which were then discussed noting the '10 ways to improve safety slide in the presentation which was discussed will be included in the refresh of the Patient Safety Strategy. It was agreed that the timelines of the actions should be brought back to a future Quality Committee meeting.

**Self-Assessment against CQC KLOE Briefing report and Final CQC Must do and Should do action plans**

HG explained the 2019 CQC action plans had been closed prior to the pandemic starting and were picked up again late last year to ensure all closed actions were embedded in practice. The Self-assessment looked at every CQC key line of enquiry (KLOE) to see where any extra work was required and there are currently nine actions which are being monitored through the Audit and Effectiveness group to ensure everything is embedded in practice. The Committee approved the report.

**Briefing paper – Out of hours contract**

LP presented the paper following an action from the Trust Board for the Quality Committee to review the quality aspects of the contract following previous concerns. It was agreed good assurance was received, and the paper was very helpful.

**Hull and East Riding Annual Learning Disability Mortality review (LeDeR)**

The annual review report for the Humber region was noted with the key messages highlighted. It was agreed the report was sober reading on the national picture but encouraging reading for some of the statistics on our local area. The Committee agreed to escalate the report to the Trust Board to give an opportunity for a conversation around mortality in Learning Disability services.

**Draft Quality Committee Effectiveness Review**

The draft effectiveness review and Terms of Reference were noted with the Committee asked for any comments to be sent through prior to the next meeting when the finalised reports will be approved for presentation to the Trust Board in May 2022 for final approval.

**Minutes from reporting groups**

The latest approved minutes from the Quality and Patient Safety Group (QPaS) was noted along with summaries of the last meetings, with no queries raised.

The approved minutes from the 2<sup>nd</sup> November 2021 are attached below as appendix one

## Quality Committee Minutes

For a meeting held on Tuesday 2<sup>nd</sup> November 2021  
9.30 – 12.30 (Virtual meeting via MS Teams)

### Present

#### Core Members

Mike Smith	Non-Executive Director (interim Chair)	MS
Dean Royles	Non-Executive Director	DR
Francis Patton	Non-Executive Director	FP
Hilary Gledhill	Director of Nursing, Allied Health & Social Care Professionals	HG
John Byrne	Medical Director	JB
Kwame Fofie	Clinical Director and Deputy Medical Director	KF
Sam Jaques-Newton	Head of Allied Health Professionals and Practice Development	SJN
Su Hutchcroft	Compliance Officer (minute taker)	SH

#### In attendance

Colette Conway	Assistant Director of Nursing, Patient Safety and Compliance	CC
Paul Dent	Safety, Information and PPE Manager	
Cathryn Hart	Assistant Director Research & Development	CH
Trish Bailey	Clinical Lead, Children and LD and Autism Services	KY

90/21	<p><b>Apologies for Absence</b> Apologies were received from Tracy Flanagan and Lynn Parkinson (deputies attending meeting).</p> <p>MS welcomed everyone as interim chair following the retirement of Mike Cooke and noted the Trust were going through the recruitment process for a non-executive director who should hopefully be in post by the end of the year and the Trust Chair will then sort out the chair positions for the committees.</p>
91/21	<p><b>Minutes of the Last Meeting</b> The minutes of the meeting held on 4<sup>th</sup> August 2021 were accepted as a true and accurate record</p>
92/21	<p><b>Action List and Matters Arising</b> The action log was noted with the first three items closed.</p> <p>Item 82/21. LP had sent an update that the amended ToR has been emailed after the meeting. HG will request these to be re sent as they were not received.</p>
93/21	<p><b>Quality Committee Board Assurance Report</b> It was noted the assurance report and approved minutes were presented to the September 2021 Trust Board. The meeting confirmed they were happy with the report.</p>
94/21	<p><b>Work Plan 2020 / 2021</b> The work plan was noted, with the following discussion</p> <ul style="list-style-type: none"> <li>• To add Cawston Park SAR to the February meeting as agreed at the last Trust Board meeting (HG)</li> <li>• To look at the self-assessment against the KLOE action plans. This work has been separate to the Governance audit – agreed to add to February 2022 meeting</li> <li>• A discussion was held regarding the number of annual reports due at the August meeting and it was agreed to look at a date for an additional meeting around July to focus on annual reports. SH to arrange the date with HG/MS</li> </ul> <p><b>Action – to update the work plan as discussed (SH)</b></p>



## Appendix 1

95/21	<p><b>Presentation – Patient Safety Specialist Roles</b></p> <p>CC took the Committee through the slide presentation (presentation sent out with papers) highlighting the national picture and current status of the Trust progress.</p> <p>A discussion was held with key points noted: -</p> <ul style="list-style-type: none"> <li>• It was felt the information needed to go to the Trust Board possibly via a staff story regarding patient safety at the Trust possibility together with the Patient Safety annual report. Utilising a Board development date to discuss Patient safety in the Trust was also proposed. It was agreed to recommend the staff story presentation with a view to requesting adding to Board development once the new non-executives are in post.</li> <li>• A discussion was held regarding resources. It was noted CC and TF roles include the patient Safety Specialist role.</li> <li>• The need to recruit more medics into the patient safety work was discussed. KF will meet with CC/TF to discuss this further</li> <li>• Training on levels 1-6 with all staff needing to complete the lower level as part of the mandatory training which will then show compliance across the trust. It was agreed to email out the link for the initial levels of training (higher levels not fully developed as yet) for members of the Committee to try and report back their views</li> </ul> <p><b>ACTIONS</b></p> <ul style="list-style-type: none"> <li>• <b>KF to meet with CC/TF to discuss medic involvement</b></li> <li>• <b>To recommend the Patient Safety Staff Story presentation to Trust Board (HG)</b></li> <li>• <b>Request a Patient Safety focus on a Board development session (HG)</b></li> <li>• <b>Link to training to be emailed to committee members to review training (SH/CC)</b></li> </ul>
96/21	<p><b>Quality Insight Report</b></p> <p>The report was noted with HG highlighting the following items</p> <ul style="list-style-type: none"> <li>• White ribbon accreditation update. Work is currently underway to refresh the plan to embed actions in practice</li> <li>• The new AHP Professional Leadership structure. SJN is leading this, and work is ongoing recruiting to posts. It has been noted the difference this is making for health professionals having a voice across the Trust</li> <li>• The recent Market Weighton CQC Inspection giving a rating of Good, which was very positive given the current context for the practice. HG noted this would go in the next CEO Board report</li> <li>• International nurse recruitment update. With seven recruits already here and another eight just signed off to come across. Cohort one is really positive about the support from the Trust. They have received their OSCE results for the exam taken on 26<sup>th</sup> October 2021, with two passing and the remaining five having to go back to cover certain elements of which some are very minor. Five are allocated to Malton and accommodation is currently being sorted, one is allocated to a Primary Care development post and one allocated to Granville Court in Hornsea. A big well done was noted for the international recruitment team getting the nurses over and the feedback being so positive. A discussion was held regarding the home locations of these nurses and it was noted we are working in a collaborative with six other organisations, following the rules which ensure all staff are ethically sourced from areas who are deliberately over producing trained staff to give nurses from those countries the opportunity to benefit from working in other places around the world. HG noted there is a list stating which countries we can recruit from, and confirmed there should be some more funding to continue this next year</li> <li>• The quality dashboard was discussed noting the clinical supervision compliance has dipped slightly in August but has been discussed at the Trust Board with impacts such as staff sickness etc. It was also mentioned the safeguarding referrals started to dip in August, which is expected due to schools being closed for the summer, but the team are reviewing the referrals to ensure they are not missing any from areas they would expect to receive them from</li> </ul> <p>Comments and questions were received.</p> <p>It was noted some really good work in the report, particularly the White Ribbon accreditation, the international nurses work and the patient safety training, and the fact other organisations are contacting us regarding the patient safety work.</p>

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More information was requested on the new role of Professional Nurse Advocates and HG confirmed this is a national programme which has come about post covid, training nurses at level 7, to do restorative supervision. We have three staff trained with certificates of practice. The clinical supervision policy is being updated to include the role of Profession Nurse advocate and this will be a resource that staff can use when needed. Another two staff are currently being trained, which should give five staff by January 2022 and we will continue training further staff. It was enquired if this will have an impact on the supervision dashboard, but HG explained this is just another level of supervision for staff who need something extra if struggling and can have four to five sessions with these trained nurses. The updated policy should be approved this month and there will be a launch to notify staff of the new updates

The Market Weighton inspection report was mentioned with an enquiry of how this had been received by patients. JB commented that he had not heard any feedback and noted the CQC report shows the surgery is doing all the difficult work well, around medication, safety and prescribing etc, but notes it is clear there are problems with patient feedback around access showing some improvement work is required.

Discussing the Family and Friends Test (FFT) results in relation to the Market Weighton CQC report which seemed to be generated by negative feedback, remarking on the difference in ratings to other services it was enquired if this could be differentiated between the practices. JB explained that the CQC look at the annual patient survey for their data, but with regards to the FFT this does fluctuate and the accountability reviews looks at data for all practices. He noted the national campaigns have not helped data, but the divisions know where the challenges are and are working with the Patient Carer and Experience Team (PACE). It was noted the primary issues are around access and perceptions of access.

KF confirmed he had met with the action group alongside Claire Jenkinson and Helen Cammish and was aware the CQC report had been shared with them. He noted recently that the Facebook group has been quieter and has not heard any negative feedback since the last check. There has also been a meeting with clinical leads looking at the areas within primary care which are doing well and which areas need improvement, with one of the meetings looking at standards across all eight surgeries and using the learning from any areas of good practice across the whole patch.

JB commented the risk raised at the last Board meeting, regarding anxieties having locums/agency doctors working in the Trust, leading to an increase of patient safety concerns. This has been reviewed and discussed at EMT and it was noted there are no themes/trends showing agency or locum doctors being more likely to make errors compared to substantive. It was agreed the points were well made and the discussion included:

- Locum doctors have the same skills and training as any other doctor, the main concern is when patient hears locum, they think something else
- Many locums working for the Trust are long standing and more familiar with process and policies than someone covering just one shift
- JB also mentioned being Black History month, there is a huge piece of work being undertaken understanding locums and relating this with ethnic doctors being more likely to receive complaints or referred to the GMC. The Trust are participating in this work, and stated we are always anxious that locums are supported noting primary care tends to be more representative

JB discussed the risks on the Risk register relating to CAMHS following discussion at Trust Board. He wanted to acknowledge the importance that we remember we understand we have waiting list challenges and the challenge of getting resources and we are mindful of families and children out there and are struggling to provide for these at times despite our best efforts.

MS thanked JB for the point raised, having noted the conversation at Trust board, and being satisfied as a board member, agreed this should be noted being considered at Quality Committee. It was felt there is a good focus on this work and the Committee were assured that the response at the Board meetings was a proper and right response.

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97/21	<p><b>Quality Committee Risk Register summary</b></p> <p>HG presented the Quality Risk Register noting this goes as part of the corporate risk register to EMT along with being presented at QPaS every 12 weeks prior to Quality Committee. The following information was highlighted: -</p> <ul style="list-style-type: none"> <li>• 10 risks rated at nine or above</li> <li>• Since the last report two risks have been closed and two risks reduced in score to under 9, all based around staffing issues</li> <li>• There are two new risks since the last report under staffing, both with a current risk score of nine</li> <li>• As per the earlier discussion, most of the risks are workforce related around either capacity or safer staffing with a couple of risks being quality focused following the extra work on the CQC safe domain</li> </ul> <p>Questions were taken:</p> <p>SR15 -staffing at Fitzwilliam ward, noting the risk has increased and the details included in the report. The committee was asked on their thoughts of this risk. HG confirmed there is evidence of future improvement with the five international recruits starting there this week and this will show in the report. In terms of safety and quality aspects, both the Matron and Charge Nurse are currently working in to shifts to cover this risk. It is expected once the new recruits are embedded in practice this risk should close off the risk register entry. It was agreed this was positive news.</p>
98/21	<p><b>Autism Strategy Update (Trish Bailey)</b></p> <p>TB presented the update report to the committee noting the Strategic Framework for Autism which was launched in February 2021 was ahead of the national strategy launch in July 2021. The key messages in the national strategy were around the improvement, understanding and acceptance of autism in all services in Health and Social Care, with the strategic framework that Humber promoted and launched, had a main focused on engaging our workforce in understanding and giving them the support to work across all care services in accepting people with autism into their services.</p> <p>Another main area was transition with autism being a difficult condition and therefore being a challenge for a child to move to adult services. As a Trust, we accept and understand this and note the CAMHS services is where we get a high number of referrals with a spike during the covid pandemic of autism and young people in referrals.</p> <p>The 'Neurodiverse Service' is moving people away from psychiatric services picking up the children and young people who have a neurodiverse diagnosis such as ADHD, Autism and learning disability. TB felt it would be worth coming back in the future to update this area following the plan to launch a new front door in January 2022 with all children with a neurodiverse condition coming through that door. The service will move away from diagnostics as 85% are more likely have other conditions and the plan is children and their families and carers will get help along the way whilst waiting for diagnosis of neurodiverse conditions.</p> <p>The third area for people with autism was to understand the difficulties experienced in accessing general services across the areas so the framework focuses on creating awareness for all staff on how people with autism will present with both physical and mental health issues.</p> <p>The autism champions work is still continuing to have identified individuals in all services and the HAADS (Humber Autism Adults Diagnostic Service) has opened up to be a consultation service across the Trust. This has been really welcomed by other services and have already seen referrals come in from the adult inpatient services, along with the consultant psychiatric regularly contacting the service for consultation.</p> <p>Another celebration is the sensory work that has been completed with the development of an award-winning website for families to get pre-support before moving into sensory assessments and we were able to work with commissioners and this has become an addition within the framework.</p> <p>TBN reminded the meeting of the three pillars of priorities that were in the original presentation and gave updates on the following</p> <ul style="list-style-type: none"> <li>• Understanding autism and getting services autism ready. The team have worked with the learning development centre and currently working on a short video to be used in the induction</li> </ul>

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	<p>training which will be a mandatory training and an e-learning package is being developed to be available from December 2021 for general autism awareness. A bid won through the transforming care partnership board for use to spread the framework developed in Humber across the transforming care partnership to get our partners autism aware, along with the pathway in terms of diagnostics being strengthened for adults and working closely with the commissioners in children's services to work differently hence the new front door</p> <ul style="list-style-type: none"> <li>Establishing a neurodiversity assessment and treatment pathway that will be mirrored across both children and adult services – the plans are for the new front door to become a recognised service for all ages going forward with a real focus on transition, as well as looking at different ways to develop autism awareness including something similar to the sensory website</li> </ul> <p>Future developments include some wider ICS work across the patch focusing on environments and there is some work underway of recognising in CAMHS inpatients 60% of patients are autistic.</p> <p>Positive comments were received in response to the update including the fantastic progress in less than a year of launching the Trust approach especially putting neurodiversity awareness into equality and diversity. It was noted the ICS is also working hard on this work and there was an excellent webinar on ASD and neurodiversity last month. An excellent piece of work noting well done especially in such difficult times.</p> <p>MS mentioned that when looking at Board reports, one area that is never in the report is autism and enquired how we are making an impact in the ICS. As a provider collaborative lead, we don't seem to have much autism exposure. TB noted the lead for autism is North East Lincolnshire so may hear more about autism in their area but confirmed we are starting to link up and take learning from each other's patches with NE Linc in terms of autism and employment work doing well. We are interested in this and are working with them along with others wanting to work with us in terms of the sensory development.</p> <p>The committee noted the progress against the national autism strategy and the Humber strategic framework, with the focus on transition and movement to the new front door, the addition of the sensory framework and the work looking at the physical environment.</p> <p>MS thanked TB for her report</p> <p>TB left the meeting</p>
99/21	<p><b>Research and Development – Annual Performance review with CRN Yorkshire and Humber (Cathryn Hart)</b></p> <p>The annual performance report was presented to the Quality Committee as CH felt that it would be useful to review, as the Trust received upwards of £300k funding annually to support national research studies provided by the National Institute for Health Research with the co-ordinating body for our region being the Yorkshire and Humber Clinical Research Network (CRN) who distribute the national funding to all the Trusts. We receive a proportion of the funding each year with an element being performance related from the previous year's performance. Every year we are answerable as a Trust to the Clinical Research Network and have an annual performance review which this report covers and gives assurance that we are doing exactly what we should be with the funding and shows we are performing well.</p> <p>This year we received additional funding based on previous performance and as a result of the annual review have also been given additional funding to support primary care research to get our GP Practices involved along a lead GP within practices for research.</p> <p>The annual review gives us an opportunity to shout about what we are doing and include any items that are unique to our Trust. This is shown with us having primary care within the Trust and the national target for GP practices to be research active is 45% and the extra funding will help us with this.</p> <p>The report highlighted the importance of research, this year more than any other year, and has shown we would not be where we are with covid treatments and preventative vaccinations if research had not been at the forefront over the last year. As part of last year's research, we have been able to</p>

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	<p>support a new Practice Nurse for primary care to get the research started, with the opportunity to look at research around antiviral medications.</p> <p>Comments and questions were taken: -</p> <ul style="list-style-type: none"> <li>• Enquiring on how much additional funding was received, CH confirmed that last year we had received approximately an extra £50k based on performance and an extra £45k based on our request to support the Trust in a different way. This was noted by the committee as great work and was commented that as per the CQC's view, this work is driving patient care particularly in primary care</li> <li>• JB thanked CH and mentioned as discussed previously some of the internal governance meetings were removed with approval from the previous chair due to duplication so the benefit of this external annual review of our work is a way of assuring ourselves that we are using the funding and doing research in the right way so is therefore a great governance check. Research is now broadening moving away from just being about dementia research but including many other aspects of research.</li> <li>• The strategy refresh and the annual the research conference being held in a couple of weeks which will take the work we are doing up to the next level were noted.</li> </ul> <p>Thanks were given to CH for the interesting report</p> <p>CH left the meeting.</p>
100/21	<p><b>Annual Patient Safety Report 2020-21 (Colette Conway)</b></p> <p>MS noted a fantastic report, which was a pleasure to read and handed over to CC who highlighted the key points of the report noting this has been through the Quality and Patient Safety Group (QPaS) and EMT before coming to Quality Committee for approval.</p> <p>She commented how wonderful it has been pulling together a report to show the incredible work undertaken despite the year we have had with Covid and confirmed good progress has been made against all six priorities. The report also included the governance structure which shows the tight governance from our daily safety huddles, through our Clinical Risk Management Group (CRMG), QPaS, Quality Committee and Trust Board.</p> <p>Some of the highlighted areas included</p> <ul style="list-style-type: none"> <li>• Priority One – Develop a positive and proactive safety culture Changes around the support given to staff and the feedback from staff is more positive now and they feel supported, and the support is about learning</li> <li>• Priority Two – To reduce the number of Patient Safety incidents resulting in harm We are still high in reporting incidents which is an indicator towards being a safe organisation, but remain low in reporting incidents resulting in harm</li> <li>• Priority Three – To work with patients, carers, staff and key partners to continuously improve patient safety The launch of the Patients Safety Partners as described earlier, work being done around GREATix to give us positive reporting around patient safety and starting to see a lot more qualitative data around this. Getting out to meet the teams 1 and picking up the great work going on</li> </ul> <p>Looking at our top five incidents, which showed self-harm and suicide, the data was reviewed and was mainly due to a small number of complex patients where incidents could be attributed to them. Admission and discharge incidents were mostly to do with community patients being discharged from other trusts without referrals and the workstream is looking at this further. PURL (Pressure Ulcer Review and Learning Group) is running weekly and really focusing on learning themes and trends to move work forward.</p> <p>CC confirmed we are not an outlier in any reporting and there is an increase in reporting of near misses although we are still working with staff to improve this, with medication reporting being a focus. For number of serious incidents (SIs) declared we are very much in line as you would expect for the size of our organisation</p> <p>CC noted the great assurance, that despite the year, nothing stopped, and staff continued to report with investigations continuing to take place along with the learning.</p>

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	<p>Comments and questions were received from the meeting: -</p> <ul style="list-style-type: none"> <li>• It was noted a very comprehensive report which brings together a lot of work going on. One observation, it would be helpful to hear more about the feedback from staff regarding the SEA and SI reports and investigations and how they felt it has gone for them, which is a part of the national staff survey data. It was also suggested it may be worth referencing in the mortality section that the Trust has conducted two annual reports on the effect of covid deaths on mortality in our services which have been to Trust Board. CC confirmed the feedback is included in the quarterly SI reports and have seen improvement in feedback from staff.</li> <li>• A really good, detailed report but commented that under priority four the RCA training was noted to have not gone down well and wondered what the outcome was. CC confirmed since then we have found new training providers who are training in line with the new systems and processes. Approx. 60 staff have gone through this new training and we have a waiting list for this course. There has been no negative feedback for the new training</li> <li>• MS noted CC mentioned we were not an outlier in reporting but commented we are a positive outlier in RRI (reducing restrictive interventions) and enquired if there are any other areas. HG noted our incidents of low and no harm benchmark in the upper quartile for this which is positive. It was noted that RRI sits under the closed culture umbrella</li> <li>• It was commented that Mental Health Legislation is not mentioned in the governance process but felt that this has a role, and it was agreed that this should be included in the governance section of the report</li> </ul> <p><b>The committee approved the Annual Patient Safety Report with suggestions as noted.</b></p>
101/21	<p><b>Annual Non-Clinical Safety Report 2020-21 (Paul Dent)</b></p> <p>PD presented the annual report highlighting the key areas</p> <ul style="list-style-type: none"> <li>• Health &amp; Safety. <ul style="list-style-type: none"> <li>○ Three RIDDOR reported incidents, decreasing by two from the previous reporting period, relating to violence and aggression, a slip, trip or fall, and a discharge of static electricity (classed as electrical surge). All incidents have been thoroughly investigated</li> <li>○ Training – compliance through the main pandemic was showing at 90-95% compliance and at the end of the reporting period had increased to 95-97% with the baseline target of 85%</li> <li>○ Risk Assessment were initially delayed due to access to buildings during Covid, but these were caught up and compliant as soon as access was allowed</li> <li>○ Audit Yorkshire completed an internal audit with an assurance level of 'significant' being received</li> </ul> </li> <li>• Fire Safety <ul style="list-style-type: none"> <li>○ False alarm activations had reduced by 23% this year (faults on system)</li> <li>○ Unwanted fire signals increased by nearly 14% (these are incidents such as patient interventions) Each unit is contacted when receiving reports to look at how these are being dealt with. The majority of these incidents were down to damaging detection systems or smoking paraphernalia which now includes vaping equipment</li> <li>○ Of 128 fire alarm activation, due to call filtering, the fire service only attended on 14 times with 4 occasions being actual fires. These included three in bedroom accommodation and one external of the accommodation. All fires were investigated, and it was noted all were down to use of lighters. Some actions have been taken to prevent this further, but it was noted that staff were working their hardest to ensure these items were not available. It was commented with regards the call filtering, the Fire Service have quoted us as using best practice and this is in line with National Fire Chiefs Council and Health Care guides we follow.</li> </ul> </li> <li>• Security incidents <ul style="list-style-type: none"> <li>○ Received seven requests from Police to release CCTV recordings due to incidents in units, sites and assaults on police officers, however, there has been a decrease in incidents reported to the police during this reporting period</li> <li>○ Absconding and AWOL (absent without leave) and violence and aggression incidents are the main types of reporting and the decrease from previous years was due to staff involvement and the ability to resolve issues quickly and deescalate</li> <li>○ Eight unacceptable behaviour letters were sent out to members of the public using our premises</li> </ul> </li> </ul>

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	<ul style="list-style-type: none"> <li>Covid did initially impact on the team and there is a new system in operation where all buildings will be assessed for all four risk assessments at the same time rather than at different times of the year to avoid interrupting service delivery. Social distancing, ventilation and signage is being re-assessed at the same time. These assessments are discussed through the Clinical Environment Risk Group (CERG) and it has been suggested the covid checks are included on the weekly Fire audit.</li> </ul> <p>Comments and queries were taken</p> <p>MS thanked PD for a very comprehensive report noting that having just been discussing the 'do not harm' this applies both clinically and non-clinically so although very different to the reports usually received, this was refreshing to consider at Quality Committee.</p> <p>A comment regarding smoking paraphernalia with reference to news articles of house fires from vaping chargers was made with an enquiry to what our status is on the charging of Vapes. PD confirmed they are only charged at the nurses' stations with our own charging stations which can charge six units at a time. Patients are not allowed to bring their own chargers in. All our chargers comply with regulations and PAT tested. Any power packs brought in are confiscated and we only allow generation 2 type chargers. As soon as something is identified, it is either, remediated, removed or the risk mitigated.</p> <p>FP noted the report came to FIC (Finance &amp; Investment Committee) and was discussed in detail and felt at that time that Quality Committee should see the report and wanted to echo the comments from JB noting the excellent job the team have done during very difficult times. This went in the FIC report to Board.</p> <p>It was confirmed following the report going to FIC, and reported to Board, it has also now received a quality check. The Team was also thanked for their support for the vaccine centre.</p> <p>PD left the meeting</p>
102/21	<p><b>Policies for approval</b></p> <p><b>Tissue Viability Policy, The Prevention and Management of Wounds (New Policy)</b></p> <p>HG clarified that this clinical policy has been developed and approved at QPaS and is requesting Quality Committee to approve the process used for development and sign off in the organisation in line with our Document Control Policy.</p> <p><b>The Committee approved that due process has been followed and recommended the policy to the Trust Board for ratification</b></p>
103/21	<p><b>Quality and Patient Safety Group (QPAS) minutes (25 May 2021)</b></p> <p>The minutes of the 25 May 2021 and summary of the July meeting were noted with no queries raised.</p>
104/21	<p><b>Drugs and Therapeutics Group (DTG) minutes (27 May 2021)</b></p> <p>The minutes of the 27 May 2021 and meeting were noted with no queries raised.</p>
105/21	<p><b>Items Arising from the meeting requiring Communication, Escalation or Risk Register consideration and any lessons learnt</b></p> <p>The following items were agreed for escalated to the Trust board via the Assurance report:</p> <ul style="list-style-type: none"> <li>Approval of the Tissue Viability Policy recommended for ratification by the Trust Board</li> </ul>
106/21	<p><b>Any Other Business</b></p> <p>There was nil raised at today's meeting.</p>
107/21	<p><b>Date and time of next meeting</b></p> <p>The next meeting has been arranged for Wednesday 2<sup>nd</sup> February 2022 via MS Teams. The meeting invite details will be updated nearer the meeting date.</p>

Title & Date of Meeting:	Trust Board Public Meeting – 23 February 2022																															
Title of Report:	Humber Coast and Vale Specialised Mental Health, Learning Disability and Autism Provider Collaborative – Collaborative Committee Report																															
Author/s:	Peter Baren Non-Executive Director and Chair of the Collaborative Committee																															
Recommendation:	To approve		To receive & note																													
	For information	√	To ratify																													
Purpose of Paper:	<p>The Collaborative 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 21 January 2022 and a summary of key points for the Humber Teaching NHS Foundation Trust Board to note.</p>																															
Governance:	<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Audit Committee</td> <td></td> <td>Remuneration &amp; Nominations Committee</td> <td></td> </tr> <tr> <td>Quality Committee</td> <td></td> <td>Workforce &amp; Organisational Development Committee</td> <td></td> </tr> <tr> <td>Finance &amp; Investment Committee</td> <td></td> <td>Executive Management Team</td> <td></td> </tr> <tr> <td>Mental Health Legislation Committee</td> <td></td> <td>Operational Delivery Group</td> <td></td> </tr> <tr> <td>Charitable Funds Committee</td> <td></td> <td>Collaborative Commissioning Committee</td> <td>21.1.2022</td> </tr> <tr> <td></td> <td></td> <td>Other (please detail)</td> <td></td> </tr> </tbody> </table>		Date		Date	Audit Committee		Remuneration & Nominations Committee		Quality Committee		Workforce & Organisational Development Committee		Finance & Investment Committee		Executive Management Team		Mental Health Legislation Committee		Operational Delivery Group		Charitable Funds Committee		Collaborative Commissioning Committee	21.1.2022			Other (please detail)				
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		Other (please detail)																														
Key Issues within the report:	<ul style="list-style-type: none"> <li>• Continued pressure on CAMHS beds regionally and nationally</li> <li>• NHS E have signed the Lead Provider Contract</li> <li>• Safe &amp; Wellbeing Reviews progressing well</li> <li>• Continued positive financial position for 2021/22</li> </ul>																															

## Monitoring and assurance framework summary:

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

### Executive Summary - Assurance Report:

The aim of this report is to provide assurance to the Board about the Collaborative 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.

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 noting from the meeting on **21 January 2022**:

### Insight Report

Quarterly Insight report shared which provides high level overview of regional and national Provider Collaborative and NHS E specialist services.

### Quality Assurance and Improvement

#### *Safe and Wellbeing Reviews*

- Specialist adult secure and CAMHS reviews are being undertaken by members of the CPaQ team, NHS E, and provider partners, it is envisaged all reviews will be completed by 31 January 2022.
- SITREP is collated each week by NHS E Regional team for all Specialist adult secure and CAMHS reviews; this information is also shared with HCV ICS

#### *Clifton House*

- Covid-19 outbreak on male acute ward and closed to admissions at this time

#### *Stockton Hall*

- Issues with a placement from outside of HCV PC area requiring ongoing reviews and liaison with home are Provider Collaborative
- Covid-19 outbreak at Stockton Hall – SH were struggling to progress with booster vaccinations, this has now progressed. Liaison with NHS E regarding second covid-19 outbreak who are assured that Infection Control process is being followed.

#### *Quality Assurance and Improvement Group*

- Inaugural meeting on Monday 17 January 2022 – good attendance from partners
- TOR shared at the group which met for the first time earlier this week

#### *Quality Governance Framework*

- Version 001 has now been approved via PCOG and CC
- Version 002 to be expected in March/April 22 due to rapid nature of learning across PC

### Work Streams

3 work stream visioning and planning events in diaries for February and March 2022 – involving all provider partners, CCGs, Local Authority, and service users; all 3 workshops will be independently Chaired and facilitated.

Key issues to note from each workstream -

#### CAMHS

- Local and National pressure on CAMHS in-patient beds and young people in paediatric wards.
- At present 9 young people from HCV awaiting CAMHS beds – predominantly with eating disorder
- Linking with local CCGs and LA regarding pressure for Looked After Children (LAC) and early intervention options in particular support into schools
- New CAMHS and AED Case Manager commences in post on 7 March 2022

#### Adult Eating Disorder

- No out of natural clinical flow placements
- Continued high level of referrals from other provider collaborative areas
- Schoen Clinic to develop new day care model from 1 February 2022

### Adult Secure

- Focus on specific areas starting with Learning Disability and Autism and Personality Disorder
- Workshop to review LD Forensic Outreach Liaison Service and Secure Community Forensic Teams being arranged for March 2022 with all partners
- Number of people placed out of area has reduced, however 9 delayed discharges and this is due to lack of suitable community placements

### **Contracting Update**

#### H2 2021/22 Contracts -

- NHS E have signed the Lead Provider Contract
- Report has been developed which will be considered in Part II of the January HTFT trust Board meeting
- Sub-Contracts have been developed and will be shared with partners end of January 2022 and with NHS E/I regional team
- Lead Provider to Lead Provider – for outside natural clinical flow placements – will be developed and shared end of January 2022
- Awaiting more information from NHSE on national contracting for 2022/23 and CQUIN for 2022/23 yet to be shared by NHS E
- Sub-contact meetings have commenced with partners in the collaborative

#### 2022/23 sub-contracts

- Will discuss way forward and contracting plans with partner providers during February 2022
- Our work will follow the NHS E standard NHS Contract and Operating Guidelines

### **Finance**

- Initial block contract allocation is consistent with NHS E agreed position
- Invoices are flowing and have been received by most organisations – some were initially slow to submit invoices
- Current financial position demonstrates a favourable position
- Discussions with auditors re reserve and 2021/22 underspend; initial nervousness from the auditors, work progresses to seek options and solution

**Agenda Item 15**

Title & Date of Meeting:	Trust Board Public Meeting – 23 February 2022			
Title of Report:	Humber Coast and Vale Integrated Care System – Mental Health and Learning Disabilities Collaborative Programme Update			
Authors:	Michele Moran, Senior Responsible Officer Alison Flack, Programme Director HCV ICS MH and LD Collaborative Programme			
Recommendation:	To approve		To receive & note	
	For information	YES	To ratify	
Purpose of Paper:	This report provides an update to the Trust Board for information on the work of the Humber, Coast and Vale ICS Mental Health, Learning Disabilities and Autism Collaborative Programme.			
<b>Governance:</b> <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		Collaborative Committee	
			Other (please detail) Report to Board	✓
Key Issues within the report:	<ul style="list-style-type: none"> <li>• HCV Mental Health, Learning Disabilities and Autism Programme Summary <ul style="list-style-type: none"> <li>○ Key activities</li> <li>○ Expressions of interest</li> <li>○ System Pressures</li> <li>○ Workforce</li> <li>○ Digital</li> </ul> </li> <li>• Issues to note: <ul style="list-style-type: none"> <li>○ Right Care, Right Person – Evaluation taking place.</li> <li>○ Transition to Humber Coast and Vale ICS status: <ul style="list-style-type: none"> <li>▪ Delay in implementation of Health and Care Bill</li> <li>▪ HCV working to shadow form in April 2022</li> <li>▪ Recruitment for leadership roles and non-exec directors has continued</li> </ul> </li> <li>○ Work on waiting lists and Out of Area Placements (inappropriate) being conducted to gain an accurate baseline for improvement.</li> </ul> </li> <li>• Current Priorities <ul style="list-style-type: none"> <li>○ Children and Young People’s Mental Health</li> </ul> </li> </ul>			

	<ul style="list-style-type: none"> <li>○ Perinatal Mental Health</li> <li>○ Community Mental Health Transformation</li> <li>○ Urgent and Emergency Care</li> <li>○ Physical health checks for SMI</li> <li>○ Out of Area placements</li> </ul>
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**Monitoring and assurance framework summary:**

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

## Humber, Coast and Vale Health and Care Partnership Mental Health, Learning Disabilities and Autism Collaborative Programme

### Humber Teaching NHS Foundation Trust Board Update – February 2022

#### Summary of Key Activities

<b>Key Activities / Achievements</b>	
Review of NHSE planning guidance and development of process to align ICS and local place timelines to ensure joint planning approach.	Crisis liaison funding returns submitted to NHSE – awaiting response.
A number of safe and wellbeing reviews for Learning Disability patients are being completed as part of a national review process.	Dementia – scoping of Memory Assessment Services.
“Together” Bereavement Services shortlisted for HSJ partnership award.	Street Triage business case in progress.
Recruitment taking place regarding Integrated framework for vulnerable children and young people.	Collation of out of area and waiting times data.

#### Current Work Priorities

The following is a summary of some of the key current priorities within the programme.

#### Safe and Wellbeing Reviews – Learning Disabilities

A significant programme of work has been undertaken to review all learning disability patients who are in hospital as part of this important national programme of work. We are currently on track to have completed all of the reviews by the end of February 2022. A number of key themes have been identified as part of this assurance programme including access to physical health care and the lack of available community alternatives.

#### Children and Young People’s Mental Health

- Working with NHS digital and partners to baseline outcomes data and complete engagement work with children, young people and staff.
- Strategic plan in development.
- ICS wide data dashboard in development.
- Health and Justice integrated framework for children and young people:
  - Governance arrangements to be finalised following meeting with Directors of Children’s Services.
  - Mobilisation costs agreed with NHSE.
  - North of England Commissioning Support Unit have been sourced to provide initial support to the roll out.

#### Perinatal MH

- Every Mum Matters campaign and website relaunched w/c 17/01/22 – aiming to increase awareness, start conversations and encourage women to seek support if they are struggling with their mental health.



- Online Red flag training has been developed and is being rolled out across the Humber four with 11 mental health teams taken up the offer to date (CMHT, EIP, Crisis and Liaison). Training will be rolled out across North Yorkshire and York teams in the coming months. Versions also developed for midwifery, health visiting, IAPT and primary care.
- Other promotional work underway to increase access rates for services including the Humber four moving to take direct referrals from 25/01/22.
- ‘Thinking Together’ session with NHSE in December 2021 helped progress conversations around funding and services meeting the priorities in the long term plan – North Yorkshire CCG has agreed additional funding for the perinatal mental health service, bringing it in line with York CCG.

### **Community Mental Health Transformation**

- CMHT submission for 22/23 plans completed.
- Query to regional team around non recurrent finances and expected increase in CCG allocations.
- IT interoperability for IT systems is an issue and is affecting reporting.
- IPS and EIP have been added to the scope of the CMHT model, this is being picked up the CMHT programme lead to discuss with partners and link to existing IPS and EIP services.

### **Urgent and Emergency Care**

- Right Care Right Person evaluation currently being undertaken.
- Street Triage business case in progress.
- Alignment of 4 Crisis Care Concordats ongoing – each under review and refresh currently.

### **Physical health checks for SMI**

As a result of further work in local places to address data quality and process issues in relation to collection and recording of SMI data, the number of SMI checks has increased. A project manager has been confirmed to lead this implementation, as well as the distribution of devices to primary care networks.

### **Health Inequalities**

Work continues in this area and we have recently received detailed population health information outlining health inequalities across mental health services. Dr Lucy Chiddick is leading this work and has recently established a health inequalities steering group.

### **Trauma Informed Strategy**

Our Executive Group approved the appointment of a part time Clinical Lead to develop our approach to trauma informed principles and to link in with the wider ICS and the places to advance this programme of work.

### **Resilience Hub**

Funding has recently been approved to continue the delivery of the resilience hub which is supporting the health and wellbeing of NHS staff, social care and emergency services.



**Agenda Item:**

Title & Date of Meeting:	Trust Board Public Meeting – 23 February 2022																														
Title of Report:	The Requirement and Role of the Senior Independent Director (SID)																														
Author:	Name: Caroline Flint Title: Chair																														
Recommendation	<table border="1"> <tr> <td>To approve</td> <td>✓</td> <td>To receive &amp; note</td> <td></td> </tr> <tr> <td>For information</td> <td></td> <td>To ratify</td> <td></td> </tr> </table>			To approve	✓	To receive & note		For information		To ratify																					
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Purpose of Paper:	To provide the Board with an update																														
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Key Issues within the report:	The Board are asked to approve the appointment of Francis Patton as SID with effect from 1 March 2022 and an additional payment of £2000 pa.																														

**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			
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	Maximising an efficient and sustainable organisation			
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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	√			
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Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

## **The Requirement and Role of the Senior Independent Director (SID)**

In accordance with the NHS Foundation Trust Code of Governance (A.4.1) the Board is required, in consultation with the Council of Governors to appoint one of the independent Non-Executive Directors to be the SID to provide a sounding board for the chairperson and to serve as an intermediary for the other directors when necessary.

The SID should be available to Governors if they have concerns that contact through the normal channels has failed to resolve, or for which such contact is inappropriate.

The SID also has a role in the appraisal of the Chairman's performance and supports the Nominations & Remuneration Committee to carry out its functions in this regard.

In line with guidance an additional payment is appropriate, and it is recommended that it be £2000 pa in line with the additional payment agreed for the Audit Chair.

### **Current Position**

Due to the impending expiry of the term of office of Peter Baren as a Non-Executive Director and SID, the Chair has considered the requirements of the SID role. Both the Chair and Chief Executive believe Francis Patton has the appropriate skills and experience for the role. Francis has indicated that he would be prepared to take on the role.

Governors were asked to consider the recommendation that Francis Patton be appointed as SID via an email consultation and supported the appointment. The appointment of the SID is a Board decision.

### **Recommendation**

The Board are asked to approve the appointment of Francis Patton as SID with effect from 1 March 2022 and an additional payment of £2000 pa.