

Trust Board Meeting 28 July 2021
Agenda - Public Meeting

For a meeting to be held at 9.30am Wednesday 28 July 2021, by Microsoft Teams

		Lead	Action	Report Format
Standing Items				
1.	Apologies for Absence	SM	To note	verbal
2.	Declarations of Interest	SM	To receive & note	√
3.	Minutes of the Meeting held on 30 June 2021	SM	To receive & approve	√
4.	Action Log and Matters Arising	SM	To receive & discuss	√
5.	Staff Story – A Student Nurse in Practice	SMcG	To receive & note	√
6.	Chair's Report	SM	To note	verbal
7.	Chief Executives Report	MM	To receive & note	√
8.	Publications and Highlights Report	MM	To receive & note	√
Performance & Finance				
9.	Performance Report	PBec	To receive & note	√
10.	Finance Report	PBec	To receive & note	√
Assurance Committee Reports				
11.	Charitable Funds Committee Assurance Report & 18 May 2021 Minutes	MC	To receive & note	√
12.	Workforce & Organisational Development Committee Assurance Report & 12 May 2021 Minutes	DR	To receive & note	√
13.	Commissioning Committee Assurance Report	PB	To receive & note	√
Quality and Clinical Governance				
14.	Six-Month Review of Safer Staffing – Inpatient units (Oct 2020- March 2021)	HG	To receive & note	√
15.	Mortality Review Update for the period April 2019 to April 2021	JB	To receive & note	√
16.	Quality Accounts 2020-21	HG	To receive & approve	√
Corporate				
17.	Research & Development Six Month Report	JB	To receive & note	√
18.	Council of Governors 15 April 2021 Minutes	SM	To receive & note	√
19.	Trust Position on the Community Mental Health Framework for Adults and Older Adults (2019)	LP	To receive & note	√



20.	Equality, Diversity & Inclusion Annual Report 2021	SMcG	To receive & approve	√
21.	Workforce Race Equality Standard (WRES) Report – July 2021	SMcG	To receive & approve	√
22.	Gender Pay Gap Report	SMcG	To receive & approve	√
23.	Workforce Disability Equality Standard (WDES) Report – July 2021	SMcG	To receive & approve	√
24.	Items for Escalation	All	To note	verbal
25.	Any Other Business			
26.	Exclusion of Members of the Public from the Part II Meeting			
27.	Date, Time and Venue of Next Meeting Wednesday 29 September 2021, 9.30am by Microsoft Teams			



Agenda Item 2

Title & Date of Meeting:	Trust Board Public Meeting – 28 July 2021			
Title of Report:	Declarations of Interest			
Author/s:	Name: Sharon Mays Title: Chair			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	<p>The report provides the Board with a list of current Executive Directors and Non Executive Directors interests.</p> <p>Declarations for Mr Hanif Malik, Associate Non Executive Director have been added.</p>			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Monthly Board report	✓
Key Issues within the report:	<ul style="list-style-type: none"> Contained within the report 			

Monitoring and assurance framework summary:

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

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

Directors' Declaration of Interests

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

	<ul style="list-style-type: none"> • Associate Hospital Manager John Munroe Group, Leek • Non Executive Director for The Rotherham NHS Foundation Trust • Chair of Charitable Funds Committee at The Rotherham NHS Foundation Trust
Mr Francis Patton, Non Executive Director (Voting Member)	<ul style="list-style-type: none"> • Non Executive Chair, The Cask Marque Trust • Treasurer, All Party Parliamentary Beer Group • Industry Advisor The BII (British Institute of Innkeeping) • Managing Director, Patton Consultancy • Non Executive Director of SIBA and Chair of SIBA Commercial, The Society of Independent Brewers • Director, Fleet Street Communications Limited
Mr Dean Royles, Non Executive Director (Voting Member)	<ul style="list-style-type: none"> • Director Dean Royles Ltd • Owner Dean Royles Ltd • Advisory Board of Sheffield Business School • Strategic Advisor Skills for Health • Associate for KPMG
Mr Hanif Malik, Associate Non Executive Director (Non Voting Member)	<ul style="list-style-type: none"> • Non Executive Director, Karbon Homes • Non Executive Director, Yorkshire Cricket • Trustee, Give a Gift (Leeds)

Item 3

Trust Board Meeting
Minutes of the virtual Public Trust Board Meeting held on Wednesday 30 June 2021
by Microsoft Teams

- Present:**
- Mrs Sharon Mays, Chair
 - Mrs Michele Moran, Chief Executive
 - Professor Mike Cooke, Non Executive Director
 - Mr Francis Patton, Non Executive Director
 - Mr Dean Royles, Non Executive Director
 - Mr Peter Beckwith, Director of Finance
 - Dr John Byrne, Medical Director
 - Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals
 - Mr Steve McGowan, Director of Workforce and Organisational Development
 - Mrs Lynn Parkinson, Chief Operating Officer
 - Mr Mike Smith, Non-Executive Director
- In Attendance:**
- Mrs Michelle Hughes, Head of Corporate Affairs
 - Mrs Trish Bailey, Clinical Lead (for item 121/21)
 - Carer (for item 121/21)
 - Mandy Dawley, Head of Patient and Carer Engagement and Experience (for item 121/21)
 - Mr Oliver Sims, Corporate Risk & Compliance Manager (for items 131/21 and 132/21)
 - Mr Adam Dennis, Communications Officer
 - Mrs Jenny Jones, Trust Secretary (minutes)
- Apologies:**
- Mr Peter Baren, Non Executive Director

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

- 118/21 **Declarations of Interest**
The declarations were noted. Any further changes to declarations should be notified to the Trust Secretary. The Chair requested that if any items on the agenda presented anyone with a potential conflict of interest, they declare their interest and remove themselves from the meeting for that item.
- 119/21 **Minutes of the Meeting held 19 May 2021**
The minutes of the meeting held on 19 May 2021 were agreed as a correct record.
- 120/21 **Matters Arising and Actions Log**
The action log and work plan were noted.
- 121/21 **Patient/Carer Story – Autism Services – My Experience as a Parent and Carer**
Due to confidentiality the story was not livestreamed

The Head of Patient and Carer Engagement and Experience introduced the carer who is an active participant in patient and carer engagement forums. The carer's experience of services related to her son who has autism and the challenges the family has faced to access support for her son. She told of the problems she has met with trying to access support from various services who did not have the training or expertise to assist her.

Mrs Bailey thanked the carer for sharing her journey and experiences. The Autism Strategy that has been developed in the Trust picks up and addresses many of the issues raised and has been co-produced with the carer and others. She explained that a specific post was created to build on the work done and to work with commissioners to take it forward. She was aware of the experiences being felt by people with Autism and their families around access to services. Work with 3rd sector partners is crucial as this is a system issue. Autistic people are unique and need responses from our services to be tailor made. A co-production approach is the way forward and that is happening. Mrs Bailey felt the organisation is able to demonstrate that it is listening to and learning from these experiences. Going forward training will be mandatory for staff in the Trust.

Mr Smith thanked the carer for providing such personal details. He acknowledged that the Autism Strategy highlights that there is a system issue and he wondered if in twelve years' time, staff shortages across the system and training would still be an issue. Even with the Integrated Care System and the Mental Health, Learning Disability and Autism Provider Collaborative as it did not seem to be a high enough priority.

Mr Royles acknowledged that the carer's story had come from the heart. He asked what support her son had received growing up. The carer explained that she was repeatedly told during his childhood that she was wrong and there was nothing wrong with him so there was no support.

The Chief Executive leads the Mental Health, Learning Disability & Autism work for the Integrated Care Service (ICS). She apologised on behalf of all services for the very challenging journey the carer and her son have had. Autism is everyone's business and the NHS has not always been good at listening to the experiences of families and people involved. The organisation is doing work in Autism with the implementation and embedding of the Autism Strategy and ensuring it is everyone's business. However the Trust is only one part of the system and work is underway to do a stocktake of what is being done in the provider collaboratives. The work is being led by Ms Jane Miller, Chief Executive from Care Plus who is experienced in this area and the Chief Executive felt it would be helpful if the carer would be involved too. The carer is already involved with the Clinical Commissioning Groups and engaged with the co-production work with the Trust. The carer recognised there is more work to be done generally in society and said she would be willing to be part of the review.

Mrs Parkinson referred to the issue of staff telling the carer that they had not been trained in areas that are so important and recognised how as a parent, there had been loss of trust and confidence in services. This message has been heard and taken forward. Mrs Parkinson reported that this may also occur in other areas where staff may be in a similar situation e.g. ADHD. She asked the carer if she felt there was enough emphasis on training of staff and support to carers and families in the Autism Strategy. The carer replied there was always scope to do more as things have started at a baseline and there is room to build on this to get it right.

The Chair attended the last Patient and Carer Engagement Forum where the carer was also present, she thanked the carer for sharing her experiences and for everything she is doing for the organisation and for her future contributions which will help to improve services for patients.

Resolved: The Board noted the story

122/21

Chair's Report

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

- Hanif Malik has been appointed as an Associate Non Executive Director (NED) from 1 July 2021
- Professor Mike Cooke, Non Executive Director (NED) has announced he will retire at the end of August.
- The Chair continues to work with Caroline Flint, the new Chair from mid-September, to ensure there is a smooth handover
- Attendance at the Whitby Patient and Carer Engagement (PACE) Forum to hear from people who use our services
- Attendance at the regional Staff and Wellbeing Guardian meeting. Mr Royles will take over as the Guardian with immediate effect.
- Attendance at an Integrated Care Service (ICS) session on the ICS model constitution and attendance at the Humber Advisory Board session on Mental Health

Resolved: The verbal updates were noted

123/21

Chief Executive's Report

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

Meet Michele

These events were held before Covid and are an informal gathering of staff. These have continued virtually and are well attended. They are helpful sessions with opportunities to discuss areas such as challenges and demands and the blended approach.

Recovery and Restoration

An update will be provided to the next Workforce & OD committee. The proud and leadership programmes are ongoing and the Chief Executive thanked staff for everything they are doing. Ways in which staff have been thanked has included an extra days annual leave and Easter eggs. The "You're a Star" campaign is replacing the annual awards event this year and each area will receive a £50 allowance per colleague to support the activities outlined in the plan.

Staff Health Trainer Post

This role has been created to support staff with having healthy lifestyles and is a unique post.

Communications

Communication coverage continues across the organisation. The NHS Tea Party is on 5 July and treats for staff are being sent out by volunteers. The Chief Executive extended her thanks to our volunteers for undertaking this task.

Mrs Hughes reported that the use of branding and engagement of staff in workshops continues to remain high. It was also highlighted that there has been a 25% increase in visitors to the website and overall performance statistics remain high. The development of an apprentice role in the team has been progressed and will be supported by an excellent training programme to provide a great career opportunity. There was high interest in this role and an appointment has been made who will take up post subject to the employment checks. The team supports campaigns throughout the year and the NHS Birthday is an opportunity for staff to celebrate what's great about our Trust and the NHS.

Region

There are lots of activities happening in the region. The Chief Executive has given a presentation on the Provider Collaborative. There have been changes to roles at Navigo with

the Chief Executive moving to the Chair role. Rob Webster, Chief Executive of South West Yorkshire Partnership Trust is moving full time to the Integrated Care Service where he is on secondment.

Dr Byrne drew attention to the following areas from his report:-

- Annual research review - Professor Cooke noted this achievement and that the research is significant.
- Veterans festival
- Quality Improvement (QI) festival which end this week.

Mrs Gledhill was pleased to inform the Board that the Trust has been shortlisted for four HSJ Patient Safety Awards this year. The Chair on behalf of the Board, thanked everyone involved for this achievement.

Professor Cooke referred to the Covid update and asked how the new variant is affecting infection rates and whether there were any more details around 19 July date. Mrs Parkinson reported that for the new variants there has been a rise nationally and in our area over the last seven days. However a significant rise in staff absences is not being seen as a direct impact, indirectly however there has been an increase with some staff coming into contact with infected people through school children for example and having to isolate. The position is manageable at the moment. In terms of 19 July, it is expected that arrangements for Covid safe working and infection control guidance will not change for our services.

In response to Professor Cooke's question on Child and Adolescent Mental Health Services (CAMHS) and how demand is affecting the inpatient unit and opening of the PICU, Mrs Parkinson explained that there are local and national pressures around Tier 4 beds. The complexity of presentation remains high and the impact being seen in demand for inpatient beds is also due to residential placements for Looked After Children (LAC) breaking down. As a consequence the general adolescent unit is closed to admissions due to the complexity of young people in the unit. PICU is opening today and the plan is for two young people who meet the threshold and are already in services will be moved into it.

Additional staff have been recruited which will support some of the pressures that are being seen in children and young people services by ensuring they are in the right place to have their needs met. There is a continued focus on pressures and work taking place with the Clinical Commissioning Group (CCG) and Local Authority partners to mitigate the pressures. Work continues at an ICS level to support the system as it is not expected the pressures will diminish any time soon.

In terms of the recovery plans for waiting lists there are actions in the plan targeting specific waiting times. Some improvement is being seen through additional access to digital platforms. The Chief Executive explained there is a lot of work across the region taking place around children and young peoples demand. A review of the crisis pathway across Humber Coast and Vale is being undertaken due to the emergency admissions being seen. A small amount of additional funding has been identified which will be used to have a maximum effect in this areas. A task force has been set up which Mrs Gledhill attends on behalf of the organisation. A surge meeting has been called with Chief Officers to discuss what else can be done for children and young people requirements going forward. This is a national problem as there are often no beds available nationally and this is an area of priority.

Mr Royles noted the NHS Employers interest in the progress made with the staff survey. He asked about personal protective equipment and whether there were any implications for the organisation following the national views. Mrs Gledhill explained that research will influence the Government changes around infection control. For the use of FFP3 masks we have to have everyone assessed and fitted for using them and we have progressed that. Any updated guidance will be taken forward by the infection control team.

Mr Patton asked if works are on track for Maister Lodge. Mr Beckwith reported that works are due to complete in July. Mr Patton noted the update on the Mental Health Response Vehicle Pilot (MHRV) commenting that an update in the future would be helpful. Mr Smith agreed that there is potential for this and asked who is monitoring it. Mrs Parkinson said there is an evaluation process and this will go through the governance structure. There will be a report at the end of the pilot which she suggested should go into the Mental Health Legislation Committee to provide a connection to the wider system.

In response to what support is in place for internationally recruited nurses, Mrs Gledhill explained that a pastoral care nurse has been employed to support them and will work with others in the organisation to ensure the nurses are supported.

The Chair extended the Board's congratulations to Mr Rickles on becoming a fellow of the BCS the Chartered Institute for IT.

Mr Smith commented that it was positive to see the update on the Domestic Abuse Act to help people. He asked how this is being shared across the organisation. He was informed that briefings are being carried out through the Safeguarding Teams and group discussions. When the Government strategy is available it will be linked to our strategy and action plan.

Resolved: The report was noted.

124/21

Publications and Highlights Report

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

Professor Cooke noted that a few of the reports were in relation to changes at the Care Quality Commission (CQC) and suggested a summary for the Board on these changes. The Chief Executive said this would be included of the July meeting. Dr Byrne asked if it would be useful to ask a representative from the CQC to come and talk to the Board about the changes. The Chief Executive will discuss in her next meeting with the Head of CQC Inspections to see if this is possible.

Resolved: The report was noted.

Summary of Care Quality Commission changes to be prepared for the July meeting **Action**
HG

125/21

Performance Report

Mr Beckwith presented the report relating to the current levels of performance as at the end of May 2021. Updates were provided for indicators which had fallen outside the normal variation range including Training, Waiting Times, Out of Area Placements, Early Intervention in Psychosis, incident reporting and Safer Staffing dashboard. Income and Expenditure has seen a move from a static position to reflect the request from the Integrated Care Service (ICS) to make a small surplus in the first half of the year.

Mrs Parkinson provided an update on the waiting list position. She explained that work continues in areas that have over 52 week waits including paediatric Autism. A detailed update was provided with the report. Some improvement has been seen over the last three months and steady progress made with work being led by the Deputy Chief Operating Officer. There are a range of operational mechanisms that oversee this work. The pathways and processes are being reviewed and work streams have a targeted focus. Clinicians are looking at outcomes and the capacity to increase the use of the digital platforms. Additional resource is available as part of the recovery plan including psychologists to support diagnosis pathways. There is still more room for improvement.

In Child and Adolescent Mental Health Services (CAMHS) an area of focus is ADHD where there are significantly fewer young people on the waiting list compared to ASD but some of these are over 52 weeks. Plans are in place to address this. Pressures are reported for

children and young people's services not just around the demand, but the complexity and pressure for inpatient beds and lack of availability. There is increased focus on community CAMHS to ensure it is being as responsive as it can be. Commissioner discussions are ongoing however there is confidence that work is being done in the right places and that steady progress is being made. Mr Patton complemented the team on the work that they are doing to make these improvements.

Professor Cooke referred to the trajectories which were helpful in the report. He noted that two years ago there were fewer over 52 week waits, 61 have been taken off which is good news. By triangulating this with incidents, higher sickness levels and turnover he felt this analysis needed to be looked at. It was noted that some of the waiting list was inherited due to a change in providers which was approx. 400 additional cases. Previous actions taken to reduce the numbers were not sustainable and there is more work to do to put this in place. Incidents are reviewed through the safety huddles and other governance mechanisms and Mrs Parkinson was pleased with the way that the Inspire Unit is managing incidents overall.

Dr Byrne commented that with the Covid delta variant a rise in hospitalisation is not being seen which suggests that the vaccine is doing what it is meant to. The removal of masks from children in schools could be the reason for the current wave that is being seen as children spread it to their parents. The infection controls measures that are in place help and the use of FFP3 masks needs to be acted on to ensure continued protection. Encouraging anyone who has not been vaccinated to come forward is supported. Dr Byrne highlighted the recent vaccination clinic at Bridlington with the collaboration of three GP practices. Lateral flow tests continue to be undertaken by our staff.

Professor Cooke appreciated the updates provided. Vaccinations are at a high level and he congratulated all involved with this programme. The Quality Committee is supporting this work with triangulation across sickness and turnover to look at the overall picture.

Mr Patton commented that clinical supervision for Inspire Unit and Mill View had reduced. Mrs Gledhill explained that these figures are from the last month and the latest figures show an upward trend, although Mill View Lodge and Westlands figures are reduced and explanations are being sought as to why this is. It is important that when units are under pressure that clinical supervision continues to support staff. Mr Patton noted the link between vacancies, sickness and turnover as raised by Professor Cooke. He said this was a worrying sign despite all the good work in place to support staff. Dr Byrne said this was an interesting point to make as looking back at previous reports, all of these metrics had been improving. This was not surprising given Covid and he was confident the organisation is doing everything it can to support staff with the recovery plan, "You're a Star" initiative and also trying to mitigate the risks.

The Chief Executive felt the discussion had been useful and was something for the Workforce & Organisational Development (OD) Committee to take forward. She suggested that a deep dive of incidents, turnover and sickness would be useful and any quality issues could be reported to the Quality Committee. Mr Royles advised caution from the workforce point of view that the situation is not the only variable, focus needs to be on the services whether this be frontline or other services and what is needed to support them.

The Chief Executive explained that work is underway to increase the size of the Trust bank as a significant number of agency staff are being used to maintain the staffing position. The operational team are working hard to keep figures up. Discussions are taking place through the ICS to see what can be done collectively as organisations and to know why people are leaving. More creative ways to attract staff are being considered. Mr McGowan informed the Board that the aim is to grow the bank and to work more flexibly with it. For example people who may want to leave are being asked to consider taking a break rather than leaving.

Mr Patton noted that the gap in out of area placements continues to widen. He asked if this was due to the work at Maister Lodge. Mrs Parkinson explained that despite the pressures

the NHS Plan required the elimination of out of area placements but did confirm that the rise in month was due mainly to the temporary reduction in beds at Maister Lodge as a consequence of the capital works. The operational plan is constantly reviewed to show what will be done to achieve reduction in the use of out of area beds. Due to Covid there are fewer beds available in the Trust. Mr Smith queried the way the figures are reported as in his view it did not show the correct picture. Mrs Parkinson agreed this was a valid point as the number of bed days is important as are patients who are repatriated. She will discuss with the Business Intelligence team to see if there is another way of reporting the data. Dr Byrne commented that the National Confidential Inquiry on Suicides and Self Harm has a 10 step for reducing the number of suicides and out of area placements is one of the risks which is a consequence of the pandemic as people are having to be sent out of area for a bed.

Resolved: The report and verbal updates were noted
Workforce & Organisational Development (OD) Committee to undertaken a deep dive of incidents, turnover and sickness **Action SMcG**
A review to be undertaken of the Out of Area Placement reporting to see if there is another way of presenting the data **Action LP**

126/21

Finance Report

Mr Beckwith presented the highlights from the finance paper including:

- The Trust recorded an overall operating surplus of £0.129m which is in line with the ICS Months 1-6 expectation of a £0.315m surplus
- Within the reported position at Month 2 is Covid expenditure of £0.892m and income top up of £0.410m.
- Cash balance at the end of May 2021 was £25.600m.

Agency spend was omitted from the report and was circulated outside the meeting.

Resolved: The report was noted.

127/21

Finance & Investment Committee (FIC) Assurance Report

The report provided an executive summary of discussions held at the meeting on 16th June 2021. Mr Patton drew the Board's attention to:

- The month two outturn showing a surplus of £0.129m consistent with the ICS target.
- The month two Budget Reduction Strategy (BRS) performance.
- The excellent work undertaken by the Estates team and the Annual Non-Clinical Safety report.
- Agreed to delegate authority to August FIC and to the Executive Management Team (EMT) to sign off the PSDS SALIX tender with ratification provided to the Board in September. Dr Byrne asked if there are any risks associated with this for example would unused funding have to be returned. Mr Beckwith confirmed that if the work is not done, funding would have to be given back. He was confident that with the approval the work would be completed.

Resolved: The report was noted. The Board agreed to delegate authority to the Finance & Investment Committee (FIC) and to the Executive Management Team (EMT) to sign off the PSDS SALIX tender.
Ratification of the PSDS SALIX tender will be provided to the Board in September **Action PBec**

128/21

Quality Committee Assurance Report and 7 April 2021 Minutes 2021

Professor Cooke presented the report from 2 June 2021 meeting. The minutes of the meeting held on 7 April 2021 were provided for information. Discussions at the meeting included the quality improvement journey for the Inspire Unit and the opportunity to review the recovery strategic framework. Other areas included clinical skills competency, reviewing a

first draft of the Quality Account, research update and a clinical audit update. Good assurance was also received on controlled drugs.

Professor Cooke attended the Audit Committee's May meeting and as a result, the Quality Committee will be reviewing the clinical governance internal audit report at its next meeting.

The mortality report and the high acuity in children and young people's services and the demand for inpatient beds was noted.

Mrs Gledhill informed the Board that the Quality Account is with stakeholders for feedback and will come to the July Board. A clinical audit awareness session was held recently with over 200 staff participating in the event. Dr Byrne thought clinical audit was in a stronger position although there is more work to do.

Resolved: The Board noted the report

129/21

Charitable Funds Committee Assurance Report

Details of the meeting held on 18 May 2021 were provided for the Board to note. The minutes of the meeting held on 31 March 2021 were presented for information. Professor Cooke explained that at the meeting approval was given for £60k for the Whitby garden scheme. The Impact appeal issues will be added to the Trustees report. It was clarified that this was in relation to a timing difference with an invoice.

Mr Smith congratulated the Committee and the team for its organisational approach. Funds such as Charitable Funds, the Chief Executive's engagement fund and others allows the Trust to support staff through the money raised.

Resolved: The report was noted.

130/21

Humber Coast & Vale Specialised Mental Health, Learning Disability and Autism Provider Collaborative Commissioning Committee Assurance Report

The report provided information on the areas discussed at the meeting held on 10 June 2021. Areas highlighted to the Board included:-

- Continued pressures regionally and Nationally in relation to Child and Adolescent Mental Health Services (CAMHS)
- 41 people identified who are clinically appropriate for repatriation or discharge from Adult Secure care over the next 18 months
- Adult Secure Single Point of Access now live
- Updated Financial offer has been received from NHSE/I
- National NHS England/Improvement team have advised Go Live is slipped to 1 August 2021 and acknowledge this is due to the delay in them responding to our Financial Due Diligence queries

Resolved: The update was noted.

131/21

Board Assurance Framework

The Q1 2021/22 version of the Board Assurance Framework (BAF) was presented to the Board. The Chief Executive thanked all the Directors and Mr Sims for their work on the BAF which is reviewed regularly at Sub Committee meetings. Mr Sims reported that all of the overall ratings remained the same from the previous quarter.

Mr Patton queried the overall rating for strategic goal 4 given the work being done on workforce. Mr Sims acknowledged that there has been some movement and assurance is gained via the Workforce & Organisational Development (OD) Committee. This rating will be considered as part of the next review. Mr McGowan explained that not all the risks are shown that are being well managed at different ratings. Mr Patton appreciated the

explanation and suggested this could be included in future reports to make it clear.

The Chair noted that a considerable number of actions for strategic goals, 1,2 and 4 were due today. She presumed these have moved on which implied there would be some movement in the next report. Mr Sims confirmed that updates would be referenced in the next report which will be going to the relevant meetings in August.

Resolved: The report was noted.

132/21

Risk Register Update

Mr Sims reported there are 7 risks held on the Trust-wide Risk Register. The highest rated risks identified on the Humber, Coast and Vale Provider Collaborative was also included under the Commissioning Risk section. 4 commissioning risks scoring 15 or above were identified in the report. There are currently 182 risks held across the Trust's Divisions, Directorate and project risk registers. The current position represents an overall decrease of 21 risks from the 203 reported to Trust Board in March 2021.

A new risk for Child and Adolescent Mental Health Services (CAMHS) demand and capacity has been added which will be developed. New risks are being added from the Divisions and across the directorates. The silver command risk register has been closed down and the risks apportioned to Divisions for monitoring. Professor Cooke noted there was work to do between the Provider Collaborative risks and the risk register.

Mr Royles queried whether risks CC1 and CC9 were the same risk on the Provider Collaborative risks. Mr Beckwith explained that separation of the two risks is intentional. One is for the transfer (CC1) and CC9 is about demand and planning for the increase for the beds commissioned in the medium term plans where growth has started to be seen.

The Chair noted there were some gaps in controls in assurance and actions related back to March. Mr Sims explained that these related mainly to workforce risks and it was due to a time lag. He will review to see if this time difference can be tightened to address this.

Resolved: The report was noted by the Board

Timing of actions updates to be reviewed to see if they can be tightened up Action OS

133/21

Annual Non Clinical Safety Report 2020-2021

The Annual report provided assurance to the Trust Board on the ongoing management of non clinical Health and Safety within the Trust. The Annual Report has been approved by the Trust Health and Safety Group and provided analysis of the Trust's Health and Safety, Fire Safety and Security Inspections activity during 2020-21. It also outlined key developments and work that has been undertaken during the reporting period as well as work planned for the current year.

Mr Beckwith highlighted that there have been:

- 3 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) reportable incidents during the year compared with 5 in the previous year.
- During the reporting period, the Trust did not receive any enforcement notices from the Health and Safety Executive.
- Four fire related incidents and the cause for all of these was malicious ignition of Trust property.

Mr Smith noted that the photo on the front cover of the report was not within the Covid guidance and suggested changing this to perhaps an image of the people who have kept the organisation running with their work. Mr Beckwith will discuss with the Head of Corporate Affairs to find a more suitable picture.

Professor Cooke commented that as well as non clinical safety there was significant detail of quality and clinical safety for staff and visitors. He suggested that the Quality Committee

needed to see the report to gain assurance that all is being done around the important areas including the therapeutic environments.

Any suggestions as to the title of the report were welcomed.

Mr Royles said the report was an opportunity to say thank you to the staff that have undertaken fire safety, water safety and resolved slips, trips and falls issues to name a few. These are often seen as back office functions despite doing essential jobs to keep people safe. Mr Smith suggested a foreword in the report could be used for this. Dr Byrne complimented the team for their Covid response and for their work on the vaccination centre including security to protect the vaccines.

The Chair acknowledged all the comments made. The report highlighted how busy the separate services are and the estates team is incredibly busy. She thanked all staff for their contribution.

Resolved: The report was noted

Picture on the front cover to be reviewed and replaced with a more suitable one. Action

PBec

It was agreed that the report should also go to the Quality Committee Action PBec

134/21

Humber Coast & Vale Strategic Objectives

The Chief Executive presented the report provided for information and detailed the objectives agreed across the Integrated Care System for 21/22. The objectives are linked to Covid responses and how the Integrated Care Service (ICS) is driving opportunities, planning and developing the infrastructure of the ICS on the in line with White Paper.

Resolved: The report was noted by the Board

135/21

Integrated Care System (ICS) Design Principles

The report provided an update for the Board on the recently published Integrated Care System Design Framework. Technical guidance is awaited for the Provider Collaborative. It picks up the areas for system design around bringing organisations together, system first functions and proposals around inequalities and an outcome focus.

Established by the NHS and local government as equal partners in the partnership and which will operate formally to bring partners together across the ICS aligned to purpose and ambitions, with plans to integrate care and improve the health and well-being outcomes of the population.

Dr Byrne suggested that there should be an executive lead for the system for health inequalities for the ICS, someone with a public health or academic background. In his view health inequalities and social inequalities are the biggest challenges in the coming years.

Mr Royles commented that health services cannot do everything for example around transport and housing. As an employer the organisation is providing good and stable work for people. He considered that having apprentices and encouraging people from school to go into health and social care jobs was critical.

Resolved: The report was noted.

136/21

Items for Escalation

No items were raised.

137/21

Any Other Business

No other business was raised.

138/21

Exclusion of Members of the Public from the Part II Meeting

It was resolved that members of the public would be excluded from the second part of the

meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.

139/21

Date and Time of Next Meeting

Wednesday 28 July 2021 9.30am by Microsoft Teams

Signed Date
Chair

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

Summary of actions from June 2021 Board meeting and update report on earlier actions due for delivery in July 2021						
<i>Rows greyed out indicate action closed and update provided here</i>						
Date of Board	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
30.6.21	124/21	Publications and Highlights Report	Summary of Care Quality Commission changes to be prepared for the July meeting	Director of Nursing, Allied Health and Social Care Professionals	July 2021	Included in Chief Executive's report
30.6.21	125/21(a)	Performance Report	Workforce & Organisational Development (OD) Committee to undertake a deep dive of incidents, turnover and sickness	Director of Workforce & Organisational Development	July 2021	Deep dives on both sickness and turnover have been completed considered by EMT and were scheduled on the agenda of the Workforce Committee in July. Due to agenda pressures, the Chair has deferred the deep dive on sickness to the next meeting.
30.6.21	125/21(b)	Performance Report	A review to be undertaken of the Out of Area Placement reporting to see if there is another way of presenting the data	Chief Operating Officer	July 2021	The number of patients in out of area placements has been added to the IBR report for June's data and for the September 2021 report the three types of placement (adult, older

						people and PICU) will be shown as separate SPC charts in order that the trend can be monitored.
30.6.21	127/21	Finance & Investment Committee (FIC) Assurance Report	Ratification of the PSDS SALIX tender will be provided to the Board in September	Director of Finance	September 2021	Item not yet due
30.6.21	132/21	Risk Register Update	Timing of actions updates to be reviewed to see if they can be tightened up	Corporate Risk & Compliance Manager	September 2021	Item not yet due
30.6.21	133/21	Annual Non Clinical Safety Report 2020-2021 Report	Picture on the front cover to be reviewed and replaced with a more suitable one.	Director of Finance	July 2021	Updated photo being arranged and report to be updated once available
30.6.21	133/21	Annual Non Clinical Safety Report 2020-2021 Report	It was agreed that the report should also go to the Quality Committee	Director of Finance	October 2021	Paul Dent is contacting the Quality Committee administrator to arrange for it to be presented at the next Committee meeting

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

Date of Board	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
28.4.21	76/21(b)	Chief Executive's Report	The Quality Account report will come to the July meeting	Director of Nursing, Allied Health and Social Care Professionals	July 2021	Item on the agenda
27.1.21	08/21(c)	Performance Report	Mortality report to go to the Quality Committee then to a future Board meeting	Medical Director	June 2021	Item on the agenda for July meeting
31.3.21	62/21	Strategy Refresh	Dates for discussion at a Board Time Out and for Governor updates to be identified	Director of Finance/ Chief Operating Officer	June 2021	Update on the first part of this, the stock take of where we are with the current strategy at the Board time out now taking

						place in July and then to Governors after that.
--	--	--	--	--	--	--

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

Board Dates:-	Strategic Headings	LEAD	28 Apr 2021 (Strategy)	19 May 2021	30 June 2021 (Strategy)	28 Jul 2021	29 Sep 2021	27 Oct 2021 (Strategy)	24 Nov 2021	26 Jan 2022	23 Feb 2022 (Strategy)	30 Mar 2022
Reports:												
Deleted /Removed Items												
Digital Plan Annual Update – reports into Finance and Investment Committee		PBec		x	x	x						
Estates Strategy Review –reports into Finance and Investment Committee		PBec				x				x		
Estates Annual Update - reports into Finance and Investment Committee		PBec				x						
Procurement Strategy Annual Review – reports into Finance and Investment Committee		MM				x				x		
Workforce & OD Strategy including an Annual Refresh – reports into Workforce & Organisational Development Committee		SMcG		x					x			
Guardian of Safeworking Quarterly Report – reports into Workforce & Organisational Development Committee		JB	x			x		x		x		
Sustainable Development Management Plan Update –reports into Finance and Investment Committee		PBec										
Equality Diversity and Inclusion Public Sector Duties- reports into Workforce & Organisational Development Committee		SMcG										
Safeguarding Annual Report (internal) – reports into Quality Committee		HG					x					
Internal Audit Annual Report – reports into Audit Committee		PBec										
Review Risk Appetite moved to July as per previous year and moved to part II July		HG				x						

Agenda Item 5

Title & Date of Meeting:	Trust Board Public Meeting – 28 July 2021			
Title of Report:	Staff Story: Meet Abam Ubi, A Student Nurse in Practice			
Author/s:	Robyn Allan – Employee Engagement Coordinator			
Recommendation:	To approve		To receive & note	
	For information	X	To ratify	
Purpose of Paper:	To share the story of one of our Student Nurses who has developed his career through our apprenticeship programme and now has a defined career path in Mental Health Nursing.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	✓
Key Issues within the report: <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<ul style="list-style-type: none"> Defining different career paths from colleagues and the learning journeys that they can take ownership of Understanding the benefit of an apprenticeship route into a specialist nursing role and the support available within the Trust to achieve this 			

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	

Agenda Item 7

Title & Date of Meeting:	Trust Board Public Meeting – 28 July 2021			
Title of Report:	Chief Executive's Report			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	To provide the Board with an update on local, regional and national issues.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Monthly report to Board	✓
Key Issues within the report:	<ul style="list-style-type: none"> Identified within the report 			

Monitoring and assurance framework summary:

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

Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Chief Executive's Report

1 Around the Trust

1.1 NHSE Regional Chief Executive Officer Meeting

I was asked to present (as an exemplar site) HCV provider collaborative at a NHSE regional CEO meeting, I was also part of the panel debate alongside;

John Lawlor
Sheena Cumiskey
Kevin McGee
Sir Jim Mackey
Richard Barker
Louise Robson
Amanda Pritchard

1.2 Executive Management Team Time Out

The Executive Team had a productive timeout this month, we looked at the Lumina self assessments not just the Trust profile but also our own and collective. This development work will continue throughout the year and feed into the the developing draft Board development programme.

1.3 NHS 73rd Birthday

The NHS 73rd Birthday present was well received by staff as well as the prize draw for staff working over the recent European final.

1.4 Hull Daily Mail Health and care Awards

I am pleased to say that we were successful in two categories at the Hull Daily Mail Health and Care awards:

- **Volunteer of the Year** *Sponsored by [InYourArea](#)*
Soraya Hutchinson

Soraya spends a lot of time supporting the Humber Teaching NHS Foundation Trust and is a lead volunteer at its Covid-19 vaccination site at Willerby, helping manage logistics and looking after volunteers. She has been a telephone befriender, spending her Christmas Day in 2020 calling socially isolated service users.

- **Health Improvement Project Award** *Sponsored by [CityCare](#)*
Smoking in Pregnancy Project

The project is offered by YOURhealth, a successful initiative providing bespoke 1-1, person-centred behavioural change support to those looking to improve their lifestyle. Additional programmes such as the Smokefree Generation campaign tackles social norms at primary school level to provide more education.

Very well deserved in both categories.

1.5 Youth Board

The Trust has hosted two workshops ([9 April](#) and 2 June) where young people and partner organisations have got together to develop the Trust's Youth Board. Young people have decided on the name Humber Youth Action Group (HYAG). The group is meeting for a third time [on 28 July](#) where we will be finalising the Terms of Reference. Also during the third session the Trust will be delivering a Quality Improvement training session to help the young people to prepare for their involvement in Trust activities. A Membership sub group is going to be implemented in August to support the marketing and recruitment of the HYAG.

1.6 Research Update

Following submission of a business case earlier this year, approximately £44k of additional funding to support research across our nine GP practices has been awarded by the Yorkshire and Humber Clinical Research Network for the remainder of 2021-22. This funding is being used for a new Research Nurse post in the Trust's research team, specifically to help open NIHR Portfolio research studies in primary care, plus a small amount for GP backfill time.

1.7 External Governance Review

NHSI guidance 'developmental reviews of leadership and governance using the well-led framework' says that Trusts should carry out an external review of their governance every 3 years. Our last review was undertaken in May 2017 and at the May 2020 Board, support was gained to postpone the external governance review using the flexibility allowed in the NHSI guidance up to a maximum of five years.

The Trust will be utilising the NHS Shared Business Services Framework for Multidisciplinary Consultancy Services to procure external support and the Head of Corporate Affairs and Director of Finance will work together to select the external consultants to support/undertake this work.

An outline timetable has been developed to scope this work and will be confirmed when discussions take place with auditors. Board will be kept updated on progress.

STEPS	Who	When
1) Undertake a self-review covering the 8 KLOEs "at an appropriate level"	EMT	Sept-Oct'21
2) Board to sign off the self- review	Board	Nov '21
3) Share the self-review with the external facilitator	CEO	Nov/Dec '21
4) External reviewer agrees areas for further scrutiny with Board and undertakes review	CEO / Board	Jan-Feb'22
• <i>External reviewer share feedback and action plan developed</i>	<i>External / CEO</i>	<i>March '22</i>
• <i>Action plan – deliver /complete actions</i>	<i>EMT</i>	<i>Mar-Apr '22</i>

1.8 Board Voting

A timetable for Non-Executive Director recruitment has been prepared and will be progressed over the coming months with the current timeline aiming to fill the position in November. Our constitution states "the operation of 23.2 [the Board of Directors is to comprise] shall be such that, at all times, at least half of the Board of Directors, excluding the Chair, shall be Non-Executive Directors".

When one of our Non-Executive Directors retires in August, there will be a period where we have the same number of Executive and Non-Executive Directors until we recruit which would be an issue in the event of an item being voted on.

To address the interim situation it is proposed that one of the Executive Directors be identified and abstains from any vote until the recruitment process has concluded. A summary of Board members is below. Given our Standing Orders stipulates Executive Directors must include a Chief Executive, a Finance Director, a Registered Medical Practitioner and a Registered Nurse, it is proposed that the Chief Operating Officer abstains from any vote until the recruitment process concludes.

Non-Executive Directors	Executive Directors
1. Chair	1. CEO
2. Francis Patton	2. Director of Finance
3. Dean Royles	3. Medical Director
4. Mike Smith	4. Director Nursing
5. Peter Baren	5. Chief Operating Officer
6. <i>Mike Cooke (to Aug'21)</i>	
<i>Hanif Malik (non voting)</i>	<i>Steve McGowan (non voting)</i>

2 Around the Region

2.1 East Riding Health and Wellbeing Board

The East Riding Health and Wellbeing Board has agreed that a Housing representative be approved to be included on the Board. This will help with our health inequalities work.

2.2 Director of Adult Services at Hull City Council

Alison Barker, (Director of Adult Services at Hull City Council) will be leaving at the beginning of October to take up a new post with Swindon Borough Council as the Corporate Director for Adults, Health and Housing. Alison has worked for Hull City Council for the last 12 years.

3 National News

3.1 Health and Care Bill

The Health and Care Bill has been published with discussions held in various forums. Key highlights include:

- ICSs must publish their own constitution, with NHSE to issue a “model constitution” to help areas develop their own. The constitution must set out how much board members will be paid, length of tenure, and eligibility for reappointment. The ICS board can also determine their own employment terms and conditions for its staff, including pay, pensions and allowances;
- Each Board will have a duty to ensure “continuous improvement in the quality of services” it provides, as well as a duty to enable patient choice “by commissioning so as to allow patients a choice of treatments, or a choice of providers, for a particular treatment”. It will also have formal a duty to promote innovation within its ICS;
- ICSs will be allowed to “raise additional income for improving the health service, provided that this does not significantly interfere with the integrated care board’s ability to perform its function”;
- ICSs must compile a “register of interests” of all its board and committee members, plus its employees, and lay out in its constitution how it intends to manage conflict of interests;
- ICB boards must include a member “jointly nominated” by trusts in the area, as well as a member each, also jointly nominated, from primary care and local authorities in the ICS. It does not stipulate a CFO, medical or nurse director on the board as NHSE guidance has recently asked for;
- Each ICS chair will be “appointed by NHS England, with the approval of the secretary of state”. Only NHSE will be able to remove the chair from office but this is also subject to sign off by the health secretary.
- ICSs must take on NHSE commissioning roles such as in primary care or dentistry, even where the ICS has “not reached agreement” with NHSE to do so. The accompanying legislative notes said: “The intention is that [ICBs] will hold the majority of these functions at an agreed point in the future” with NHSE having a “limited” oversight role;
- NHS bodies must also abide by a new duty to co-operate with local authorities, with DHSC to issue guidance to “clarity” on what this duty means in practice.

The bill also provides a new power to allow NHSE to set capital spending limits for foundation trusts. The foundation trust limit would be set on an individual basis for each affected trust and will most likely last for a financial year.

The legislative notes said: “The power is intended to only be used on a foundation trust where there is a clear risk of an ICS breaching its system capital envelope as a result of non-cooperation by a foundation trust, and other ways of resolution have been unsuccessful.”

The bill also replaces the national tariff with the NHS payment scheme, which places a duty on NHSE to publish pricing rules for commissioned services.

The secretary of state will also be obliged to make an annual payment to NHSE for the Better Care Fund, used to pool funding between local authorities and the NHS, and can mandate NHSE, who can then in turn mandate ICSs, to use a specific amount on “service integration”.

3.2 NHS Core Priorities

During the month I heard from Amanda Pritchard who discussed the NHS core priorities being focused upon:

1. People
2. Supercharging (not going back)
3. Partnerships
4. Prevention
5. Health inequalities
6. Anchor
7. Digital

These clearly fit with our strategy and developing strategic work

4 Covid-19 Summary Update – July 2021

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. The NHS national incident level was downgraded to Level 3 on 25th March 2021 due to hospital admissions and the number of deaths reducing.

As of the 14th July 2021 the confirmed cases of Covid-19 for Yorkshire and the Humber are:

Positive Test and Trace Update – Case increase and latest 7-day rate per 100,000.		
Area	Actual increase in positive tests in latest 7 days (04 July – 10 July)	7 day rate per 100,000 for 7 days previous* (04 July – 10 July)
East Riding of Yorkshire	11274	373.4
Hull	895	344.5
North East Lincolnshire	1472	922.5
North Lincolnshire	526	305.3
Yorkshire and Humber	25,206	458.0
England	194268	345.1

Source: PHE Daily Briefing

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

For the same period the 7 day rate per 100,000 population for Scarborough is 390.0, for Ryedale is 195.0 and Hambleton is 508.0.

As of 12th July 2021, there have been 1,343 hospital deaths due to COVID-19 across the Humber area. This includes 859 deaths registered by HUTH, 455 deaths registered by NLAG, 27 deaths registered by CHCP (East Riding Community Hospital) and 2 death registered by HTFT. York Teaching Hospitals NHS Trust recorded 594 deaths over the same period.

Due to the rise in infection rates the Trust has recorded 3 cases of Covid-19 positive inpatients during the last month and staff sickness absence related to Covid has risen (see appendix 1). The Covid- 19 Task Group continues to coordinate and oversee our response to any ongoing requirements. The group meets fortnightly, is chaired by the Deputy Chief Operating Officer and reports to the Executive Management Team (EMT). Twice weekly Sitrep reporting remains in place to monitor the ongoing impact of the pandemic on our services. The command arrangements will be quickly stood up again if required, this remains under close monitoring particularly as the infection rates have now risen further in some areas due to the delta variant.

Operational service pressures remained very high in some areas in June and July with the highest pressures seen in our community services in Scarborough and Ryedale due to high demand from the acute hospitals for discharges to be supported along with increased demand from primary care and in our Children and Adolescent Mental Health services (CAMH's). This led to the Trust experiencing overall operational pressures escalation levels (OPEL) varying between 2 (moderate) and 3 (severe pressure) predominantly for periods during June and July. On 21st June service pressures rose further and our OPEL was raised to 4 (extreme pressure) this was due to a number of factors:

- Further increased demand for CAMH's inpatient beds
- Mental Health inpatient demand rising
- Mental health beds closed to admissions for infection control reasons
- Very high acuity and complexity of patients requiring enhanced nursing leading to pressure on staffing availability

The position was de-escalated to OPEL 3 on 25th June when the pressure on staffing availability reduced.

CAMH's services are continuing to experience increased 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. Break down of placements for young people in residential care is leading to urgent and crisis admissions to the acute hospital and mental health beds. System and ICS work is ongoing to enhance provision to support out of hospital care. Work continues to focus on reducing waiting times in these services, particularly in relation to autism diagnosis. Our CAMH's PICU ward (Nova) opened two of its four beds in June, this has supported the clinical management of the very high complexity of patients within our general adolescent ward (Orion). In order to open the additional beds new staff have been recruited, we are monitoring the position very closely and we will open the remaining beds incrementally.

We continue to have a contingency plan through a mutual aid arrangement with Navigo to access additional mental health beds when required. Work on the new capital scheme at Maister Lodge is progressing well and is due to be completed at the end of July, this will provide up to five new functional older peoples beds from early summer 2021. The new day treatment service continues to be effective at avoiding admission for some older people. Our overall bed occupancy has remained above its usual level in June and July with the pressures especially high for mental health beds and our community beds at Malton and Whitby Hospitals, it has been between 73-

82%. The overall number of available beds is reduced due to the need to provide isolation/cohort beds for covid symptomatic and positive patients and infection control requirements. To address this shortfall and ensure beds are available when required the Trust has continued to block book independent sector beds and the position is continuing to be monitored very closely. The use of these beds will improve when the capital scheme completes and the additional older peoples beds open. Nationally requirements are in place to eradicate the use of out of area beds and our services are implementing plans to achieve this, this remains a challenge however as covid safe working practice remains in place.

Our primary care practices are also continuing to experience a rise in pressure and activity due to undertaking Covid vaccinations alongside higher than usual demand. System pressures have risen in North Yorkshire and York in July for both health and social care leading to the system command arrangements being reinstated.

During June and early July the position relating to sickness absence has risen with staff having to isolate due to contact tracing requirements. This has been compounded further by the number of children unable to attend school due to contact tracing and our staff availability reduced as a consequence of this. Work is taking place by our recruitment team to increase the number of staff available to us on our bank. Elements of business continuity plans for both CAMH's and adult mental health services were enacted to support the escalating pressure in June with community staff redirected to support inpatient areas, these were stood down when the OPEL position was de-escalated.

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.

Lateral Flow (asymptomatic staff testing)

The Trust continues to encourage all staff to undertake twice weekly Lateral Flow Antigen Testing. Over 61,550 tests have been reported since December with 70 positive results which have been followed up by PCR tests and infection control procedures.

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

Covid-19 Vaccine

The Trust vaccination centre at Willerby Hill has continued to operate as a Primary Care Network Site for Harthill PCN since the second dose programme for delivering vaccine to our staff was completed. A key area of focus however has remained on bank colleagues where uptake has been lower. Planning has now begun to deliver the booster covid- 19 vaccine with the programme expected to start nationally for health and social care staff in the autumn. Dr John Byrne, Medical Director is our senior responsible officer (SRO) for both our covid and flu vaccination programmes and a task group has been established to deliver our plan.

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 are at good levels and we have not had any shortages of equipment. The government is expected to move England to its final step (step 4) out

of lockdown from 19th July. NHS England have instructed that Public Health England's infection prevention control guidelines and hospital visiting guidance are set to remain in place for all staff and visitors. This means NHS visitor guidance will stay in place across all health services including hospitals, GP practices, dental practices, optometrists and pharmacies to ensure patients and staff are protected. Staff, patients and visitors will also be expected to continue to follow social distancing rules when visiting any care setting as well as using face coverings, mask and other personal protection equipment. The NHS will continue to support staff in ensuring that the guidance is followed in all healthcare settings.

Safe Working in our Environments

In accordance with the Government published guidance 'Working safely during coronavirus (COVID-19)' Covid safe working measures remain in place across the Trust. 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 15 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 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. Frequent "Ask the Exec" sessions continue and the last one took place on 24th June, these are positively received.

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 Executive Management Team have undertaken further work and engagement to develop and finalise a "Reset and Recovery" plan which will be implemented over the next 12 months. Engagement with staff has been taking place through a range of forums to ensure that it will meet their needs including the Senior Leaders Forum. The plan is now final and implementation has commenced, it will be monitored by the Executive Management Team (EMT).

Covid-19 Clinical Advisory Group

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

- Continuing to ensure that our covid related changes and interventions do not increase restrictive practices.
- Clinical awareness and training in relation to care of the deteriorating patient
- Continuing to review clinical pathways to ensure that use of digital technologies promotes inclusion and maintains recovery rates.

Operational Planning - Recovery and Restore

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

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

The Trust has focused its work on these areas utilising a range of forums with partners to contribute to place and Integrated Care System (ICS) plans. A number of submissions have now been made by the Trust to set out the workforce, financial and activity projections for 2021/2022 to demonstrate how the requirements in the guidance will be met.

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

The Trust continues to manage effectively 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 anticipated increase in demand. Planning has now commenced for next winter, 2021/2022 which incorporates the learning from the pandemic to date. Nationally a surge is anticipated in prevalence of RSV (respiratory syncytial virus) in children which has a seasonal presentation this winter, local areas already seeing increased presentations and pressures in primary care and acute hospitals.

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. Data supporting specific areas of our covid response is attached (Appendix 1)

5 Director's Updates

5.1 Chief Operating Officer Update

5.1.1 Changes to access to mental health services for adults and older people for both crisis and non-urgent need – new “Front Door”

Due to the ongoing increase in demand and presenting complexity for adult and older peoples mental health services and the challenging issue of achieving a consistent timely response to our crisis and single point of access telephone number, we are implementing a service change from the 19th July 2021 to address this and improve both the service user and referrer experience. The Mental Health and Crisis Line for Humber Teaching NHS Foundation Trust will change and will be called the Mental Health Advice and Support Line, it will be accessible via a phone call on a new number - **0800 138 0990**. The new line will be available 24 hours a day, 7 days a week and is free to access for anyone over the age of 16 who lives in Hull and the East Riding of Yorkshire (ERY). The old number will no longer be used for these services however an answerphone message will be available on this number for an extended period of time to ensure service users are redirected to the new line. The Trust has extended its well established partnership with Hull and East Yorkshire Mind to achieve this change and implemented a new team who are integrated with our existing Mental Health Response Service who will be answering the calls.

There are three core routes on this support line that the new team will respond to:

- Those in mental health crisis will be immediately transferred to the Trust's dedicated crisis service.
- Those who require additional support, but who are not in crisis, will be provided immediate support and scheduled an appointment for further assessment by the community mental health team,
- Those who may be able to self-manage their mental health need will be signposted to helpful information to support them moving forwards.

In addition to this change, urgent and crisis referrals from primary care will have dedicated numbers to refer adults and older peoples (these numbers are not available to the public). These numbers will be responded to by our crisis team in order that they get an immediate response. A dedicated number also remains in place for other emergency services i.e. Humberside Police and Yorkshire Ambulance Service.

For all adult and older peoples routine referrals, primary care via the Primary Care Network Clinical Directors and the Clinical Commissioning Groups, have agreed to use the new electronic referral system (e-RS) and we will not accept referrals from any other route for non-urgent cases. Every Primary Care Network (PCN) will have access to direct bookable triage slots via the referral form on e-RS. This allows general practice to have full access and control, to view and book a triage slot on behalf of a patient. In addition to the existing availability of Primary Care Mental Health clinicians, we are introducing bookable advice, guidance and discussion slots across all PCNs. These slots will be available via e-RS and are open to professionals only to have a direct discussion with a mental health professional including a consultant psychiatrist.

This service change is integrated with the ongoing wider development of the Primary Care Mental Health service that has been implemented in each of the twelve PCN's in Hull and ERY as part of our Community Mental Health Team transformation. It also has the wider benefit of ensuring that our crisis team, a core component of our mental health response service, is only focussed on crisis and urgent need. Previously routine and non-urgent need frequently came through to our crisis telephone number due to the lack of other options available to primary care and long waits for response to the routine phone number, impacting on the capacity of the team to respond to crisis demand. This change is being made to systemically address these issues. A robust communication plan is in place to support this change. Performance monitoring is in place to ensure that these changes achieve the required impact of improving access to our services for both crisis and non-urgent need.

Peer Support Worker Roles - Update

The Trust has now developed the Peer Support Worker (PSW) role as part of our wider approach to embed lived experience and coproduction at the heart of our services. Peer Support Workers are now working across a number mental health inpatient and community services. Twelve Peer Support Workers (PSW's) recruited in 2020 as part of the Community Mental Health Team (CMHT) Transformation are now fully established within their roles, their wider team and the Individual Primary Care Networks across Hull and East Riding taking the total number of peer support workers across the trust to 16 whole time equivalents (wte).

Peer Support Workers and Community Mental Health Team Transformation

The twelve PSW's in post across Hull and East Riding are each aligned to a Primary Care Network (PCN), 7 across the East Riding of Yorkshire (ERY) and 5 in Hull.

The ERY team are directly employed via the Trust and the Hull team are sub contracted via our partners at Hull and East Yorkshire Mind. The East Riding team has been fully embedded since December 2020 and Hey Mind since March 2021.

Referrals for the PSW's are being received by all team members via both primary and secondary mental health services, feedback from all teams and service users has been extremely positive. Referral pathways are in place and being developed further in line with the needs of both secondary mental health services and the ongoing development of the Primary Care Mental Health Networks (PCMH). A robust induction and development plan was put in place to support the introduction of the new roles. Ongoing personal development for each PSW is continuous and ongoing and it is clear that their skill and confidence in their roles is growing. Additionally a co-designed service operating procedure in line with Trust policies and values has been developed to support these roles and is available to all existing PSW team members, supporting/supported team members and new starters.

Each PSW has access to clinical supervision by their PCMHN Clinical Lead or nominated supervisor within the team. Personal covid risk assessments are reviewed monthly and each PSW has fortnightly managerial supervision with a PSW Project Coordinator. Plans are currently being put in place to incorporate both peer and group supervision within the wider Trust PSW Team. All service users receiving peer support have an active referral within the electronic patient record for the duration of that support. Referrals are allocated to individual PSWs and all contacts are being recorded against these referrals.

National Training and Development Programmes

Supporting these roles with effective training and development is critical to ensuring that they succeed, thrive and develop within our services. The Trust applied for and was successful in accessing a fully funded 12 week PSW training course (accredited to Level 4/30 UCAS Points) provided by Teesside University. The training delivers a structured PSW competency framework and the training plan is summarised below:

- 5 x PWS enrolled on the current cohort – ending 19th July 2021
- 1 x PSW supervisor completed initial cohort June 2021
- Remaining PSWs enrolled for the cohort commencing September 2021
- 7 x PSW Supervisor places requested for cohort commencing Sept 2021

In addition we are participating in a peer leadership development programme devised by The Personalised Care Group at NHS England/NHS Improvement in collaboration with Future Learn. We have registered all our PSWs and supervisors to commence this in July 2021, it is a remotely accessible programme and can be completed at the individuals pace.

We are members of a Trailblazer group working working with Health Education England (HEE) as part of the development and coproduction of a PSW Apprenticeship. HEE are currently running a national procurement to indicate future workforce demand for this apprenticeship programme. We

have registered our interest for five PSWs to commence this programme in January 2022 and ten additional PSWs to commence January 2023.

The Trust is also working in partnership with ImROC (Implementing Recovery through Organisational Change) to access a package (supported by HEE funding) that will include:

- **Organisational Preparation** – To support the overall organisational understanding of Peer Support and their commitment to supporting all staff with lived experience including peer workers
- **Team Preparation Training and Support** – Support for teams to understand the rationale for peer workers, their role, their status (as a colleague, not as a 'patient') and their employment conditions.
- **Training for Trainers** to co-deliver ImROC Peer Support Training within Trust to all existing / new PSW Team Members.

Local Development and Partnerships

An integral part of the Trusts ongoing support and development of the PSW role is to create a supported and clear pathway for individuals with lived experience to be successfully recruited into these posts. This is being developed through our Prevention, Recovery and Wellbeing Service (PRWS). Having now brought together our Individual Placement Support and Positive Assets (employment services) with our recovery college, social prescribing, health trainers and Trust volunteer service, this pathway has been made distinct and robust. For example an individual can be signposted and supported by any of our services and our partners to become a volunteer, they might also be supported by our employment services and at the same time they can access a wide range of support from our recovery college including our new Peer Support Training modules, a course specifically designed to prepare people to apply for these roles. This course includes the following elements:

- Ethos and values of PSW
- History of PSW
- Benefits of PSW
- Why PSW in Mental Health and Recovery?
- PS within Humber
- Supervision for PSW
- Our PSWs – their experience.
- Peer support champions and mentor scheme

This new co-designed peer support course will be available on our Recovery College platform launching in late summer 2021. A PSW champion network will then be available for people who have completed the course to join and receive ongoing support to continue to volunteer or access paid roles. We are developing this approach in partnership with our colleagues in the voluntary sector in order to widen the scope of opportunities available for people with lived experience to achieve paid employment. Our intention is to build further on these pathways to support access to other paid roles in the Trust.

Learning from other Trusts who have successfully embedded these roles it is critical that the support and developmental structure for these roles is effective and robust. Now that this architecture is in place and developing, our mental health and learning disability services have developed plans to expand the number of PSW roles in their areas, this includes the more specialist areas such as the Perinatal Service, Secure Services and Children and Adolescent services.

Patient and Carer Experience

The PSW roles, in line with all of our support and clinical practitioners need to demonstrate that they are adding value and improving the experience and outcomes for our patients and carers. This is illustrated in the cases set out below:

Case Study 1

Profile – Long standing client of secondary mental health services (9 years). Client has a history of low mood and anxiety and was unable to integrate in social / public settings. Client had become increasingly isolated due to the impact of the Covid- 19 pandemic.

Sessions with PSW – 12

Impact – PSW supported client in obtaining diagnosis of bi-lateral cataract. Client supported through initial appointment process and now has stronger glasses and surgery scheduled. Client supported to set small, achievable goals and to reflect on progress made. PSW worked with client to increase confidence in leaving home and travelling locally.

Result – Clients confidence and self-esteem have increased and anxiety levels are reduced. Client has successful coping strategies in place to manage anxiety and has been discharged from Secondary Mental Health Services after 9 years of continuous support.

Case Study 2

Profile – Client referred by CMHT Social Worker. Has a history of anxiety, stress, self-harm and attempted suicide. Client is unemployed and was socially isolated.

Sessions with PSW – 8 – Ongoing

Referrals and Collaborative Working – Referral to Health Trainers for support with weight management

Progress to date – Sessions are now taking place within the community which is a significant step for client. PSW is supporting client to set small, achievable goals and complete daily activity log to monitor and reflect. Client is receiving support from the Health Trainer service for weight management and has purchased a bike for exercise.

Client is approaching discharge from Secondary Services.

Case Study 3

Profile – Client referred by CMHT Care Coordinator as part of planned course to discharge from Secondary to Primary Mental Health Services. Has a history of stroke, low mood and anxiety and was anxious about leaving their property.

Sessions with PSW – 6 – Ongoing

Referrals and collaborative working – Referral to Health Trainers for support with weight management and physical activity levels.

Progress to date – Client is now leaving the house regularly to do small bits of shopping and attend a local coffee shop. Client is being supported to continue setting small, achievable goals and reflect on progress made so far. Client is being supported to become involved in the production of the local mental health newsletter.

Peer Support Workers – their experience

Supporting these roles well is crucial and this update has already set out a range of ways in which this is taking place, feedback from our staff in these roles is sought through these mechanisms and below is a selection of what they say:

“To look back at the last twenty years of my life and to know that it hasn’t all been in vain, and that I can use my experience for something positive, is really rewarding for me. It’s not only about me helping the service users, because they help me too on my recovery journey. The support works both ways.”

“The team were exceptionally supportive, I felt welcome from day one. While it was challenging to establish my role and how best I could help, I now feel like I’m at a place where the importance of my work is not only visible, but acknowledged.”

“People always say to have goals to live your dream but I already am. I would do this job for free if I didn’t need to pay my bills. It’s hands down the most rewarding thing I have ever done.”

“If I had a PSW championing me then I am sure I would not have sunk so low. The empathy and compassion I can give is different to the Clinicians perspective because I have been there, I have experienced Psychosis, Attempted Suicide, Depression, Klinefelter's Syndrome and the incredible stress and Anxiety which accompanied it. I have suffered from this since a child and when I needed someone to talk to no-one was there”

“The peer support worker role to me is like a torch bearer for others that are experiencing dark times. Not to walk in front as a leader and not to walk behind as a master, but to walk beside as a friend, a guide and a reassurance that they are not alone, and that things will get better. Inspiring and promoting HOPE on their journey.”

Next Steps

The plan over the coming year is to:

- Ensure that the training and development opportunities available to support both the PSW roles directly and the services and wider staff teams they are based within are fully optimised and the outcomes evaluated.
- Increase the number of PSW roles in our services and set a trajectory by September 2021 to achieve that.
- Evaluate the impact of these roles on service user and carer experience working with our PACE (patient and carer experience team).
- Evaluate the Peer Support worker course provider by the recovery college and its impact on supporting people to apply and be appointed to paid roles
- Build on the partnership working with wider stakeholders to support and expand the opportunities for people with lived experience in services.

5.1.2 Development of the Minor Injuries Unit (MIU) at Whitby Hospital to become an Urgent Treatment Centre (UTC)

The NHS Five Year Forward View for Urgent and Emergency Care (UEC) has a key focus on improving national A&E performance, whilst making access to services clearer for patients. A significant part of the strategy and plan to ensuring this is achieved is that there is clarity of services for patients through the rollout of standardised Urgent Treatment Centres (UTC’s). They will treat minor injuries and ailments in a ‘type 3 department’, simplifying access to urgent care services and reducing attendance at, and conveyance to, A&E.

Whitby Minor Injuries Unit is located within Whitby Community Hospital situated in the centre of the town. The community hospital provides, inpatient, outpatient and community services to the local area. The local community of Whitby town has a population of 13,213 people which is growing due to housing developments in the area and the primary care network for Whitby, Coast and Moors covers a wider population of 26,800. Whitby has a higher proportion of older people and of those that have long-term conditions or disabled compared to the average for local regions, and England. In September 2020 an Urgent Treatment Centre (UTC) review was conducted by NHS England to support understanding of services commissioned to deliver non-emergency urgent care in the Humber, Coast and Vale Integrated Care System. This informed the need for a more consistent approach to meet the urgent care needs of the local population, and several recommendations were identified. Place based partnerships were expected to work together to plan and deliver service changes to achieve UTC status against the designation standards, deliver consistent clinical pathways and demonstrate a consistent description in the Directory of Service (DOS) by 31st March 2021.

To measure Whitby MIU's readiness for this change, an audit of how it performed against the UTC standards was undertaken in November 2020. Since the audit ongoing discussion took place with the commissioners and whilst not all of the UTC standards were met at that time, the service was able to demonstrate that it had a robust plan to reach them. Approval was received from North Yorkshire CCG at the end of March 2021 to progress with preparing Whitby to become at UTC and a go live date was set for 1st August 2021. A significant step towards this change to the service will begin on 19th July 2021 when we will switch on the UTC DOS to allow patients who ring NHS 111 to be directly booked into an arrival slot at the department, with full Systemone reconfiguration and formal change to UTC status happening on the 1st August. This change is intentionally timed to coincide with the refurbishment of Whitby Hospital and the new UCT service will move into its new facilities at the end of August 2021.

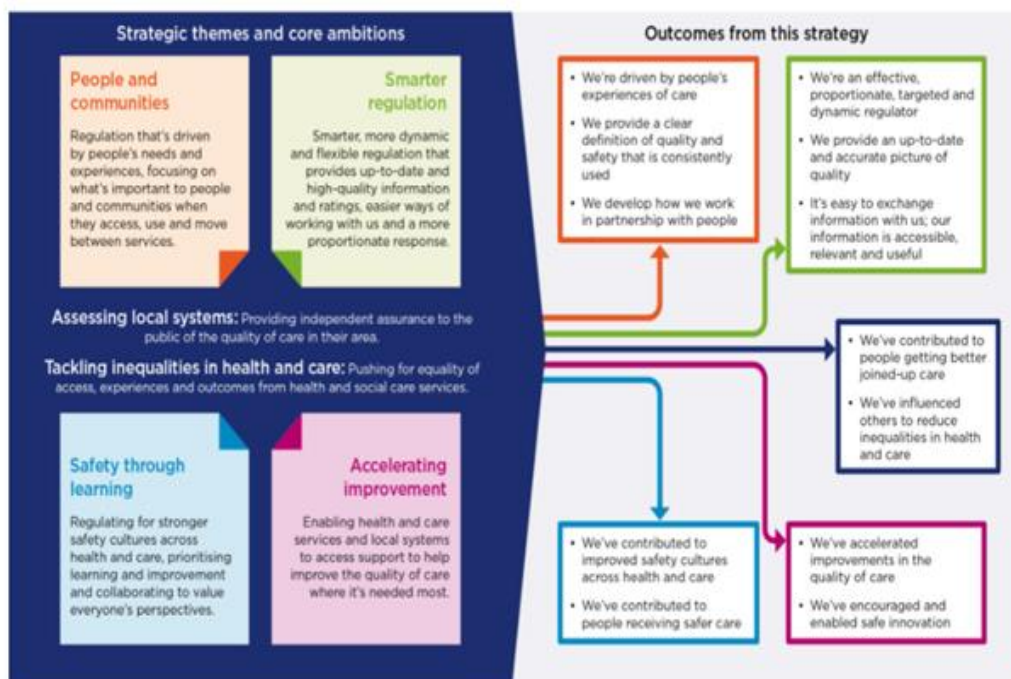
From July 2021 a local/regional communication campaign will start to explain the different service offering and encourage patients with minor illness or injury to call NHS 111 and "talk before they walk", talking to a clinical advisor before traveling to the service who will assess symptoms, provide advice and guidance and/or decide if medical help is required will arrange an appointment slot with our UTC.

5.2 Director of Nursing, Allied Health and Social Care Professionals

5.2.1 CQC 'A new strategy for the changing world of health & social care

The new strategy from 2021 aims to strengthen CQC's commitment to ensure health and care services provide people with safe, effective, compassionate, high-quality care and to encourage those services to improve. Their role as a regulator will not change – but how they work will be different.

The strategy has four themes and five outcomes presented in the infographic below.



Running through each of the four themes are two core ambitions

- Assessing local systems: Providing independent assurance to the public of the quality of care in their area
- Tackling inequalities in health and care: Pushing for equality of access, experiences and outcomes from health and social care services

Changes in how the CQC will regulate providers.

In March 2020 CQC suspended their routine inspection programme in response to COVID-19 and developed their ability to monitor services using a mix of on-site and off-site methods. Over the last year, driven by a need to adapt to the pandemic, CQC introduced the emergency support framework which gave a structured way to have conversations with providers to help monitor risk and support them. This approach has evolved further and from June 2021 CQC has started to pilot changes in how they will monitor services with the aim of rolling the new approach out to more services from July.

The new approach focuses on three key areas:

- Improving CQC's ability to monitor risk to help them to be more targeted in their regulatory activity
- Bringing information together in one place for inspection teams, presented in a way that supports inspectors with their decision making
- Testing elements of how CQC want to work in the future, including how CQC provides a more up-to-date view of risk for people who use services.

Ongoing Monitoring- new arrangements

The new approach will mean that CQC will carry out regular provider information reviews to monitor risk. Where the information they review does not find evidence that tells them they need to re-assess the rating or quality of a service they will publish a short statement on the profile page on their website for these services. This will inform the public and people who use services that this review has taken place and that CQC had no concerns based on the information at that time. This will also be communicated to the provider prior to the public statement being published.

As part of the information gathering CQC will build stronger relationships with services and local systems. This includes having ongoing conversations about quality, which will give them better insight and enable CQC to tailor their approach to be more proportionate. To ensure CQC are making consistent and robust decisions they will also carry out some sampling of services by carrying out an inspection. In this way they will be able to check that monitoring activity is consistent with inspectors' findings when they gather evidence either by telephone or by making an on-site visit.

Onsite Inspections

CQC will visit when there's a clear need to do so. For example, this could be when responding to risk, where they only have limited data or they need specific information, where they need to speak to people using the service face-to-face, or to ensure that their view of quality is reliable.

Continuous insight and monitoring activity mean that rather than spending time looking at paperwork when on site, CQC will be able to make better use of their time giving them more time to have conversations with people who live in or use the service, and their families and advocates, and more time to talk with staff.

The improved access to information aims to allow inspection teams to act quickly using their judgement, supported by CQC quality assurance mechanisms, when sources of information indicate greater levels of risk.

Assessment Framework

The five standards- safe, effective, caring, effective and well led will not change; however the key lines of enquiry (KLOE) that sit within each of the standards are under review.

It is felt that the current assessment frameworks do not reflect current context i.e. they need to incorporate system working and sit across health and social care as it is anticipated that powers will be extended to assess and rate local authorities. The current framework is also hard to understand, too long and there is duplication.

Ratings

Ratings will be updated when there is evidence to show a change in quality. This will not always be following an inspection; as already described ratings may change following monitoring of information.

CQC produces a monthly provider specific insight report of the information it has reviewed. The latest report (June 2021) states overall performance for the Trust is improving, well led performance is improving, safe and responsive performance is stable, trust wide indicators are improving and in patient performance is stable.

How the Trust is supporting this new approach

Senior staff across corporate and clinical services meet monthly with our CQC relationship manager to showcase good practice initiatives/ service improvement and discuss any enquiries the CQC may have e.g. outcome form reported serious incident, concerns the CQC may have received. This is also an opportunity to gauge whether CQC have any concerns about the Trust. In addition we routinely send the CQC any reports we produce which provide evidence of our compliance with the KLOE as well as any films produced showcasing our services. Our relationship manager is also invited to meetings/ workshops which again allow them to gather information on the Trust.

The monthly provider specific insight reports are considered at the Audit and Effectiveness Group (AEG). The data within the reports is from a number of sources that are considered as part of our divisional and corporate discussions and any areas for improvement addressed via teams.

In terms of preparation for onsite inspections and review of the well led domain we have undertaken 42 peer reviews across our services in the last 11 months which focus on the 5 standards. These reviews have captured good practice and areas where action is required captured in the feedback reports. A peer review sub group oversees this work and summary reports are provided to each meeting of the AEG with periodic reports presented to QPAS. The outputs from peer reviews and monthly reporting to divisions is through the HealthAssure system and reports are available through the MyAssurance app for staff to access. A programme of peer reviews will recommence in September.

We have commenced a review of our compliance against the existing KLOE at a corporate level and divisional level. Action plans are being developed that will be monitored via the divisional clinical governance groups and the Audit and Effectiveness Group with reports to QPAS/EMT and the Quality Committee as this work progresses.

5.2.2 HSJ Patient Safety Awards 2021

The Trust has recently been informed that we have had 4 entries shortlisted for the HSJ Patient Safety Awards this year as follows:

Category: Improving Care for Children and Young People Initiative of the Year

Project : Humber Sensory Processing Hub Website

Everyday life can be significantly affected by sensory processing difficulties. Sensory processing differences are present in many conditions but are nearly always present in neurodiverse children. Nationally demand for autism and ADHD services is high, often resulting in lengthy waits for assessment and interventions. The sensory processing website provides timely and unlimited access to the resources that enable understanding of sensory processing difficulties. The website provides intervention strategies that can be immediately implemented, and has been developed by qualified therapists to ensure content is well informed and safe. This website has enabled large numbers of people including health professionals, education staff and children access, ensuring that despite the current challenges with health provision this support can be provided.

Lead : Michelle Field

Category: Improving Safety in Medicines Management Award

Project: The development and implementation of patient-centred, ward based pharmacy technician service

The value of ward-based Pharmacy Technicians and dispensing services has been illustrated nationally.

We have developed new patient-centred services on this foundation and initially implemented them on one adult mental health inpatient unit, to improve overall patient safety, increase medicine choices and availability, enhance stock control, and reduce waiting times for medicines to be dispensed for patients.

Over 6 months, this has been trail blazed across all units, freeing up crucial nursing time and improving transition across primary/secondary care interface by advance pharmaceutical discharge planning.

For the organisation, further benefits include minimising pharmaceutical waste and reducing the cost of medicines substantially.

Lead: Weeliat Chong and Leanne Bloor

Category: Learning Disabilities Initiative of the Year**Project: Pocket PPE Packs: safety, infection control and therapeutic relationship**

Pocket PPE Packs were introduced for all clinical staff to address the need to quickly put on PPE in dynamic situations. Learning Disability inpatient staff are sometimes required to perform interventions at close quarters with patients, potentially for an extended period of time, including comforting distressed patients; administering medication; physical observations; personal care; escorting on leave; and restrictive physical interventions. Items of PPE have potential to be a risk to some patients, for the purpose of harming themselves or others, or swallowing so that risk is somewhat mitigated by having them available only in staff possession.

Lead: Helen Courtney

Category: Maternity and Midwifery Initiative of the Year**Project: Pregnant patients under the care of East Riding Partnership Addictions Service – A multi-professional approach to achieve best mother and baby outcomes**

The service provides holistic, multi-disciplinary support for people who have substance use disorders. Pregnant patients within an addiction service add a greater degree of complexity and the welfare of both mother and baby needs to be addressed. Enhancement of the care pathway by strengthening a multi-professional, multi-organisational planned approach has been developed.

Lead: Andy Partington & Dawn Fawcett

5.3 Director of Workforce & Organisational Development**5.3.1 Quarterly Staff Survey (QSS)**

Earlier this year, an introduction of a 'morale tracker' was discussed as part of the NHSI People Plan. From quarter 2 of this year the Quarterly Staff Survey (QSS) has been introduced. All trusts are required to participate in the QSS.

5.3.2.Pause of LGBT+ and Disability Networks

After a great start unfortunately the LGBT+ and Disability staff networks will now need to pause. This is as a consequence of an inability to identify or appoint a willing chair to preside over each of the networks.

The EDI Workforce Lead will regularly revisit this and broker support for the role, however in the meantime the network groups will pause until such a time that a willing chair is identified.

5.3.3 Home-made Neurodiversity training coming soon

The Learning & Development team are in the design stages of building Humber's home-made training around the topic of Neurodiversity.

The digital training will provide the people of Humber (and beyond) clear knowledge and understanding of what it means to be Neurodiverse, with the view to encourage neurotypical (non-neurodiverse) people to engage in natural, positive and meaningful relations with the Neurodiverse community.

The team are developing this in collaboration with experts in the field of neurodiversity and are excited to work with contributors from the Neurodiverse community at every stage of the design and build process.

Training should be ready towards the end of summer 2021

5.3.4 Trade Union Reporting 1st April 2020 -31st March 2021

The Trust has submitted its annual report on Trade Union activity for the period 1st April 2020 – 31st March 2021. A summary of the submission is provided below.

1. Relevant union officials

<i>Number of employees who were relevant union officials during the relevant period</i>	<i>Full-time equivalent employee number</i>
31 Trade Union Representatives	27.63 FTE

2. Percentage of time spent on facility time

<i>Percentage of time</i>	<i>Number of employees</i>
0%	14
1-50%	16
51%-99%	1
100%	0

3. Percentage of pay bill spent on facility time

	<i>Figures</i>
Provide the total cost of facility time	£31,477.14
Provide the total pay bill	£1,001,791.33
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	3.14%

5.4 Director of Finance Update

5.4.1 Care Certs

There are two types of CareCert notifications,

High priority notifications cover the most serious cyber security threats, these notifications are sent to the IT Service desk with requirements for acknowledgement to NHS digital within 48 hours and remediation applied within 14 days. Any high priority notifications that cannot be resolved

within 14 days require a signed acceptance of the risk by the CEO and SIRO to be submitted to the NHS Digital portal.

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

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

	Issued	Deployed or no Action required	Awaiting deployment, action or testing	Not Applicable (do not use the system the Care Cert relates to)
High Priority	3	2	0	1
CareCert Bulletins	37	36	1	0

There were no Distributed Denial of Service (DDoS) attacks against the Trusts internet connections during June 2021.

The Trust IT Service desk responded to 73 calls for Out of Hours support during June 2021.

5.4.2 Care Identity Service (CIS) Software Testing

Responding to a request from NHS digital the Trust supported testing of the move of the CIS system into the cloud and 3 of the Trust Clinical Systems Team were involved in the national CIS Cloud testing.

CIS is the software used to use and manage smartcards for a large number of systems, such as Lorenzo, SystmOne, Summary Care Record, electronic referral services.

5.4.3 Chartered Institute for IT (BCS) accreditation

The Trust has become a BCS organisation to professionally develop our digital and IT services staff. The BCS have commenced the process with the digital team who have now registered and are starting the accreditation process.

5.4.4 Windows 10 devices removal

The Trust has now removed the last windows 10 PC (June 2021) and is now one of the few NHS Trust in Humber, Coast in Value to achieve this milestone.

5.4.6 Office 365 Update

Division's and corporate teams have been asked to propose their office 365 champion so we have the best staff in-place to support the move from office 2010 to office 365.

5.4.7 Reviewing the working arrangements of non-clinical staff

The Executive Management Team received a detailed report setting out staff views and options for the future. The report included options for office accommodation, including costs and timescales and recommendations on the way forward. The underlying principles of future working were recommended to be a TEAMS first, desk at home concept, there will be meeting and collaboration space and limited desk space within an office environment but the office environment is primarily around being a touchdown point for staff rather than to support a full working week of desk work. Teams and individuals who are unable to work primarily from home have been identified and accommodation will be provided within the existing estate and within new accommodation. Touchdown desk space will be available at a number of sites around the estate recognising that

not all staff are based in or operate around the HQ site at Willerby, providing a “hub and spoke” approach.

Potential new office accommodation is being sought and posts to support the project including the organisational development aspects been supported as part of the Recovery Fund.

5.4.8 Better Payment Practice Code (BPPC)

Julian Kelly the Chief Financial officer at NHSEI has reaffirmed BPPC as a key financial target. The BPPC measures the Trusts success at paying suppliers within the terms of agreed contractual arrangements. Effort will be focused on those Trusts with a performance of less than 85% initially, the target is to pay 95-100% of suppliers within contractual terms, which is usually 30 days from the receipt of a valid invoice. The Trusts current performance is good at 88-90% across both NHS and Non NHS suppliers, but there is room for improvement.

Over the next couple of months a focused effort will be placed on targeting areas where invoice authorisation is slow and over the next year moving to having as much expenditure on purchase order as possible to try and speed up the process. In addition an awareness campaign will highlight the importance of authorising invoices in a timely manner.

5.4.9 Staff Welfare Accommodation Upgrades

Works to the programme have commenced, which is monitored via the Staff Health Wellbeing and Engagement Group. To date the facilities at; College House (Kitchen/staff room), Westlands (Staff Kitchen) and Millview (Staff kitchen and staff room) have been completed.

The enhanced facilities will include the following where practicable:

- New kitchen
- New appliances (fridges, dishwasher, microwave, toaster, water chiller tap and hot water boiler)
- New furniture (Dining table/chairs, sofas, lockers, phone charging lockers, notice board and white board).
- Staff room – new 55inch TV with connection to Freeview
- Decoration and new flooring

5.4.10 Miranda House Backup Generator

Tender package for the back up generator at Miranda House was issued on the 20 July 2021, work are expected to commence in September 2021 with completion November 2021.

5.4.11 Westend Sale

The Trust has received notification (via solicitors) that the intended purchaser of the property had withdrawn. At the time of sale agreed there were other potential interested parties in the purchase and the Trust has contacted these parties to arrange a second viewing.

5.4.12 Flowers

In March 2021 NHS England and Improvement (NHSEI) wrote to the Trust to advice that the NHS Staff Council had reached an agreement with the Trade Unions to resolve claims linked to overtime pay entitlements in respect of holiday pay.

National agreement has been reached for a corrective payment to be made in respect of current and potential backpay claims where employees:

- are employed by an NHS Employer (as defined by Annex 1 of the Agenda for Change handbook) on 31 March 2021; and
- have received payments in respect of overtime in a minimum of four months out of the twelve months in the financial year 2019/2020 (1 April 2019 to 31 March 2020) and/or 2020/2021 (1 April 2020 to 31 March 2021).

The Trust has received details of all employees that meet the criteria for a corrective payment and the Trust are expected to make all reasonable endeavours to make the corrective payments to employees no later than the 30th September, 2021, the Trust plan for payments to be processed in the September Pay Run.

5.4.13 Bidding Round for Next Wave of 8 New Hospitals

The Trust has been notified that the bidding round has commenced with Expressions of Interest now open for the 8 new hospitals to be announced as part of the Hospital Infrastructure Plan. This will be a 2 stage process with initial expressions submitted by the 9th September 2021, with shortlisting and a final decision by next spring.

The Strategic Outline Case which is coming to the Trust Board later this year contains all the information required to enable the Expression to be submitted within the required time frame.

6 Trust Policies

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

7 Communications Update

Key Projects

- **Brand Centre**

Our online Trust Brand Centre continues to see improvement in staff engagement. We continue to offer daily support to staff to ensure they are using the brand effectively to communicate with a wide range of audiences and have recently launched a dedicated brand mailbox to manage enquiries quickly and effectively.

In July we supported the Patient and Carer Experience team to launch a new stamp to be used on Trust publications, reports and marketing materials that were creating through a co-production process. The stamp, which was itself co-produced, was developed to showcase and celebrate where work was co-produced with individuals with lived experience. Guidelines for correct usage have now been included in our Trust Brand Guidelines document.

Brand Centre analytics	Users	Page views	Avg Session Duration	Most viewed page	Most used Templates
February	130	635	1:19 mins	/home/ (327 views)	Corporate
March	223	1,246	1:14 mins	/home/ (632 views)	Corporate
April	181	889	1:12 mins	/home/ (464 views)	Corporate
May	278	1,540	1:15 mins	/home/ (756 views)	Corporate
June	285	1,320	1:09 mins	/home/ (679 views)	Corporate

- **Humblebelievable – Recruitment Campaign**

We continue to support hard to recruit to roles. Work over period includes:

- Updating and adding newly produced videos to specific pages of the recruitment website to increase user engagement and site activity.
- Proactive marketing and advertising campaign for North Yorkshire nursing and other specific roles.
- Nurse Recruitment Fair marketing and event support

Users	Page views	Avg Session Duration	Most viewed page
4,055 (+17%)	8,168 (+11%)	00:50 mins	/jobs/ (4,427 views)

join.humber.nhs.uk performance.

This month our Google Advertising campaign for North Yorkshire has driven visitors to our website. Alongside this we are now in the final stages of confirming a media package to be rolled out across North Yorkshire included print and online advertising within a number of key publications including; The Yorkshire Post, Whitby Gazette, Scarborough Evening News, Bridlington Free Press and Pocklington Post.

We are also working closely with the Temporary Workforce team to build our bank in key areas.



Figure 1 Website traffic response to Google Ads

External Communications

- **Service Support**

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

- Mental Health Helpline.

We are continuing to work with the Mental Health (Unplanned) division and HEY Mind to roll out the new helpline to key audiences.

- COVID-19 Vaccinations

We are working with the CCGs to promote the walk-in availability for the COVID-19 vaccinations at our Vaccination Centre at Willerby Hill.

- International Recruitment Hub:

The team continues to work with the International Recruitment team to develop the online international recruitment hub. The hub will be launch ahead of the first cohort of new international recruits joining the Trust to provide a wealth of information to help following their arrival in the UK, through to training and beyond.

- **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 announcement of our new mental health response phone number.

Positive new stories published		Negative new stories	
Local media	9	Local media	2
Humber website	13		
TOTAL	22		2

- **Awareness Days**

This period has seen us mark a number of important dates including the NHS 73rd Birthday.

We marked the NHS showing our appreciation for our teams hard work. To design and distribute gifts to every member of staff at our Trust. The campaign connected to Health Stars and NHS Charities Together's national Big Tea fundraising event.

- Reach (views): 7,000+
- Engagement (shares + likes): 250+

- **Trust Website Update**

	Target	Performance over period
Bounce Rate	50%	64%
Social Referrals	12% (a 10% increase in 2019 position)	6%

- **Social media**

Due to an increase in sharing of recently produced videos and Trust recruitment ads, we've seen an increase in engagement and referrals to our websites. This demonstrates the benefit of using high-quality video footage with strong messaging to capture the attention of viewers on social media and to drive them to what we have shared.

	Target	Performance over period
Engagement Rate	4%	12%
Reach	+50,000 p/m	114,750
Link Clicks	1500 p/m	1,247

Internal Communications

Covid-19

The team continue to support the communications of Covid-19 information and advice to staff including the roll-out of LAMP testing and continuation of current IPC guidelines.

Staff Thank you & Celebration Event

We launched details about our first event Staff Thank You and Celebration Week to our staff. The event, which will take place from 6 -10 September, is our way of showing our appreciation to our #Humbelievable team for their resilience, resolve and dedication over the last 18 months.

In the run up to the event every team in Trust has been given a budget as part of our 'You're a Star fund' to plan a celebration event at a time and place that is best for them. Our celebration week in September will allow us to reflect on all the activities that staff have held over the summer and spotlight our teams across our range of service and locations.

Poppulo – Internal Emails

Our internal communications system continued to support our awareness day campaigns and the staff health and wellbeing agenda for staff. Our Thank you and Celebration Week communication saw an open rate of 85% and a click through rate of 24%, much higher than national benchmarks. Staff are already starting to share some of their exciting event plans for the summer with us.

Between 12 June and 14 July we issued 33 internal communications to staff. The engagement rates still remain above the national average.

	Trust average engagement rates	National Average
Open Rate	69%	65%
Click Through Rates	20%	10%

Intranet

Development of the new intranet platform will be concluded by the end of July ready for launch.

Current performance:

	Target	Performance over period
Bounce Rate	40%	57%
Visits	+20% on 2020 average	+29%

8 Health Stars

Whitby Appeal

Whilst Health Stars set out to fundraise an ambitious £200,000 to support the enhancements of the Hospital rebuild, work between the Charity and the Trust operational team has identified a slightly reduced target but positive steps continue to be made and relationships continue to be built with members of the community and our staff teams and £31,614.85 has been raised to date.

The Mulgrave 10k is taking place in August 2021. This is a unique run through an estate that is normally closed to the public. Health Stars have some places left if you know of anyone who might be interested.

Ladies of the Womens Institute have been hand knitting and crocheting NHS themed teddies and will be hosting a range of 'Teddy bear picnics' in the local villages in support of the appeal.

We're looking forward to launching our fundraising bricks for the appeal next month and are working with communications to get the plans for this in place. The Task and Finish Group have agreed that the bricks will be £20 per brick.

Dost Project

The Dost project is Smile Health's wellbeing, befriending, and signposting project for our Black, Asian, and Minority Ethnic communities. The project, which launched in January 2021 and was funded by Health Stars and sister Charity Health Tree Foundation thanks to NHS Charities Together Grant funding, aims to reduce the health and wellbeing inequalities that have exacerbated the impact of Covid-19. In the last month work has begun to link in the project with the Trusts International Recruitment Team.

Starlight Ramble Event

Health Stars are pleased to announce they are in the final stages with the 'Starlight Ramble' event which will be going ahead on the 13th November 2021 at Burton Constable.

The event will focus on supporting children's mental health post pandemic. As a family friendly event Health Stars are keen to raise awareness of the support available whilst raising vital funds for areas within Humber Teaching NHS Foundation Trust specialising in this area of care.

With thanks to a range of guest speakers and Hull and East Riding Astronomical Society this will be a fun filled evening for all of the family.

Michele Moran
Chief Executive
July 2021

COVID Patients: Inpatient

13/07/2021

	Trust Wide Total	Community TOTAL	Mental Health TOTAL	Childrens and LD TOTAL	Secure Services TOTAL
Number of occupied beds with confirmed COVID-19 patients	2	0	2	0	0
Number of occupied beds with suspected COVID-19 patients (e.g Isolating with symptoms)	0	0	0	0	0
Number of occupied beds with non COVID-19 patients	163	24	65	15	59
Of which have a learning disability and/or autism	19	0	0	9	10
Number of unoccupied beds	57	0	26	12	19
Number of closed beds	18	8	10	0	0
Number of patients that have had diagnostic swabbing for COVID-19 and are awaiting results at 0800?	0	0	0	0	0
Number of patients on end of life pathways as at 0800?	0	0	0	0	0
Number of patients awaiting transfer to general acute hospital as a result of suspected or diagnosed COVID-19 at 0800	0	0	0	0	0
How many of the confirmed COVID-19 patients identified in questions 18-40 above are NHS staff?	0	0	0	0	0

Risk Assessments

Last Updated: 06/07/2021

	Division	No of Staff	Risk Assessment Completed	Percentage
What % of risk assessments have been completed for staff who are known to be 'at-risk', with mitigating steps agreed where necessary.	Childrens and Learning Disability (Division)	165	163	98.8%
	Community and Primary Care (Division)	172	167	97.1%
	Corporate (Division)	355	334	94.1%
	Mental Health Planned Care (Division)	166	166	100.0%
	Mental Health Unplanned Care (Division)	188	188	100.0%
	Secure Services (Division)	120	120	100.0%
	Mental Health Services Central (Division)	6	6	100.0%
	Trustwide	1172	1144	97.6%
What % of risk assessments have been completed for staff who are known to be from a BAME background, with mitigating steps agreed where necessary.	Childrens and Learning Disability (Division)	24	24	100.0%
	Community and Primary Care (Division)	19	19	100.0%
	Corporate (Division)	61	57	93.4%
	Mental Health Planned Care (Division)	19	19	100.0%
	Mental Health Unplanned Care (Division)	31	31	100.0%
	Secure Services (Division)	17	17	100.0%
	Mental Health Services Central (Division)	1	1	100.0%
	Trustwide	172	168	97.7%

COVID Vaccinations by Division

Data up to date 13/07/2021 @ 8am

First Dose Compliance	Number of Staff	Number of staff - Opted Out	1st Dose Received	1st Dose Staff Remaining	1st Dose Uptake %
Active Bank	308	3	173	132	56.7%
Childrens and Learning Disability (Division)	673	9	576	88	86.7%
Community and Primary Care (Division)	559	6	465	88	84.1%
Corporate (Division)	568	7	525	36	93.6%
Mental Health (Division)	979	28	825	126	86.8%
Secure Services (Division)	231	11	193	27	87.7%
Total (With Active Bank)	3318	64	2757	497	84.7%
Total (Without Active Bank)	3010	61	2584	365	87.6%

Covid- 19 data position at 13.07.21 Appendix 1

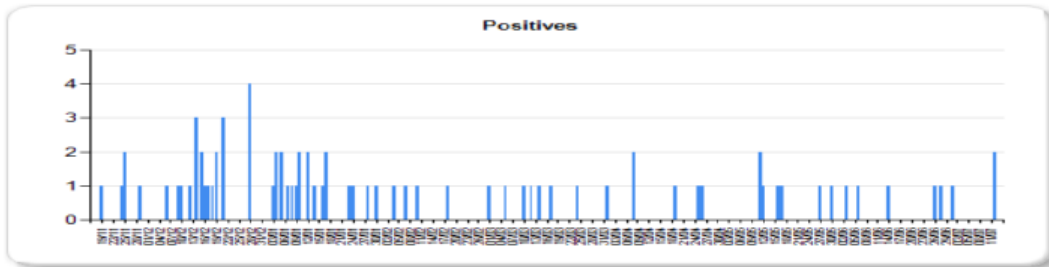
Target - 90%

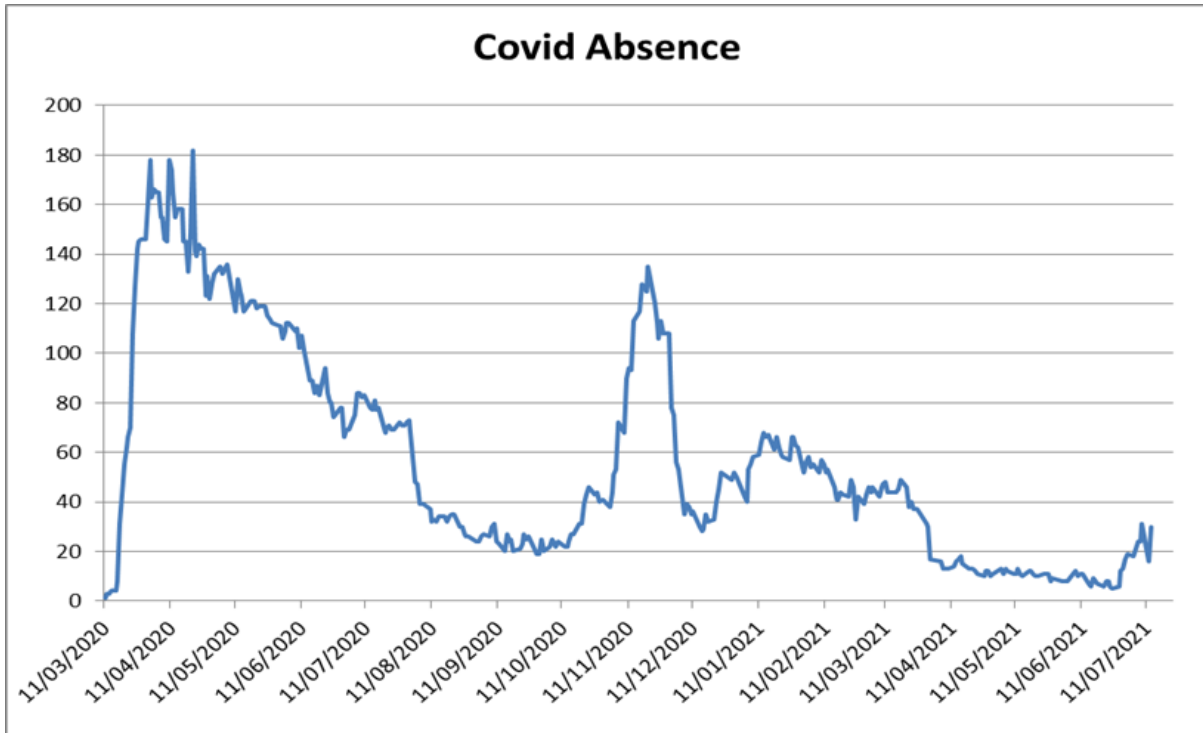
Second Dose Compliance	Number of Staff received First Dose	Both Does Received	2nd Dose Staff Remaining	Both Dose Uptake %
Active Bank	173	161	12	93.1%
Childrens and Learning Disability (Division)	576	549	27	95.3%
Community and Primary Care (Division)	465	406	59	87.3%
Corporate (Division)	525	500	25	95.2%
Mental Health (Division)	825	773	52	93.7%
Secure Services (Division)	193	177	16	91.7%
Total (With Active Bank)	2757	2566	191	93.1%
Total (Without Active Bank)	2584	2405	179	93.1%

Staff Lateral Flow Testing

NHS Staff Asymptomatic LFT data collection

Last Updated : 13/7/2021	Total number of Lateral Flow Tests submitted to date	60951
	Number of staff who have submitted a Lateral Flow Test so far	2935
	Number of staff who have tested negative	2720
	Number of staff who have tested positive	70
	Number of staff who have submitted a Lateral Flow Test result in the past 7 days	576
	Number of staff who have submitted 2 test results in the last 7 days	258
	Proportion of staff who have submitted 2 test results in the last 7 days	8%





Agenda Item 8

Title & Date of Meeting:	Trust Board Public Meeting – 28 July 2021			
Title of Report:	Publications and Policy Highlights			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To receive & note	
	For information	x	To ratify	
Purpose of Paper:	To update the Trust Board on recent publications and policy.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	5/5
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	
Key Issues within the report:	<ul style="list-style-type: none"> I. Health and Care Bill introduced to Parliament II. Health and Care Bill: delegated powers memorandum III. Care for people with a learning disability during the pandemic IV. Statement from our Chief Inspectors on developing our monitoring approach V. Care Programme Approach: position statement VI. Framework for involving patients in patient safety VII. NHS System Oversight Framework 2021/22, VIII. Integrated Care Systems: Design framework IX. LeDeR Action from Learning report 2020/21 X. Funding boost for young people's mental health services XI. Mental Capacity (Amendment) Act 2019: Liberty Protection Safeguards (LPS) 			

Monitoring and assurance framework summary:

Links to Strategic Goals (please indicate which strategic goal/s this paper relates to)	
√ Tick those that apply	
<input type="checkbox"/>	Innovating Quality and Patient Safety
<input type="checkbox"/>	Enhancing prevention, wellbeing and recovery
<input type="checkbox"/>	Fostering integration, partnership and alliances
<input type="checkbox"/>	Developing an effective and empowered workforce

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

Publications and Policy Highlights

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

1. **Health and Care Bill introduced to Parliament** Department of Health and Social Care 6 July 2021

New proposals to build a modern health and care system that delivers better care for our communities introduced in Parliament. The Health and Care Bill builds on the proposals for legislative change set out by NHS England in its Long Term Plan, while also incorporating valuable lessons learnt from the pandemic that will benefit both staff and patients.

The government is committed to delivering world-class care for patients and this Bill will help deliver that by building on the NHS' own proposals for reform to make it less bureaucratic, more accountable, and more integrated in the wake of COVID-19. These changes are vital to help the NHS build back better from the pandemic. In February 2021, the government set out its proposed plans and its introduction in Parliament today follows extensive discussions with NHS England, the Local Government Association and the health and care sector to refine this blueprint. COVID-19 has reinforced the need for closer collaboration between the NHS, local authorities and care providers to provide more joined up working, and staff and patients have rapidly adopted new technologies to deliver better care. But at times in recent years the legal framework has made this more difficult, as it was not designed with this type of collaboration in mind.

The Bill will ensure each part of England has an Integrated Care Board and an Integrated Care Partnership responsible for bringing together local NHS and local government, such as social care, mental health services and public health advice, to deliver joined up care for its local population. Clinicians, carers and public health experts will be empowered to operate collaboratively across health and care, as part of plans to tackle inequalities and level up health across the country. The Bill will also introduce measures to tackle obesity and improve oral health. It will dispose of unnecessary bureaucracy that has held the health service back so that health and care staff can focus on patients, not paperwork, and ensure the system is able to flex to changing needs in the years to come. It will ensure NHS England is more accountable to government, and by extension Parliament, while ensuring the NHS retains everyday operational and clinical oversight.

Lead: Chief Executive

The Humber Coast & Vale Integrated Care System has been continuing to develop its design framework to support the implementation and changes set out in this Bill. The detail of which will continue to be shared with the Board for review.

2. Health and Care Bill: delegated powers memorandum Department of Health and Social Care 6 July 2021

The memorandum identifies the provisions of the bill that confer powers to make delegated legislation, directions, guidance or schemes and explains in each case why the power has been taken and the nature of, and reasons for, the procedure selected. The memorandum reflects the bill as introduced to the House of Commons on 6 July 2021.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/999613/delegated-powers-memorandum.pdf

Lead: Chief Executive

The delegated powers memorandum is reflected as required in the work on the design framework for the Humber Coast & Vale Integrated Care System. The detail and progress of which will continue to be shared with the Board for review.

3. Care for people with a learning disability during the pandemic CQC 23 June 2021

The CQC's insight report focuses on care for people with a learning disability. In it, we discuss our forthcoming provider collaboration review (PCR) on people with a learning disability living in the community, which looks at how services have worked together to meet people's needs. The full PCR report will be published in July and looks at services in seven local areas in England. We have previously highlighted our concerns in relation to the care of people with a learning disability as well as autistic people. The COVID-19 pandemic has served to shine a light on some of these pre-existing challenges, gaps and poor-quality care. As part of our PCR, we have explored these issues for learning disability services, and the impact of the pandemic on people who use services, providers and stakeholders.

This insight report also provides more information on [our year-long programme of work to improve the regulation of services for people with a learning disability and autistic people](#) including three areas of focus:

- Registering the right services – allowing people to use services that support them in the way they want to live and where.
- Supporting providers to improve – ensuring people are not moved to a service that isn't safe and expecting them to live in a service that doesn't meet their needs.
- Influencing the improvement of care pathways and ensuring that people are receiving the right care at the right time – accessing local services that meet people's needs and ensuring they get the right healthcare when needed.

Lead: Chief Operating Officer

Humber Coast & Vale was one of the areas that the CQC undertook a provider collaborative review (PCR) and the final report is due to be published in July. This insight report will be considered by our Children's and Learning Disability clinical governance group to identify any areas for further

improvement in our services. We have already developed and are now implementing our new autism strategic framework. Our learning disability services have been fully focussed on the impact of the pandemic on their patients and adaptations have been made to services to address these additional needs, this was evident in the work undertaken to support patients to access covid vaccines for example.

4. Statement from our Chief Inspectors on developing our monitoring approach CQC 14 June 2021

As we move forward from the last year, we're making some changes to how we regulate. In March 2020, we suspended our routine inspection programme in response to COVID-19 and developed our ability to monitor services using a mix of on-site and off-site methods. We're further evolving our monitoring approach to ensure the public have assurance about the safety and quality of the care they receive, while still focusing on risk. We'll start piloting changes in how we monitor services from this week, before rolling these out to more services from July.

Over the last year, driven by a need to adapt to the pandemic, we made real progress in our ability to monitor services. The introduction of the emergency support framework gave us a structured way to have conversations with providers to help monitor risk and support them. We built on this with our [transitional monitoring approach](#). The developments we're announcing today carry on the progress in how we monitor services in three key areas by:

- improving our ability to monitor risk to help us be more targeted in our regulatory activity
- bringing information together in one place for inspection teams, presented in a way that supports inspectors with their decision making
- testing elements of how we want to work in the future, including how we provide a more up-to-date view of risk for people who use services.

Developing our monitoring approach: We want to build on our learning over the last year to make changes in our ability to monitor services. We'll use the pilot to help improve the process further before rolling out to all services.

We'll carry out regular reviews that will help support our ability to monitor risk. Where the information we have does not find evidence that tells us we need to re-assess the rating or quality at a service, we will publish a short statement on the profile page on our website for these services. This will inform the public and people who use services, that this review has taken place and that we had no concerns based on the information we held at that time. We will also communicate this with the provider by email prior to the public statement being published. We currently plan to carry out this review each month. This will enable our teams to target their resources where they are most needed.

Responding to risk: In cases where the information review indicates that we may need to re-assess a rating or the quality of care, our inspectors may want to gather more evidence. For services where we believe people may be at an increased risk of poor quality care, we may undertake an immediate on-site inspection and this

may happen at any time. In these cases, we may update the rating for a service. Inspectors judgement will still be at the heart of our approach to inspection, the improved access to information will allow inspection teams to act quickly using their judgement, supported by our quality assurance mechanisms, where other sources of information indicate greater levels of risk elsewhere. To ensure we're making consistent and robust decisions we'll also carry out some sampling of services by carrying out an inspection. In this way, we'll be able to check that our monitoring activity is consistent with our inspectors' findings when they gather evidence either by telephone or by making an on-site visit.

We recognise the dedication and professionalism of everyone working in health and social care. Over the last year, COVID-19 has been, and continues to be, the biggest challenge to face the health and care system in living memory – and the response from all those working in the health and care system has been extraordinary.

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

A summary of the strategy and an update on how the Trust is supporting this new approach is included in the CEO report to July Board.

5. Care Programme Approach: position statement NHS England 7 July 2021

The Community mental health framework replaced the Care Programme Approach (CPA) for community mental health services. It enables services to shift away from an inequitable, rigid and arbitrary CPA classification and bring up the standard of care towards a minimum universal standard of high-quality care for everyone in need of community mental healthcare. https://www.england.nhs.uk/wp-content/uploads/2021/07/Care-Programme-Approach-Position-Statement_FINAL_2021.pdf

Lead: Chief Operating Officer

The Trust's position in relation to the community mental health framework which has replaced the care programme approach is set out in the paper as part of the Board agenda today. Due to being one of the national early implementer sites for Community Mental Health Team transformation we have already taken this work forward and made good progress.

6. Framework for involving patients in patient safety NHS England 29 June 2021

This framework provides guidance on how the NHS can involve people in their own safety as well as improving patient safety in partnership with staff: maximising the things that go right and minimising the things that go wrong for people receiving healthcare. <https://www.england.nhs.uk/wp-content/uploads/2021/06/B0435-framework-for-involving-patients-in-patient-safety.pdf>

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

Work is underway, led by the Trust Patient Safety Specialists and the Head of Patient and Carer Experience and Engagement to develop the Trust approach to implementing Patient Safety Partners in the Trust to support the patient safety priorities for the Trust. The approach was presented to the Quality Committee in June with an anticipated briefing to the Board in September in the CEO report.

7. NHS System Oversight Framework 2021/22, NHS England 24 June

These documents describe NHS England and NHS Improvement's approach to oversight of Integrated Care Systems (ICSs), CCGs and trusts for 2021/22. Further information on the [New System Oversight Framework can be found here](#).

Lead: Chief Executive

The new oversight framework whilst similar to current arrangements focus's wider than individual trust metrics. The approach to oversight will apply across all segments, the ICS, trusts and CCGs will all be allocated to a single segment. Further work will be undertaken in the Trust to understand the full implications and further detailed guidance is expected to be published.

8. Integrated Care Systems: Design framework NHS England 16 June 2021

These documents set out the headlines for how we will ask NHS leaders and organisations to operate with their partners in Integrated Care Systems (ICSs) from April 2022 and guidance in respect of what the employment commitment is, its application in practice and how it affects people. [Report template - NHSI website \(england.nhs.uk\)](#)

Lead: Chief Executive

These documents have underpinned the development of the detail emerging for the Humber Coast & Vale Integrated Care System design framework. The detail and progress of which will continue to be shared with the Board for review.

9. LeDeR Action from Learning report 2020/21 NHS England 16 June 2021

This Action from learning report identifies some of the work across the NHS in the past year to address the findings from LeDeR reviews, improve care and prevent premature mortality.

Lead: Medical Director

This report will be shared with Clinical Risk Management Group (CRMG) for consideration and with Trish Bailey the Clinical Lead

10. Funding boost for young people's mental health services NHS England 22 June 2021

Children and young people will benefit from a cash injection to mental health services which includes addressing the increasing demand for the treatment of eating disorders. An extra £40 million has been allocated to address the COVID impact on children and young people's mental health and enhance services across the country.

One way the additional money will be spent is to support ensuring the right type of beds are in the right places, or that alternatives to admission are in place, supporting parts of the country that have more challenges in their range of bed capacity. Across the country £10 million capital funding is being used to provide extra beds at units which provide care for young people with the most complex needs, including eating disorders, as well as £1.5 million to ensure there are additional facilities for children under 13. This funding is on top of £79 million made available by the government to support children and young people's mental health in the community, including via increased access to crisis and eating disorder services, and new mental health support teams being rolled out – by April 2023, there will be around 400 teams covering 35% of the country, exceeding our previous 20-25% ambition.

Lead: Director of Finance

This funding is on top of the spending review allocation which is being monitored by the Mental Health Partnership Board, further clarification has been sought on allocation of funds and any local resource – which will be picked up through the existing monitoring framework.

11. Mental Capacity (Amendment) Act 2019: Liberty Protection Safeguards (LPS) Department of Health and Social Care Updated 28 June 2021

Legislation and guidance on the Liberty Protection Safeguards (LPS) and the latest information on progress towards their implementation.

The Liberty Protection Safeguards (LPS) were introduced in the [Mental Capacity \(Amendment\) Act 2019](#). LPS will provide protection for people aged 16 and above who are or who need to be deprived of their liberty in order to enable their care or treatment and lack the mental capacity to consent to their arrangements, in England and Wales. The government has committed to bringing LPS into force to replace the [Deprivation of Liberty Safeguards \(DoLS\)](#).

Lead: Medical Director

The Mental Health Manager with support from Head of Safeguarding is overseeing this work stream through the Mental Health Legislation steering group which reports in on progress and escalates as appropriately to the Mental Health Legislation committee. Key issue is we are awaiting changes in the Code of Practice to be published (possibly end of year) which in turn will inform level of resourcing needed.

Agenda Item 9

Title & Date of Meeting:	Trust Board Public Meeting– 28 th July 2021			
Title of Report:	Performance Report - Month 3 (June)			
Author/s:	Name: Peter Beckwith/Richard Voakes Title: Director of Finance/Business Intelligence Lead			
Recommendation:	To approve		To receive & note	<input checked="" type="checkbox"/>
	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 July 2021.</p> <p>The report is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits presented in graphical format.</p>			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	<input checked="" type="checkbox"/>
	Charitable Funds Committee		Other (please detail)	
Key Issues within the report: <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<p>Commentary is included below for those indicators that have fallen outside of the normal variation range.</p> <p>Waiting Times - The report demonstrates that the number of over 52 week waits has continued to reduce overall, with the most significant improvement being in Autism Spectrum Diagnosis (ASD). Improvement plans continue to be developed, implemented and monitored in each area. Digital Assessments are now being completed by a partner organisation, with plans developed to increase capacity.</p> <p>Weekly performance monitoring is in place across those services with the longest waiting patients. The RTT Incomplete performance has improved again slightly this month and stands at 73.8%. Whilst focus has been on over 52 week waits it also remains on over 18 week waits too and plans are also in place to improve and address that.</p> <p>Out of Area Placements - There has been some reduction in the use of out of area placements in June. The trust has procured additional out of area bed capacity to secure bed</p>			

availability to deal both with increased demand and also reduced capacity due to the impact of covid on available beds within the Trust (isolation beds and infection control requirements).

Measures are in place to ensure that any of our patients admitted to out of area beds have close clinical oversight and are either returned to a Trust bed or their discharge is effectively and safely managed with input from our community services by care coordinators. Focus remains on achieving reduction in the use of out of area beds.

The position continues to be impacted by Maister Lodge beds being out of use as a consequence of the works taking place to increase the functional older peoples bed base. Additional beds have been provided by Navigo to address this short term position. The internal works are on track to complete by the end of July 2021.

CPA 7 Day Follow Up - There were 7 patients discharged from mental health inpatient areas during June who were not followed up within 7 days. Where this has occurred the relevant division has reviewed the position to understand what led to this occurring. In all cases attempts were made to contact the patients, learning for the team was identified for one case where more assertive effort could have been made and this has been addressed.

Reports are regularly provided to team and clinical leaders which identify patients who require follow up in order that they can oversee this and ensure that it takes place. 72 hour follow up remains above the target and within control limits for June.

IAPT – Moving to Recovery - The IAPT recovery rates for June remain within normal variation and above the target but did reduce in the month. This has been considered by the division and there is no identified clinical or operational cause for this, but the position is being monitored closely.

Sickness - The trust has seen a marginal increase in sickness which was expected given the vacancies and testing environment our staff are currently working under.

The Trust continues to provide support to staff during this time.

Statutory and Mandatory training - has seen a small decline but still remains above target. All staff and their respective managers are provided with the details of what courses are non-compliant and this is monitored via Operational Delivery Group and Accountability Reviews

Safer Staffing Dashboard - Ullswater have been experiencing significant clinical pressures due to an individual patient who has now been transferred to high secure services. Their

	<p>Clinical Supervision has improved from 13 % in May to 75% in June.</p> <p>Mill View Lodge's supervision has also improved to 71%.</p> <p>Whitby's supervision dropped significantly in May and this has been addressed with the charge nurse.</p> <p>The position in relation to BLS and ILS was expected in May based on the improvement trajectory and 85% compliance is still predicted for August. The ILS level on Inspire relates to a number of new starters requiring training.</p>
--	--

Monitoring and assurance framework summary:

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

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:

Jun-21

Chief Executive: Michele Moran

Prepared by: Business Intelligence Team

Caring, Learning and Growing



Humber Teaching NHS Foundation Trust

Integrated Board Report

For the period ending:

Jun 2021

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

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

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

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

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

Humber Teaching NHS Foundation Trust

Integrated Board Report

For the period ending:

Jun 2021

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

PI RETURN FORM 2021-22

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Jun 2021**

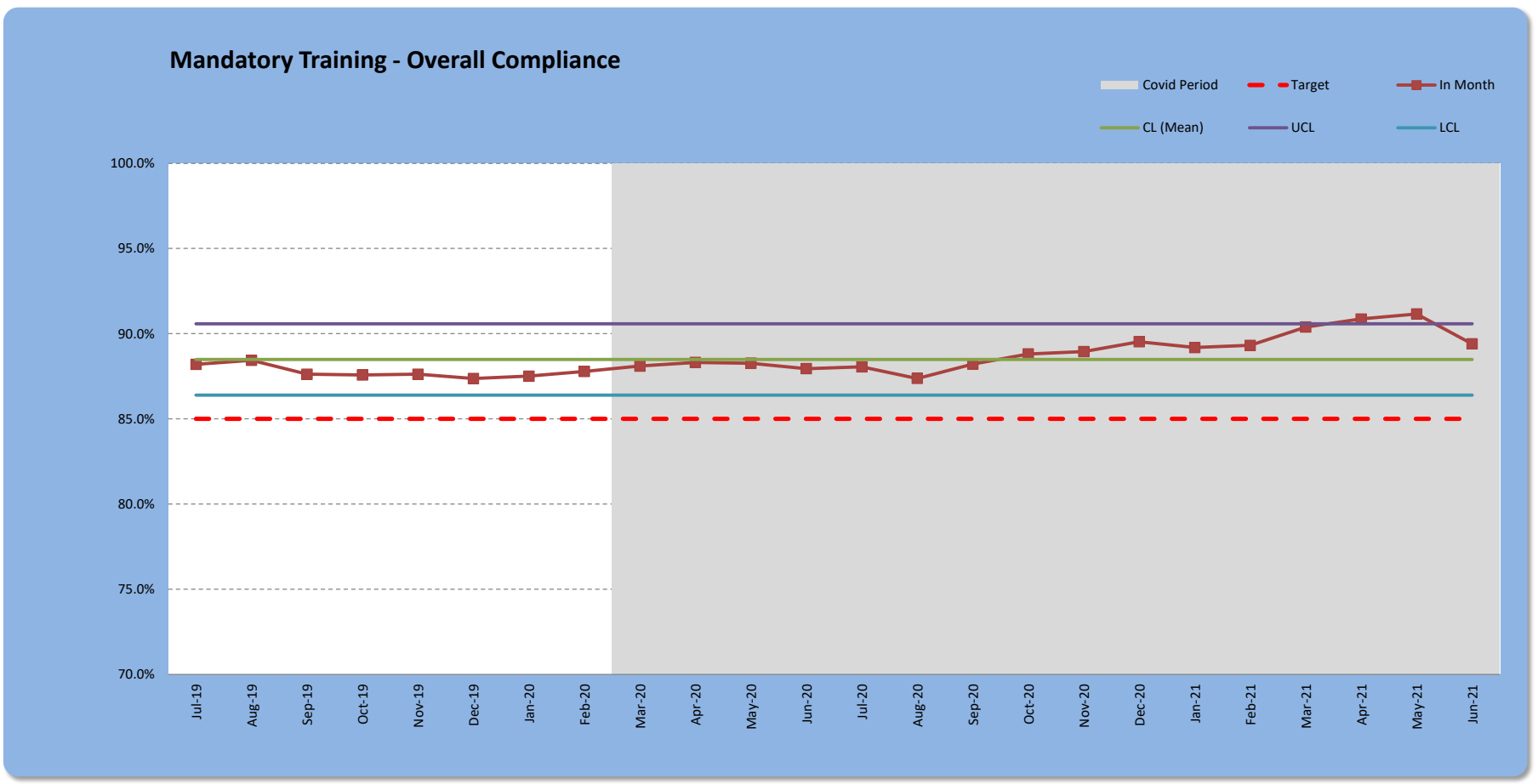
Indicator Title	Description/Rationale	Executive Lead
Mandatory Training	A percentage compliance based on an overall target of 85% for all mandatory and statutory courses	Steve McGowan

KPI Type
WL 5

Narrative

Above target, although a decrease of 1.75% when compared to May

Target: 85%
 Amber: 75%
 Current month stands at 89.4%



PI RETURN FORM 2021-22

Goal 1 : Innovating Quality and Patient Safety

For the period ending:

Jun 2021

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

KPI Type
WL 2 VAC

Narrative

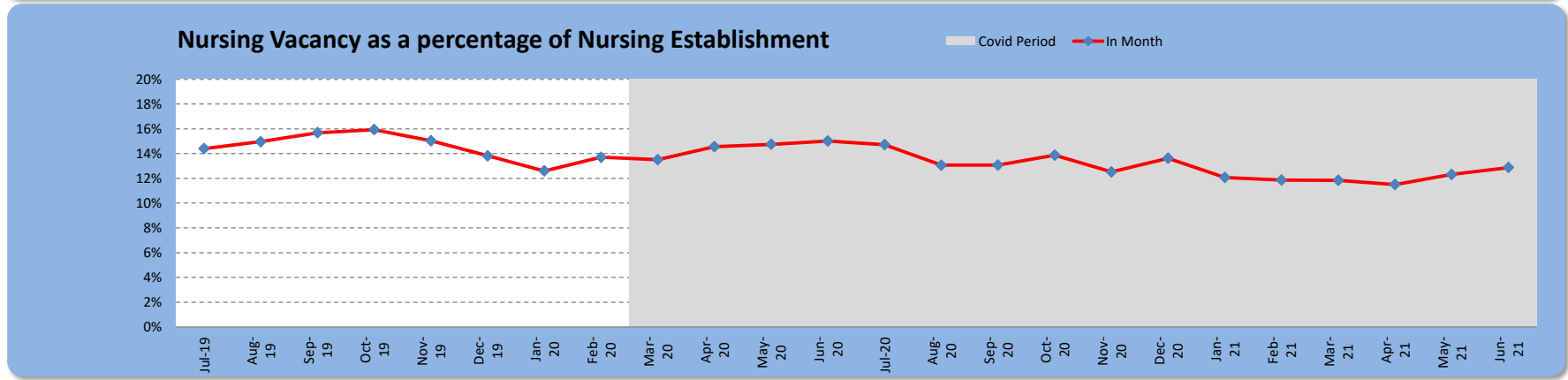
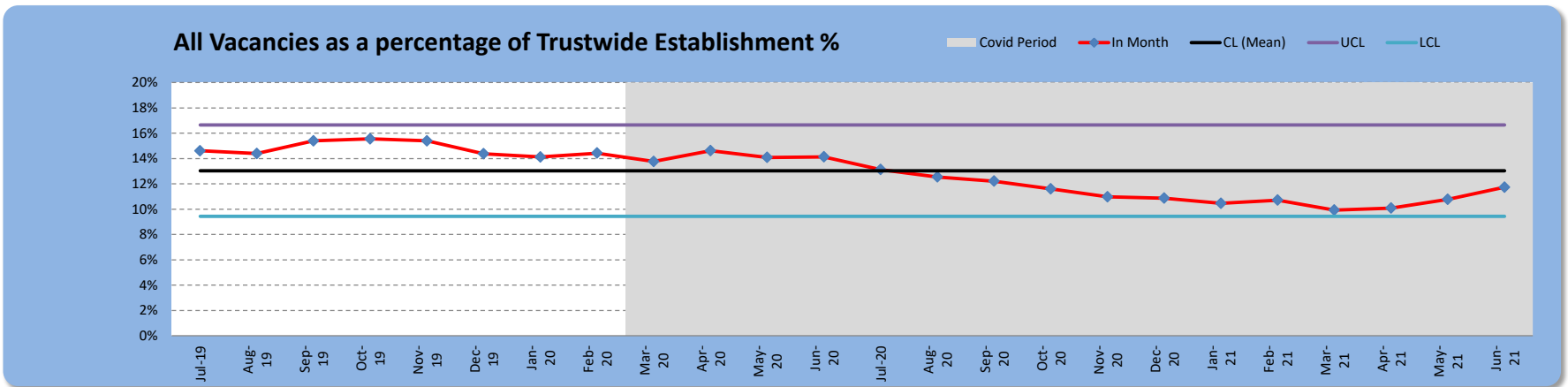
Vacancies remain the same when compared to the previous reporting period.

Nursing Vacancy rate has increased by 1.7% when compared to on the previous month.

Breakdown for Month

	Trustwide	Nursing
Est	3043.0	849.9
Vac	378.5	109.4
	12.4%	12.9%

Current month stands at 11.7%



PI RETURN FORM 2021-22

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Jun 2021**

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

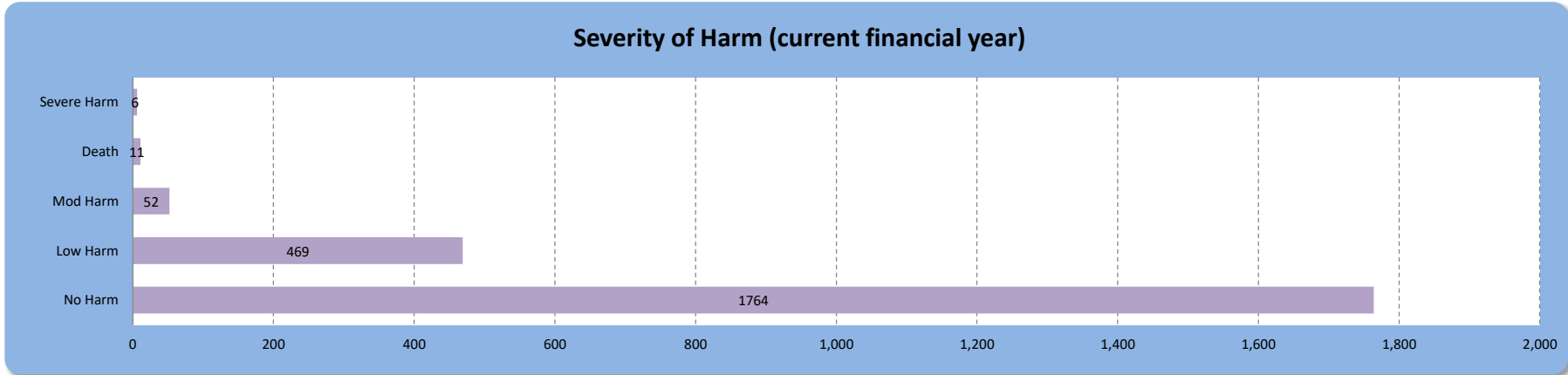
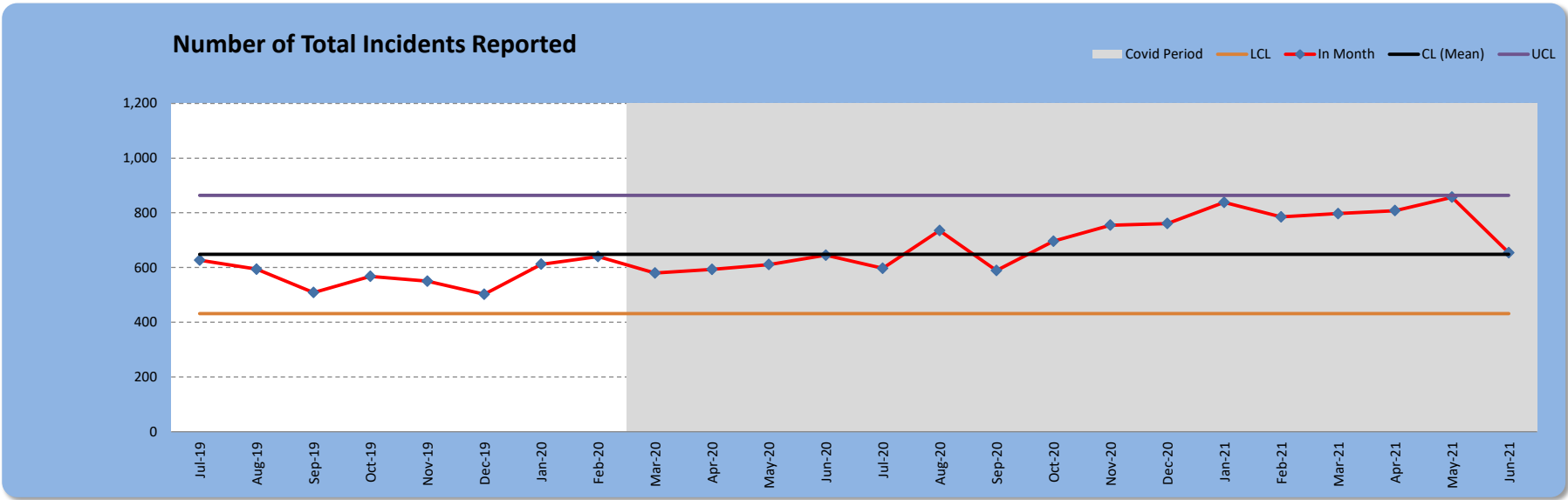
Narrative

Decrease of -203 when compared to the previous month

UCL: 864
LCL: 432

Current month stands at 654

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: **Jun 2021**

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

KPI Type
WL 9a

Narrative

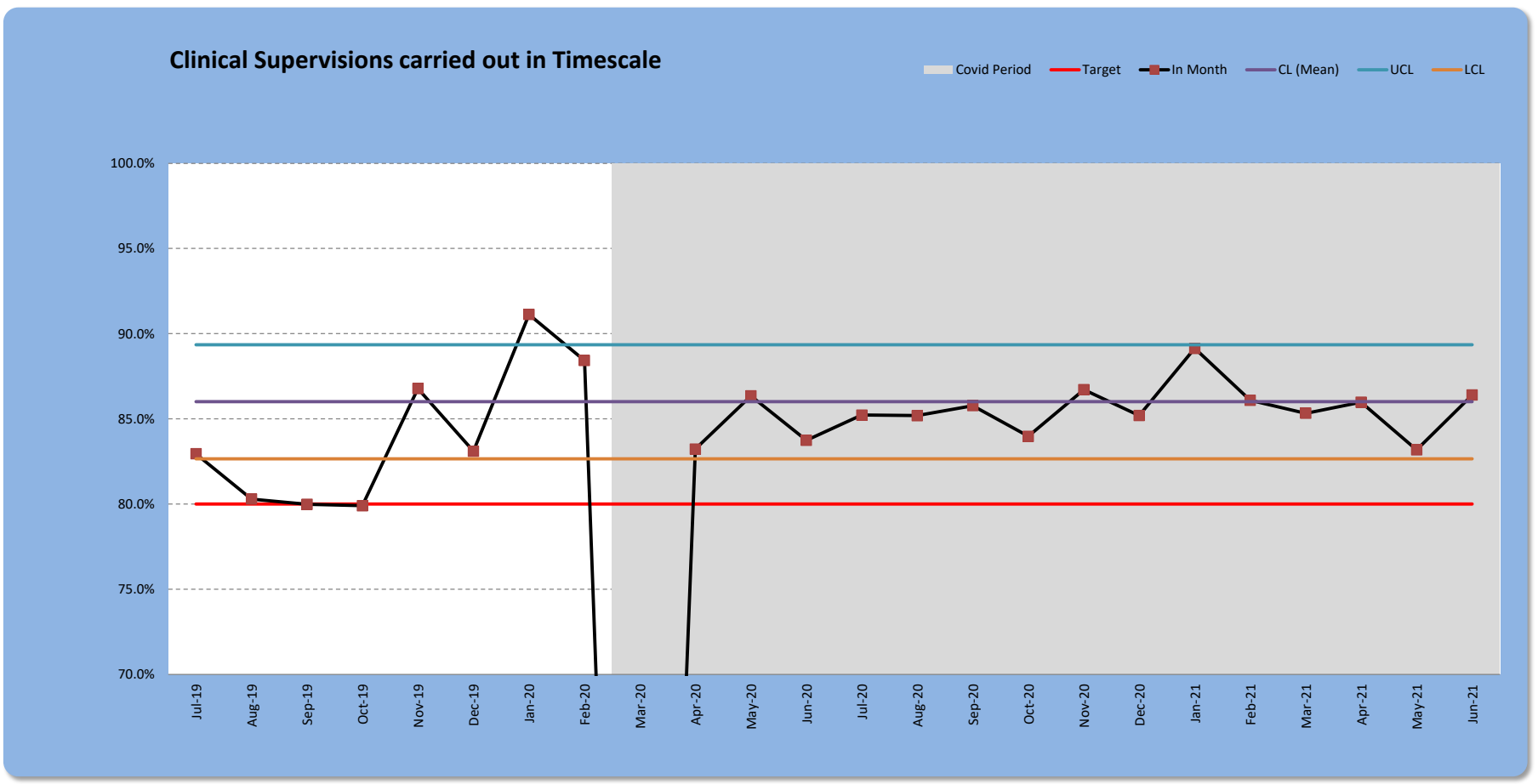
June performance has increased by 4.1%

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

Target: 80%

Amber: 75%

Current month stands at 86.4%



HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

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



Shown one month in arrears

Units					Bank/Agency Hours				Average Safer Staffing Fill Rates				High Level Indicators				Indicator Totals								
Speciality	Ward	Speciality	WTE	OBDs (inc leave)	CHPPD Hours (Nurse)	Bank % Filled	Improvement	Agency % Filled	Improvement	Day		Night		QUALITY INDICATORS (Year to Date)				STAFF QUALITY INDICATORS				Apr-21	May-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	35.4	82%	14.51	25.0%	↓	0.0%	→	77%	84%	92%	107%	0	8	0	0	87.5%	93.0%	91.7%	100.0%	3.0%	0.2	0	0
	New Bridges	Adult MH Treatment (M)	41.3	99%	9.48	14.8%	↑	5.2%	↓	70%	126%	94%	133%	0	8	0	0	88.6%	95.6%	75.0%	89.3%	6.6%	1.7	2	3
	Westlands	Adult MH Treatment (F)	37.3	87%	10.43	27.5%	↓	3.8%	↓	84%	100%	74%	159%	0	16	1	0	64.1%	89.3%	84.6%	76.9%	9.5%	2.0	3	3
	Mill View Court	Adult MH Treatment	36.8	99%	13.70	23.7%	↑	0.0%	→	83%	80%	89%	97%	0	3	0	0	100.0%	96.1%	88.9%	94.4%	4.9%	4.8	3	1
OP MH	PICU	Adult MH Acute Intensive	33.9	82%	19.57	29.7%	↑	6.0%	↓	86%	100%	92%	104%	0	2	0	0	100.0%	89.7%	64.3%	94.4%	10.8%	2.0	2	2
	Maister Lodge	Older People Dementia	33.3	101%	27.76	24.4%	↓	0.0%	→	73%	92%	100%	104%	0	8	0	0	100.0%	91.1%	80.0%	88.0%	3.6%	3.0	1	2
Specialist	Mill View Lodge	Older People Treatment	24.5	95%	12.58	10.3%	↑	0.0%	→	78%	121%	100%	100%	0	2	0	0	58.3%	96.7%	86.7%	100.0%	0.6%	0.3	2	2
	Pine View	Forensic Low Secure	27.9	98%	7.23	12.0%	↓	0.0%	→	90%	77%	50%	97%	0	1	0	0	100.0%	94.7%	60.0%	95.0%	10.1%	2.6	2	3
	Derwent	Forensic Medium Secure	24.3	86%	11.94	21.3%	↓	0.0%	→	54%	88%	100%	100%	0	5	0	0	95.5%	94.7%	75.0%	88.2%	0.9%	1.4	1	1
	Ouse	Forensic Medium Secure	24.9	92%	6.90	7.4%	↑	0.0%	→	91%	77%	100%	103%	0	0	0	0	95.7%	98.8%	90.0%	100.0%	14.6%	0.8	1	2
	Swale	Personality Disorder Medium Secure	26.2	84%	10.35	30.2%	↑	0.0%	→	88%	69%	100%	136%	0	0	0	0	81.5%	94.5%	70.0%	88.9%	1.4%	2.2	1	1
	Ullswater	Learning Disability Medium Secure	32.9	82%	11.56	30.3%	↓	0.0%	→	75%	136%	100%	103%	0	14	0	0	12.5%	94.4%	88.9%	94.1%	17.1%	1.4	2	3
Child & LD	Townend Court	Learning Disability	42.4	48%	29.71	23.8%	↓	0.0%	→	48%	99%	106%	124%	0	11	0	0	75.0%	88.5%	53.3%	88.5%	10.7%	2.6	3	3
	Inspire	CAMHS	47.8	58%	29.34	21.5%	↓	0.6%	↓	58%	125%	103%	135%	1	44	0	0	74.0%	82.8%	42.1%	83.3%	10.8%	4.4	2	3
CH	Granville Court	Learning Disability Nursing Treatment	52.0	Not Avail	n/a	29.7%	↓	6.4%	↓	96%	93%	100%	99%	0	1	0	0	92.5%	90.5%	77.8%	58.3%	5.7%	2.0	2	2
	Whitby Hospital	Physical Health Community Hospital	43.6	94%	9.73	0.0%	→	0.0%	→	93%	79%	102%	94%	0	0	0	n/a	No Ret	97.3%	72.2%	88.9%	11.2%	2.3	0	3
	Malton Hospital	Physical Health Community Hospital	23.9	91%	10.92	Not on eRoster	→	Not on eRoster	→	77%	113%	103%	103%	0	0	0	n/a	100.0%	83.5%	100.0%	78.9%	0.5%	6.6	0	0

Exception Reporting and Operational Commentary

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

Ullswater have been experiencing significant clinical pressures due to an individual patient who has now been transferred to high secure services. Their Clinical Supervision has improved from 13% in May to 75% in June. Mill View Lodge's supervision has also improved to 71%. Whitby's supervision dropped significantly in May and this has been addressed with the charge nurse. The position in relation to BLS and ILS was expected in May based on the improvement trajectory and 85% compliance is still predicted for August. The ILS level on Inspire relates to a number of new starters requiring training.

The CHPPD RAG ratings are based on the National Average Benchmark of 8.9. More than 8.9 = Green, 8.0 to 8.9 = Amber, Less than 8.0 = Red
Community Hospitals are NOT RAG rated currently.
In respect to the low CHPPD position for Pineview and Ouse wards, this is due to the patients on these wards being low acuity and therefore need less staffing than a normal ward/unit.

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

Registered Nurse Vacancy Rates

Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
12.50%	9.60%	9.10%	11.20%	10.60%	10.60%	11.16%	11.90%	10.30%	8.40%	8.80%	10.10%

Slips Trips and Falls

Rolling 3 months	Apr-21	May-21	Jun-21
Maister Lodge	3	8	7
Millview Lodge	9	6	3
Malton IPU	4	0	3
Whitby IPU	2	1	1

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

Quality Dashboard

Description : Learning from Mortality Reviews

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

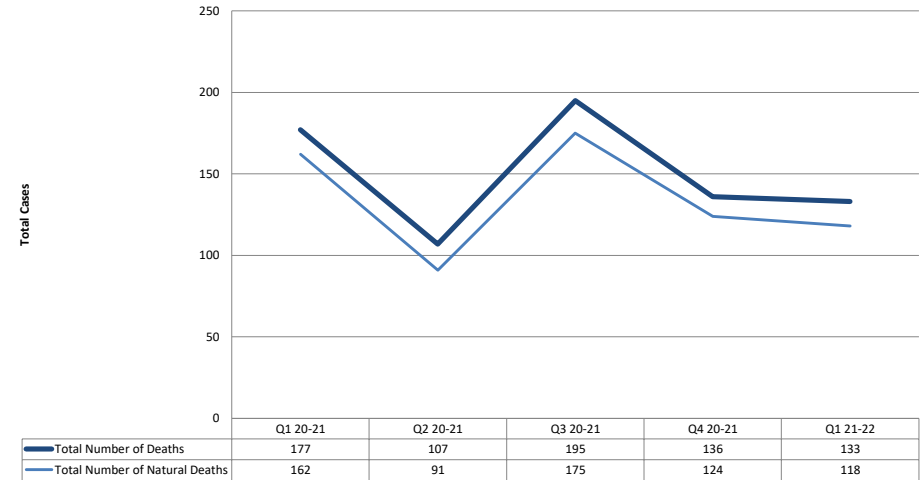
Total Number of Deaths and Deaths Reviewed
(does not include patients with identified Learning Disabilities)

	Q1 20-21	Q2 20-21	Q3 20-21	Q4 20-21	Q1 21-22	Last 12 months
Total Number of Deaths	177	107	195	136	133	571
Total Number of Natural Deaths	162	91	175	124	118	508
Proportion of Natural Deaths	91.5%	85.0%	89.7%	91.2%	88.7%	89.0%
Total Number of Deaths - Community Hospitals	7	2	2	2	2	8
Total Number of Deaths - MH Inpatients	3	0	1	2	1	4
Total Number of Deaths - LD Inpatients	1	0	0	0	0	0
Total Number of Deaths - Forensics Inpatients	0	0	0	0	0	0
Total Number of Deaths - All Community excl. MH	62	39	75	58	71	243
Total Number of Deaths - Addictions	4	6	7	5	5	23
Total Number of Deaths - MH Community	41	31	56	73	51	211

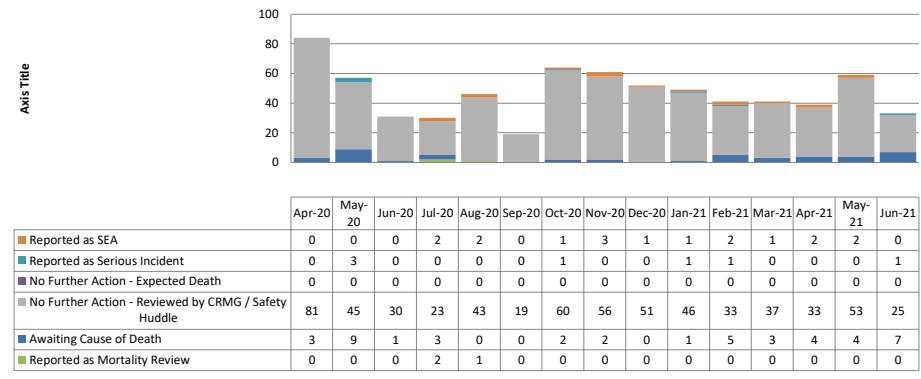
Review Process

Reported as Mortality Review	0	3	0	0	0	3
No Further Action - Reviewed by CRMG / Safety Huddle	156	85	167	116	111	479
No Further Action - Expected Death	0	0	0	0	0	0
Reported as Serious Incident	3	0	1	2	1	4
Reported as SEA	0	4	5	4	4	17
Child Death Review	1	0	0	0	0	0
Statements Being Produced For Coroners	1	0	1	1	0	2
Total Deaths Reviewed	161	92	174	123	116	505
Awaiting Cause of Death	13	3	4	9	15	31
Not Yet Reported	3	12	17	4	2	35

Total Number of Deaths per quarter



Outcome of Death Reviews (2021 Calendar Year)



Quality Dashboard

Section 2.2 Mortality Dashboard Quality Dashboard

Description : Learning from Mortality Reviews

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

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

	Q1 20-21	Q2 20-21	Q3 20-21	Q4 20-21	Q1 21-22	Last 12 months
Number of LD Deaths in Inpatients	1	0	0	0	0	0

PI RETURN FORM 2021-22

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Jun 2021**

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

Narrative

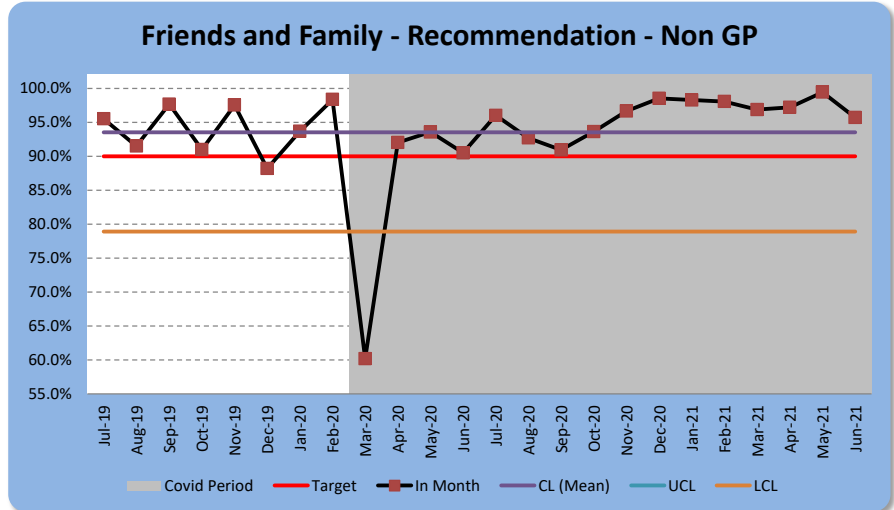
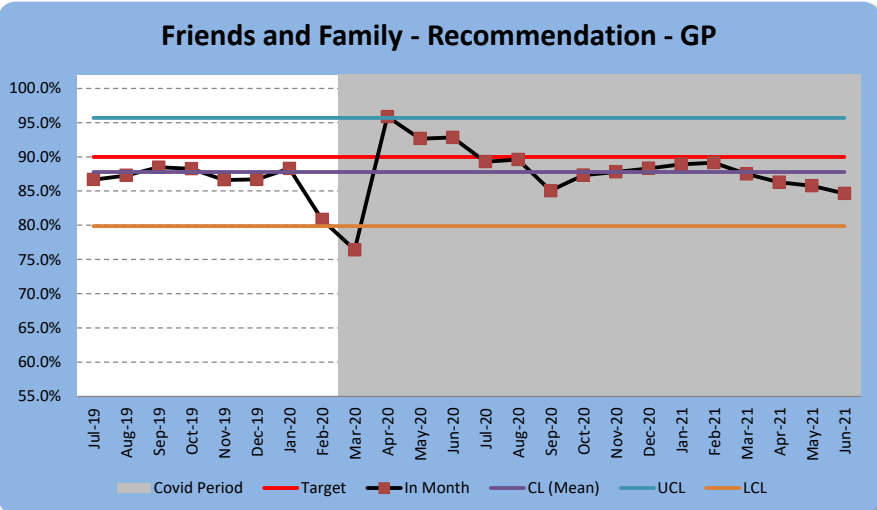
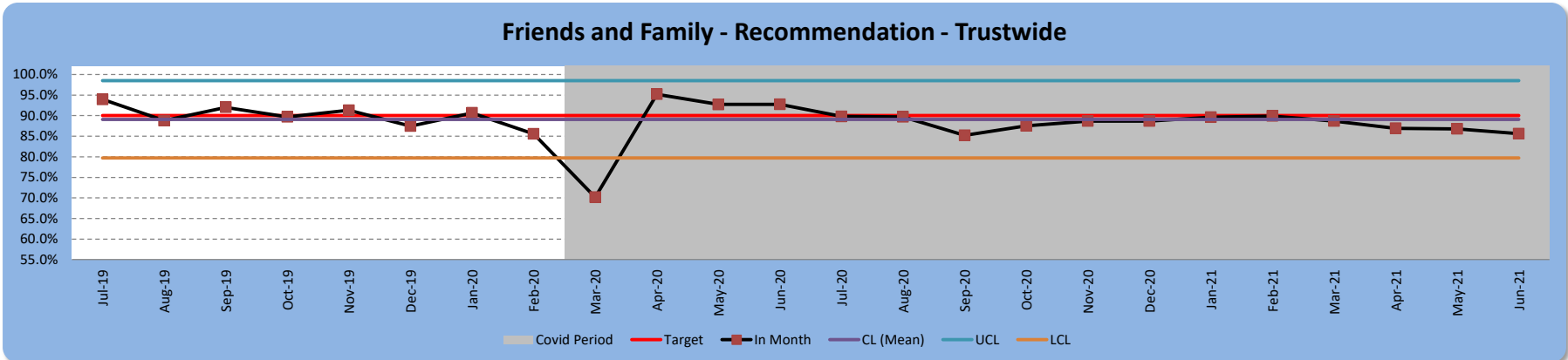
GP Recommendation remains below target for June at 84.6%

Non GP has decreased slightly since May but remains above target at 95.7% for June

Target: 90%

Amber: 80%

Current month stands at 85.6%



PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jun 2021**

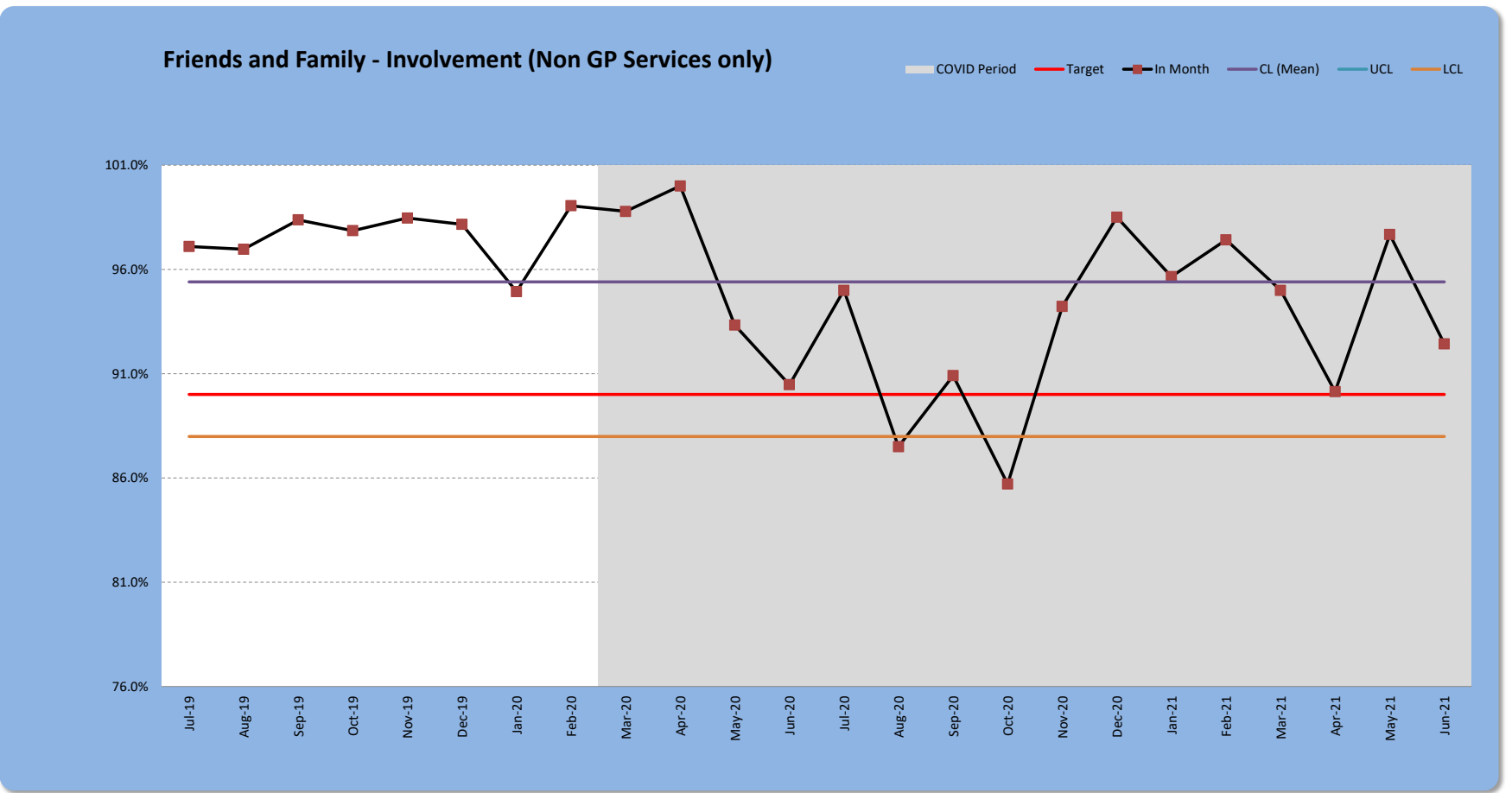
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Friends and Family Test	Results of the overall surveys completed where patients felt they were involved in their care	John Byrne	CA 3c %

Narrative

Performance has decreased by 5.2% when compared to the previous month

Target: 90%
Amber: 80%

Current month stands at 92.4%



PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jun 2021**

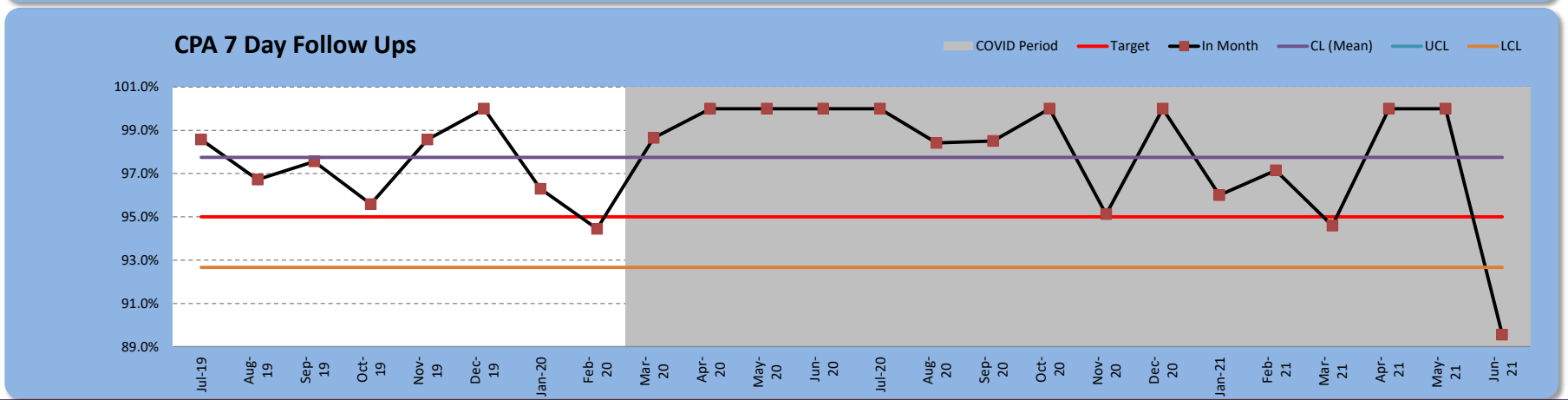
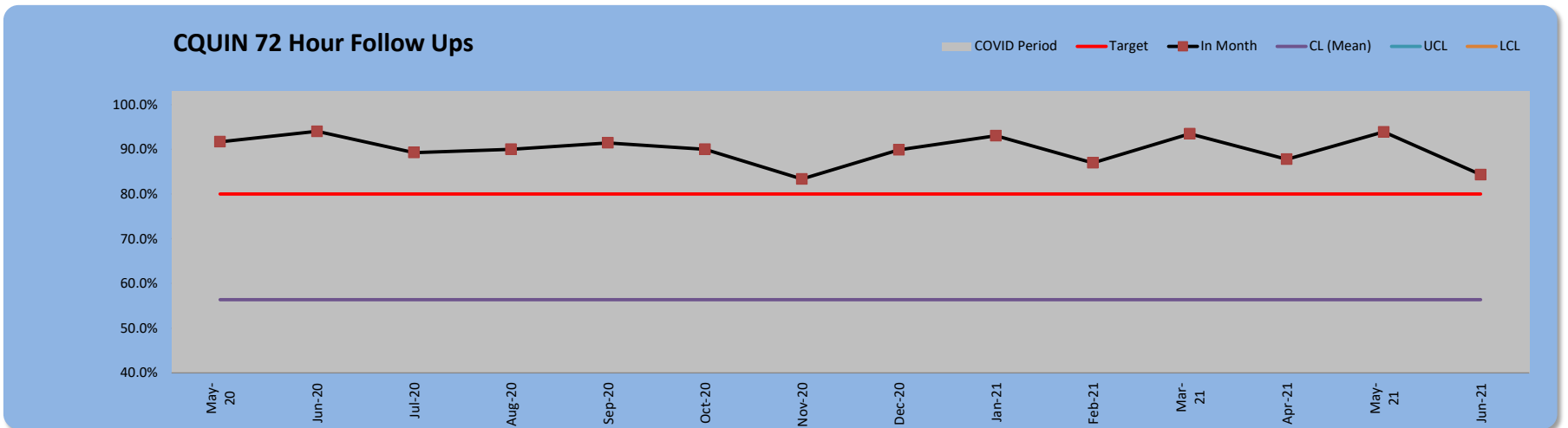
Indicator Title	Description/Rationale	Executive Lead
72 Hour Follow Ups	This indicator measures the percentage of patients who were in the CQUIN scope and had a follow up within 72 hours of discharge	Lynn Parkinson

KPI Type
OP 12

Narrative

The 72 hours remains above target but the 7 day indicator has dropped below target at 89.4% for June. A result of 7 x 7 day follow up breaches

Target: 80%
 Amber: 60%
 Current month stands at 84.3%



PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jun 2021**

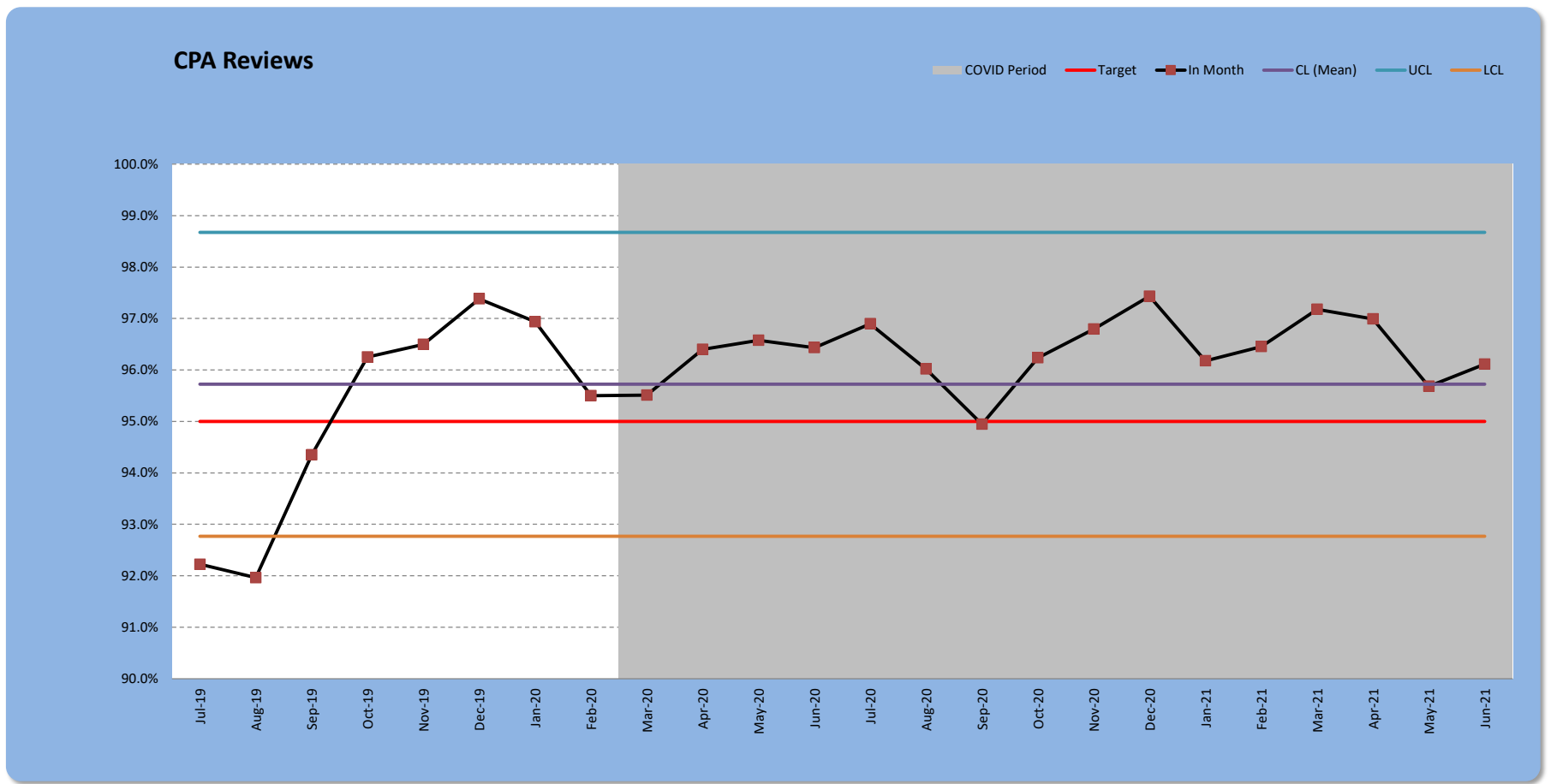
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Care Programme Reviews	This indicator measures the percentage of patients who are on CPA and have had a review in the last 12 months	Lynn Parkinson	OP 7

Narrative

Performance has increased by 0.4% when compared to the previous month.

Target: 95%
Amber: 85%

Current month stands at 96.1%



PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jun 2021**

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

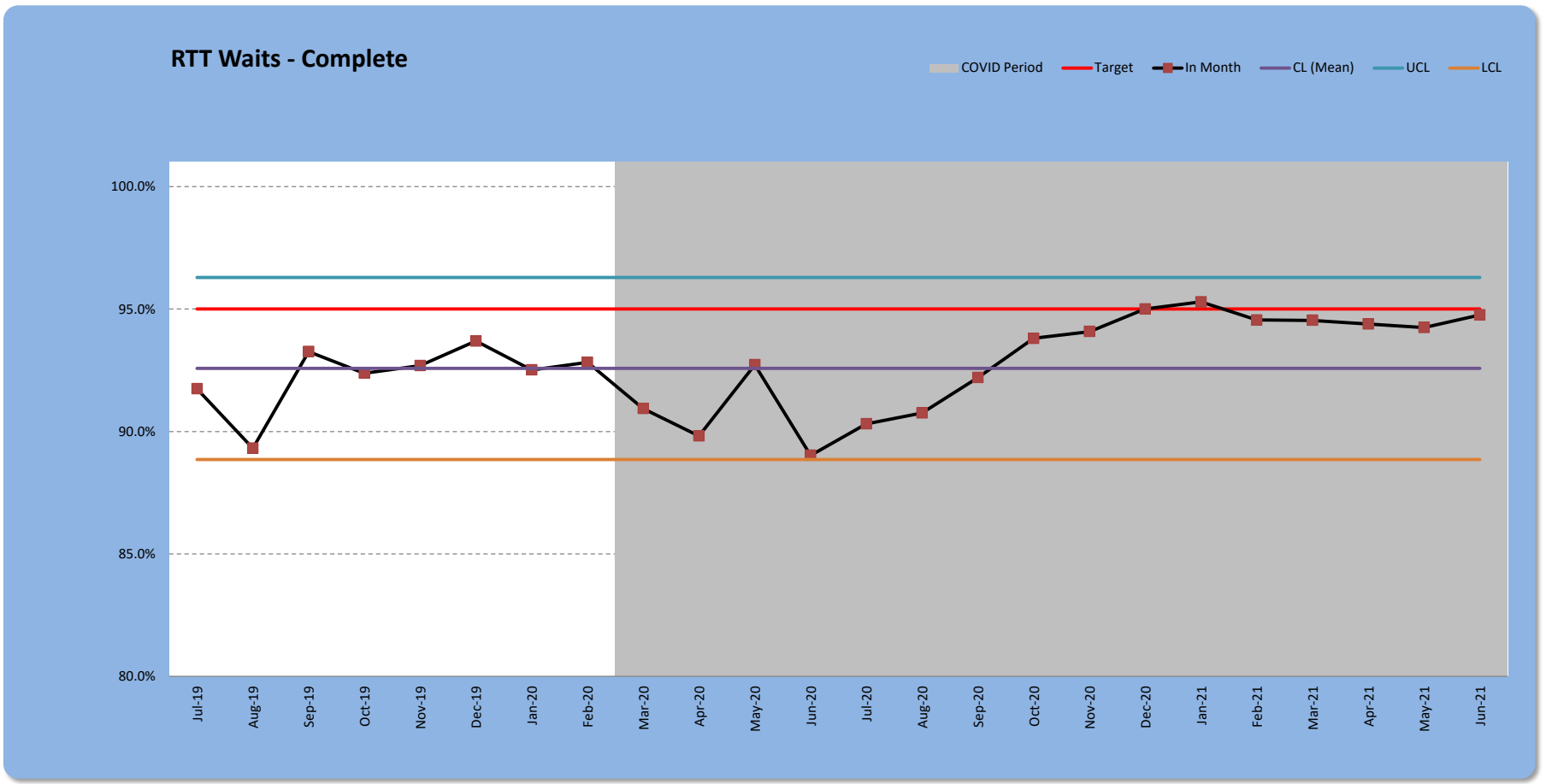
KPI Type
OP 20

Narrative

Increase of 0.5% when compared to the previous month.

Target: 95%
Amber: 85%

Current month stands at 94.8%



PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jun 2021**

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

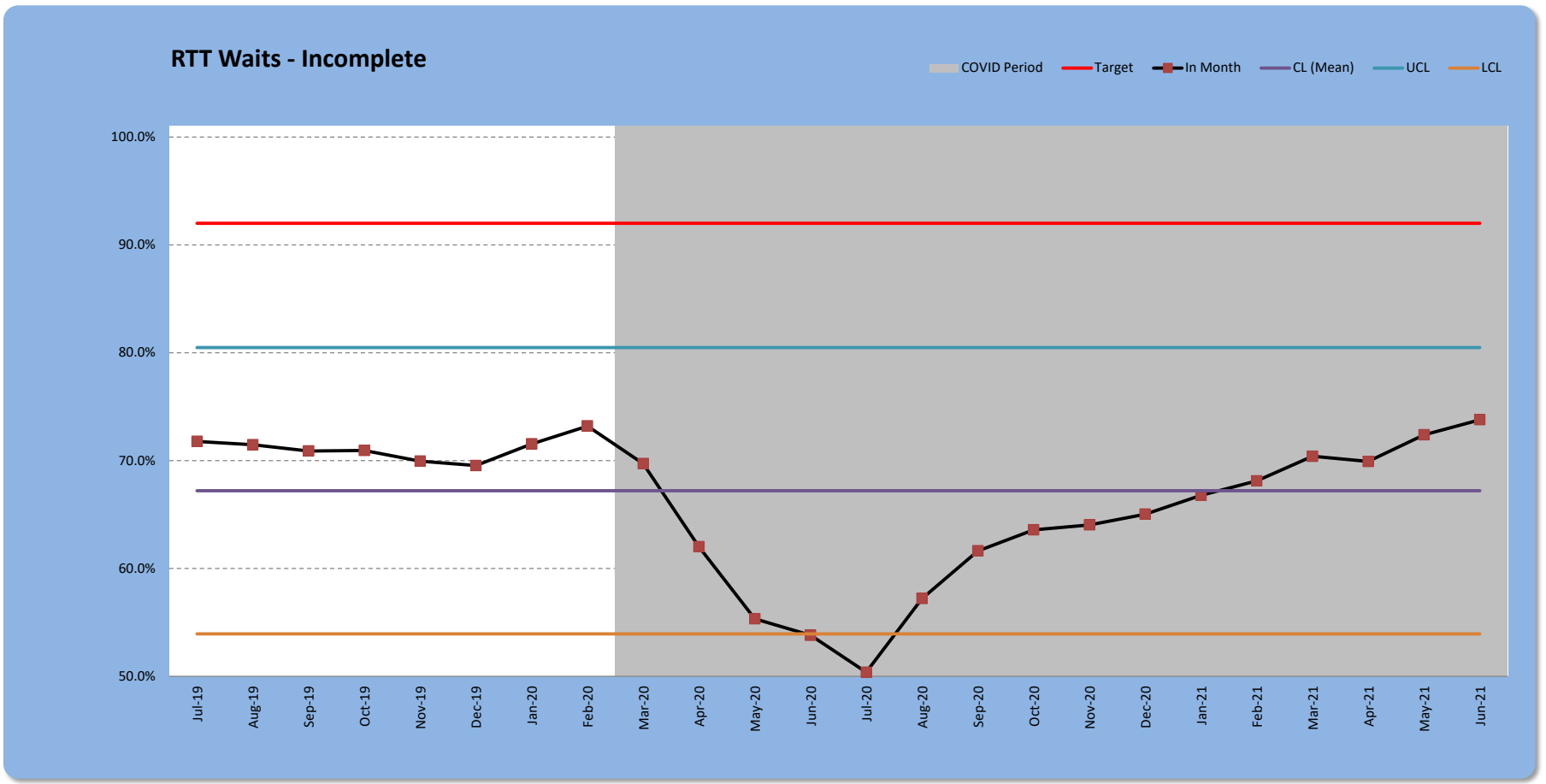
KPI Type
OP 21

Narrative

Performance has increased by 1.4% when compared to the previous month.

Target: 92%
Amber: 85%

Current month stands at 73.8%



PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jun 2021**

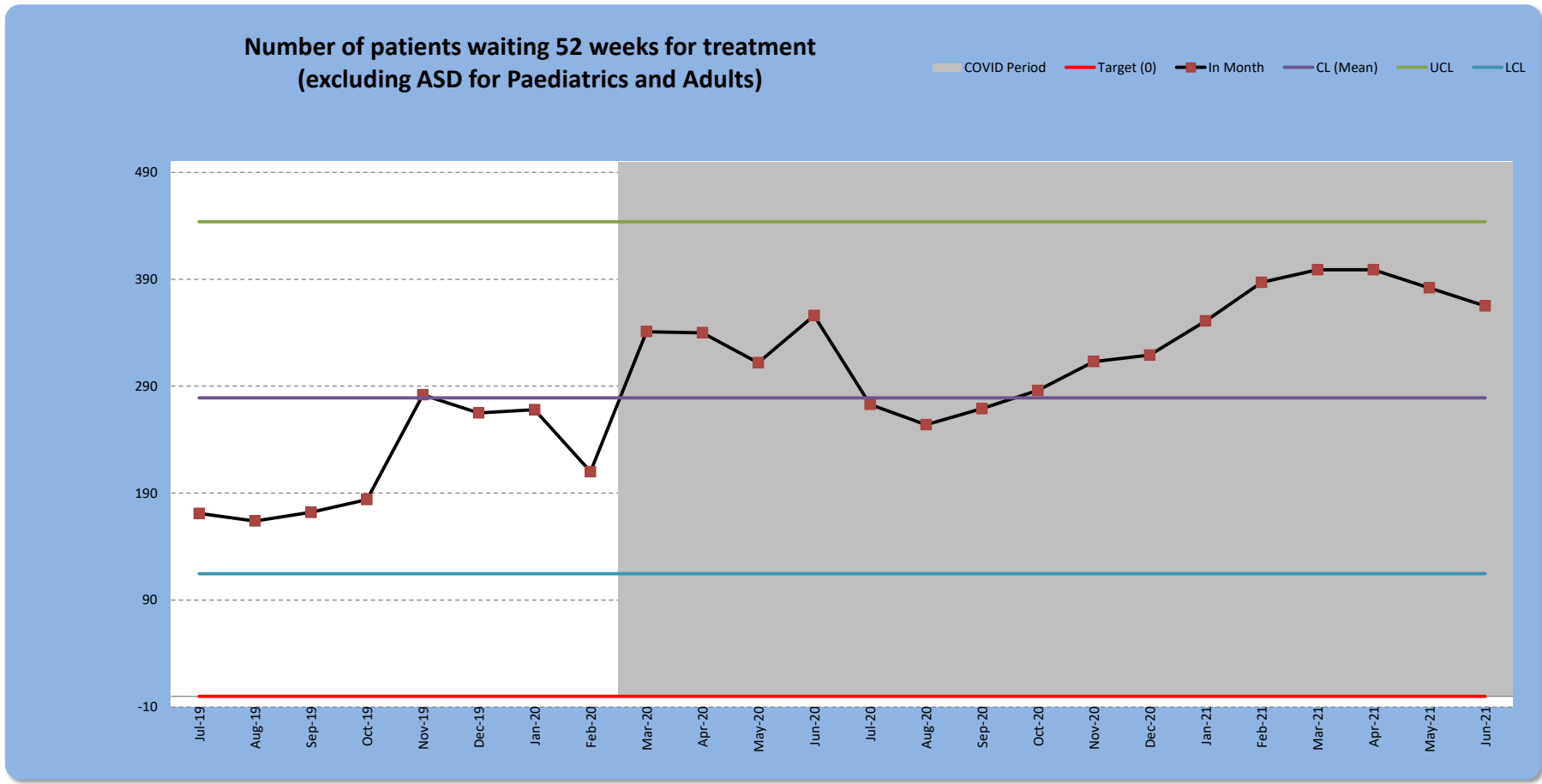
Indicator Title	Description/Rationale	Executive Lead
52 Week Waits	Number of patients who have yet to be seen for treatment and have been waiting more than 52 weeks	Lynn Parkinson

KPI Type
OP 22x

Narrative

Decrease of 17 when compared to the previous month.

Target: 0
 Amber: 0
 Current month stands at 365



PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jun 2021**

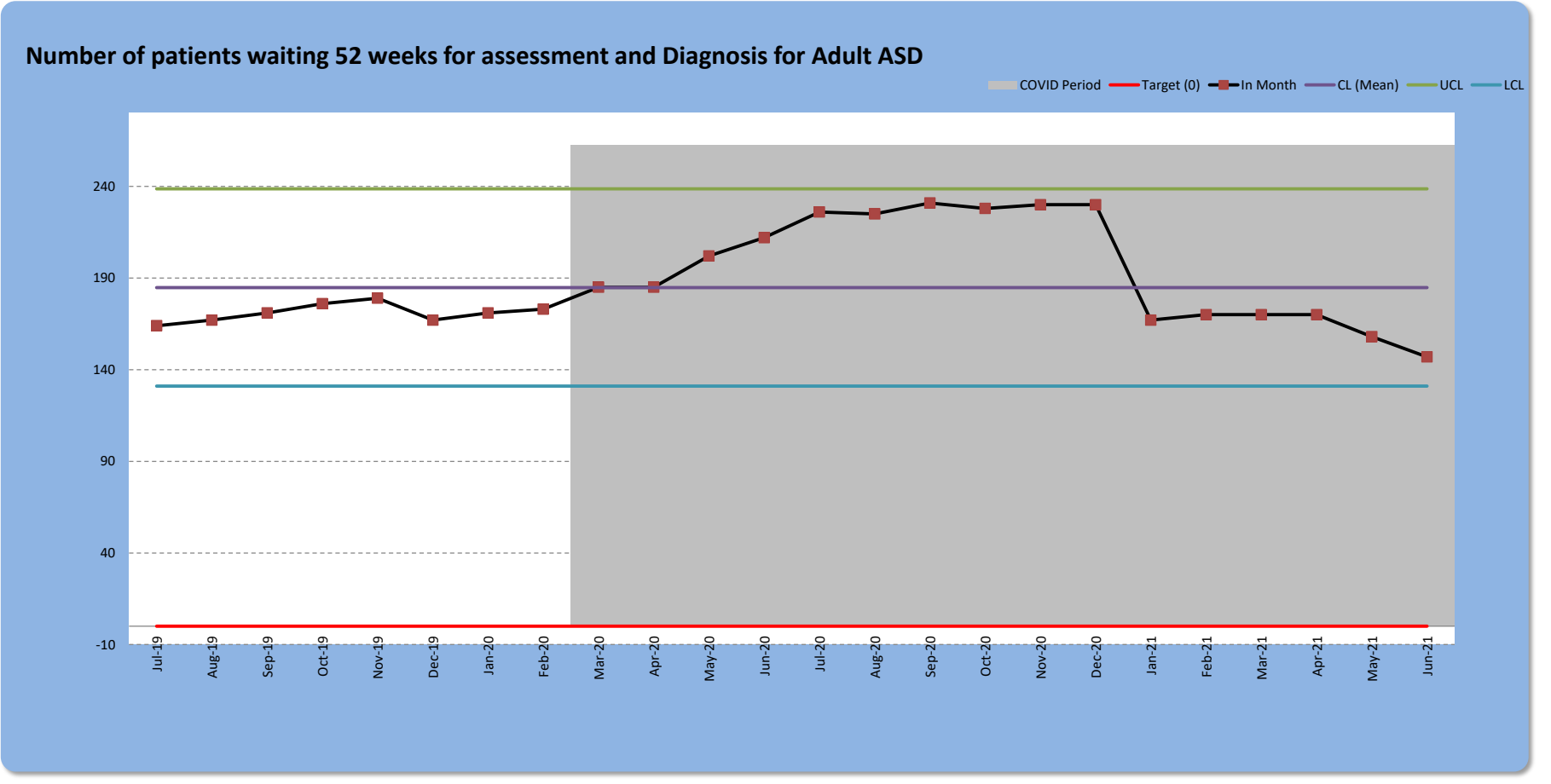
Indicator Title	Description/Rationale	Executive Lead
52 Week Waits - Adult ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Adult and have been waiting more than 52 weeks	Lynn Parkinson

KPI Type
OP 22u

Narrative

Decrease of 11 when compared to the previous month.

Target: 0
 Amber: 0
 Current month stands at 147



PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

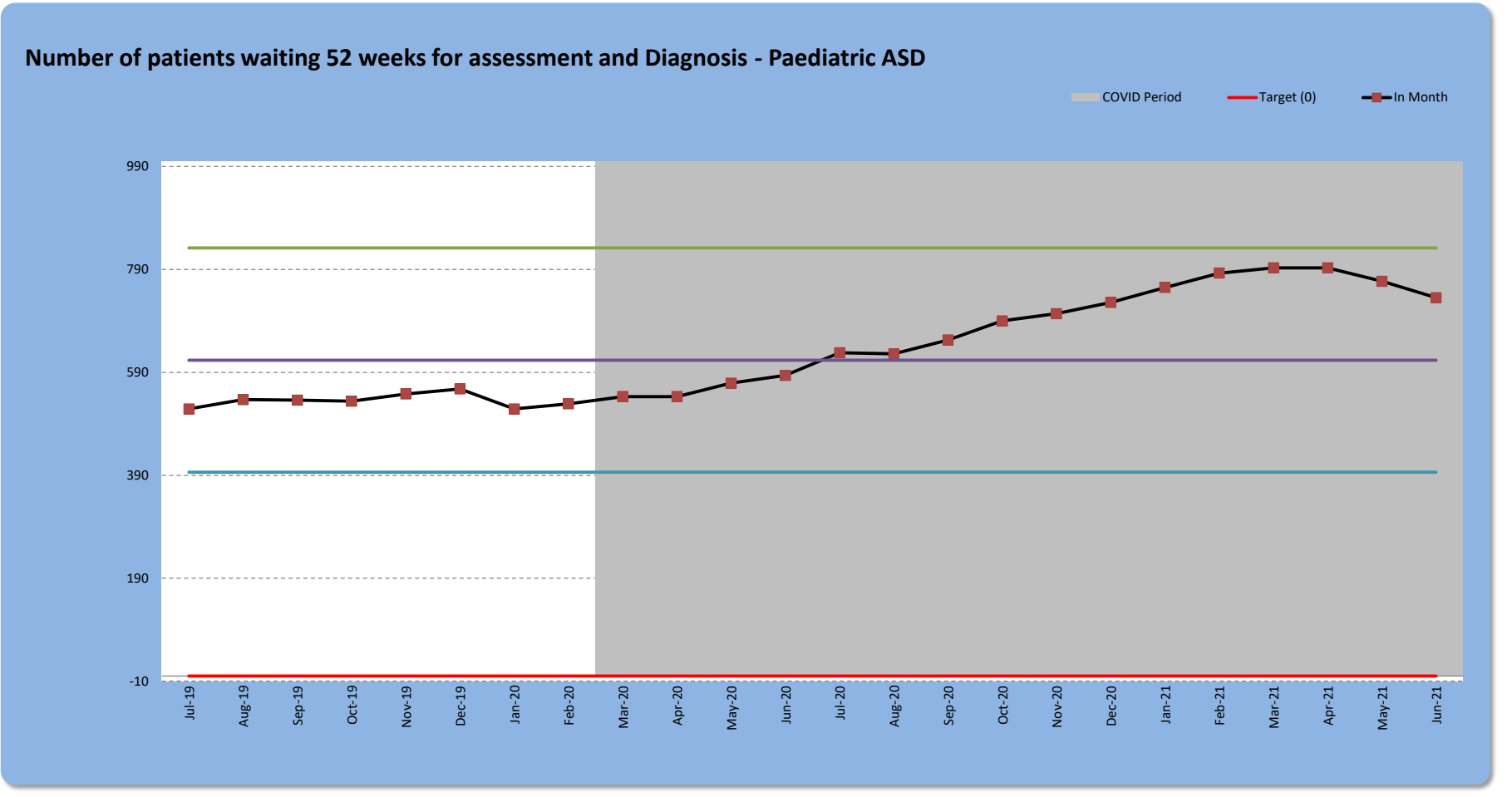
For the period ending: **Jun 2021**

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

Narrative

Decrease of 32 when compared to the previous reporting period.

Target: 0
 Amber: 0
 Current month stands at 735



PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jun 2021**

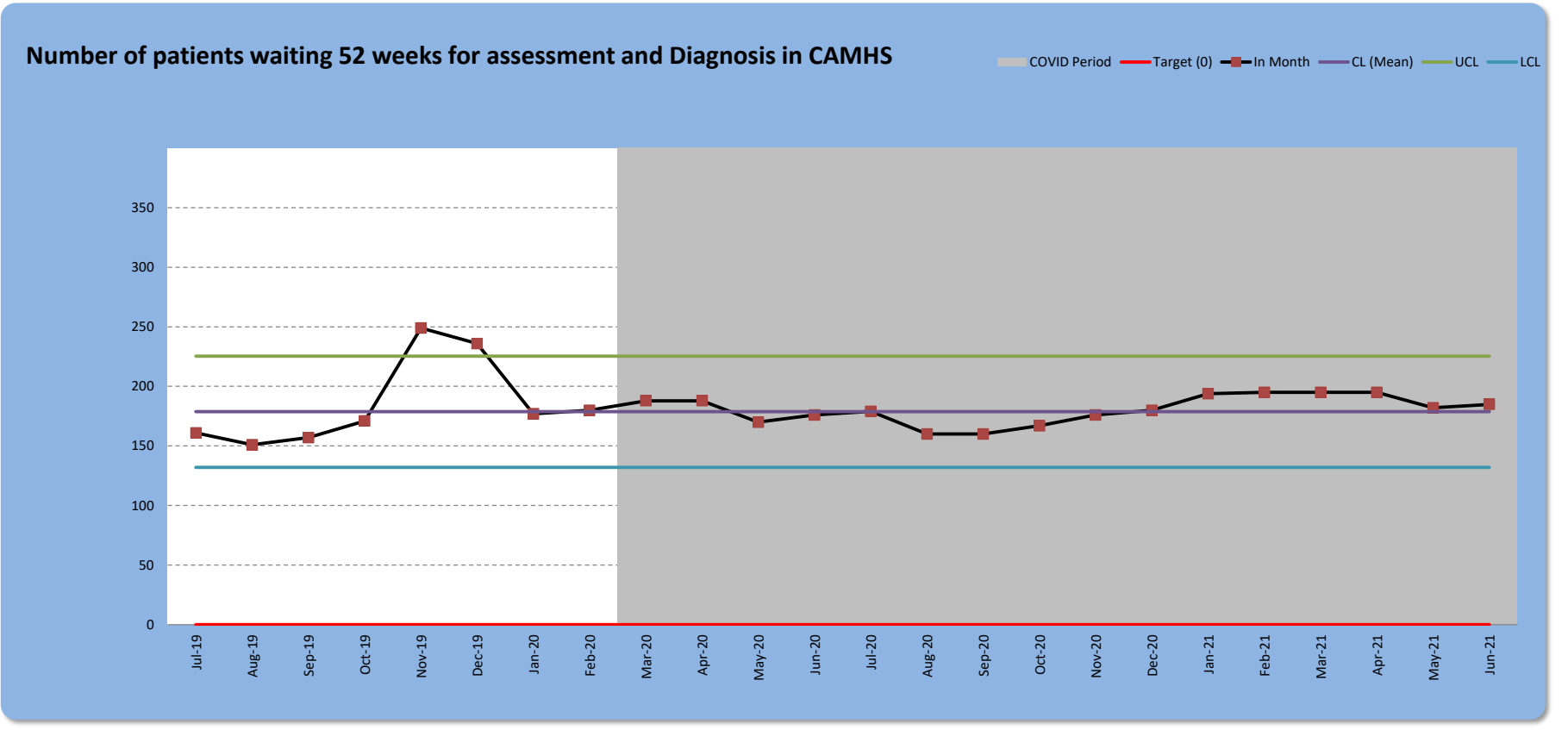
Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks (excluding paediatric ASD)	Lynn Parkinson	OP 22j

Narrative

Increase of 3 when compared to the previous month.

Target: 0
Amber: 0

Current month stands at 185



PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jun 2021**

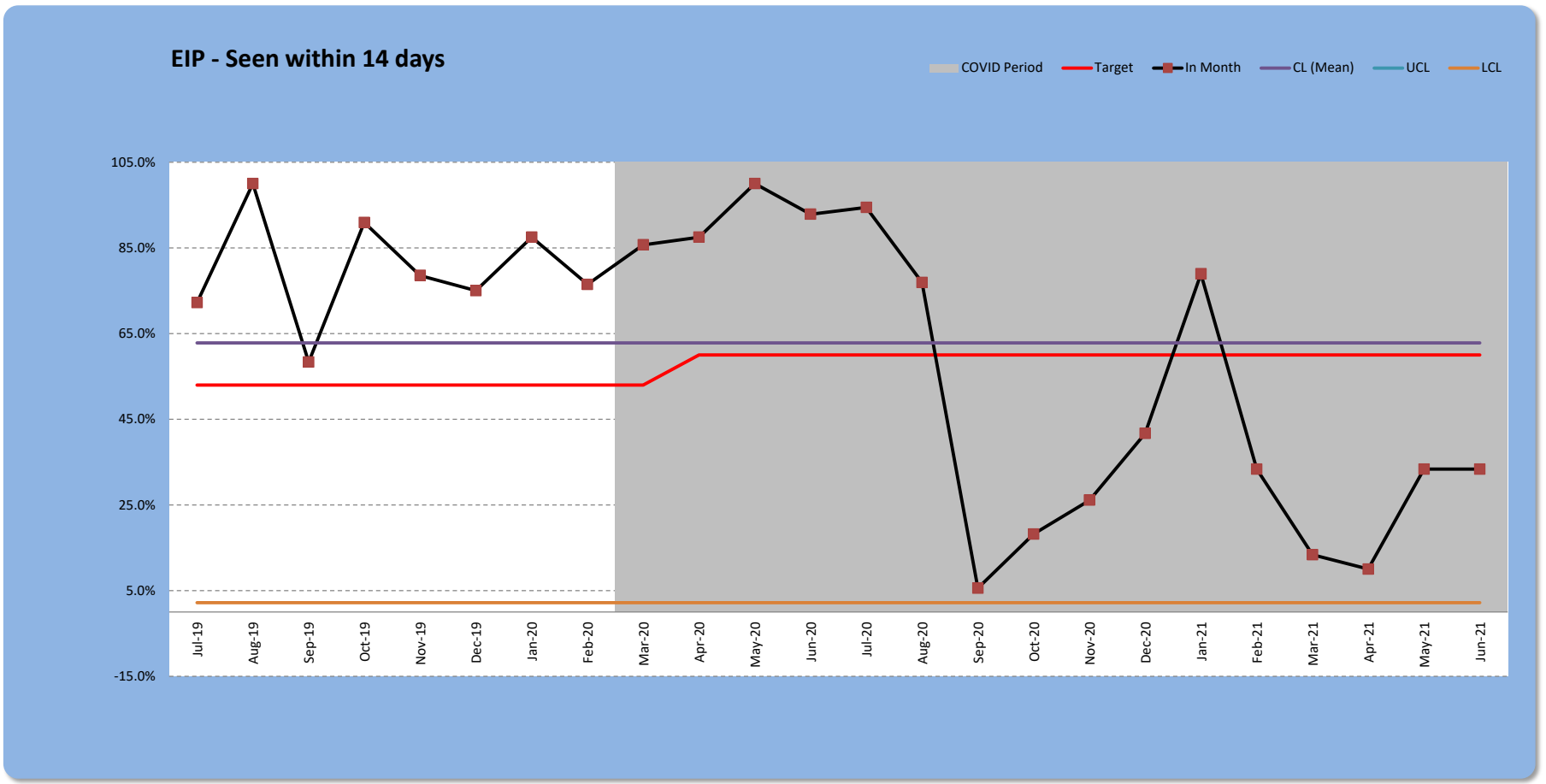
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Early Intervention in Psychosis	Percentage of patients who were seen within two weeks of referral	Lynn Parkinson	OP 9

Narrative

No change to previous month and remains below target.

Target: 60%
Amber: 55%

Current month stands at 33.3%



PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jun 2021**

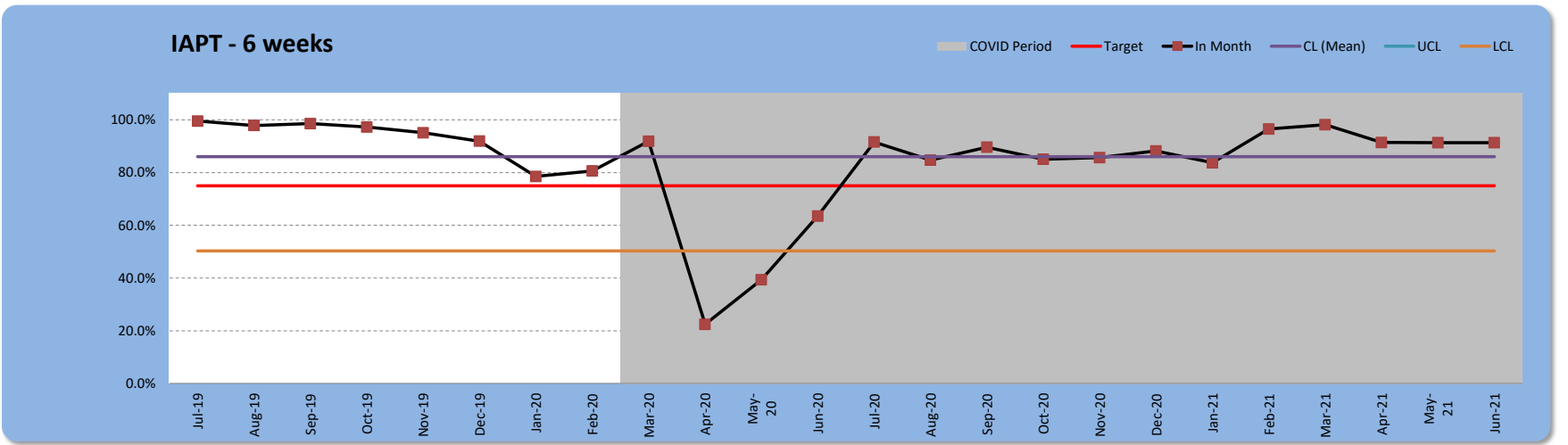
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Improved Access to Psychological Therapies	Two graphs to show percentage of patients who were seen within 6 weeks and 18 weeks of referral	Lynn Parkinson	OP 10a

Narrative

No change to previous month and remains above the target of 75%

Target: 75%
Amber: 70%

Current month: 91.3%

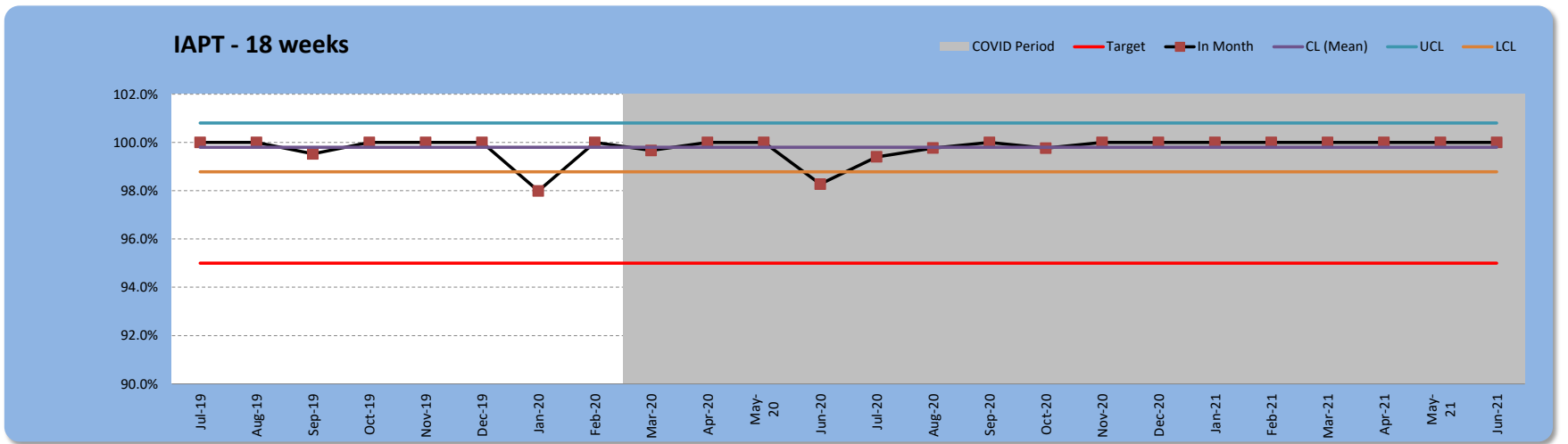


Narrative

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

Target: 95%
Amber: 85%

Current month: 100.0%



PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jun 2021**

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

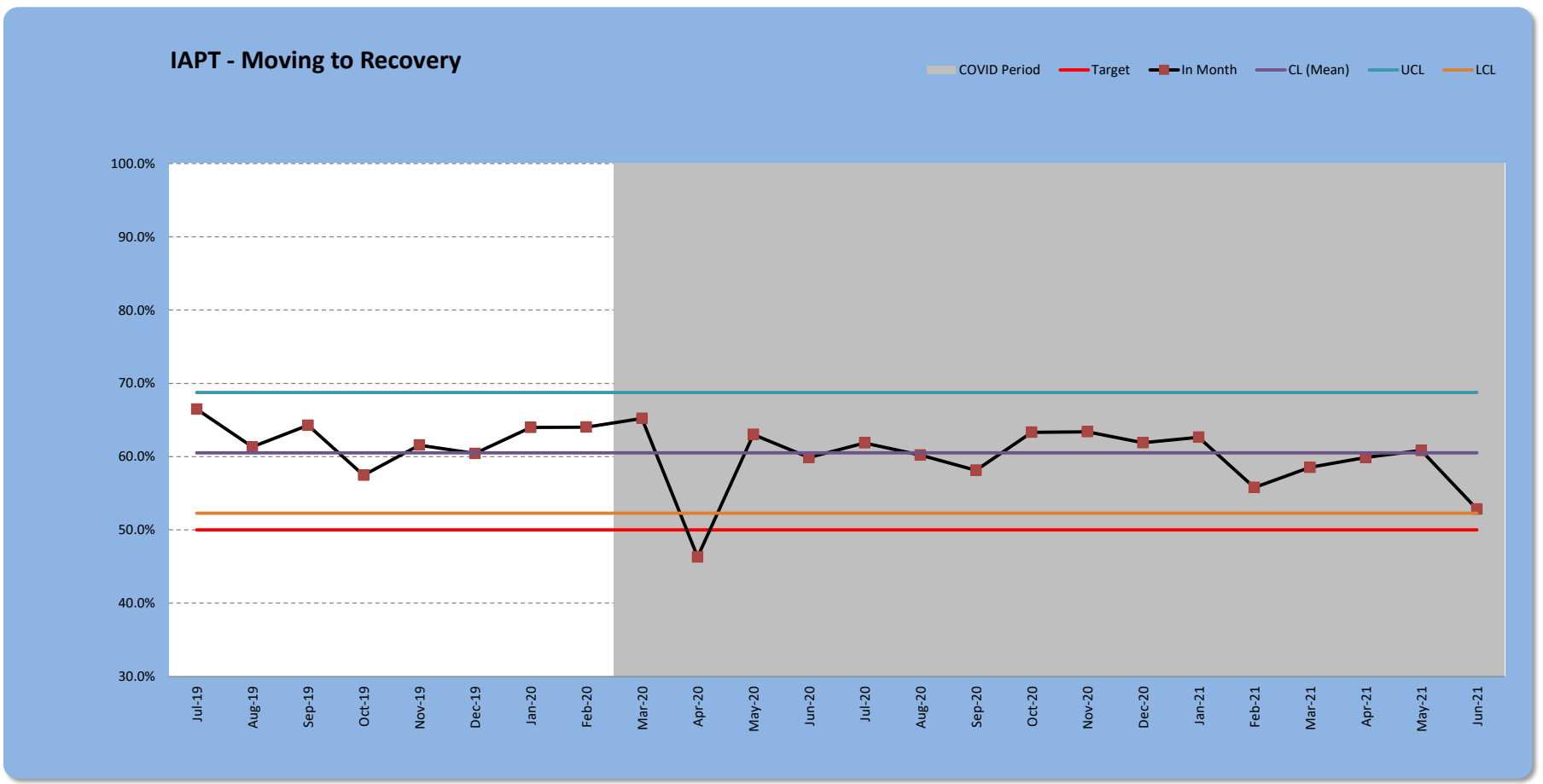
KPI Type
OP 11

Narrative

Performance has decreased by 7.7% but remains above the 50% target

Target: 50%
Amber: 45%

Current month stands at 52.8%



PI RETURN FORM 2021-22

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Jun 2021**

Indicator Title

Description/Rationale

Out of Area Placements

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

Executive Lead
Lynn Parkinson

KPI Type

ST 4b

Narrative

Out of area days has decreased by 108 days when compared to the previous month.

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

Total number of patients out of area within month **33**

OBD's Service Split

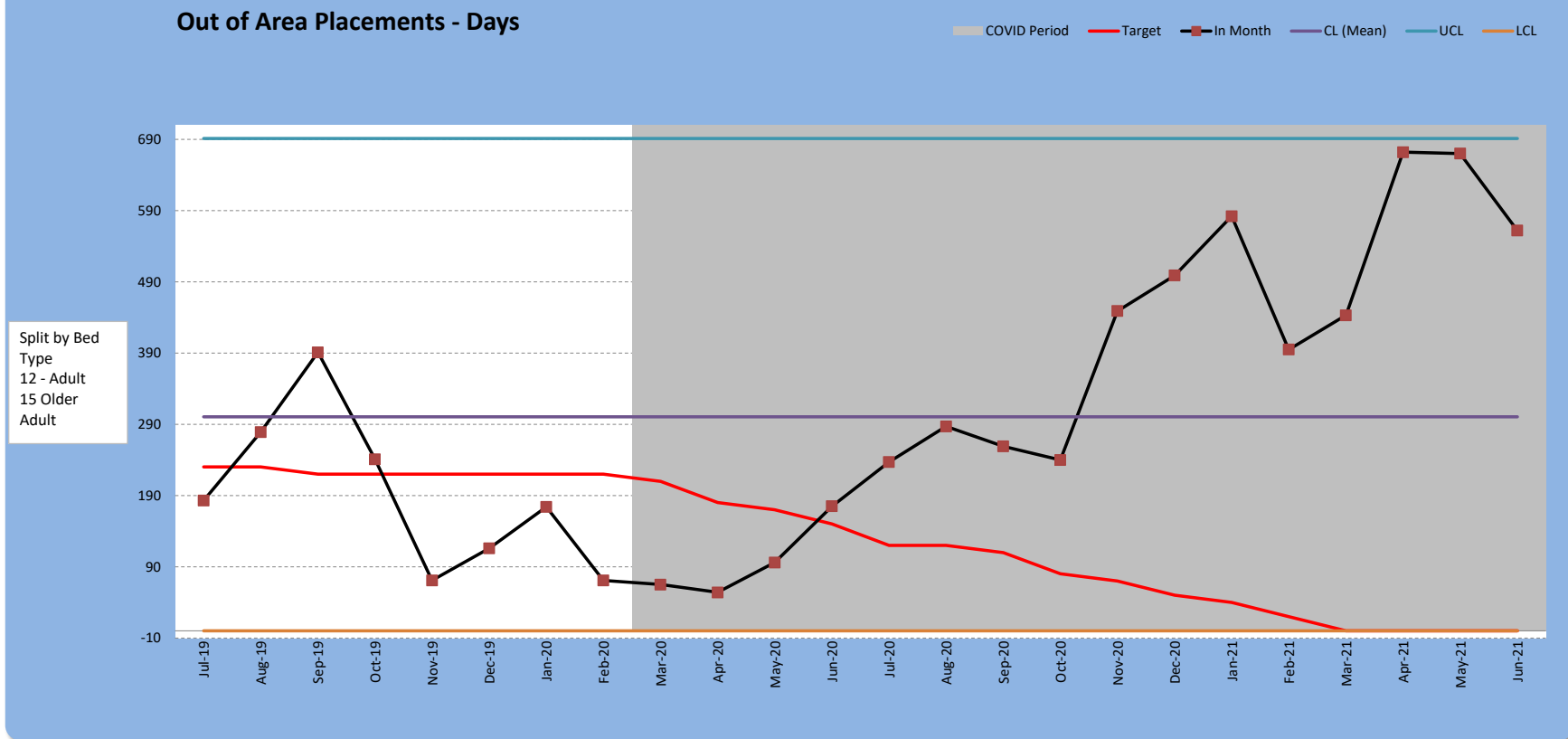
Adult	88
OP	366
PICU	108

Target: 0

Amber:

Current month stands at **562**

Out of Area Placements - Days



PI RETURN FORM 2021-22

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Jun 2021**

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

KPI Type
OP 14

Narrative

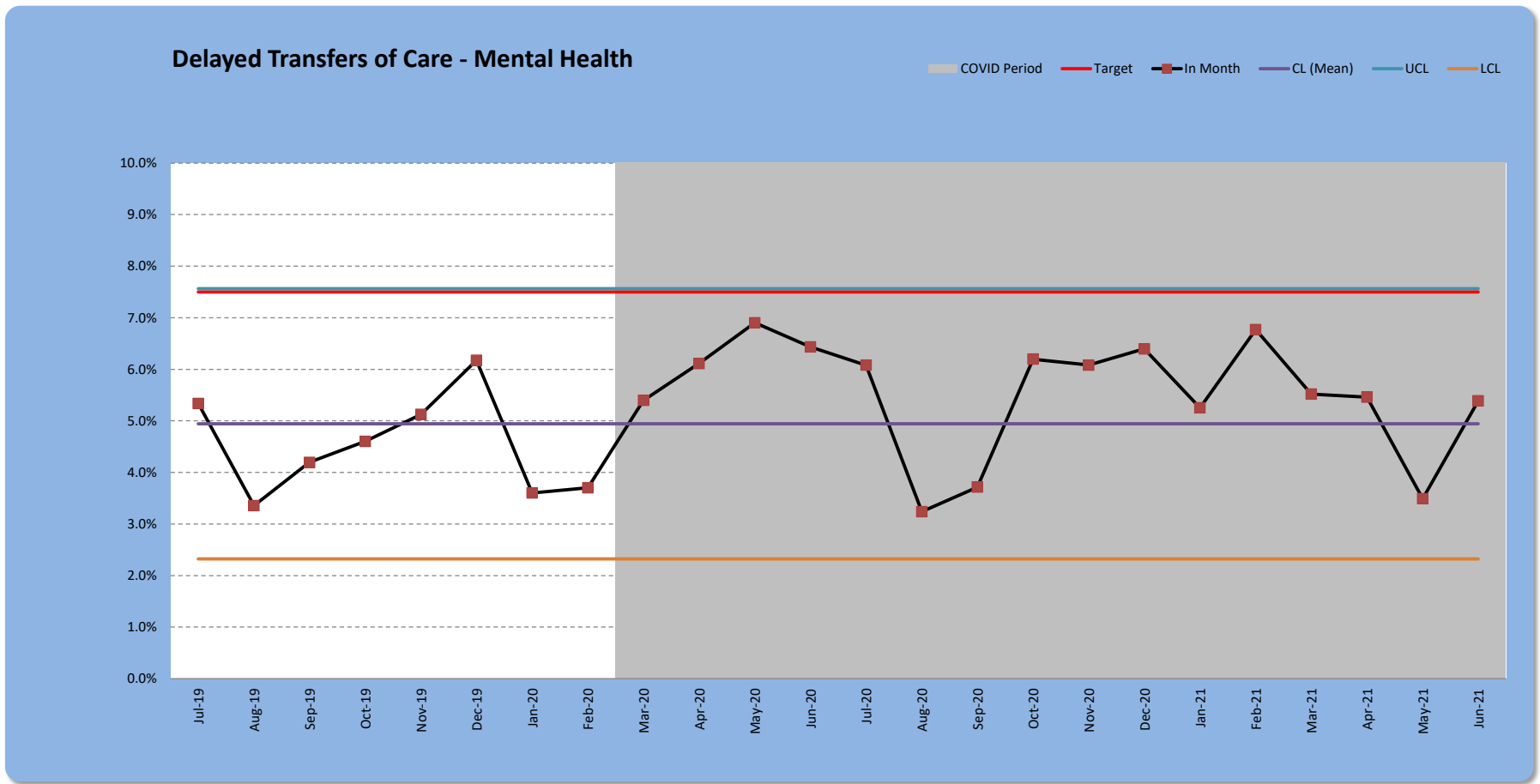
Performance has decreased by 1.9% against previous month but remains within target.

Low performance is Good.

Target: 7.5%

Amber: 7.0%

Current month stands at 5.4%



PI RETURN FORM 2021-22

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending:

Jun 2021

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

KPI Type
WL 1

Narrative

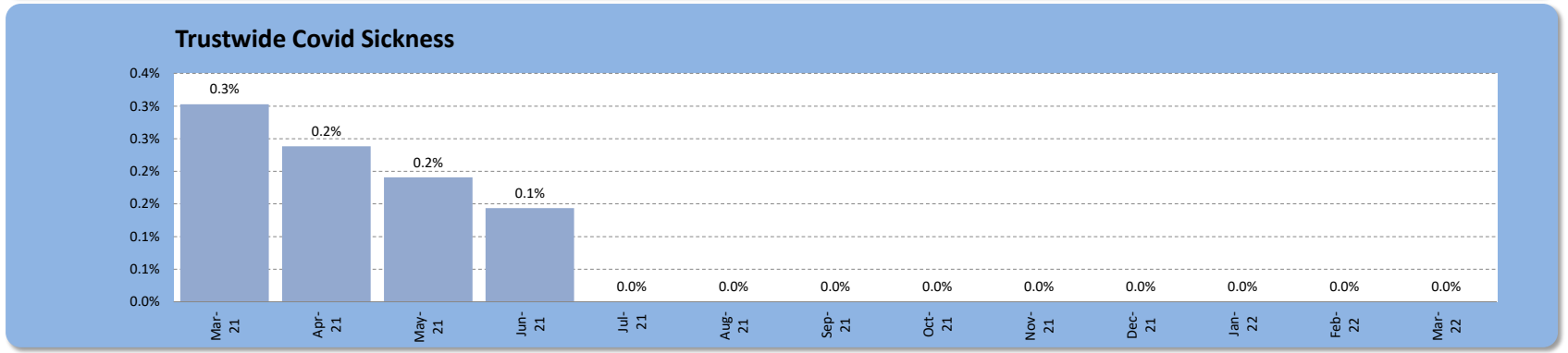
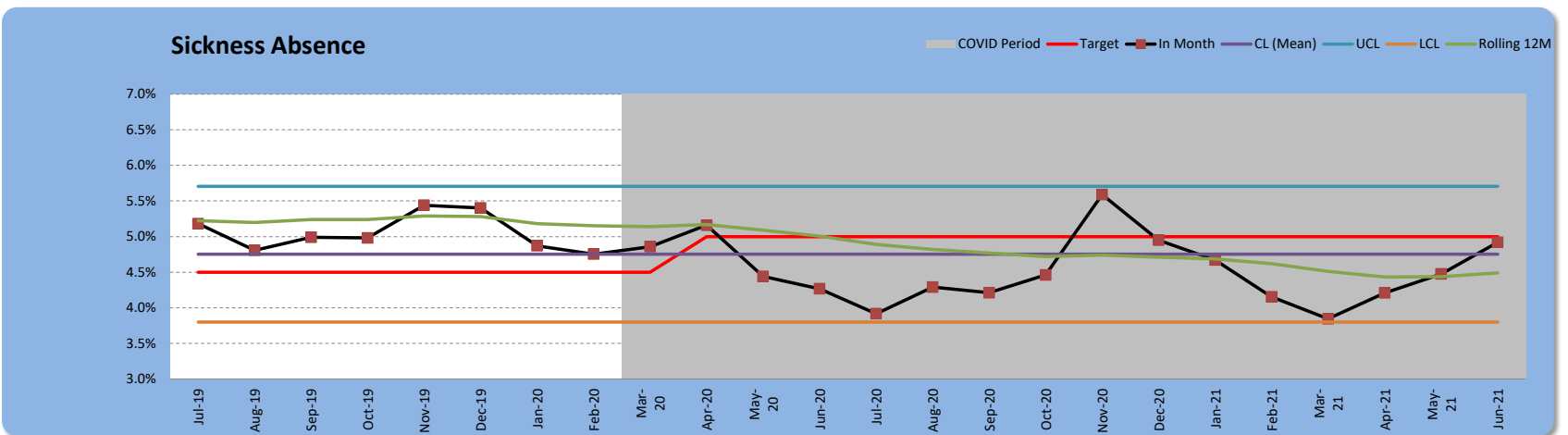
Sickness/Absence Rate has increased by 0.4% when compared to the previous month.

May-21 Rolling 12 month figure is within target reporting at 4.5%. Overall no variance to previous month

Continued reduction in Covid sicknes reported for this month

Target: 5.0%
Amber: 5.2%

Current month
4.9%



PI RETURN FORM 2021-22

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Jun 2021**

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

Narrative

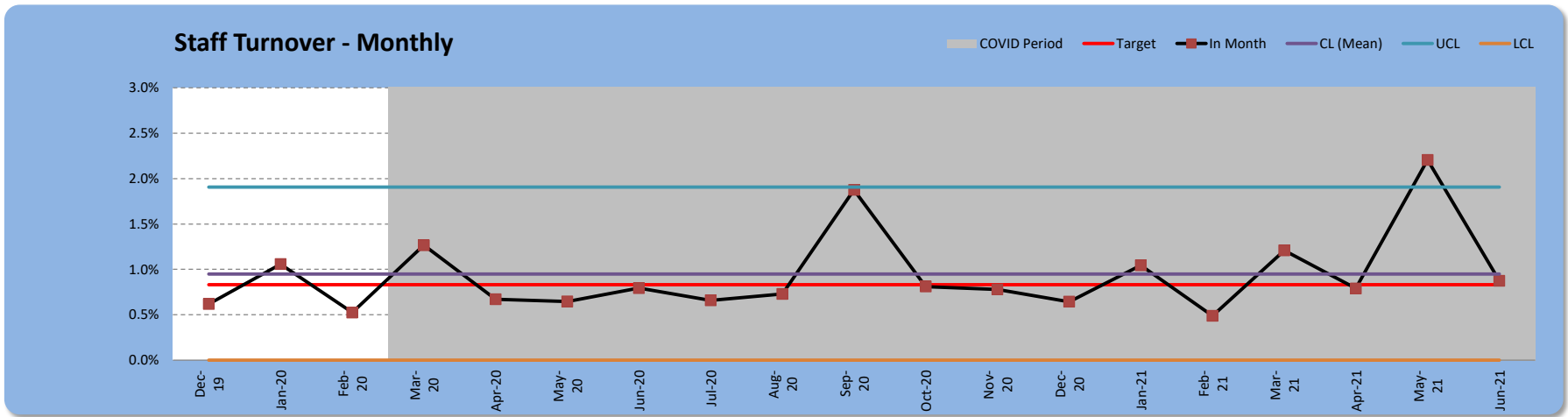
Staff Turnover has decreased by 1.3% in the reporting period

Low Performance is good

Target: 0.83%

Amber: 0.70%

Current month stands at 0.9%



Narrative

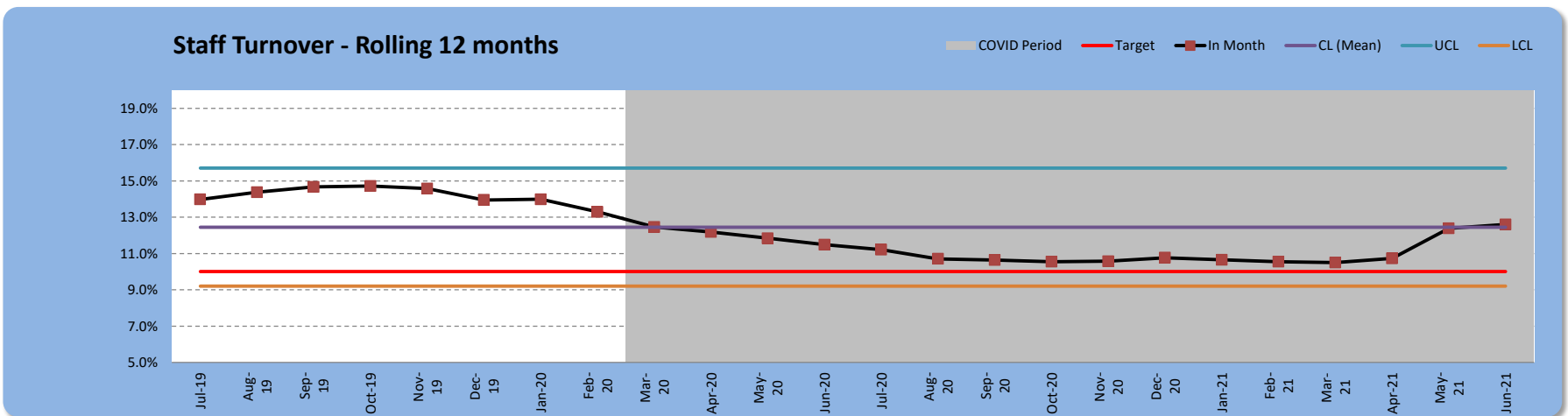
Exceeds Target.

Low Performance is Good.

Target: 10%

Amber: 9%

Current month stands at 12.6%



PI RETURN FORM 2021-22

Goal 5 : Maximising an Efficient and Sustainable Organisation

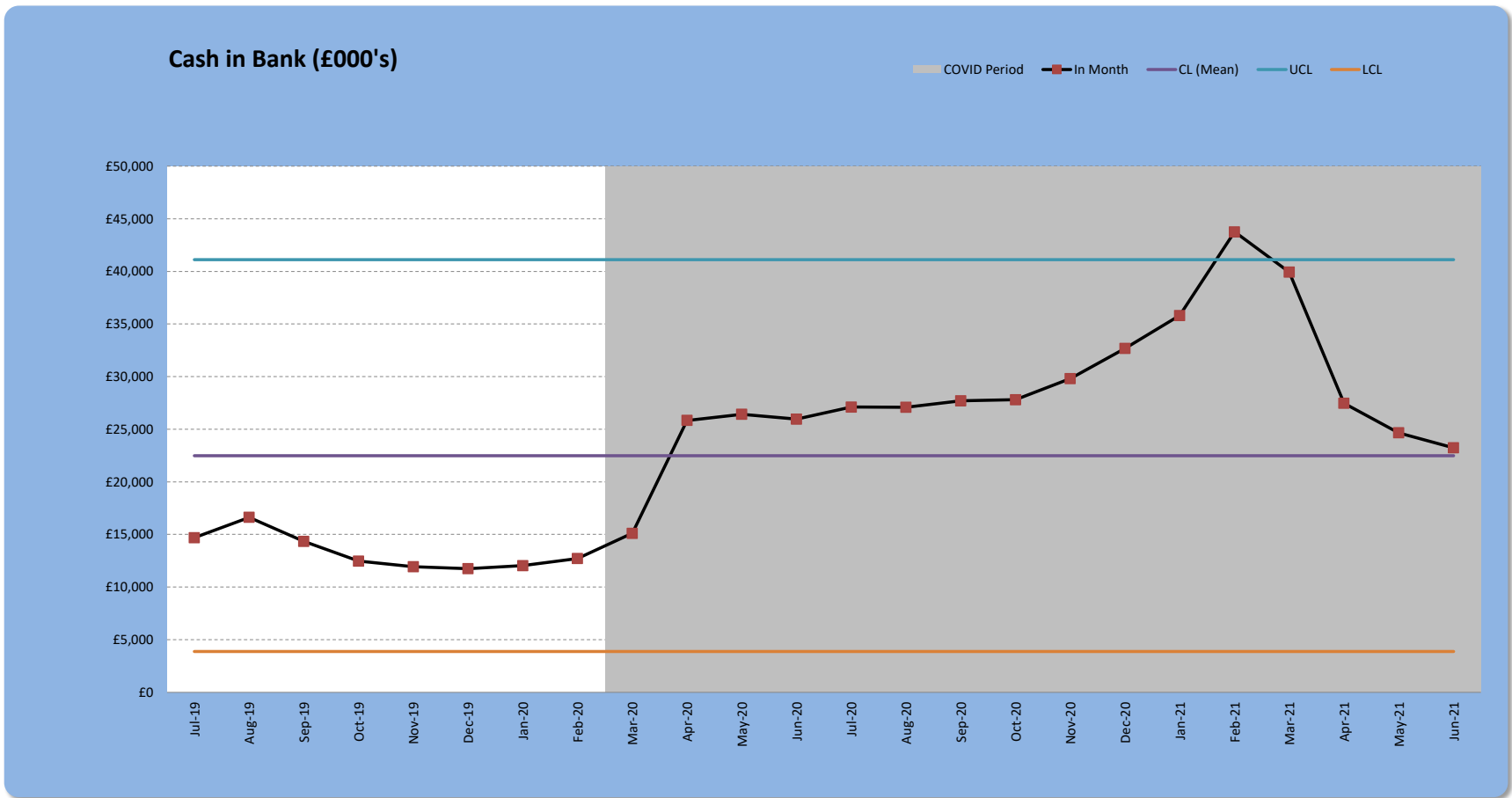
For the period ending: **Jun 2021**

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

Narrative

The Trust has no target for cash set.

Current month stands at £23,242 ,000



PI RETURN FORM 2021-22

Goal 5 : Maximising an Efficient and Sustainable Organisation

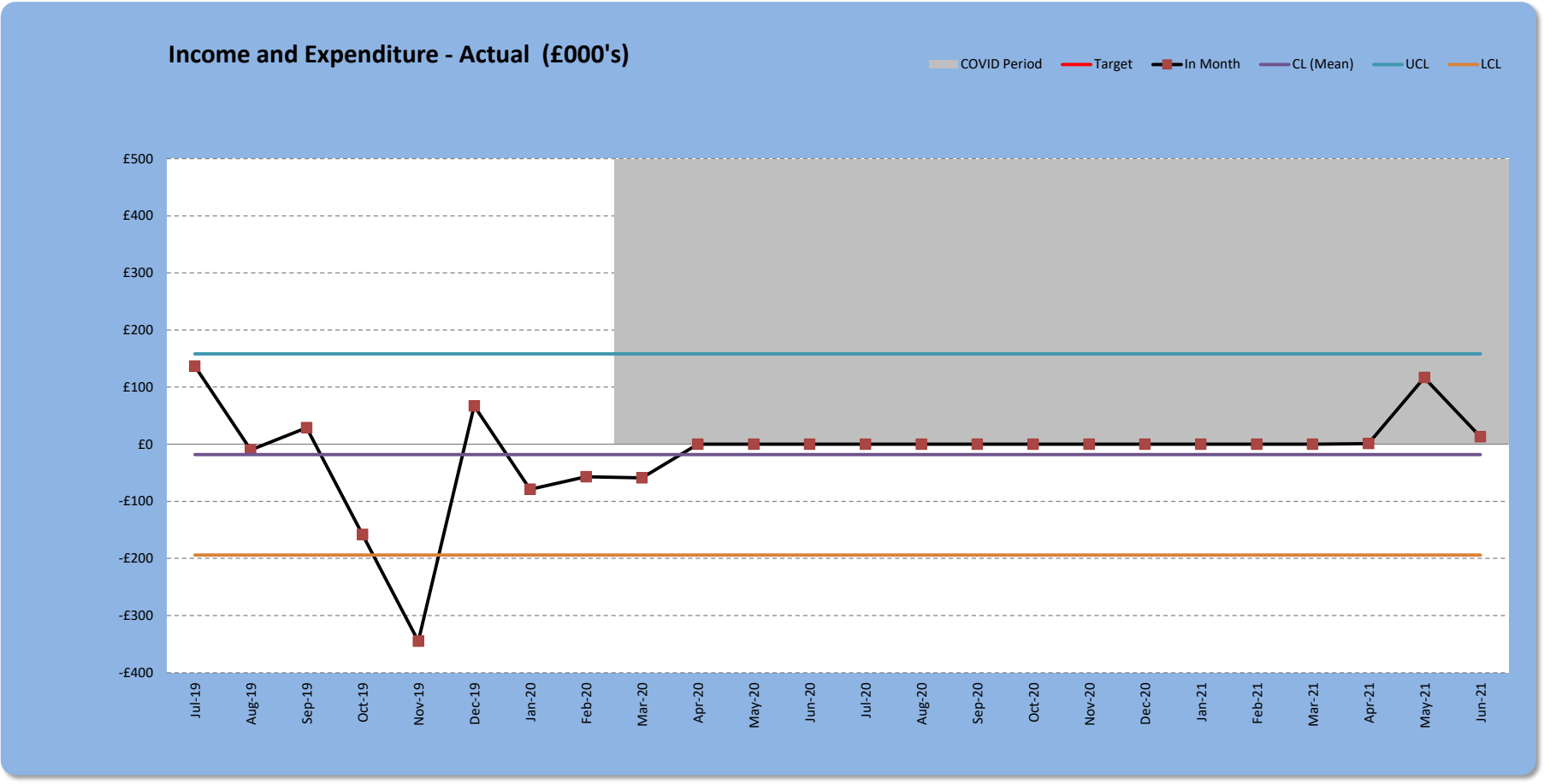
For the period ending: **Jun 2021**

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

Narrative

The Trust shows an decrease of -£104,000 compared to previous month

Target:
Amber:
Current month stands at £13 ,000



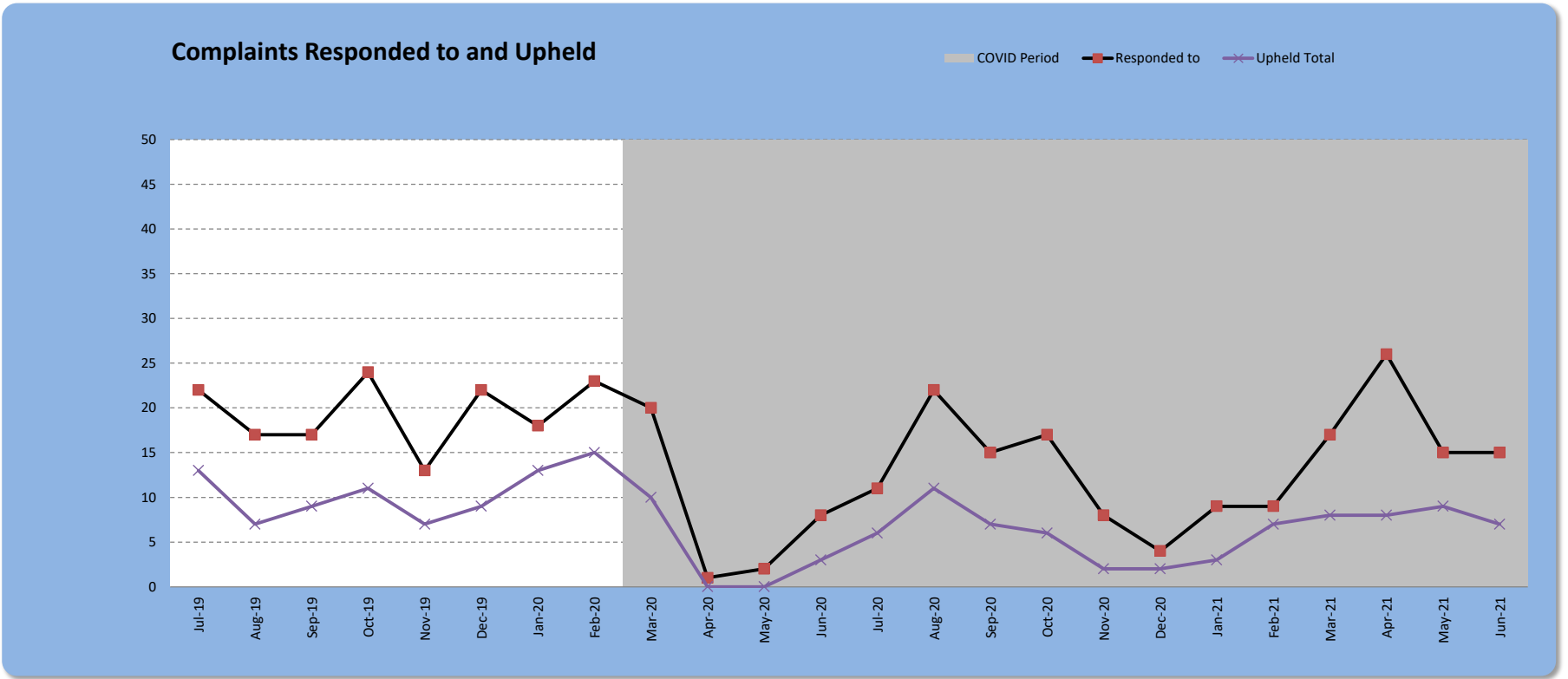
PI RETURN FORM 2021-22

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Jun 2021**

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

Narrative
During the month, the following number of complaints were responded to
15
Of the number of complaints responded to in the month 7 were upheld which equates to
46.7%
YTD Upheld
50.0%



PI RETURN FORM 2021-22

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Jun 2021**

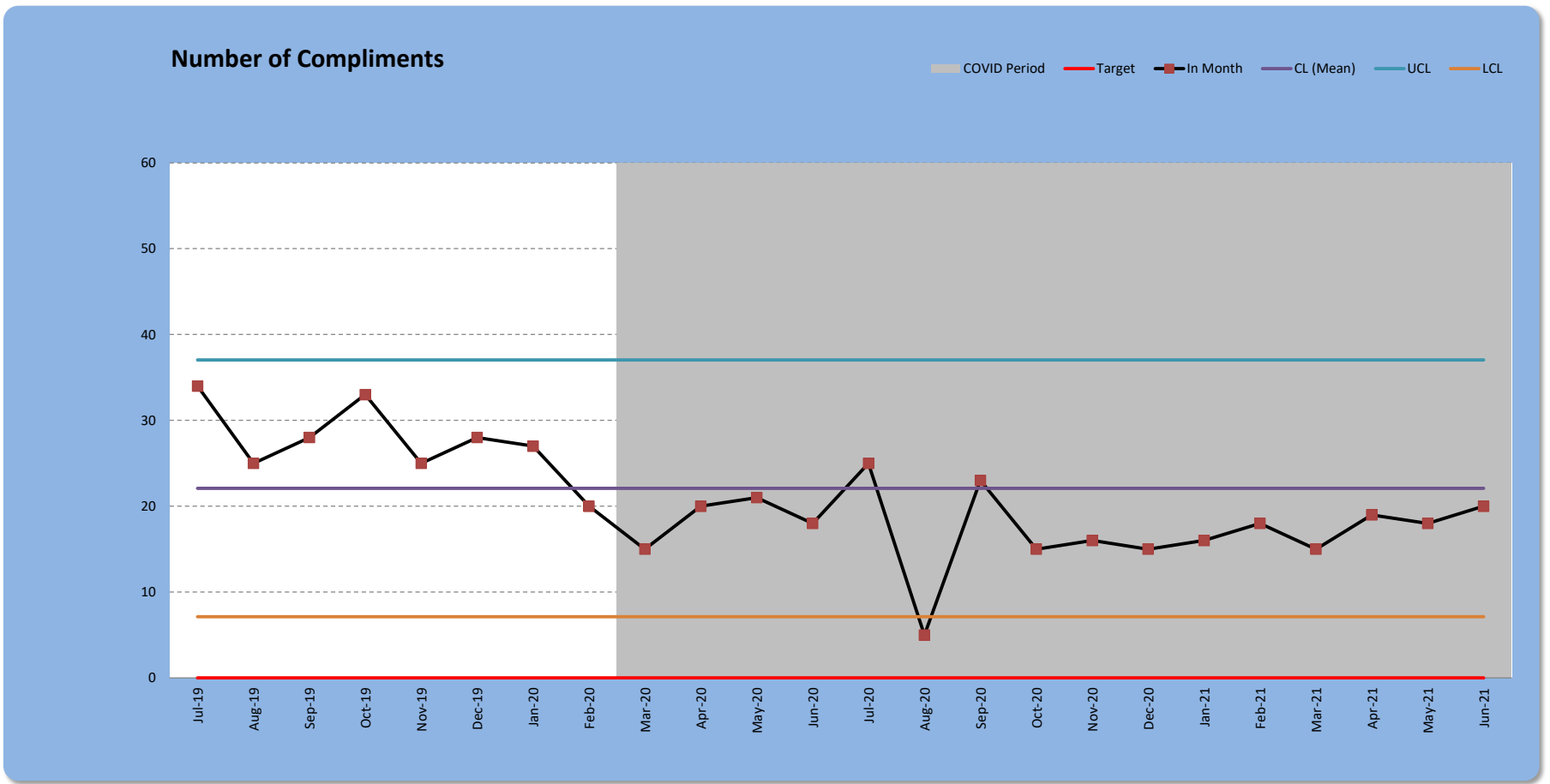
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Compliments	Chart showing the number of compliments received into the Trust	John Byrne	IQ 7

Narrative

There were 20 compliments received in the month

Target: 0
Amber: 0

Current month stands at 20





Humber Teaching
NHS Foundation Trust

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: 20/07/2021



Title & Date of Meeting:	Trust Board Public Meeting – 28 th July 2021		
Title of Report:	Finance Report 2021/22: Month 3 (June)		
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 June and comment accordingly.		
Purpose of Paper:	This report is being brought to the Trust Board to present the financial position for the Trust as at the 30th June 2021 (Month 3).		
	The report provides assurance regarding financial performance, key financial targets and objectives. The Trust Board are asked to note the financial position for the Trust and raise any queries, concerns or points of clarification.		
Governance: <i>Please indicate which group or committee this paper has previously been presented to:</i>		Date	Date
	Audit Committee		Remuneration & Nominations Committee
	Quality Committee		Workforce & Organisational Development Committee
	Finance & Investment Committee		Executive Management Team
	Mental Health Legislation Committee		Operational Delivery Group
	Charitable Funds Committee		Other (please detail) Monthly Board report <input checked="" type="checkbox"/>
Key Issues within the report: <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<ul style="list-style-type: none"> The Trust recorded an overall operating surplus of £0.147m which is in line with the ICS Months 1-6 expectation of a £0.315m surplus Within the reported position at Month 3 is Covid expenditure of £1.293m and income top up of £0.615m. Cash balance at the end of June 2021 was £23.242m The Year to Date Agency expenditure was £1.651m this is £0.284m less than the previous year's equivalent month 3 position. 		

--	--

Monitoring and assurance framework summary:

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

FINANCE REPORT – June 2021

1. Introduction

This report is being brought to The Board to present the financial position for the Trust as at the 30th June 2021 (Month 3). 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 30 June 2021

Under the planning guidance the period 1st April 2021 to 30 September 2021 is referred to as H1.

For the H1 period block arrangements will remain in place for relationships between NHS Commissioners (comprising NHS England and Clinical Commissioning Groups) and NHS Providers Trusts and Foundation Trusts.

The Trust position for H1 has been set in line with the overall Humber Coast and Vale ICS and as part of an efficiency requirement for the ICS all organisations were given a target and the Trust moved from a breakeven position to a surplus of £0.315m for H1.

Signed contracts are not required between NHS organisations for this period.

Table 1 shows for the period ended 30 June 2021 the Trust recorded a surplus of £0.131m, details of which are summarised in the table below.

Taking account of Donated Depreciation the overall Operating Total is a £0.147m surplus which is in line with the H1 requirements.

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
Income							
Trust Income	128,525	10,710	10,685	(25)	32,131	32,014	(117)
Clinical Income	17,597	1,376	1,497	121	4,200	4,677	477
Covid 19 Income	2,503	588	560	(28)	1,889	1,907	18
Total Income	148,625	12,674	12,742	68	38,220	38,597	377
Expenditure							
<u>Clinical Services</u>							
Children's & Learning Disability	29,055	2,410	2,456	(46)	7,314	7,337	(24)
Community & Primary Care	28,288	2,324	2,352	(28)	7,020	7,235	(215)
Mental Health	48,237	4,153	4,208	(55)	12,654	12,271	383
Secure Services	11,287	939	927	12	2,823	2,832	(9)
	116,867	9,827	9,943	(117)	29,811	29,676	135
<u>Corporate Services</u>							
	30,038	2,880	2,524	356	8,118	7,417	701
Total Expenditure	146,905	12,706	12,467	239	37,929	37,093	836
EBITDA	1,720	(32)	276	307	292	1,504	1,213
Depreciation	2,942	245	218	28	735	723	13
Interest	148	12	44	(32)	37	50	(13)
PDC Dividends Payable	2,341	195	195	0	585	585	0
PSF Funding	-	-	-	-	-	-	-
Operating Total	(3,711)	(484)	(182)	303	(1,066)	147	1,213
BRS	(4,026)	(507)	(200)	(307)	(1,217)	-	(1,217)
Operating Total	315	22	18	(4)	150	147	(3)
Excluded from Control Total							
Impairment	-	-	-	-	-	-	-
Donated Depreciation	70	6	5	0	17	16	1
Ledger Position	245	17	13	(4)	133	131	(2)
EBITDA %	1.3%	-0.3%	2.6%		0.9%	4.7%	
Surplus %	-2.9%	-4.5%	-1.7%		-3.3%	0.5%	

2.2 Income

Income is based on block arrangements with Commissioners that are fixed for Months 1 to 6. The current position is showing an overachievement of £0.377m.

The expectation is that income will be in line with the budgeted position within H1 and is being closely monitored.

2.3 Divisional Expenditure

The Operational Divisional Expenditure is being reported as Gross expenditure

2.3.1 Children's and Learning Disability

Children's and LD is reporting a £0.024m overspend year to date.

The CAMHS Inpatient unit is currently overspending by £0.169m due to the high cost of Agency Medics and some Agency Nursing costs. This is offset within the Children's budget by savings in other sections with the main saving being travel and subsistence.

Within LD there are pressures particularly at Granville Court with a year to date overspend of £0.113m. The funding mechanism for Granville is being reviewed with Commissioners.

2.3.2 Community and Primary Care

Community and Primary Care is reporting an Overspend on gross expenditure of £0.215m.

Within Community services the main pressure at Month 3 relates to Scarborough and Ryedale which has experienced increases in staff recruitment and also has Agency staff support which has resulted in an overspend. This is being closely monitored and the Commissioners are aware of the current pressure in demand which has increased throughout the Covid period.

Primary Care is showing a minor underspend.

2.3.3 Mental Health

The Division is showing an underspend of £0.383m. This is primarily due to vacancies across a number of service areas. There are agency staff being employed to fill essential roles and this is being constantly reviewed.

2.3.4 Secure Services

The year to date position of Secure Services is an overspend of £0.009m. This is due to the payment of Agency Medics to cover vacancies. This issue will be eased from August with the appointment of 3 new substantial consultant posts.

2.3.5 Corporate Services

Corporate Services are reporting an underspend of £0.701m

3. COVID Expenditure

At the end of June 2021 the Trust recorded £1.907m of Covid related expenditure (Including Income Top Up), details of which are summarised below:

Table 2 Covid Costs

Covid Costs	April £m	May £m	June £m	Total £m
Pay	0.172	0.112	0.172	0.456
Non Pay	0.267	0.341	0.229	0.837
Expenditure	0.439	0.453	0.401	1.293
Income Top Up	0.205	0.205	0.205	0.615
Total	0.644	0.658	0.605	1.907

4. Cash

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

Table 3: Cash Balance

Cash Balances	£000s
Cash with GBS	23,037
Nat West Commercial Account	157
Petty cash	48
Total	23,242

For the 2021/22 year to date the Trust has not been in receipt of any capital allocations in advance and therefore the reported position is representative of the underlying cash position.

5. Statement of Financial Position

The Statement of Financial Position in Appendix 1 shows the Trust's assets and liabilities as at 30th June 2021. A comparison has been made against the previous month. There has been limited overall movement with the main change being cash which shows a reduction of £1.417m. This is offset by a reduction in liabilities of £1.131m primarily due to the year end accruals being cleared.

6. Agency

Actual agency expenditure incurred within June was £0.602m which was an increase of £0.010m compared to Month 2. The year to date spend to June is £1.652m, which is 0.284m less than the same period in the previous year.

Table 4 Agency Spend v previous year

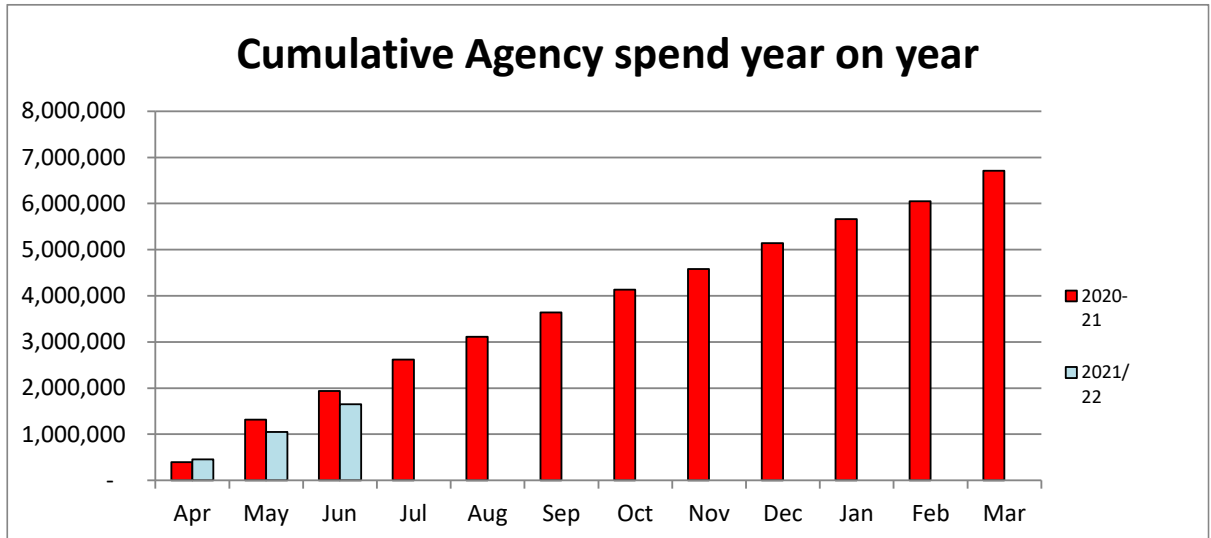


Table 5 Agency spend by staff group

Staff Type	Apr-21 £000	May-21 £000	Jun-21 £000	Total £000
Consultant	390	342	456	1,188
Nursing	27	152	106	286
AHPs	10	51	(1)	60
Clinical Support Staff	13	26	18	58
Administration & Clerical	17	20	24	60
Grand Total	457	592	602	1,651

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

6. Recommendations

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

Appendix 1
Statement of Financial Position

HUMBER NHS FOUNDATION TRUST				
STATEMENT OF FINANCIAL POSITION AS AT 30 June 2021				
	Jun-21 £000	May-21 £000	Movement £000	COMMENTS
Non-current assets				
Property, Plant & Equipment	86,609	86,554	-55	additions less depreciation
Intangible Assets	10,241	10,240	-1	additions less amortisation
Total Non-Current Assets	96,850	96,794	(56)	
Current assets				
Cash	23,242	24,659	1,417	Year end creditors cleared
Receivables	6,558	6,316	-242	
Inventory	155	155	0	
Assets held for sale	515	515	0	Hallgate and Victoria house sold - West End still to go through
Total Current Assets	30,471	31,645	1,174	
Current liabilities				
Payables	3,113	3,001	-112	
Accrued liabilities	11,893	12,734	841	year end accruals cleared
Other liabilities	6,638	7,040	402	
Total Current Liabilities	21,644	22,775	1,131	
Net Current Assets	8,827	8,870	43	
Long Term Liabilities				
Non-current borrowings	3,559	3,559	0	
Non-current- other liabilities	3,899	3,899	0	
Total Long Term Liabilities	7,458	7,458	0	
Total Net Assets	98,219	98,206	-13	
Revaluation Reserve	16,250	16,250	0	
PDC	69,652	69,652	0	
Retained earnings reserve	14,390	14,377	-13	
Other	(2,073)	(2,073)	0	
Total Taxpayers Equity	98,219	98,206	-13	
Total Liabilities	127,321	128,439	1,118	

Agenda Item 11

Title & Date of Meeting:	Trust Board Public Meeting – Wednesday 28 July 2021			
Title of Report:	Charitable Funds Committee Assurance Report			
Author/s:	Name: Professor Mike Cooke Title: Non-Executive Director and Chair of Charitable Funds Committee			
Recommendation:	To approve		To receive & note	√
	For information		To ratify	
Purpose of Paper:	<p>The Charitable Funds Committee (CFC) is one of the sub committees of the Trust Board.</p> <p>This paper includes details of the meeting held on 20 July 2021 and provides a summary of key points for the Board to note. The minutes of the meeting held on 18 May 2021 are also attached for information.</p>			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee	20.7.21	Other (please detail) Assurance Report	√
Any Issues for Escalation to the Board:	No items were highlighted for escalation to the Board.			

Monitoring and assurance framework summary:

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

to Trust Board?		detailed in the report?		
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	

Key Issues:

Introduction

This summary Assurance Report provides feedback from Charitable Funds Committee (CFC) Meeting on 20 July 2021 and encloses the agreed minutes from 18 May 2021.

CFC Summary Points from Chair

1. The Committee were delighted to learn that Dr Hanif Malik OBE would be joining the Committee from its 22 September 2021 meeting.
2. The minutes of 18 May 2021 were agreed as a correct record.
3. A reconciliation of the Impact Appeal against Expenditure was received and discussed. The Impact Appeal raised £336,000 in total to enhance Child and Adolescent Inpatient Unit - Inspire with £176,000 remaining for Inspire garden, the upgraded Children's Centre Outdoor Area and to support young people's travel and trips. This would leave a further £9,600 approximately for supporting the development. The Newby Trust and Help For Health have been very flexible and a letter of thanks from CEO is being drafted.
4. An update on Whitby Hospital Redevelopment, The Appeal and the specific asks were shared and good discussion held about community engagement and relationships. So far £133,600 worth of additional amenities to really enhance the scheme for patients and front line staff have been identified to focus The Whitby Hospital Appeal and to provide real and tangible benefits for patients, their loved ones, the community and front line staff.
5. Overall Trust Charitable Funds balances have reduced as planned with the specific grants and appeals received being spent on intended schemes as predicted. General fundraising is picking up slowly.
6. A range of events are being planned for later this calendar year to increase engagement.
7. Ideas for Appeals going forward would be discussed next meeting including consideration of Mental Health Redevelopment enhancement, mother and baby unit and possibly Bridlington Health Village.
8. NHS Charities Stage 3 - Funds for Health and Well-being workers for staff were noted and it was suggested the Operational Delivery Group handle this along with a response required to Yorkshire Wildlife Trust on the coastal communities health and well-being initiative involving a

mobile facility.

9. Westlands Case study on Artwork funded from NHS Charities was commended as was progress with CFC Risk Register.

10. The Chair thanked colleagues for their support and Smile Foundation for the partnership formed and suggested role clarification between Executive Team, Charitable Funds Committee and Operational input could be helpfully discussed. This should link to the review of frequency, timing and content of future meetings and a more strategic work programme.

Minutes of Previous Meeting

The minutes of 18 May 2021 are attached.

Professor Mike Cooke CBE
Chair, Charitable Funds Committee”

Charitable Funds Committee
Minutes of the Charitable Funds Committee Meeting
Held on Tuesday 18 May 2021, 1.30pm – 3.30pm, via Microsoft Teams

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

In Attendance: Michele Moran, Chief Executive
Rachel Kirby, Communications & Marketing Manager
Andy Barber, Hey Smile Foundation Chief Executive
Victoria Winterton, Head of Smile Health
Kristina Poxon, Fundraising Manager
Claire Jenkinson, Deputy Chief Operating Officer
Kerrie Neilson, PA (minutes)

Apologies: None recorded.

It was declared that the meeting would be recorded for note taking purposes and the recording would be destroyed once the minutes have formally been approved by the Charitable Funds Committee at the next meeting on 20 July 2021.

27/21 **Declarations of Interest**
None declared.

28/21 **Minutes of the Meeting held on 31 March 2021**
The minutes of the meeting held on 31 March 2021 were agreed as a correct record.

29/21 **Action List, Matters Arising and Work Plan**
The Committee discussed the actions list and the following was noted:

15/21 Action List, Matters Arising and Work Plan

It was agreed that this action can be closed off, as it was noted that Ms Winterton, Mr Barber and Professor Mike Cooke have all updated the work plan and it is on today's agenda for approval.

17/21 Terms of Reference (ToR) Review

The Committee agreed that this action can be closed off, as Mr McGowan has discussed the Terms of Reference with Michelle Hughes and it has been brought back to today's meeting for approval.

18/21 Review of Committee Effectiveness / Self-Assessment

Ms Winterton confirmed this action can be marked as complete, as she amended the report with Mr McGowan outside of the meeting. It was noted the report will be presented the Trust Board on 19 May.

19/21 2021/22 Operating Plan KPI's (a)

It was agreed this action can be marked as complete, as the KPI's was presented to the April Trust Board.

19/21 2021/22 Operating Plan KPI's (b)

The Committee agreed that this action can be marked as complete, as Ms Winterton has now reviewed the operating plan and budgets for 2021/22.

21/21 Insight Report & Whitby Appeal Update

It was agreed that this action can be closed off, as this item is on today's agenda for a deeper discussion. The Committee noted that there wasn't a need for an urgent meeting to discuss the Whitby Garden and Landscaping Proposal in more detail before today's meeting.

23/21 BAME Wellbeing Project Progress Report

The Committee agreed this action is now complete, as Ms Winterton has included a couple of paragraphs in May's Insight Report.

24/21 Items for Escalation or Inclusion on the Risk Register

It was agreed this action can be removed from the actions list as it was completed on 14 April 2021.

03/21 32/20 (a) Insight Report

The Committee agreed this action is now complete. There is an update on the Humber Centre Shop in May's Insight Report.

05/21 Insight Report (b)

It was agreed that this action can be marked as complete. Ms Winterton has included an update on the CAMHS Project in May's Insight Report.

08/21 Risk Register

The Committee agreed to leave this action open and bring the Communications Plan back for further discussion at the July CFC meeting, subject to the Execs having a discussion.

44/20 35/20 (b) Review of Health Stars Operational Plan KPI's 2020/21

The Committee agreed this action on the Bridlington Health Village can be closed off. Mr Barber verbally reported that there has been some movement in the Bridlington area. Mr McGowan confirmed he has updated Lynn Parkinson so she is now sighted on the work. It was agreed that Mr Barber would provide Claire Jenkinson and Natalie Belt with an overview and bring it back to a future meeting for further discussion, as and when required.

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

The Committee went on to discuss the work plan. Professor Cooke highlighted that the work plan does require a little more work and needs populating. He made reference to reconciliation and he asked the Committee to think about whether there is a need to re look at that.

Professor Cooke made reference to the performance indicators to the Board from Smile, as well the Annual Report from Smile at the May Board and noted that it does not make sense to have these items at different meetings of the board. Professor Cooke asked Mr Barber and Mr McGowan to discuss that in more detail outside of the meeting. Mr McGowan noted that he will link in with Michelle Hughes and bring it back to the next CFC meeting in July for approval. Mr McGowan asked that everyone to be cognisant of year end and closing down. He noted that it does make sense to submit both reports to the May Board.

Mr Baren referred to the audited accounts and stated that November is a little late. Mr Beckwith agreed those could be brought forward to September, with a second view in November if needed, followed by final submission in January.

Mr Beckwith apologised in advance and asked that Charitable Funds Audited Accounts is amended to read Charitable Funds Independently Examined Accounts.

Resolved: Mr Barber and Mr McGowan agreed to discuss and amend the work plan outside of the meeting. Once that has taken place Mr McGowan will run it past Michelle Hughes and bring it back to the next meeting in July for further discussion and approval. **ACTION AB/SMc**
Mr Beckwith requested that the Charitable Funds Audited Accounts is amended to read Charitable Funds Independently Examined Accounts. **ACTION KN**

30/21

Updates from Whitby Sub Group

Mr Beckwith presented the Chairs Log from the Whitby Project Assurance Group, which provides an executive summary of discussions held on 20 April and a summary of key issues which the Executive Management Team (EMT) were asked to note on 10 May 2021.

Mr Beckwith reported that the handover of the building has being delayed until 19 July due to electrical upgrade and other works still to be completed. Operational services have confirmed this has no adverse effect on service delivery.

It was confirmed that NHS Property Services will provide the retail offering from the kitchen at the Hospital.

Professor Cooke thanked Mr Beckwith for his update. He welcomed questions and or comments on Whitby. Ms Moran confirmed that there are some virtual events are planned for June, followed by an open day later on in the year.

Mr Baren made reference to the 50 bedded extra care housing scheme. He asked where this was in relation to what the Trust is doing, as well what sort of disturbance this will cause to staff and patients as well timing. Mr Beckwith provided Mr Baren with some assurance and explained that the extra care housing scheme will go on the part of the site that is going to be demolished. Ms Moran confirmed that to date no dates have been set and we are waiting on timelines.

Professor Cooke noted the real success and he formally thanked the team.

Resolved: The report and verbal updates were noted.

31/21

Insight Report

Ms Winterton presented the May Insight Report in its new structure.

The following key updates were highlighted:

- Fund raising activity in period
- Update on Appeals
 - Whitby
 - Impact
- Performance against agreed 2020/21 KPIs
- Summary of wishes supported/not supported
- Any other information of interest

Ms Winterton drew the Committee's attention to the fund raising aspect and she reminded everyone about the 5k May event. She reached out for nominations and advised staff to contact Health Stars.

She updated on the Trust's performance against the KPI's and that shows the performance for the whole of last year. It was noted the Trust got 3 no's out of 12 and that is more linked to the

spending for the Impact Appeal that didn't happen in year last year but has started to happen this year.

It was noted that a large number of wishes were received in April thanks to Ms Poxons' work with Mandy Dawley and her team and it was noted that work is progressing with that.

Work continues on the Humber Centre Shop plans in the background, Health Stars continues to work closely with the Humber Centre Staff Team, Patients and Trust Estates department to develop and progress design, costings and compile a full proposal, which will promote and compliment the wider healthy living work within the service. Meetings have taken place with Head of Estates to ensure plans sit inline/compliment the wider Trust Estates Strategies. Regular meetings continue to take place with the Secure Services General Manager, Estates Project Officer to coordinate all plans and development, using models from other forensic secure services for inspiration. A full proposal will be shared with the Committee when finalised details have been confirmed.

Professor Cooke welcomed questions and or comments. Mr Beckwith volunteered himself for 5k May and said he will also nominate some of his EMT colleagues. Professor Cooke also nominated himself to swim 5k May. Ms Winterton thanked them both.

Mr Baren asked Ms Winterton if she has a balance table that shows money in, money expected in, money spent, money committed, along with the total balance. Ms Winterton kindly shared a draft balance table on the screen for everyone to see. Professor Cooke thanked Ms Winterton.

Professor Cooke asked members for assurance on whether the balance and capital appeal is right. He then asked about the £150k project. Mr Beckwith provided assurance and noted that the majority of it is the garden area between the Inspire Unit and Sunshine House. Ms Moran stated that it would be helpful to delve more into the detail because it is a significant amount of money but also whether we can learn anything from that for Whitby. She asked if this information could be made available in time for the next meeting.

Mr Barber added that the best way to raise money is to show people how the money has been spent. He referred back to earlier discussions of the appeal about creating a short video to capture that charitable element, equally that will inspire people to fundraise for the space and for the individuals that benefit from it. It is important that we capture it both visibly and in writing for this Committee.

Professor Cooke advised he would like to see some good communications to show the progress. Ms Kirby added that plans are in place to catch up with Inspire a year on from opening and she will reach out to Health Stars and get them on board and capture it all together.

Mr Barber referred back to a previous conversation and agreement about looking at a small amount of money being available for service users to direct how they would like that funding to be spent. He asked who would be the most appropriate person in the Trust to move that forward.

Mr Baren made reference to the Viking FM vision of music studio. He said he would like to keep track on that. Professor Cooke requested an update on Viking FM in time for the next meeting.

Ms Moran asked if there are any further details about the Humber Centre Shop in terms of timelines other than the narrative provided in the Insight Report. It was agreed that would be covered outside of the meeting and closed off for the actions log until things have progressed.

Resolved: The report and verbal updates were noted by the Committee.
Professor Cooke asked for an update on Viking FM at the next meeting. ACTION VW

Ms Winterton agreed to provide more information at the next meeting about the £150k Inspire project and whether there is anything that we can learn from that for Whitby, as per Ms Moran's request. ACTION VW. The Committee agreed to take the Humber Centre Shop off line and cover it outside of the meeting. ACTION ALL

32/21

Charitable Funds requests that require Committee Approval (over £5,000 up to £100,000)

Mr Beckwith presented the Whitby Garden Proposal paper that was circulated after the main papers had been circulated. The paper is to request Charitable Funds Committee approval to use charitable funds from the appeal to fund the enhancements to the Hospital Garden and Landscaping. The Charitable Funds Committee are asked to support the request for appeal funds to support the enhancements to the Garden and Landscaping equating to £60,000.

The following key areas were highlighted:

- Whitby Gardens Task and Finish Group has identified a proposed design solution for the Garden Area
- This solution has been supported by the Whitby Project Group
- EMT have approved the works commencing to avoid increased costs
- Charitable funds are asked to support the garden works from appeal funds

Mr Beckwith informed the Committee that the task and finish group identified what was important for the garden project, that then resulted in Property Services putting two designs to the Task and Finish Group. A third design was selected and was tweaked slightly and the preferred solution was signed off by the Whitby Project Group. Mr Beckwith then took it to EMT to seek approval to start the work, in order for it to be done in the most cost effective manner.

Mr Barber explained that we are not doing it in a legacy way, we are actually going out to them and saying these are the terms we are purchasing and we have done all of the due diligence and the operational side covered.

Professor Cooke thanked Ms Jenkinson for the report. Ms Jenkinson assured the Committee that the report has gone through the correct governance processes in terms of getting the appropriate sign off and has been submitted here today to gain Committee approval to support this request for £60k. The funds will be sourced from the specific appeal and the charitable funds associated with Whitby Hospital. Mr Beckwith reported that there is £50k in fund zone for Whitby. Mr Barber added that there are some outstanding grants applications still to be received. Mr Barber, Ms Winterton and Ms Poxon started assessing the next wave of grant opportunities last week.

Mr Baren asked for clarity on the VAT position relating to the £60k. Mr Beckwith provided clarity and confirmed the £60k is inclusive of VAT.

Mr Barber explained that there is £94,971 in the big thank you appeal, which is a general fund and traditionally would be used to seek funding to support any shortfall to develop the appeal and get the grant funding in. He provided assurance on the unrestricted general balance there available to support any shortfall whilst we bring in the other funding.

Professor Cooke asked where we are up to in relation to the artwork. Mr Beckwith reported that the task and finish group will appoint a lead artist to produce new art work and all of the existing artwork is being catalogued and digitalised. He stated that the task and finish group have requested some seed funding, to go out and support the process to select a lead artist to then come up with a detailed output specification that can be used to bid for lottery funding. The seed funding will probably cost around £2k-£3k and subject to Committee approval it should then lead to a further bid coming back. As a level of assurance it would still follow the governance processes in the Trust.

Professor Cooke asked Ms Moran if she is happy with our approach. Ms Moran confirmed yes whilst highlighting the importance to follow the selection process correctly from an artist point of view, and ensure we have a due process for that.

Resolved: The Committee noted the report and verbal updates. The Committee strongly endorsed the £60k request from Whitby to support the garden works from the appeal fund to the enhancements to the Whitby Hospital Garden and Landscaping. The Committee noted that it is looking forward to receiving the specific proposal once the seed work and feasibilities have been done and look forward the recommendation from the Art Group to endorse. Mr Beckwith will push on with this and bring back to a future Committee. ACTION PBec

33/21

CFC Finance Report

Ms Winterton presented the report which updates the Charitable Funds Committee on the progress Health Stars is making and to highlight any issues which need to be discussed and/or approved. She highlighted the following two areas:

- Finance Update
- Fund Zone Balances

Ms Winterton reported that the table on page 3 of the report is the income and expenditure total for the financial year 2020/2021. It was noted that in this year we generated £201.1k against a target of £206.1k. We finished the year with a fund holding of £708.6k against a target of £601.1k. We invested £96k on patient experience and staff benefit against a target of £208.5k. This reduction in spending is due to an £82k agreed spend in year for the Impact Appeal that Health Stars was not invoiced for until April 2021.

The funds were going to start incurring charges so we have added them to the system as expenditure so they do not get hit by the operating costs. The grants are Help for Health £50k, Newby Trust £80k, MADL (Making a Difference Locally) £15k and Charles and Elsie Sykes £5k. These add up to the £150k of expenditure in the April 2021 Direct Expenditure line of the budget. Mr Barber confirmed that this falls in line with charitable law and the advice that was given by the accountants as to when to record the income.

Professor Cooke welcomed question and or comments. Mr McGowan noted that it is great to see the spending on staff and staff welfare but there is a need to be careful that this is not just a one-off Covid thing and that we actually get this into mainstream and main line. There is an opportunity to spend more of that money on our patients, which is what the data is telling us and ultimately improve patients and service user's lives. He advised he is confident this is heading in the right direction, especially with the work that Mandy Dawley has done.

Professor Cooke noted that he is keen to get a bit more systematic engagement in terms of the recovery and restore piece for staff, patients and service users. He asked Ms Jenkinson if she could think about ideas and asked if she would like to be part of this Committee. Ms Jenkinson agreed to meet with Ms Winterton and Ms Poxon and create that communication channel.

Mr Baren referred back to the Impact Appeal and said that he understands why we have put £150k of cost in but where is the £150k of income to go against that cost. Ms Winterton and Mr Beckwith provided clarity and confirmed it was in the 2019 figures. Mr Barber added that is as per the charity commission guidelines with regards to the regulations of when funds are committed in writing. It was identified that it is on us to make it clear in the narrative and Trustees report when we publicise that.

Mr Baren made reference to the balances in relation to CAMHS. He noted that the CAMHS balance is £94k however he could not work out how it has gone from £94k to £9,600. Ms Winterton provided clarity and confirmed that they have now received an £82k bill in early April from the Trust for the items that Trust had purchased that we committed to spending on. She

explained that she was waiting to hear back from Mr Beckwith with regards to whether VAT needs to be paid. It was confirmed that VAT does not need to be paid on the £82k.

Professor Cooke requested that these two issues are flagged in the June Board Assurance Report with a form of words to come from Mr Beckwith and Ms Winterton to go to June Trust Board. We need to understand how that is accounted for.

Resolved: The Committee noted the report and verbal updates. Professor Cooke requested that the issue relating to the Impact Appeal £150k income is escalated to the Board in the June CFC Board Assurance Report. He asked that it is clearly specified in the narrative on the Trustees report, to avoid confusion. He also requested that the £82k bill for CAMHS is also flagged in the June CFC Board Assurance Report. ACTION PB/VW/SMc/KN.

34/21

Revised Committee Terms of Reference (ToR)

Professor Cooke presented the ToR and asked if everyone is happy with the revised ToR, as it was noted the CFC ToR are going to Trust Board for final approval tomorrow. Mr Baren queried whether Mr McGowan should be listed as a member or not. The Committee agreed that Mr McGowan should be listed as a member.

Professor Cooke asked if Ms Jenkinson as Deputy COO would like to be a part of this Committee. Ms Jenkinson agreed to discuss this with Ms Parkinson.

Mr Baren made reference to the Charitable Funds Committee Annual Review of Committee Effectiveness and Terms of Reference Report from 1 April 2020 to 31 March 2021 that is in the

May Board papers. It was noted that the report states that CFC was not quorate on one occasion. The Committee discussed this and agreed the Committee have always been quorate through the period of 1 April 2020 to 31 March 2021.

Resolved: The Committee noted the report and verbal updates. Mr McGowan agreed to amend the revised ToR to show that he is a member of CFC ahead of it going to Trust Board for approval tomorrow. ACTION SMc. Ms Neilson agreed to have a discussion with Michelle Hughes outside of this meeting about CFC not been quorate on one occasion, and ensure it is corrected in the Charitable Funds Committee Annual Review of Committee Effectiveness and Terms of Reference Report from 1 April 2020 to 31 March 2021 ACTION KN.

35/21

2020/21 Annual Report

Professor Cooke strongly reminded the Committee that going forward all reports should always be presented at this Committee in the first instance, prior to the report/s going to the Board for governance purposes.

Ms Winterton presented the report, explaining that the purpose of this paper is to provide the Charitable Funds Committee with a review of Health Stars activity from the 20/21 financial year. Ms Winterton briefly updated on the all of the following items:

- Overview of 2020/21
- People
- Presence
- Projects
- Core Activity
- Finances

Professor Cooke thanked Ms Winterton for the report and her verbal updates. He welcomed views from the others. Mr McGowan referred to the work around the wishes coming through now and said there is a real positive story and we should celebrate those successes. Professor Cooke welcomed views from Ms Moran. Ms Moran said to pick out the NHS COVID charities

and the work we have done on that. It was noted that it is also important to have the links in to the strategic BAME work. Ms Moran referred to social media, as it states in the report that the presence on social media has improved since last year. She asked if some comparisons could be provided. She emphasised that we should try and use comparisons from the year before.

Professor Cooke welcomed comments from Mr Baren. Mr Baren said it is a very good and very well balanced report.

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

36/21

Health Stars KPI's 2020/21

Mr McGowan presented the report, explaining that Charitable Funds Committee reconsiders the KPIs for Health Stars and amend if considered necessary. It was noted that the Trust Board asked the Committee to reconsider the KPIs for Health Stars to determine if they are stretching enough. This paper is submitted to allow that discussion to take place. The proposed KPI's for 2021/22 were agreed at Charitable Funds Committee on Wednesday 31 March 2021. Trust Board whilst approving these, asked for them to be reconsidered at the next Charitable Funds Committee.

The Charitable Funds Committee sets KPIs for Health Stars which are ratified at Trust Board. The KPIs were considered at the Charitable Funds Committee on 31 March 2021 and approved for Trust Board to ratify. At Trust Board on 28 April 2021, the Board accepted the KPIs but asked that the Charitable Funds Committee reconsidered these with a view to whether they could be more 'stretching'.

Resolved: The Committee noted the report and verbal updates.

37/21

Marketing and Communications Plan 2021/22

This item was deferred until a further EMT discussion has taken place.

Resolved: The Committee agreed to bring this back to a future CFC meeting for further discussion. **ACTION SMc/RK/VW**

38/21

Risk Register

Ms Winterton presented the updated risk register that provides the Committee with assurance for managing risks. It was noted that Health Stars has been identified as a risk.

Mr McGowan referred to a recent conversation that Professor Cooke, Mr Barber and Mr McGowan had in terms of making sure that there is enough stretch and ambition within this to be able to give Health Stars those fund raising targets. He also made reference to the Board Assurance Framework, under the sustainable organisation section as it mentions charitable funds and stated that it might be worth doing a read across to strengthen that Board Assurance Framework.

Professor Cooke thanked Ms Winterton for the risk register and for keeping it dynamic. He welcomed questions and or comments.

Ms Moran asked if the date and heading on the risk register is correct or not because it states Health Stars draft risk register January 2020. Ms Winterton apologised and said it confirmed it is an error. Ms Moran queried the gaps in assurance, as it states none identified on most of them. She asked Ms Winterton to pick that up with Oliver Simms.

Professor Cooke and the Committee had a discussion about whether the risk register is Health Stars or is it CFC's. Mr McGowan said it is our risk register around charitable funds rather than Health Stars and it is more about how we use charitable funds in the organisation.

Resolved: The Committee noted the report and verbal updates. Ms Winterton agreed to have a discussion with Oliver Simms about the Board Assurance Framework, as per Mr McGowan's suggestion. Ms Winterton also agreed to amend the heading and date on the risk register, as well as link in with Oliver Simms about the gaps in assurance as none have been identified, as per Ms Moran's request. **ACTION VW**

39/21 **To Review the Meeting and Agree Content for Assurance Report**

Professor Cooke asked attendees for a quick summary on today's meeting. Mr Baren felt it was a very good meeting with very clear papers and said it is very important that we don't lose focus on the Impact Appeal and Whitby. Ms Moran agreed and also felt it was a very good meeting.

Ms Winterton thanked Mr McGowan and noted that she really appreciates the guidance. Ms Poxon also thanked everyone.

Mr Beckwith and Mr McGowan both felt it was a really good meeting. Mr McGowan thanked Ms Winterton, Ms Poxon and Mr Barber for all of their hard work in terms of pulling the papers together.

Ms Jenkinson noted it was an insightful meeting and said in terms of creating opportunities, it might be a good opportunity for the fund raisers to focus on.

Professor Cooke formally thanked everyone for making it a good meeting.

Resolved: The verbal feedback was noted by the Committee.

40/21 **Any Other Business**

No further business was raised.

41/21 **Items for Escalation or Inclusion on the Risk Register**

The Committee agreed that the following items should be escalated to the Trust Board.

- Charitable Funds Committee approved the £60k request to support the garden works from the appeal fund to the enhancements to the Hospital Garden and Landscaping.
- The Committee agreed that the issues relating to the Impact Appeal (£150k income) it needs to be clearly specified in the narrative on the Trustees report, to avoid confusion. Mr Beckwith to come up with a form of words.
- CFC requested that the £82k bill for CAMHS is also escalated to the Board.

42/21 **Date and Time of Next Meeting**

Tuesday 20 July 2021, 10.00am – 12.00pm, via Microsoft Teams.

Signed:Chair: Professor Mike Cooke

Date:

Agenda Item 12

Title & Date of Meeting:	Trust Board Public Meeting – 28 th July 2021			
Title of Report:	Workforce and OD Committee Assurance Report			
Author:	Name: Dean Royles Title: Non-Executive Director and Chair of Workforce and OD Committee			
Recommendation	To approve		To note	√
	To discuss		To ratify	
	For information	√	To endorse	
Purpose of Paper:	<p>The Workforce and Organisational Development Committee is one of the sub committees of the Trust Board</p> <p>This paper provides an executive summary of discussions held at the meeting held on 21 July 2021 and a summary of key points for the board to note.</p>			
Governance		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	21.7.21
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	
Any Issues for Escalation to the Board:	Identified in the report			

Executive Summary - Assurance Report:

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

A summary of the key areas within the Workforce Insight report and risk register were discussed. The committee received a presentation on the 2020 staff survey results for the Medical Directorate. Updates from the reporting groups Equality, Diversity and Inclusion, Staff Health and Wellbeing and the Medical Education Committee were received as well as reports on the Recruitment Task and Finish Group, Trust Reset and Recovery plan, EDI report, WRES report, WDES report, Workforce Plan, Safer Staffing, Gender Pay Gap and Leavers Deep Dive Update.

Key Issues:

The key areas of note arising from the committee meeting held on 21 July 2021 were:

Minutes of the meeting in May with minor amends were approved and action log updated.

A presentation on the staff survey results from the Medical Directorate was presented to the committee. The Committee welcomed the approach taken by the Medical Director and noted the overall positive results and the commitment given to the importance of staff engagement. The Committee noted how the directorate was moving forward with their action plan to improve those lower scores and survey responses in a period of COVID whilst allowing staff and directorate leaders time to recover.

The assurance report from the Staff Health and Wellbeing group was received. It was noted that Dean Royles had attended the previous meeting as the Board Health and Well Being champion. The committee noted the ongoing positive developments and were pleased with the commitment displayed by group members.

The Committee received the Equality Diversity and Inclusion Group assurance report. The committee noted progress being made and a further discussion on EDI was held later on the agenda as part of the EDI annual report. The Committee were supportive of the attempts to ensure network chairs for the LBGT group and the Disability group.

The Medical Education Committee minutes and assurance report were taken as read. The Committee received and update from the Medical Director and the Committee felt assured that the team are ready for new trainee staff starting in August.

The Workforce Insight report was received. The Committee recognise the current context of COVID pressures and the good progress made in a number of areas. The Committee noted concerns on the statutory mandatory training and rule breaks rates. A discussion was held on the work the Trust was doing to recover the position of training and rule breaks in these. Further national guidance is now available in terms of staff who need to isolate which should help improve the position in terms of staffing levels.

The Risk Register was noted and the Committee asked the executive to consider if the increased staff absences through isolation needs to be considered as a further risk. The Committee also noted that there would be a refresh of mitigation actions and controls given the number of review dates coming to fruition this month.

An overview of the Leavers Deep Dive was given. The Committee liked the format of the report and received assurance from the work that is underway and that the data is being used to improve the Trusts retention rates. The Committee liked how the data was presented and recommended the addition of some 'next steps' which were verbally discussed at the meeting for future reports. The Committee encouraged further consideration of the next steps as a result of the insights into the reasons of staff leaving that we now have.

The Equality Diversity and Inclusion (EDI) report, WRES and WDES report and Gender Pay Gap report were received. The Committee recognised the work that has gone into producing the reports. The Committee noted the progress made in a number of areas and that these would be subject to further publication and submissions that the Trust is to make. A recommendation of a summary one page document/infographic of the reports was made to help highlight main findings and key actions that need to be taken to in a more concise way.

The Workforce Plan was the third one received to the committee. The committee noted the increasingly higher quality of information presented in the report. The Committee found it useful to receive the plan as an annual report as part of the business planning round and welcomed the work the Trust will be doing with the Integrated Care System (ICS) in terms of more longer term workforce planning.

The six month Safer Staffing report was noted. The Committee noted that the report will be going to Trust Board this month as part of the work plan and received assurance of the work being done to ensure safe staffing in the organisation.

The Hard To Fill Recruitment Task and Finish group update was presented to the Committee. The Committee recognised it was important to keep this on the agenda given the priority and welcomed the progress made in terms of GP recruitment. Given low numbers of GPs, it was agreed to keep GP recruitment under review and regularly monitored.

The Recovery Plan was noted by the Committee and it was acknowledged that the allocation of funding has an important part in ensuring staff recovery in context of COVID pandemic. The Committee emphasised the importance of continuing to invest in staff health and wellbeing as a longer term priority.

The Committee recognised it had been a busy agenda with the reports included being of high quality with significant information and intelligence within the reports. The Committee appreciated the work done by a number of staff in producing the reports. The Committee are constantly refining the balance of detailed papers, useful insights and assurance.

**Minutes of the
Workforce and Organisational Development Committee
Held on
Wednesday 12th May 2021
13:00-15:00pm
Microsoft Teams**

Present:

Members:

Mr Dean Royles (DR)	Non-Executive Director Chair
Mrs Lynn Parkinson (LP)	Chief Operating Officer
Mr Francis Patton (FP)	Non-Executive Director
Professor Mike Cooke (MC)	Non-Executive Director
Mrs Hilary Gledhill (HG)	Director of Nursing

Other attendees:

Mrs Karen Phillips (KP)	Deputy Director of Workforce and Organisational Development (until 14:51)
Dr John Byrne (JB)	Medical Director
Mrs Michele Moran (MM)	Chief Executive (until 2pm)
Ms Katy Marshall (KM)	Head of Learning & Organisational Development
Mrs Alison Flack (AF)	Programme Director (Until 13:16)
Mrs Nicky Titchener (NT)	Service manager CAMHS and Eating Disorder (Until 13:16)
Mr Peter Beckwith (PBec)	Director of Finance (until 13:45)
Mr Jonathan Duckles (JD)	Head of Business Development (until 13:45)
Miss Jessica Norton (JN)	Personal Assistant (Note taker)

39/21	<p>Apologies for Absence Peter Baren Sharon Mays Steve McGowan</p>
40/21	<p>Declarations of Interest None declared.</p>
41/21	<p>Minutes of the meeting held on March 2021 The minutes of the meeting held in March were accepted as an accurate record subject to change amendments to Mike Cooke's surname.</p>
42/21	<p>Freedom To Speak Up Annual Report An overview of the annual freedom to speak up report was given to the committee. As the executive lead of freedom to speak up Mrs Moran gave thanks to Mrs Flack and her team including the two new guardians in place. The commencement of training on induction has started and the Trust has been publicising freedom to speak up guardians during the pandemic. There has been a reduction in numbers of freedom to speak up cases which Mrs Flack will provide more detail on. From a strategic point of view, they are working closely with the regional team and supporting the team and offering advice.</p> <p>Introductions were given for Mrs Titchener who is the new deputy freedom to speak up guardian and service manager for CAMHS and eating disorder services.</p> <p>The annual report was circulated prior to the meeting and will be going to Trust Board next week to provide an update on freedom to speak up. The team continue to raise awareness of the national guardians. Though the national guardians annual report isn't available to date, their 2020 report shows an increase in numbers of those speaking up as well as an increase of guardians in</p>

organisations across the country. Those speaking up tend to be more from the nursing profession and mental health than the acute sector. The local team submit all data onto the national portal and continued to do this through the pandemic which some other trusts did not do. Submitting the data gives a benchmark against other Trusts similar to our own.

The national guardians released two training packages. Level one is for all staff which is an interactive programme carried out via the trust induction programme. This raises the profile of speaking up with new staff. Level two is for managers and this is currently being looked at to implement across the Trust.

The team still have a live strategy and vision which they continue to work to. The Trust Board did a self-assessment in March which was a useful exercise and reinforces their support of freedom to speak up.

In terms of numbers of those speaking up, it was significantly lower than previous years. When reporting numbers, if ten people raise the same issue then this goes down as ten and not just one. Reduction in number may be due to some people now finding it easier to raise their concerns with their managers and find the culture more open. This was assisted by the senior management development programme talking about dealing with people who raise concerns. Some which were reported were to do with HR signposting. As such, the team continue to have good relationship with HR to pass these on to them and resolve them quickly. There was only one that required independent investigation which Mrs Moran is lead on. Due to low numbers, the team have continued to use Trust communication channels to raise awareness and Mrs Moran raises freedom to speak up as part of her blogs. The team know that this is working as they have being contacted by a volunteer with concerns which shows that it is out there.

There are further actions to do but struggled due to limited capacity. As such, two new deputies are now part of the team to help with capacity. The two new deputies are Mrs Titchener and Mr Saxby.

There is still work to do around the staff survey and a letter from Mrs Moran to be drafted including a short questionnaire. The team will go back to review and learn from previous year, mainly around quality and diversity in some units and also exit interviews. Mrs Titchener said that it has being a positive experience for her and she is looking forward to getting the freedom to speak up profile raised across the Trust and working with GPs to raise it in Primary Care. Ms Marshall added that there is positive work being done which links in with organisational development. She added that her team are looking already at exit interviews so will shared this with the freedom to speak up guardians to work collaboratively together.

JB highlighted a couple of thoughts on the editorial nature of the report in terms of putting the relevant staff survey data into the report so we can test assumptions around improvement or otherwise at an organisational level and details on how do we benchmark in terms of reporting. Mrs Flack confirmed she will consider this for future.

Resolved: The report was noted.

43/21 **2021 Staff Survey (Director of Finance)**
 Mr Beckwith and Mr Duckles gave a presentation to the committee on the finance directorate's staff survey results. The presentation covered the 2019/20 survey, the methods used to help achieve the high response rate of over 80% by regular communication with staff, discussions at meetings and 'walking the floor.' From the staff survey the directorate identified areas of strength including the organisation, managers and the job as well as areas of weakness including safety culture, leadership and career development. Work carried out on those areas which had gaps in terms of career progression and learning for those who want to progress in their professions.

Mr Duckles held a staff survey group which was created after the last survey results in 2019/20. The group was open for all to attend and now has merged into the Humberlievable Future Focus Finance (FFF) meeting. The group has worked on the areas for improvement such as timing of the directorate meeting, launching of the Humber financial times, anonymous feedback options,

creation of three staff champions, more recruitment opportunities including analysis of apprenticeships and patient care exposure for those unsure how they contribute. All this was to encourage participation for the 2020/21 survey. To aid participation the directorate raised it at meetings, held a prize draw and provided assistance to complete survey for those that didn't have IT access as part of their role. This is believed to have contributed to the success of the 2020 survey results for the directorate. There were lots of areas of strength including managers, job, organisation, leadership and health and safety though work is needed around 'recommended as a place to work.' Other areas of improvement are time pressures for job, catering facilities, patient/service user problems and patient experience. It was found that for some improvement questions there were low response rates and from those that answered 'neither agree nor disagree,' these counted as a negative. The next steps for the directorate were covered including the continued work through the Humbelievable finance group, inviting people to meetings to inform people on patient and care and investigations, increase staff champions, patient stories to be shared and focusing on harder to reach staff groups such as estates and hotel services. More funding is also being put aside for area improvements for kitchens and inpatient units.

Mrs Marshall said that the directorate has seen significant improvement for the second year running which is really positive. She has seen similar results in other corporate areas and collaboration next year could raise the results even more. Mrs Phillips agreed that the directorate should be really proud of the results as it provides a real insight into and awareness of their own performance. She is also really pleased with how the directorate embraces the support of their HR business partner also. She added that we need to harness this enthusiasm and that she is also really impressed with how the directorate have adjusted their meeting times to accommodate work life balance and enable participation.

Dr Byrne stated that, looking at the data, it is giving him a feeling of Déjà vu. He has just the same exercise at his directorate team meeting this morning with their HR business partner. His areas of risk scores mirror the finance directorates, especially around unrealistic time pressures. In terms of Patient experience, he sees that finance directorate have already done some heavy lifting in the past year and that it can be a slow burn on PACE and think the directorate are already light years ahead with regard to what they are doing. He described the finance directorates approach to working with the survey as authentic. As an observation after a directorate exercise and on the basis that those lower scores for finance mirrored Medical, he is now considering doing a deep dive on unrealistic time pressures to look into it in more detail.

Mrs Gledhill wondered how many finance directors in other trusts discuss improving their team's performance in patient experience and whether this is something that we could share with them.

Mrs Parkinson added that hotel services that are now under finance directorate were starting to use WhatsApp to engage with staff more widely and perhaps more scope there. Mr Beckwith thanked Mrs Parkinson and will take this idea on board.

Professor Cooke said that it is a good action plan and would be good to get a day out once pandemic eases to celebrate what the staff have done on performance. He asked, in future, to hear from facilities management around health and safety, food and their direct role in infection control.

Mrs Moran added that it is great to see figures and agree with Mrs Gledhill's comments that this should be shared with colleagues.

Mr Royles agreed that it is good to give staff a reconnection back to front line to show what a difference they make.

Resolved: Presentation was noted.

44/21

Lease Car Policy

The lease car policy went to Operational Delivery Group and to the Executive Management Team. It was brought to the committee for information and approval. Two main changes to the policy are the lower threshold for lease car which came via recruitment and retention group as part of the

retention work. The other change is a lower CO2 cap which makes us a sustainable employer. Mr Byrne added that the green incentive is a real opportunity in terms of exploration for the future.

Professor Cooke queried whether a lower threshold will cost us more as an organisation. Mr Beckwith confirmed that it is balanced as if becomes a recruitment incentive, it will mean not using agency. Also, due to head room in travel due to working from home, this has created a saving and as such is allowing the changes.

Mr Royles stated that it is worth keeping an eye on the policy in terms of green agenda. He noted that the rate for directors and consultants is higher than staff in general. He queried whether this is elite or is this in the terms of conditions. He recommended that we check what people are doing in this area. Mr Beckwith was happy to do work with Mr Omand and Mr Osbourne to benchmark. Will consider for next review of policy.

Resolved: Policy was approved.

Mr Beckwith to work with Mr Omand and Mr Osbourne to benchmark against others in terms of the green agenda.
Action: PBec

45/21 **Trust Reset and Recovery Plan**

An overview of the Recovery Plan was delivered by Mrs Moran. There have been conversations at Board as well as in the 'Ask The Exec' sessions. The plan identifies the next stage in terms of the Trusts recovery journey in light of the effects of the pandemic. At the meetings the principles were agreed and then the plan was sent out into teams to obtain suggestions from staff. The Trust is aware that though morale remains relatively high we still need to look at how to reconnect teams and stop them burning out. Those actions that were agreed at the Executive Management Team meeting are included in the plan such as those already achieved and ongoing. The aim of the plan now is to understand what will make a difference to staff. The plan isn't to raise expectations in terms of making promises but will see what can be achieved with the recovery budget allocated to this. Looking at the ideas put forward to date, there is a diversity of requirements and it is clear that not one rule fits all. Mrs Moran is working with Mr Beckwith in terms of how to maximise some of this information to allow managers to do what they want to do. Whether it is a set a team fund or a fund per head. This is a work in progress. We will then look to audit it as it is use of NHS money.

Alongside the plan the Trust is developing thank you events. A recent survey carried out showed that the workforce would prefer for everyone to be rewarded rather than a staff awards event. The event will be tied into the new chair coming in September. There are also plans to carry out thank you events across the whole patch. A paper will be brought in July which will set out the money and the process.

Mr Patton and Professor Cooke liked the way the plan has being personalised though they would like to see more detail around flexible working and digital working at some point. Agreed that there are some great ideas for all.

Professor Cooke added that there is good ownership of the ideas from the executives but some have also come from the staff to which they will take ownership of. He sees that celebrating it is very good and in terms of recovery, the trust can learn from patients on this. For him, there are three things that are important for staff in this and these are hope, opportunities and sense of control.

Mrs Parkinson stated that they are looking to bring the recovery strategy alongside health and wellbeing piece into this work. She added that we are in a better place as an organisation to be aspirational in what can be achieved.

Professor Cooke highlighted that, from a Charitable Funds Committee perspective, they had 96 wishes come in which was great to see. These were discussed with Mr McGowan and Andy Barber and they see no issues in spending on staff and patients to grant these wishes. Dr Byrne added that there are small things that could make a big difference and that there could be wins for

the trust that could be done at the committee. Recovery fund can be for bigger stuff and staff can use Charitable Funds for some smaller items.

Mrs Marshall said that she can look at feeding some of the ideas into the wellbeing agenda also

Dr Byrne stated that he thinks the bottom line is that small amounts of investment at team levels will probably have the biggest impact with regard to collective well-being and positive regard to the Trust. We have previously talked about how we need to get better at using Charitable funds for positive intent and this will test this ambition.

Resolved: The report was noted.

46/21

Chairs logs from any groups reporting to this committee

a) Mrs Parkinson updated the committee on the progress of the Staff Health, Wellbeing Engagement Group. Main focus has being on work plan as the group want the work plan to do the agenda justice. Spent time making sure plan is right and are taking a bottom up approach in terms what has being brought in by staff and things by staff survey. Had good engagement with good level of attendance and will monitor progress against plan at the meetings. Already have staff champion type roles but there is an appetite for participation in the agenda so to broaden out will have a wellbeing network to have the reach needed. Ms Marshall added that, for her, what works well is the mix of people involved with those leading projects from all areas. Passport to wellbeing is a good example which has being done on small scale but has then grown and has being endorsed and now will go across the Trust. In terms of recovery, elements in there will be covered in the plan. There are Interviews for employee co-ordinator in June so will help more this further forward. Professor Cooke raised mental health first aid and the study which is out and asked whether the group are aware of this. The group has legs, is timely and as such the trust need to keep pushing at it. He added that the board will help support to help sustain the work going forward. Mr Patton said that it is good to see progress in the kitchen and breakout facilities. This has opportunity to become distinctive and lead as an example as a mental health trust. Dr Byrne further added that historically tried this on fresh air and the investment is helping moving this further than it ever has done previously. As investing in staff this is why we are seeing the shift. Professor Cooke agreed that we are listening and responding more than ever which is important. Mr Royles concurred and said that it is great to see the commitment.

Action: Bring work plan to next committee

b) Mrs Phillips updated the committee on the progress of the Equality, Diversity and Inclusion Group. The group have being on a transformational journey and are getting to be in a good place. They are now in a place where the agenda has had a shake up and they are ensuring data is guiding conversations. Mrs Phillips is using the group to consult on actions to take forward. The previous meeting looked at the equality diversity and inclusion insight report and will share at this committee to capture progress. They also looked at targets and as such the group is focusing on the progress the divisions are making in those areas. Another focus is equality diversity and inclusion data cleanse as part of ESR. Around 59% of the cleanse has been completed so far. Professor Cooke added that they are spending a lot of time going for diverse criteria for a non-executive director and there is a visible difference in the application process. Additionally, one of the board members has being invited by Peter Reading to be involved in the national director's work on disability. Mr Patton further added that, if any learning comes out of COVID that would impact on the area. There has being differences in terms of illness, vaccination take up etc. Mrs Phillips confirmed that she will add these to the agenda. Mr Royles encouraged people to look at diversity in not just one type of diversity.

c) Dr Byrne updated the committee on the progress of the Medical Group. Minutes were attached for reference. There is a change of staff from Stella to Soraya. The task group is to increase to 10 higher trainees. Still looking to persuade the lead to allow the trainees out

	<p>into regions away from Sheffield and Leeds as once they get them in, they tend to stay. Mr Royles added that there are more doctors training in country than ever due to some not being able to complete and those that are keeping at home rather than going abroad so good to look at getting at front of queue and getting them into the Trust. Dr Byrne confirmed that they have put in for funding that usually goes to the acute. Some colleagues are picky in what training looks like and who is suitable and they do not make it easy to train people rurally.</p> <p>Resolved: Chairs logs were welcomed and noted.</p>
47/21	<p>Action Log Action Log was reviewed and discussed. In terms of staff stories, it was agreed that this cannot be done at each meeting but as and when something relevant rises it can be added to the agenda.</p>
48/21	<p>Workforce Insight Report Workforce insight report was taken as read. Unplanned mental health is not where we want them to be. Mrs Parkinson stated that most other areas are improving but they are doing work in relation to sickness absence and stress for unplanned division. This work is supported by Sophie O'Connor. There isn't pressures are waiting times in same way as others but it does include MHRS. For the division, it is not the volume; it is more the complexity on presentation of service users. Teams are tired and exhausted so the recovery plan is key. Need to give people a break.</p> <p>CMHT transformation and primary care piece is starting to bite so GPS are starting to feel the benefits in light of their pressures. Lots of work with the Clinical Commissioning Group to support in terms of communications.</p> <p>Operational changes coming into effect which will have transformation change on workload due to investment in primary care. Will make difference internally and externally on work pressures. It is the biggest area of improvement. Can use Secure of the recovery and restore pilot as good example of improvement.</p> <p>Mrs Phillips added that Workforce and OD are supporting a pilot in the STARS team to support improvement in workforce data. Will start to support those workforce areas very specifically so can assist managers to role model behaviours across the division. The intention is to report the progress of the team t various points. Mrs Marshall stated that, due to their difficulties, the team want to provide support to lift them up. As such they are looking to give them people with specialities to help them think differently and will see how concentrated support can help.</p> <p>Mr Patton asked about turnover. Most areas report a good position but community and primary care is a concern. He also asked, in terms of training, for courses that are non-compliant, are those that should have done it or all staff that may not necessary need the training. Additionally, If add up sickness, maternity etc in mental health have nearly 25% off.</p> <p>Mrs Parkinson stated that, in terms of turnover, do understand the position and some is desired turnover to some degree and aware of reasons and have plans in place to address. It is a well-known position and are focused on it. Mrs Phillips added that business partners are working closely with divisions to look at bespoke actions to help in terms of turnover and this is also covered at accountability reviews. They are also working with the flexible workforce team and bank to keep things covered.</p> <p>Ms Marshall gave assurance in terms of training, in that this is constantly being reviewed in terms of need of courses and part of bigger piece in reviewing roles. For those behind, the trust is seeing some improvement but working with Pete Cook to get the compliance up and non-attendance down. Mr Patton raised that safeguarding, personal safety and life support are main concerns. Ms Marshall confirmed that the training team are doing work in terms of recovery plan for attendance. The training was impacted due to COVID and continuing pandemic measures.</p> <p>Dr Byrne agreed that the points were well made. Some training can be done virtual and some is face to face and there is issues carrying out some training still to get compliance up due to</p>

	<p>pandemic. Will take time to catch up.</p> <p>Mrs Gledhill added that CAMHS and Community services have trajectory of improvement to get them back up by October in terms of compliance.</p> <p>Committee were asked to keep in mind that though may be out of data they have still had the training.</p> <p>Resolved: The report was noted.</p>
49/21	<p>Risk Register</p> <p>Mrs Phillips presented the risk register showing those risks nine and above to the committee. A session with Oliver Simms was held last week to review the dates on the register and those actions against them. Committee were asked to note that the Audit Committee has asked that all risks are to be reviewed and sense checked to see if the actions listed made a difference and if not, what actions can be done to make a difference to the risk ratings. This review is underway.</p> <p>Resolved: The risk register was noted.</p>
50/21	<p>NHS People Plan Progress Update</p> <p>Mrs Phillips presented the NHS people plan update. The Trust has made some real progress in most areas and is in a good position compared to some Trusts as the Trust had the resources to give focus to this work. There will be some actions which will be ongoing for some time but will continue as areas of focus. It is a positive place to be and they are continually moving along.</p> <p>Query was raised in terms of risks assessments and whether can we force this. Mrs Phillips confirmed that there is a piece of work underway which is monitoring this. Claire Jenkinson, Lee Rickles and John Wilson are leading on this work and the figures out this week have showed that those assessments completed have gone up to around 90%. This has been helped by the availability of an online form to record live data.</p> <p>MC added that at the next meeting, he would like to ask those attending from BAME the impact this is having to gain some learning.</p>
51/21	<p>Recruitment Task and Finish Group</p> <p>Mrs Phillips presented the updated plan for March which was circulated around the committee prior to the meeting. The report shows the position one year on from when the group was established and shows that the focus the group has given has really helped. The report shows some real progress in terms of nurses and GPs and some positive progress for consultants. It also has had a positive internal recruit movement and can now see the work paying off.</p> <p>Professor Cooke expressed congratulations on the internal nurse's work and all areas in general. He said that it is great to see that we are getting higher trainees coming in. Upon a discussion with Sam Jacques-Newton, she has an interesting take on what AHPs can contribute and wonder if full disciplinary/professional input could help take some of the burden off. Mrs Gledhill stated that they are already having those conversations with the teams about multi-disciplinary approach. Ms Jacques-Newton is leading on this practice development to try and role model how we want things to be. In terms of internal nurses, Mrs Gledhill added that there is a red list for countries we cannot take nurses from but by the time this starts hope this has opened up more.</p> <p>Committee agreed that there has being good work by the group and the trends are in right direction.</p> <p>Resolved: The report was noted.</p>
52/21	<p>Effectiveness Review</p> <p>Effectiveness review agreed subject to adding Mr Patton onto membership.</p>
53/21	<p>To Review the Meeting</p>

	Committee agreed that it was a good meeting with good discussions.
54/21	Any Other Business No other business raised.
55/21	Date and Time of Meetings in 2021: Wednesday 21 st July 2021 2-4pm Wednesday 15 th September 2021 2-4pm Wednesday 17 th November 2021 2-4pm

Agenda Item 13

Title & Date of Meeting:	Trust Board Public Meeting – 28 July 2021			
Title of Report:	Humber Coast and Vale Specialised Mental Health, Learning Disability and Autism Provider Collaborative – Commissioning Committee Report			
Author/s:	Peter Baren, Non-Executive Director and Chair of the Commissioning Committee			
Recommendation:	To approve		To receive & note	
	For information	√	To ratify	
Purpose of Paper:	<p>The Commissioning Committee is one of the sub committees of the Trust Board</p> <p>This paper provides an executive summary of discussions held at the meeting on Wednesday 21 July 2021 and a summary of key points for the Board to note.</p>			
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) <i>Commissioning Committee</i>	10 June 2021
Key Issues within the report:	<p>Partnership Agreement Final draft to be discussed in part II of the Trust Board – all partners have shared comments and the final draft reflects all comments received with no significant change to previous version reviewed by the Trust Board.</p> <p>Financial Due Diligence Regional NHS E Director of Finance has verbally acknowledged our financial queries and allocated additional finance to the proposed budget; this is yet to be shared in writing. This additional allocation reduces the financial gap considerably.</p> <p>Go Live Date Due to be 1 August 2021, however as we have yet to receive confirmation of updated financial envelope in writing we are unable to progress our commissioning and business case plans in time for review by all partners prior to 1 August 2021. The committee supported a revised Go Live date of 1 October 2021.</p>			

Monitoring and assurance framework summary:

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

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

Executive Summary - Assurance Report:

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

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

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

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

Key Issues:

Key areas for noting from the meeting on 21 July 2021:

Work Streams

CAMHS

As at 2 July 2021

- Reduction of Young People receiving care out of area from 12 to 11
- 4 Young People from HCV awaiting access to in-patient CAMHS – 2 are awaiting secure care 1 is awaiting adult services and 1 is awaiting an eating disorder bed
- 4 Young People are currently delayed discharges and all are receiving care in Mill Lodge. 3 are awaiting community placements and 1 is awaiting an adult placement due to being 18 in the next 4 weeks. There are currently no out of area delayed discharges

Continued significant pressure on both community and in-patient teams due to increased referrals and acuity. Both CAMHS and Adult Eating Disorder work stream have met to review options for 16+

eating disorder services across Humber Coast and Vale.

Adult Eating Disorder

- As at 5 July 2021 there are 2 people in beds outside of HC&V. We are continuing to review these placements with NHSE to ensure timely discharge and also that no new admissions are made outside our natural patient flow
- Both Rharian Fields and Schoen Clinic are reporting increased referrals into service – from next month we will be reporting weekly waiting list activity
- No delayed discharges reported
- Continued active engagement with via community, inpatient providers and voluntary sector partners
- Expert by Experience job description has been drafted and posts will be advertised when date confirmed for Go Live
- FREED Champion - business case has been drafted and service specification is in draft with key partners for consultation prior to sharing with the adult eating disorder work steam meeting

Adult Secure

- Personality Disorder – the adult secure work stream has agreed that the Regional Pathway development Service (PDS) will review all out of natural clinical flow patients, in relation to their current pathway and future needs
- Single Point of Access – the service specification is with providers for their comment
- Workforce development – the review of all providers staffing pressures is complete, outcomes are to link in with the wider ICS workforce work and for the clinical lead to lead a group around addressing the identified training needs for HCV secure care
- National – the national review of quality indicators is due out in June 2020 and is to be more aligned to the impact framework, which is being revised ahead of low and medium service specifications being reviewed.
- Outside Natural Clinical Flow (ONCF) – we have agreed with providers to meet on a monthly basis by CCG geography to discuss in detail to review patient pathways.
- All service users have expected discharge dates identified by the clinical teams. We are working to capture the planned date and the actual date so we can monitor trends to support further work on discharge planning.

Quality Assurance and Improvement

After a competitive process Gareth Flanders starts in post on 1st September. Gareth is currently employed as Professional Lead for Nursing in LYPFT and brings a wealth of clinical, quality and operational leadership experience. The North East Commissioning Support Unit continues to provide support to ensure the Provider Collaborative is able to progress safely with our quality assurance and improvement plans.

Quality Maturity Framework

We continue to work through the QMF. We are almost fully complaint with level three with outstanding areas being the details of the governance framework, SI processes, assurance visits and on call arrangements. All of these are active areas of work happening at pace. Outstanding areas of level two are those that cannot be achieved until go live and/or fall outside the direct remit of the Provider Collaborative e.g. TUPE process of NHS E case managers, case studies.

Serious Incident Reporting

Nationally the proposal is that SI remains with NHS E/I. After discussion with NHS E/ I we will ask for a clear plan for timeline of transfer from NHS E/I to Provider Collaborative and propose that SI transfers to Provider Collaborative as soon as possible with NHS E/I involvement as required.

Quality Dashboard

A draft quality dashboard is nearing completion. The dashboard includes national and local indicators that allow the Provider Collaborative to review service performance in collaboration with providers to achieve service improvement without creating unnecessary or additional burden.

Safeguarding

We await further guidance from NHS E/I; there is concern that there is a lack of clarity at this time and consequently Provider Collaborative leads will continue to work with NHS E/I and receive support in the interim from the Trust.

Partnership Agreement

Document is in final draft and comments have been received by all partners. The Commissioning Committee noted the significant progress and supports the final Draft Partnership Agreement.

The Risk and Gain share agreement will be reviewed as we progress to Phase 2 of Provider Collaborative during 2022.

Health Inequalities

A proposal on reducing health inequalities and actions to address historic inequalities was shared – this will be developed further within the 3 work streams and with partner providers and progress monitored by the Commissioning Committee.

Logo and Name

The Logo was shared at the July Provider Collaborative oversight Group with all partners agreeing they like the new logo – however despite all partners now being involved we are yet to find a new name.

Go Live Date

It was agreed in June that Go Live date would slip to 1 August 2021 as NHS E acknowledged this is due to the delay in them responding to our Financial Due Diligence queries. However as we have yet to receive updated financial due diligence information in writing we are unable to progress our commissioning and business case plans in time for review by all partners prior to 1 August 2021. Hence Go Live is supported by the Commissioning Committee to be 1 October 2021.

Agenda Item 14

Title & Date of Meeting:	Trust Board Public Meeting - Wednesday 28th July 2021																											
Title of Report:	Six-month Review of Safer Staffing – Inpatient units (Oct 2020- March 2021)																											
Author(s)	<p>Executive Lead: Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals</p> <p>Author: Tracy Flanagan Title: Deputy Director of Nursing, Allied Health and Social Care Professionals</p>																											
Recommendation:	To approve		To receive & note	✓																								
	For information		To ratify																									
Purpose of Paper:	<p>This report presents the outcomes of the review of safer staffing requirements across our in-patient units using the National Quality Board (NQB) guidance and NHS Improvement ‘Developing Workforce Safeguards’. The requirements state the need for a comprehensive review of staffing at team level which should be reported to the Board twice a year. This report covers the period October 2020- March 2021. It provides a current position in relation to Care Hours per Patient Day (CHPPD) and key performance indicators (KPI) for each unit.</p> <p>The report provides assurance that our levels of staffing are safe and supports the Director of Nursing and the Medical Director in providing a confirmation statement to the Trust board to this effect.</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 & Nominations Committee</td> <td></td> </tr> <tr> <td>Quality Committee</td> <td></td> <td>Workforce & Organisational Development Committee</td> <td>21/07/21</td> </tr> <tr> <td>Finance & Investment Committee</td> <td></td> <td>Executive Management Team</td> <td>14/06/21</td> </tr> <tr> <td>Mental Health Legislation Committee</td> <td></td> <td>Operational Delivery Group</td> <td></td> </tr> <tr> <td>Charitable Funds Committee</td> <td></td> <td>Other (please detail)</td> <td></td> </tr> </tbody> </table>		Date		Date	Audit Committee		Remuneration & Nominations Committee		Quality Committee		Workforce & Organisational Development Committee	21/07/21	Finance & Investment Committee		Executive Management Team	14/06/21	Mental Health Legislation Committee		Operational Delivery Group		Charitable Funds Committee		Other (please detail)				
	Date		Date																									
Audit Committee		Remuneration & Nominations Committee																										
Quality Committee		Workforce & Organisational Development Committee	21/07/21																									
Finance & Investment Committee		Executive Management Team	14/06/21																									
Mental Health Legislation Committee		Operational Delivery Group																										
Charitable Funds Committee		Other (please detail)																										
Key Issues within the report:	<ul style="list-style-type: none"> • Overall 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 • Maister, Inspire, Townend Court, and Newbridges require further review and improvement in relation to fill rates. • CHPPD in all areas remains above the Trust target with the exception of Pineview and Ouse. This needs to be reviewed in light of new national data from Model Hospital and the MHOST data base • CHPPD for the 2 community wards has improved, is above the Trust target and looks favourable when compared to acute trust CHPPD for a 20 bedded older adult unit. Malton was below the national average in November but is above this figure for the 6 month period • Sickness remains a challenge across the majority of 																											

	<p>areas. PICU has the highest levels of sickness at 14.0%. They experienced a significant outbreak of Covid 19 amongst the staff team and several staff are now on long term sick suffering with long covid. Avondale's sickness has remained within target for a fourth time.</p> <ul style="list-style-type: none"> • The majority of areas have seen an improvement in their RN vacancies with the exception of Ullswater; Maister; Pine view; Newbridges and Malton. • Data shows that some areas with lower fill rates are still providing good CHPPD due to reduced bed occupancy • Incidents reported via Datix show no episodes of harm associated with staffing shortages • Sustained or improved performance in training, supervision across most areas is noted • The end of the appraisal window occurred within the reporting period (October 2020) and the majority of areas had achieved the target by this point and have subsequently improved their position by the end of the reporting period so all teams are complaint • Strong CHPPD performance (upper quartile) when benchmarked regionally and nationally • AHP roles and new roles including Nursing Associates continue to not always be captured on roster and do not contribute to fill rates and CHPPD. Additional capacity to support this work at a team level needs to be outlined in a business case. • CHPPD targets need to be revised at a team level to reflect new available national data for specialist areas
--	--

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	

Six-Month Review of Safer Staffing

1. Introduction and Purpose

This report presents the findings of a review of safer staffing across our inpatient units for the period October 2020 to March 2021. It provides a current position in relation to Care Hours per Patient Day (CHPPD) and key performance indicators (KPI) for each unit. The report reflects the latest NHS Improvement reporting requirements outlined in 'Developing Workforce Safeguards' (NHSI Oct 2018). It also acknowledges the 'Delivering and Monitoring Safe Staffing in Mental Health and Learning Disability Services assurance framework for COVID 19' which was circulated by NHS I and E in November 2020 and most recently 'Nursing Workforce Standards: supporting a safe and effective workforce' (Royal College of Nursing 2021)

During the second wave of the COVID19 pandemic the expected discussion and analysis at team level of what an efficient use of staffing establishment from a finance/rostering perspective, alongside local feedback in relation to multidisciplinary team (MDT) and leadership continuity and patient and staff satisfaction was not possible. Similarly a review of existing establishments based on available dependency data using recognised evidence based methods i.e Mental Health Optimal Staffing Tool (MHOST) and the modified version of the Safer Nursing Care Tool (SNCT) was not undertaken.

As we have moved into the recovery period the majority of these reviews have now taken place and will be reflected in this report. The exceptions being Secure services and the older adult units which are scheduled for July. Where these reviews have taken place the use of roster has been discussed and any actions required to include all relevant roles in the CHPPD reporting have been flagged. A new tool for Learning disabilities is in development to compliment the MHOST tool (Learning Disability Optimal Staffing Tool LDOST) but this is not yet available . The LD teams have therefore been in contact with Cheshire and Wirral Partnership Trust who have developed a Universal Needs Based Resource Analysis (UNBRA) which is a tool to objectively measure resources that are required to support individual patients in an inpatient setting. Townend Court and Ullswater at the Humber Centre are hoping to trial this tool.

During the reporting period there have been changes to the configuration and function of some of the units. Mill View Court became the COVID 19 cohort ward from November 2020 to February 2021 and therefore is not included in this review other than to acknowledge that there were no safer staffing incidents reported during this change in function. Hawthorn Court was finally closed from December 2020. The bed occupancy levels were significantly reduced from October 2020 and it was briefly identified as the COVID 19 cohort ward. It has not been included in this report other than to acknowledge that there were no safer staffing incidents reported for the period. The STaRs unit (complex recovery) became operational in November 2020 so is not included in this report but will be included in future reports. No safer staffing issues have been reported since it became operational.

2. Findings

Themes remain consistent with previous issues that the Board have been appraised of via the monthly safer staffing reports.

2.1 Fill Rates

Since the last reporting period the lower target of 75% registered fill rates on days has been met by all units with the exception of Maister, Inspire, Townend Court, and Newbridges. Townend Court persists with low fill rates but due to low bed occupancy their CHPPD is high. Maister Lodge fill rates for registered nurses (RN) on days remains the same as the last reporting period 64 % but they have good CHPPD rates and they have maintained the introduction of new roles following unsuccessful attempts to recruit registered nurses. These new roles are still not reflected in the fill rates. This will be included in the proposed business case for the work required to refresh and update the demand templates in roster.

Newbridges fill rates for registered nurses on nights and days has dropped since the last reporting period. However they have employed some of the aspirant nurses (3rd year student nurses who were placed on contracts due to the COVID 19 pandemic) and they were still awaiting their PIN numbers during the reporting period so were not counted in the registered nurse hours. Newbridges CHPPD remains within the target based on national benchmarking.

The team at Inspire has taken part in an extensive safer staffing review using the MHOST tool; benchmarking against other CAMHS inpatient units and professional judgement based on local acuity. They are opening 3 additional PICU beds and have modelled minimum staffing for these beds separately from the General Adolescent Unit (GAU) beds. They do not capture any of their AHP hours as these are not on their roster demand template. The fill rates for days reflect their current demand template which is based on a minimum of 3 RNs per shift. Their CHPPD is higher than the model hospital average regionally and nationally.

During the Covid 19 pandemic second wave, business continuity plans were implemented to provide additional staffing resource to priority areas including inpatient services. Where fill rates were not achieved, patient safety on in-patient wards was maintained by nurses working additional unplanned hours, community staff being redeployed to inpatient areas, staff covering across wards and use of bank and agency staff. In addition, members of the multi-disciplinary team and ward managers have supported nursing staff in the delivery of planned care in conjunction with patient care being prioritised over non-direct care activities. Staffing levels across all wards are assessed daily and at each shift and the mitigation of risks and contingency planning takes place in line with the protocol of escalation which on occasion results in temporary closure of the unit to admissions approved by the executive director to maintain safer staffing requirements

2.2 Care Hours per Patient Day

CHPPD in all areas remains above the Trust target with the exception of Pineview and Ouse. The target was determined by benchmarking against other organisations nationally. This was initially based on the model hospital data national average and does not reflect the different functions and specialities of the individual wards.

For Malton and Whitby where the national comparators were not felt to be reliable as they did not relate specifically to community wards, we sought information from an acute

trust which indicates their required CHPPD on a 20 bedded elderly medical ward, based on the Safer Nursing Care Tool (SNCT) calculations is 6.2.

It is now possible to compare our wards against the model hospital data for different specialities. We can also utilise the databases for the Mental Health Optimal Staffing Tool (MHOST) and SNCT. This indicates that we need to adjust the Trust targets at the individual ward level.

Based on the model hospital data Pine view, Ouse, Malton; Newbridges and Westlands are all below the peer average for their speciality. The data for the adult Mental Health wards is from July 2020 and therefore does not reflect this reporting period. Both wards are above the pre COVID19 benchmarked target. Both units also have the highest levels of bed occupancy for the period. Westlands CHPPD has remained the same as the previous reporting period but Newbridges has dropped slightly from 9.4 to 8.9.

Pine view and Ouse are both below the national and peer average for their speciality. However the other units in the forensic service are all above the national average. Overall this means the forensic service benchmarks favourably with the national average (12.11 average across all the units compared to the national average of 10.34) and is comparable with the peer average (12.3). We have looked at the average CHPPD for a MH rehabilitation ward which reflects the nature of the patients on both wards. The data is from August 2020 so does not align to this reporting period but the national average is 7.83 compared to 7.8 for Ouse for this reporting period and 7.6 for Pine view.

Malton is below the national average based on November 2020 data. This includes some AHP CHPPD at a national level and when they are compared with just the nursing CHPPD they are above the national average. Overall their average CHPPD for the reporting period is above the national average. (12.3 compared to the national average at November 2020 of 11.7 including AHPs)

It is of note that the overall CHPPD has increased both regionally and nationally since the onset of the COVID19 pandemic and our figures have increased also by a comparable amount. This is likely to be a consequence of reduced bed occupancy. It also means that it is difficult to benchmark with confidence at ward level as the impact of COVID19 will have been different for different wards both locally and nationally.

2.3 Registered Nurse Vacancies

The majority of areas have seen an improvement in their RN vacancies with the exception of Ullswater; Maister; Pine view; Newbridges and Malton.

The nurse recruitment project lead has been in post since March and is supporting the trust wide 'hard to recruit' plan. They are working with those wards experiencing recruitment and retention difficulties to develop tailored recruitment and retention plans including targeting campaigns and the use of agency nurses to support in the short term.

2.4 Sickness

Sickness during the pandemic remains a challenge across many areas with only Avondale maintaining the trust target across the last four reporting periods The Humber Centre has maintained their sickness performance overall with slight increases in some units and Swale achieving 2.8%. PICU has the highest levels of sickness at 14.0%. They

experienced a significant outbreak of Covid 19 amongst the staff team and several staff are now on long term sick suffering with long covid. Despite this they have maintained their CHPPD and performance against other quality measures. Malton and Whitby have both improved their sickness to within the Trust target.

2.5 Training/Appraisal and Supervision

Since the last report we have maintained a stable or improving position in terms of training compliance with all units achieving the trust targets. This is mirrored with an overall improvement in supervision with the majority of units achieving the target, the exception being Newbridges whose compliance is 69% for the reporting period. Townend Court and Westlands are just below the target at 71% and 77% respectively but both have improved from the last reporting period. Compliance will be monitored locally and through the accountability reviews to ensure improvement over the next reporting period.

2.6 Cancelled Leave- Mental Health/Secure and Learning Disability Services

Cancelled section 17 leave has been incorporated into the safer staffing dashboard report for all the Mental Health and Learning Disability teams. 5 episodes have been identified in this period compared to 16 in the previous reporting period; Ullswater have reported one incident; Pine view have reported one incident, Inspire have reported two incidents and Westlands have reported one. This indicator will continue to be reported in the monthly safer staffing dashboard. The data is collated from Lorenzo.

2.7 Incidents

Specific incidents where safety concerns have arisen have been reported through Datix and escalated through operational management to action. 124 incidents were reported none of which caused any harm. The majority were classified as staffing shortages not affecting patient care directly (n=66). Thirty two incidents were reported as employee issues rather than patient safety including having to work extra hours; not being able to take breaks and registered nurses in Humber Centre and Townend Court covering 2 units overnight. Twelve were reported as C19 related staffing issues including absence due to sickness; self-isolating or shielding.

Eight incidents related to activities being reduced. This included not being able to take patients down to the canteen in the Humber Centre and meals being brought to the ward instead. One incident related to the activity assistant undertaking supportive engagements

23 incidents related to the inability to provide adequate care. Four incidents related to the inability to provide 2 RNs for seclusion reviews overnight. This was addressed by utilising a nurse from another unit via telephone. Four incidents related to challenges fulfilling the required levels of supportive engagements. This was addressed by more engagements being allocated to an individual staff member to complete (rather than being spilt into 2 groups) and by staff not taking their breaks or remaining on engagements for longer periods. One incident related to reduced capacity for activities

including leave. One incident related to a patient entering another patient's room whilst staff were attending an incident. One incident related to not enough staff being available to enter seclusion to provide support with personal cares due to the significant risks posed by the patient. This was addressed by the use of PRN medication and support being provided to the patient once they were calm.

Four incidents related to staffing levels being below the minimum without a specific impact on care being identified. In these incidents the situation was escalated to the on call manager and additional staff were found or redirected to the priority areas. Two incidents related to staff having to stay on beyond the end of their shift. One related to the core team in the Humber Centre not having the agreed numbers and two incidents related to described 'near misses' at Whitby during a period of 2 and a half hours of heightened clinical activity. This was managed by prioritising needs and using sensors for patients at risk of falls; wandering.

One incident related to no one being available to drive the secure service's unit vehicle as required to support Pine view in case of an emergency. One incident related to the nurse in charge of one of the wards in the Humber Centre having to leave the unit to drive the secure vehicle and support the transfer of a detained patient in handcuffs back from the acute Trust. This was managed by one registered nurse covering 2 units. Two incidents related to not enough staff being available to escort patients to the dining room resulting in their meals being brought to the ward. The datix shows clear evidence of incidents being escalated to managers as per the safer staffing escalation pathway.

3. Staffing Establishments Review Methodology

The Deputy Director of Nursing (DDN) has undertaken a desk top exercise to review the safer staffing data and performance against key safer staffing indicators including fill rates and Care Hours per Patient Day (CHPPD) data and other quality and productivity outcome measures including sickness, supervision, appraisal compliance and training. Vacancies and use of bank and agency are noted. FFT and reported safer staffing incidents are reviewed. Safer staffing reviews have taken place with teams and their finance leads to review their safer staffing data and their establishments, the exception being secure services and older peoples MH services. These reviews are scheduled for July.

Malton and Whitby completed dependency data collection to inform these discussions. The MHOST and SNCT have been utilised to allow establishments to be modelled based on national data and for Malton and Whitby dependency data was collected locally. No Tool currently exists for Learning Disabilities but Ullswater and Townend Court are hoping to be involved in a pilot for the The Universal Needs Based Resource Analysis (UNBRA). This is a tool developed by Cheshire and Wirral Partnership NHS Trust (CWP) to objectively measure resources that are required to support individual patients in a Learning Disabilities inpatient setting. The tool is in a cycle of development with a number of providers across the UK. Representatives from the learning disabilities wards within Humber (at both Townend Court and the Humber Centre) have met with

the developers at CWP and are keen to pilot the use of the model both to determine staffing levels and to offer robust evidence for requesting enhanced packages of care where necessary.

Once the safer staffing reviews have been completed an indicative level of assurance in relation to the unit being safely staffed is given based on the number of safer staffing reportable key performance measures that flag below minimum target as follows:

- **Low assurance** where 5 or more indicators are below the minimum target.
- **Adequate assurance** where 3-4 indicators are below the minimum target
- **Good assurance** where 2 or less indicators are below the minimum target

Issues or areas of concern from the previous April 2019–Sept 2019 report have been reviewed to confirm improvement and/or make recommendations where no improvement is noted.

4.2 Results

Unit	Summary and Action
Granville Court	<p>Since the last reporting period there has been a slight reduction in sickness from 6.8% to 6.6 %. Performance in relation to appraisals has improved from 70.59% by the end of the appraisal window (October 2020) to 93%. Registered Nurse (RN) fill rates and overall fill rates are comfortably above target. Supervision performance also remains strong above target and training has improved from 85% to 90% 7 incident relating to staffing shortages was reported via datix. These related to staff shortages in relation to COVID19 absence. No patient harm resulted as a consequence of these shortages. Patient safety was prioritised and routine task postponed where appropriate and staff worked extra hours to support colleagues</p> <p>No evidence based tool is currently available that is appropriate for the patient group. The minimum staffing levels are based on the CQC requirements for nursing homes and were reviewed at the last CQC inspection. CHPPD data is not collated or reported for the unit due to its care home status. The vacancy rate for RNs has dropped slightly from 11% to 10% and the use of bank and agency has risen slightly from 26% to 30%.</p> <p>The fill rates and performance indicators give good assurance that the unit is safely staffed.</p>
Townend Court	<p>Since the last reporting period the bed occupancy has dropped slightly to 52%. The fill rates for RNs remain below target but have improved from 58% and 53% (days/nights) to 63% and 79% The overall fill rates are above target. CHPPD has increased slightly and remains strong. All other quality and productivity targets have been met with the exception of Clinical Supervision which has improved slightly to 71% from 66% in the last reporting period. Sickness has risen from 5.3% to 9.2 in the current period. Performance against appraisals was at 93.6% by the end of the appraisal window (October 2020) and has improved further to 94% No incidents relating to staffing shortages were reported via datix. Vacancies have dropped slightly from 33% to 27% and bank and agency use has remained at 29%</p> <p>A safer staffing review was undertaken with the team which identified that the demand template needs amending to reflect the minimum staffing levels specifically in relation to RNs. The minimum staffing levels across both lilac and willow are 2 RNs on nights and days but the demand template looks for 4 RNs. This accounts for the consistently low fill rates for RNs. The minimum staffing levels have been agreed based on professional judgement as there is currently no tool available for LD services. The team is looking at using the UNBRA tool. The team has been actively recruiting and 2 third year student nurses awaiting their PIN will be starting in September and a trainee nursing associate will be qualifying in the next couple of months. They have recruited a pharmacy technician and have an OT</p>

Unit	Summary and Action
	<p>and two activity workers. None of their hours are captured on the roster and reported in relation to CHPPD</p> <p>The CHPPD and performance indicators give adequate assurance that the unit is safely staffed but requires improvement in relation to supervision. The minimum RN levels need to be reviewed on demand template and AHP hours captured</p>
Inspire	<p>During the reporting period the fill rates have been below target for RNs on days and have dropped slightly from the last reporting period (from 64% to 61%) and RN fill rates on nights have improved and are now above target at 89% and overall have improved to 70% from 63 % on days and 91%% on nights. Bed occupancy has risen from 61% to 77% but despite this CHPPD has improved further from 23.7 to 27.</p> <p>Sickness has increased from 2.35% to 5.1% and the other quality indicators are strong with clinical supervision at 87% and training at 90%. Performance against appraisals was at 10% at the end of October but has since improved 95% at the end of the reporting period giving an average of 63% for the six months.</p> <p>4 incidents relating to staffing shortages were reported via datix. None resulted in any harm</p> <p>The team has taken part in an extensive safer staffing review using the MHOST tool; benchmarking against other CAMHS inpatient units and professional judgement based on local acuity. They are opening 3 additional PICU beds and have modelled minimum staffing for these beds separately from the General Adolescent Unit (GAU) beds. They do not capture any of their AHP hours as these are not on their roster demand template</p> <p>The CHPPD and performance indicators give adequate assurance that the unit is safely staffed but requires improvement in relation to RN and overall fill rates and appraisal performance . The demand template on the roster needs to be reviewed to capture AHP hours and adjust the RN minimum levels.</p>
Ullswater	<p>Since the last reporting period RN fill rates have dropped on days from 84% to 77%. They have increased from 85% on nights to 100% and this requires a more balanced use of the RN resource over the 24 hour period. Overall the fill rates have increased on days and night to 99%. CHPPD has dropped slightly from 17.4 to 13.3 due to an increase in bed occupancy.</p> <p>The quality and productivity outcomes remain above target in this reporting period with the exception of sickness which has dropped from 10.6% in the last reporting period to 7.9% and is still above target . Performance against appraisals had improved to 100% by the end of the appraisal window (October 2020) and averaged 98% for the reporting period.</p>

Unit	Summary and Action
	<p>No incidents relating to staffing shortages were reported via datix.. Vacancies have increased from 2% to 6%. Bank and Agency use is still relatively high at 28%.</p> <p>The team have a safer staffing review scheduled for S July and are looking at trialling the UNBRA tool.</p> <p>The fill rates; CHPPD and performance indicators give good assurance that the unit is safely staffed.</p>
Pine View	<p>During the reporting period fill rates for registered nurses on days have dropped from 95% on days to 79% and have improved from 75% to 83% on nights. The overall fill rates have improved on days from 78% to 81% and for nights from 85% to 95%. CHPPD have dropped from 10.2 to 7.6 which is below the Trust target and the model hospital national average. The CHPPD across the forensic services is above the national average The national average for MH rehabilitation is 7.83.Pine view's function is closest to MH rehabilitation.</p> <p>Sickness has increased from 5.4% to 7.5%. Other quality indicators are above target with supervision at 98% and training at 96%. Performance against appraisals was at 100% by the end of the appraisal window. 15 incidents relating to staffing shortages was reported via datix. None of these resulted in any harm. Most of the incidents were as a consequence of COVID 19 related absence. Staff were moved across the service and staff worked additional hours to cover the shortfalls</p> <p>A full safer staffing review is scheduled for July which will review the establishment and minimum staffing levels. It will also be an opportunity to discuss and agree a reasonable target for CHPPD</p> <p>The fill rates and performance indicators give good assurance that the unit is safely staffed</p>
Derwent	<p>Since the last reporting period fill rates for registered nurses on days have improved from 94% to 96% fill rates for registered nurses on nights have also improved from 73% to 101%. Overall fill rates for days and nights have improved further to 94% and 134% respectively. CHPPD rates have increased from 12.9 to 16. Sickness has increased from 8.8%.in the last reporting period to 9.2%. 4 incidents relating to staffing shortages were reported via datix. None resulted in harm. Other quality indicators remain above target. Performance against appraisals achieved 100% by the end of the appraisal window. Vacancies have improved from 22% to 13% and bank and agency use has increased slightly to 43%</p> <p>A full safer staffing review is scheduled for July which will review the establishment and minimum staffing levels. It will also be an opportunity to discuss and agree a reasonable target for CHPPD.</p>

Unit	Summary and Action
	<p>The fill rates, CHPPD and performance indicators give good assurance that the unit is safely staffed.</p>
Ouse	<p>Since the last reporting period the registered nurse fill rates have improved again from 86% to 92 %on days and 87% to 99% on nights. Overall fill rates are above target at 86% on days and 99% on nights. . CHPPD has dropped from 8.3 to 7.8 which is below the Trust target and the model hospital national average. The CHPPD across the forensic services is above the national average The national average for MH rehabilitation is 7.83.Ouse’s function is closest to MH rehabilitation.</p> <p>Sickness has risen from 6.9% to 8.9% and remains above target. Performance against appraisals was 93.3% by the end of the appraisal window and has improved further to 99% over the reporting period. Training and supervision performance remain strong at 99 and 97% respectively. No incidents relating to staffing shortages were reported via datix. Vacancies have dropped from 19% to 4% and bank and agency use has increased slightly to 19%.</p> <p>A full safer staffing review is scheduled for July which will review the establishment and minimum staffing levels. It will also be an opportunity to discuss and agree a reasonable target for CHPPD</p> <p>The fill rates and performance indicators give adequate assurance that the unit is safely staffed</p>
Swale	<p>Since the last reporting period fill rates for registered nurses on days and nights have improved further from 86% to 97% on days and from 81% to 103% on nights. The overall fill rates have all remained above target. CHPPD has dropped from 14.6 to 12.9 due to increased bed occupancy. Sickness has dropped from 6.1% to 2.8% which is within target. All other quality indicators are above target with supervision at 93% and training at 92%. Performance against appraisals was at 78.26% by the end of the appraisal window (and has improved to 93% over the reporting period. 7 safer staffing incidents have been reported. None of these resulted in harm. Staff were moved to cover shortfalls and where staff were unable to take breaks they have been reimbursed. Vacancies have remained at 2%. Bank use has dropped slightly from 45% to 40%.</p> <p>A full safer staffing review is scheduled for July which will review the establishment and minimum staffing levels. It will also be an opportunity to discuss and agree a reasonable target for CHPPD</p> <p>The fill rates; CHPPD and performance indicators give good assurance that the unit is safely staffed.</p>
PICU	<p>Since the last reporting period registered nurse fill rates on days have improved from 77% to 82% and from 93% to 95% on nights. The overall fill rates are 103% on days and 114% on nights. CHPPD has dropped from 30.4 to 23.5 but is still comfortably above target.</p>

Unit	Summary and Action
	<p>Sickness has risen slightly from 13.6% to 14% remaining significantly above target. Performance against appraisals was 90.9% by the end of the appraisal window. Supervision and training remain above target at 96% and 85% respectively. Vacancies of registered nurse have decreased from 57% to 33% and bank and agency use remains high at 55% to cover sickness vacancies and clinical acuity. No incidents relating to staffing shortages was reported via datix.</p> <p>A safer staffing review took place with the team. Since the last reporting period they have changed 2 Band 5 RN roles to a Band 6 and a Band 4 to support recruitment. They have also recruited a pharmacy technician. This has allowed them to review the minimum RN levels when the pharmacy technician is rostered. They have also employed an activity worker and have plans to recruit a second. The demand template needs to be adjusted to reflect these changes and ensure they are capturing all the CHPPD.</p> <p>The fill rates; CHPPD and performance indicators give good assurance that the unit is safely staffed</p>
Newbridges	<p>Since the last reporting period the registered fill rates on days remain within target at 75%. The RN fill rates on nights have dropped to 74% which is just below target. Overall fill rates have remain comfortable above target at 94% and 113 % for days and nights respectively. CHPPD have dropped slightly from 9.4 to 8.9 but remain above target. Sickness has risen from to 5.9% to 10.5%. Supervision has dropped from 76% to 69% and training compliance has remained good and above target at 94%. Performance against appraisal was 90% for the reporting period .Vacancies have risen slightly from 20% to 22% and bank and agency use has increased from 14% to 27%. Bed occupancy has also risen form 86% to 93%. 4 incidents relating to staffing shortages were reported via datix. None of these resulted in any harm. They related to the inability to provide 2 RNs at night to review seclusion. Reviews took place with support via telephone from RNs on other units.</p> <p>A safer staffing review took place with the team. They have addressed some of their long term vacancy issues through recruitment of a pharmacy technician. They also have a registered OT, an Associate Practitioner in OT (APOT) and an activity Assistant. All three cover 9-5 seven days a week. They also have a Social worker. None of these roles are on the demand template and are not contributing to their CHPPD. They have employed 2 aspirant nurses who have been covering the second registered nurse role but this hasn't been reflected on the demand template and partly accounts for the low RN fill rates. They currently also have 3 RNs on maternity leave which is also impacting on the RN fill rate and the lower clinical supervision levels. The team had not collated dependency data for use with the MHOST tool but the average scores nationally for a comparable unit suggests that their staffing levels and CHPPD are adequate.</p>

Unit	Summary and Action
	<p>The CHPPD and performance indicators give adequate assurance that the unit is safely staffed but requires improvement in relation to registered nurse fill rates; sickness and supervision.</p>
Westlands	<p>Since the last reporting period there has been an increase in fill rates for RNs on days from 74% to 85%. The fill rates for RNs on nights has dropped slightly from 95% to 92%. The overall fill rates are comfortably above target for days and nights at 96% and 116% respectively. CHPPD have remained at 9.6 above the national average. Sickness has risen from 6.4%% in the previous reporting period to 9%. Supervision compliance has improved from 68% to 77% but is still just below target. Training has dropped slightly from 90% to 88%. Performance against appraisals was at 84.6% by the end of the appraisal window and improved to 90% over the reporting period. Vacancies have dropped from 34% to 4% and bank and agency use has dropped from 39% to 36%. 4 incidents relating to staffing shortages were reported via datix. These did not result in any harm.</p> <p>A safer staffing review took place with the team. They now have 2 third year students on extended placement awaiting their PIN and a Nursing Associate who cover the second registered nurse shifts but these are not reflected on the demand template. They also have an Assistant Practitioner OT, an activity assistant and 2 peer support workers who work 9-5 seven days a week. Their hours are not captured on the demand template. They also have a pharmacy technician who supports on days. The team felt that their current minimum staffing levels on a night were not sufficient as clinical activity remains high even at night. They have been rostering additional staff to manage this safely and the budgeted establishment needs to be reviewed to ensure that this can be delivered. The team had not collated dependency data for use with the MHOST tool but the average scores nationally for a comparable unit suggests that their staffing levels and CHPPD are adequate. The difference for Westlands in the nature of the patient group and the fact that it is a standalone unit therefore professional judgement and the review of their fill rates would support increasing the minimum number on nights from 5 to 6. This would be achievable without additional roles being required if the existing AHP/support worker roles were rostered and counted in the CHPPD.</p> <p>The fill rates, CHPPD and performance indicators give good assurance that the unit is safely staffed</p>
Avondale	<p>Since the last reporting period RN fill rates have been improved from 79% to 80% on days and from 98% to 100% on nights respectively. Overall fill rates have dropped slightly on days to 73% which is below target. CHPPD have dropped slightly from 20 to 17.6 but remain comfortably above the national average. All other quality measures are above target. Performance against appraisals was 100% for the reporting period. Sickness has increased slightly from 2.8% to 4.4 but remains within target. Vacancies have dropped from 16% to 3% and</p>

Unit	Summary and Action
	<p>bank use has increased slightly from 16% to 18%. No safer staffing incidents have been reported.</p> <p>A safer staffing review took place with the team. The team had not collated dependency data for use with the MHOST tool but the average scores nationally for a comparable unit suggests that their staffing levels and CHPPD are adequate. Professional judgement supported this position. They have a nursing associate but this is not currently counted in the RN hours and does not contribute to CHPPD. They also have a pharmacy technician but their hours are not reflected in the CHPPD either. They have additional hours for a 'floating' member of staff which is not always utilised but as this is in the demand template when this is not used it effect their fill rates making them look lower than they are. These issues need to be addressed through a review of the demand template. They are currently fully established for RNs.</p> <p>The fill rates; CHPPD and performance indicators give good assurance that the unit is safely staffed.</p>
Maister Lodge	<p>Since the last review period Fill rates for registered nurses on days have remained the same at 64% whilst this is still below target significant work has been done by the team to review skill mix and introduce new roles to support safer staffing. i.e nursing associate and pharmacy technicians. AHPs and associate practitioners are on the roster but not counted in unregistered or registered fill rates and this needs to be addressed as part of roster review.</p> <p>The overall fill rates reflect that unregistered hours are being utilised to compensate for this. RN fill rates on nights are 101%. CHPPD have dropped very slightly from 18.9 to 18.8 and remain comparable to the other adult mental health units and comfortably above the national average. Performance against appraisals has risen to 99% over the reporting period. All other quality indicators are above target with the exception of sickness that has dropped from 6.9% in the previous reporting period to 5.7% but is still above target. No safer staffing incidents have been reported.</p> <p>A full safer staffing review is scheduled for July which will review the establishment and minimum staffing levels. It will also be an opportunity to discuss and agree a reasonable target for CHPPD. The demand template in roster will need to be adjusted to capture the CHPPD of the new roles.</p> <p>The overall fill rates, CHPPD and performance indicators give good assurance that the unit is safely staffed.</p>
Mill View lodge	<p>Due to the movement of the staff team and patients in response to the Covid 19 pandemic during the previous reporting period, data in relation to fill rates and CHPPD could not be reliably collated and analysed and a comparison of performance against the last reporting period (April- Sept 2020) is not included.</p>

Unit	Summary and Action
	<p>For this reporting period fill rates for RNs were 84% and 102% for days and nights respectively. Overall fill rates were 97% and 104% for days and nights respectively. CHPPD were 12.8 which is above the Trust target</p> <p>Supervision has dropped from 87% in the last reporting period to 79% Sickness has dropped from 5.8% to 4.5 % and is just at the minimum. Performance against appraisals was 91.7% by the end of the appraisal window (October 2020) and had improved to 96% across the 6 month reporting period. No safer staffing incidents have been reported. Vacancies have dropped from 20% to zero and bank and agency use has dropped from 37% to 18%.</p> <p>A full safer staffing review is scheduled for July which will review the establishment and minimum staffing levels. It will also be an opportunity to discuss and agree a reasonable target for CHPPD. The demand template in roster will need to be adjusted to capture the CHPPD of any additional roles.</p> <p>The overall fill rates, CHPPD and performance indicators give good assurance that the unit is safely staffed.</p>
Whitby	<p>Since the last review period RN fill rates have improved from 90% to 93% and 67% to 100% on days and nights respectively. Overall fill rates have increased from 80% to 89% on days and from 75% to 101% on nights. CHPPD has risen from 11.7 to 13.3. This is higher than the required CHPPD calculated using SNCT for a 20 bedded older adult unit from an acute trust. It is also higher than the national average from the model hospital data. Sickness has dropped from 7.5% to 3.2% within target. Performance against appraisals had improved to 86.11% by the end of the appraisal window and had improved further to 92% across the 6 month period. Supervision compliance has remained at 90% and training has remained at 95%. No incidents relating to staffing shortages was reported via datix. There are no vacancies and a small amount of bank and agency has been used 6%.</p> <p>A safer staffing review took place with the team. The bed capacity of the unit has been reduced from 22 to 16 as part of the refurbishment work at the Whitby site. The team collated dependency data which was analysed using the SNCT. This suggests that their current minimum staffing levels are correct. This was confirmed through a professional judgement discussion with the team and service/clinical leads. They have additional Allied Health Professionals (AHP) support but this is not captured on roster and is not included in the CHPPD calculation this needs to be addressed through a review of the demand template.</p> <p>The fill rates; CHPPD and performance indicators give good assurance that the unit is safely staffed.</p>

Unit	Summary and Action
Malton	<p>Since the last reporting period the RN fill rates have dropped slightly from 90% to 85% on days and from 102% to 98% on nights. The overall fill rates have remained at 95% on days and have dropped slightly from 104% on nights to 99%. The CHPPD have improved from 11.8 to 12.3. This is higher than the required CHPPD calculated using SNCT for 20 bedded older adult unit from an acute trust. It is slightly higher than the model hospital average for a community ward (11.7). The model hospital data was most recently published in November 2020 and at that data point Malton was slightly lower than the national average but this has improved over the 6 month period. 1 safer staffing incident has been reported. This did not result in patient harm. Sickness has dropped from 10.1% in the last reporting period to 4.1% which is within target. Clinical supervision has improved from 91% to 97% comfortably above target. Performance against appraisals was 93.1% by the end of the appraisal window (October 2020) and had improved further to 99% across the 6 month period. Training remains has improved from 81% to 85%. The unit currently has 5.4 RN vacancies. They are actively recruiting and have appointed 2 newly qualified staff but they will not have their PIN numbers until September. They are using agency staff to cover this gap. They also have 2 members of the team undertaking the nursing associate and degree apprentice programmes.</p> <p>A safer staffing review took place with the team. The team collated dependency data which was analysed using the SNCT. This suggests that their current minimum staffing levels are correct. This was confirmed through a professional judgement discussion with the team and service/clinical leads. They have additional Allied Health Professionals (AHP) support but this is not captured on roster and is not included in the CHPPD calculation this needs to be addressed through a review of the demand template.</p> <p>The fill rates performance and CHPPD give good assurance that the unit is safely staffed</p>

5. CHPPD (Care Hours per Patient Day) - benchmarking data

CHPPD data provides ward managers, nurse leaders and the executive team with a profile of the effective deployment and productivity of staff across service. It allows comparison of a ward's CHPPD figure with that of other wards in the service, or with similar wards in other services. The most recent data was published in June 2021 and shows that the Trust continues to perform well against our regional peers and nationally. It is of note that the overall CHPPD has increased both regionally and nationally since the onset of the COVID19 pandemic and our figures have increased also by a comparable amount. This is likely to be a consequence of reduced bed occupancy. A small number of Trusts nationally and regionally were reporting registered AHP but we have not started to show AHP data yet (reflected in column 5). Despite this we remain above the regional and national average for CHPPD overall

October 2020	CHPPD Overall	CHPPD Registered Nurses	CHPPD – Healthcare Support Workers	CHPPD total AHP staff
Trust	13.3	4.3	8.9	0.0
Peer*	12.5	3.7	8.4	0.1
National	11.1	3.6	7.2	0.1

*Peer Trusts being RDASH, Leeds & York, South West Yorkshire, Bradford, Sheffield, TEWV, Cumbria and NTW.

6.0 Summary Findings

- 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
- Maister, Inspire, Townend Court, and Newbridges require further review and improvement in relation to fill rates.
- CHPPD in all areas remains above the Trust target with the exception of Pineview and Ouse. This needs to be reviewed in light of new national data from Model Hospital and the MHOST data base
- CHPPD for the 2 community wards has improved, is above the Trust target and looks favourable when compared to acute trust CHPPD for a 20 bedded older adult unit. Malton was below the national average in November but is above this figure for the 6 month period
- Sickness remains a challenge across the majority of areas. PICU has the highest levels of sickness at 14.0%. They experienced a significant outbreak of Covid 19 amongst the staff team and several staff are now on long term sick suffering with long covid. Avondale's sickness has remained within target for a fourth time .
- The majority of areas have seen an improvement in their RN vacancies with the exception of Ullswater; Maister; Pine view; Newbridges and Malton.
- Data shows that some areas with lower fill rates are still providing good CHPPD due to reduced bed occupancy
- Incidents reported via Datix show no episodes of harm associated with staffing shortages
- Sustained or improved performance in training, supervision across most areas is noted
- The end of the appraisal window occurred within the reporting period (October 2020) and the majority of areas had achieved the target by this point and have subsequently improved their position by the end of the reporting period so all teams are complaint
- Strong CHPPD performance (upper quartile) when benchmarked regionally and nationally
- AHP roles and new roles including Nursing Associates continue to not always be captured on roster and do not contribute to fill rates and CHPPD. Additional capacity to support this work at a team level needs to be outlined in a business case.
- CHPPD targets need to be revised at a team level to reflect new available national data for specialist areas

7.0 Update on Actions from Previous Report

Delivery of actions aligned to the recommendations in the last safer staffing report continue to be impacted by the COVID 19 pandemic but the following progress has been made:

Continued introduction of new roles and skill mix to support the RN vacancy position, this includes a rolling programme of recruitment to the trainee nurse associates and nurse degree apprenticeship programme and a successful bid by a regional consortium of providers to work collaboratively on international recruitment.

The PADR window was implemented from July 2020 to October 2020 and all teams have achieved compliance by the end of the reporting period.

A continued focus on improvement on sickness in the inpatient services has been maintained with 7 wards improving their sickness and 6 wards now within or at the target compared to 3 wards in the last reporting period

Overall there has been successful recruitment of 139.03 WTE RNs for 2020/21 against a target of 123. Focussed recruitment initiative continue for teams with with higher levels of vacancies and the Adult MH units are all nearly at full establishment with the exception of PICu who vacancies had dropped from 57% to 33% by the end of the reporting period and had improved further by the their safer staffing review to 1 RN.

Malton has experienced a number of RNs leaving since the last reporting period and had 5.4 RN vacancies at the time of their review. The first cohort of international recruits will be deployed there hopefully by September but C19 restrictions are impacted on timelines due to travel restrictions.

The most recent report was shared with all Clinical leads, matrons and charge nurses and discussed in various forums. The Nursing and Quality and Safety directorate have worked with individual teams to address specific actions required for each unit in line with their key quality; safety and productivity indicators. The DDN has reviewed the safer staffing dashboards monthly and followed up any exceptions in the reporting with individual teams or service leads.

The AHP and other new roles have still not consistently been included on the roster demand template and not therefore reflected in fill rates and CHPPD return. A business case will need be developed to identify the required capacity and associated resource/ funding to support this process

The 6 month rolling programme of review of establishments across all inpatient units using MHOST and modified SNCT has recommenced and reviews with all teams have taken place or are scheduled for July. The collection of dependency data has been utilised in some areas (Malton and Whitby) and in other areas the national databases for specialised teams utilising MHOST and SNCT has been used to inform the establishment reviews and discussion including professional judgement.

Safer staffing and escalation policy has been reviewed and approved

8.0 Recommendations

- Business case to be developed to scope the required capacity and resource requirements to include AHP and other new roles on the demand template for eroster and included in fill rates and CHPPD return
- 6 month rolling programme of review of establishments across all inpatient units using MHOST and modified SNCT to continue and inform business case for eroster development
- CHPPD targets to be reviewed at team level based on available national data from Model Hospital and MHOST/SNCT databases for specialist wards
- Focussed review and support by Matrons and Divisional Clinical Leads with additional input as required from Nursing Quality and Safety directorate to address specific actions required for each unit in line with their key quality; safety and productivity indicators.
- Continued work of hard to recruit project and nurse recruitment project lead to support RN vacancy position overall and nurse recruitment project lead to work with prioritised teams to support tailored recruitment plans
- UNBRA pilot to be supported for Ullswater and Townend Court

9.0 Next steps

1. Implementation of recommendations to be overseen by the Deputy Director of Nursing (DDN) with regular reports of progress to the Executive Management Team and Hard to Recruit task and finish group and the Workforce and OD and Quality Committee for assurance processes.
2. Report to inform and support the development of local action plans including the use of available data from the review of minimum staffing levels to review skill mix and options for introduction of new roles with aligned QIA process.
3. Nurse recruitment project lead to continue to work with identified teams to look at recruitment plans and improved retention including deployment of international recruits
4. Continuing schedule of meetings established to strengthen engagement between the Charge Nurses, the Chief Operating Officer and Director of Nursing to be used to
 - Discuss the findings from this report
 - Ensure there is a collective view on when and how to escalate concerns
 - Identify and collectively agree actions required to further strengthen staffing establishments
5. Business Case to be developed to ensure Eroster is being used to capture all AHP and Nursing associate hours and that these are included in the fill rate/CHPPD calculations. This needs to be at a team level and may need additional aligned capacity

6. Trust to demonstrate compliance with Developing Workforce Standards and provide assurance through public board reporting and through Single Oversight framework and the annual governance statement for NHS

Agenda Item 15

Title & Date of Meeting:	Trust Board Public Meeting – 28 July 2021			
Title of Report:	Mortality Report Update for the period April 2019 to April 2021			
Author/s:	Name: John Byrne Title: Medical Director Name: Alex Macnamara Title: Public Health Registrar			
Recommendation:	To approve		To receive & note	
	For information		To ratify	
Purpose of Paper:				
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	12.7.21
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Board report CRMG & QPAS	✓ July 21
Key Issues within the report: <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<ul style="list-style-type: none"> • The COVID-19 pandemic has had significant impacts on mortality nationally, with tens of thousands of excess deaths attributed to the pandemic. • Established risk factors for adverse outcomes in COVID-19 infection include male sex, older age, some ethnic minority groups and deprivation, with evidence suggesting there are inequalities in COVID-19 mortality. • Humber Teaching NHS FT has seen a rise in mortality in periods consistent with the peaks in mortality from COVID-19 nationally, aligning with the first and third “waves” of the pandemic (April 2020 and December 2020/January 2021). • The highest numbers of deaths were seen in older adults, males and users of community services within Humber NHS FT, which is in keeping with known risk factors. 			

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	

Background and National Context

On the 30th January 2020, the World Health Organisation declared the outbreak of COVID-19 to be a Public Health Emergency of International Concern. Impacts of the pandemic have been seen worldwide in relation to morbidity and mortality, in addition to much wider indirect consequences relating to both the pandemic, and different national responses to COVID-19.

In the United Kingdom, there have been a total of 152,289 deaths due to COVID-19¹. Further work has demonstrated that several population groups have a higher risk of dying from COVID-19, including older adults, men, those with pre-existing medical conditions, those living in more deprived areas, people from some ethnic minority groups, those who are obese, those in certain public-facing occupations and those with a disability (including learning disabilities) [1]. This demonstrates evidence of mortality related inequalities related to COVID-19. However, in populations who are less likely to die from COVID-19, there remain risks of the long-term effects of the infection, known as “long COVID” [2].

Although COVID-19 appears to have had a significant direct impact on mortality nationally, there are limitations of looking at numbers of deaths due to COVID-19, as widespread community testing was not available at the beginning of the pandemic. However, the number of excess deaths demonstrates that there appears to be tens of thousands of excess deaths (Figure 1) of which many, given the number of COVID-19 related deaths that were identified (Figure 2), are thought to be due to COVID-19 infection. In England, the highest number of weekly COVID-19 deaths was reported for the week commencing 11th April 2020, with 8,335 deaths, followed by 8,063 deaths in the week commencing 23rd January 2021 [3].

¹ As of 9th June 2021, based on the number of deaths with COVID-19 on the death certificate.

Figure 1: Weekly excess deaths by date of registration, England [4]

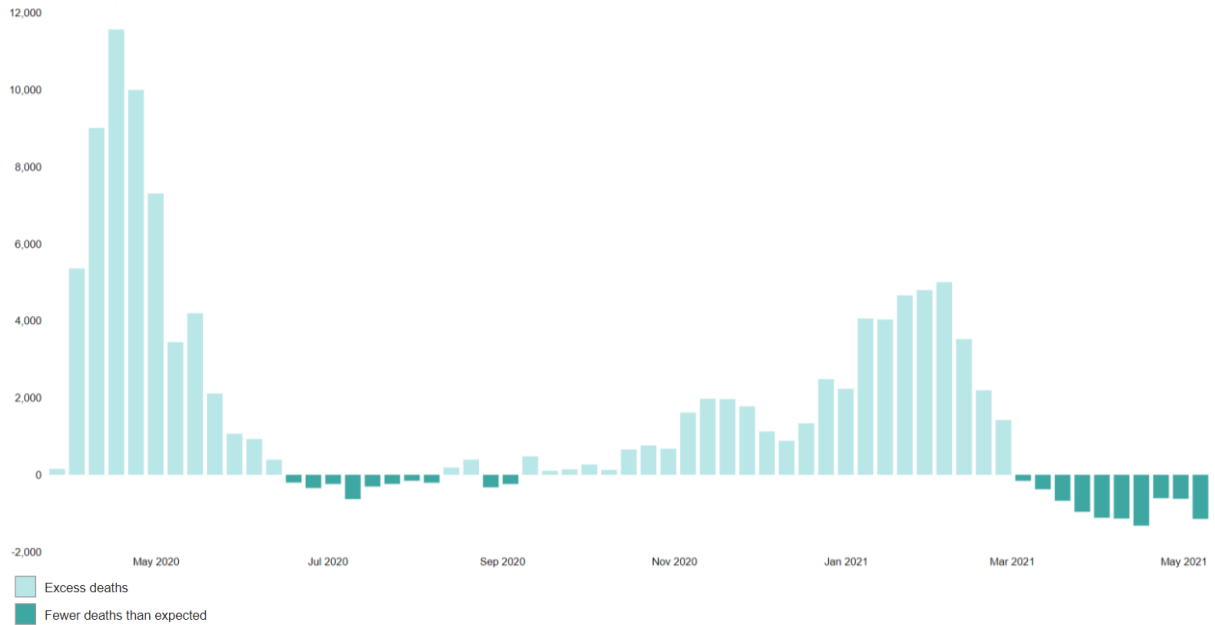
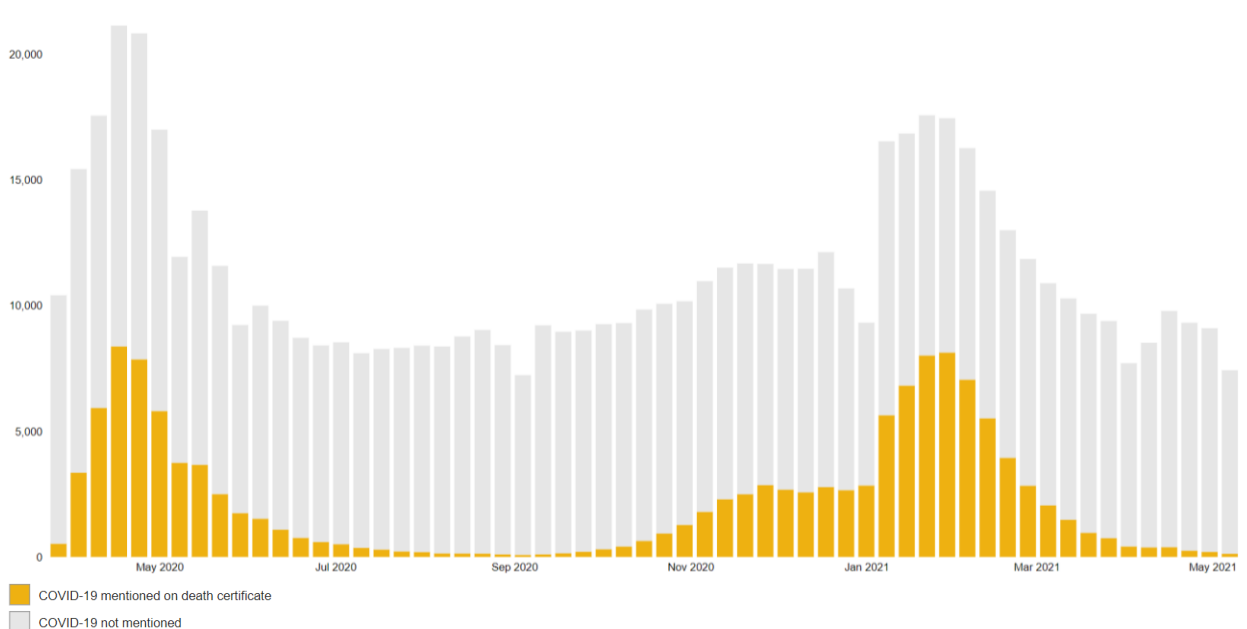


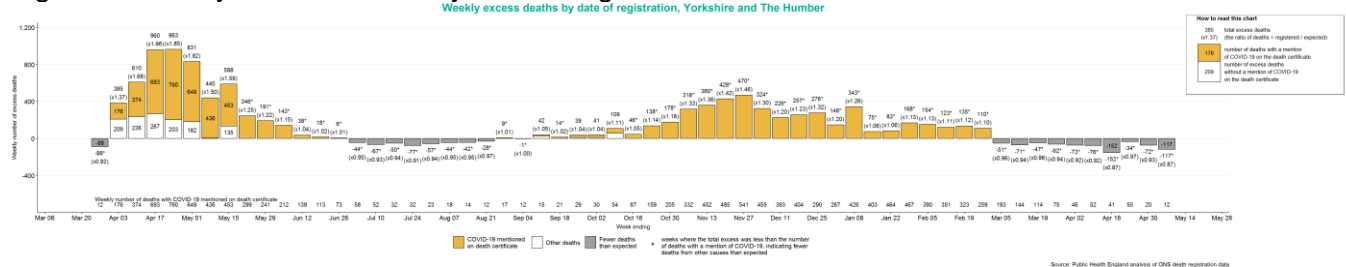
Figure 2: Weekly registered deaths in England



Regional context: Yorkshire and the Humber

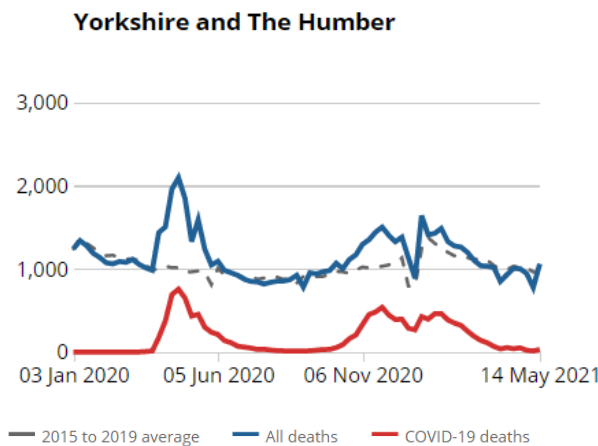
In Yorkshire and the Humber, the pattern of excess deaths closely follows the national trend, with excess deaths seen in two peaks which appear to be in line with the “waves” of increased COVID-19 cases (Figure 3) [5].

Figure 3: Weekly excess deaths by date of registration, Yorkshire and The Humber



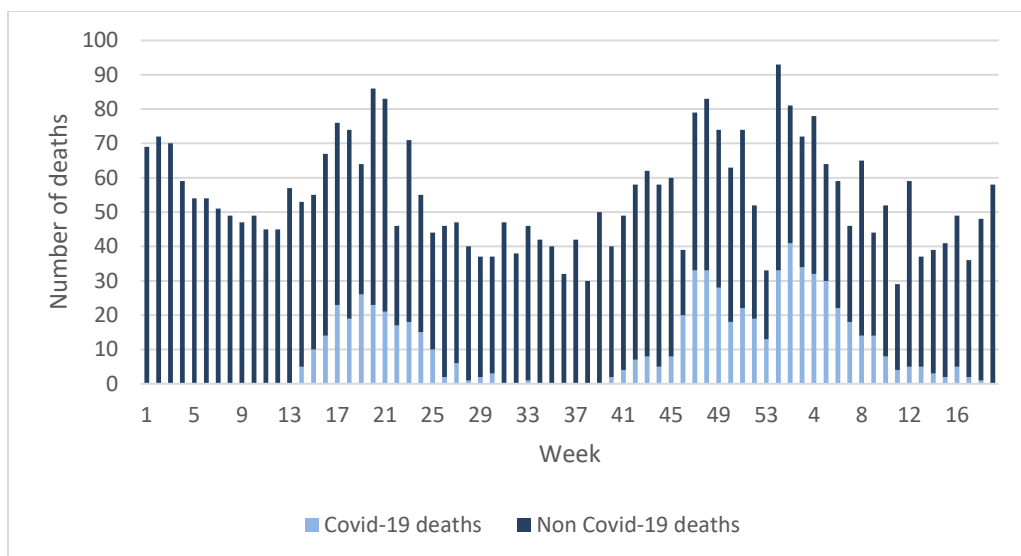
Comparing the number of deaths in the Yorkshire and The Humber region to the number of deaths in previous years, further demonstrates the periods of excess deaths, where the total number of deaths registered was greater than the five year average (Figure 4) [6].

Figure 4: The number of deaths Yorkshire and The Humber (28 December 2019 and 14 May 2021) compared with the five-year average



In Hull, there have been a total of 3,943 deaths between 1st January 2020 and 14th May 2021, of which 709 had COVID-19 on the death certificate (Figure 5) [7].

Figure 5: All cause and COVID-19 mortality 2020-21: Hull



Across the four local authorities in which Humber services are based (Hull, East Riding of Yorkshire, Scarborough and Ryedale), during the same time period there were 13,171 deaths, of which 1,893 had COVID-19 on the death certificate [7].

Methods

Data sources

Datix reports for the Humber NHS Foundation Trust between April 2019 and March 2021 were used as the primary source for this analysis. All Datix-reported deaths have been included, not only those where COVID-19 was a factor. The rationale for the included time period of the data was that it allowed for a comparison between the pre-pandemic period (April 2019 to March 2020) and the pandemic period (April 2020 onwards). In the context of this report, the date referenced as the start of the “pandemic” period reflects when deaths from COVID-19 were beginning to increase² in the local authority regions in which Humber services are based [3]. Within the pandemic time frame, local data can also be considered in the context of the national peaks in mortality rates, as described above.

Data reporting

Trust policy requires all deaths on caseloads across all services within the Humber NHS Foundation Trust to be reported to the governance team via Datix. This approach of reporting deaths remained consistent throughout the pandemic period.

All reported deaths are discussed daily at a safety huddle, where further information is collated, and further clarification may be sought when required. All deaths are then collated and reviewed at the weekly Clinical Risk Management Group (CRMG) meeting, where final decisions are taken with regards to whether any further action is required.

Interpretation of results

² The first deaths from COVID-19 in the local authority areas in which Humber services are based were reported from the week commencing 23rd March 2020

In order to understand how the mortality trends align with the spread of COVID-19 infection, it may be helpful to consider when those who died from COVID-19 may have been infected. In those with COVID-19, the time between symptom onset and death due to COVID-19 can vary, however the time is estimated to be 13 days on average (although data suggests this period may have been shorter in the second wave) [8]. Prior to symptom onset, the average incubation time (the time from infection with COVID-19 to symptom onset) is thought to be 5-6 days [9], meaning that the average time from infection to death for Covid-19 is approximately 18-19 days, although in the second wave, the average may have been around 12-13 days [8,9]. Based on this average period, service users who died from COVID-19 during the pandemic were likely to have been infected 2-3 weeks prior to death, which fits with patterns of increasing cases nationally around the dates where increased numbers of deaths can be seen.

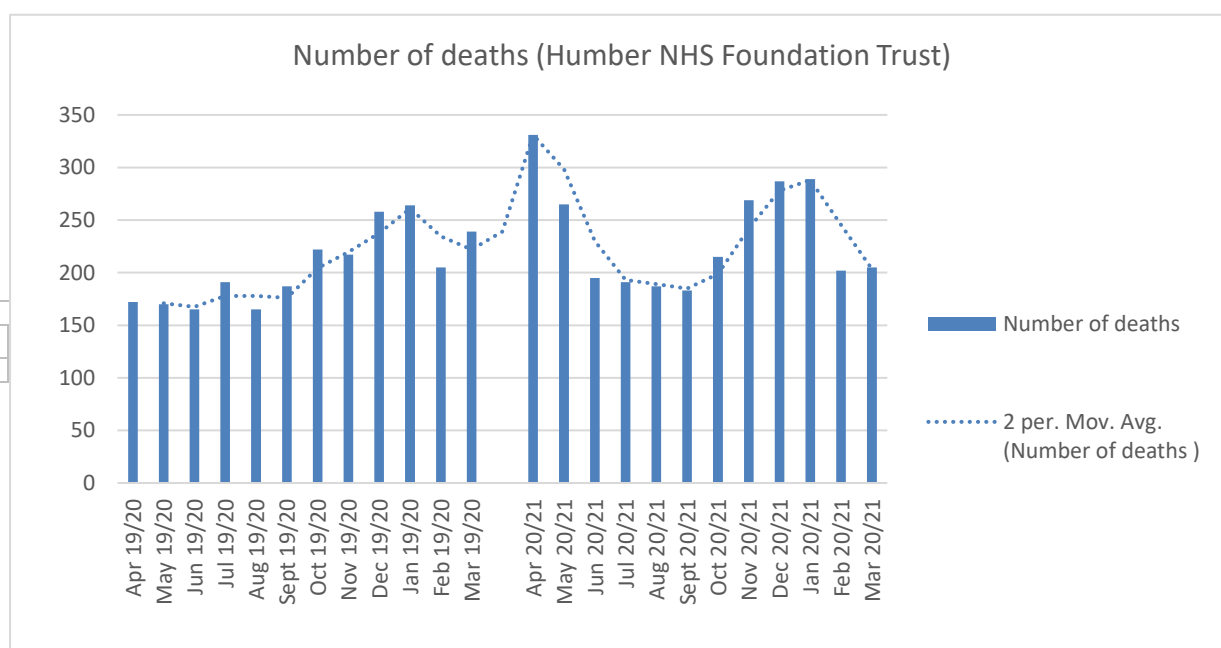
Prior to the pandemic period, there was an emphasis placed on increasing the reporting of deaths in community services in Scarborough and Ryedale following a change in provider. This meant that due to increased reporting, there are some apparent increases in mortality seen in the 2019 data, as during this time these new reporting practices were being implemented.

Data and Results

Overall mortality trends

The total number of monthly deaths within Humber NHS Foundation Trust can be seen in Figure 6. The trend in monthly deaths shows an increase in deaths around April 2020 and December 2020/January 2021, which follows national mortality trends. The numbers of deaths in each month are also summarised in Table 1. The largest changes in monthly mortality data compared to the previous year are seen in April and May 2020.

Figure 6: Monthly Datix-reported deaths within Humber NHS Foundation Trust, with 2 month rolling average (April 2019 - March 2021)



Apr	May	Jun
172	170	165

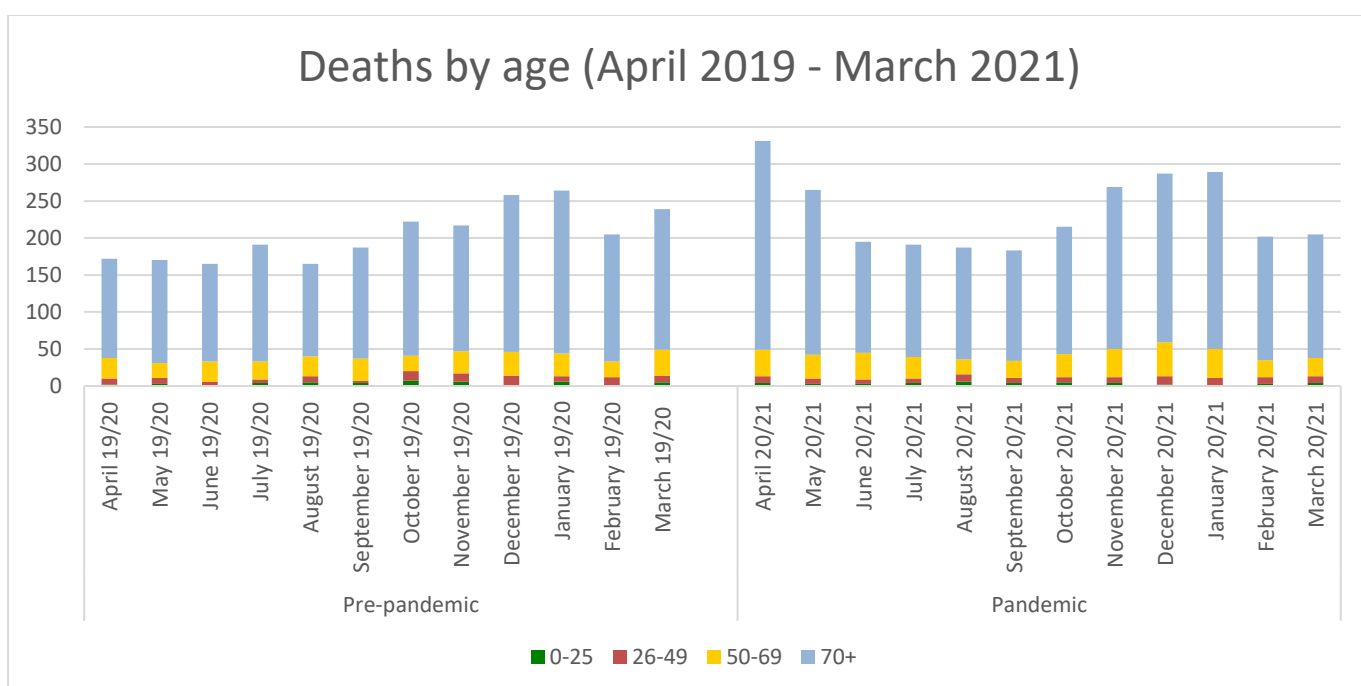
Feb	Mar
202	205

Table 1: The number of deaths in Humber NHS Foundation Trust per month (April 2019 – March 2021)

Mortality trends by age

Breaking down the number of deaths by age group demonstrates that more deaths occurred in the older age group, which may be expected given that older adults are at higher risk of having worse outcomes with COVID-19 infection. The highest number of deaths in this age group were seen in April 2020 and January 2021, which corresponds with the first and third “waves” of the pandemic. There are fewer deaths in those aged under 70 years, although the highest number of deaths in those aged between 50-69 years was seen in December 2020 and January 2021, which is also around the time of the third wave, in which sharp increases in the number of deaths was seen in England from the end of December until the end of January [10]. A summary of the mortality rates by age is displayed in Figure 7.

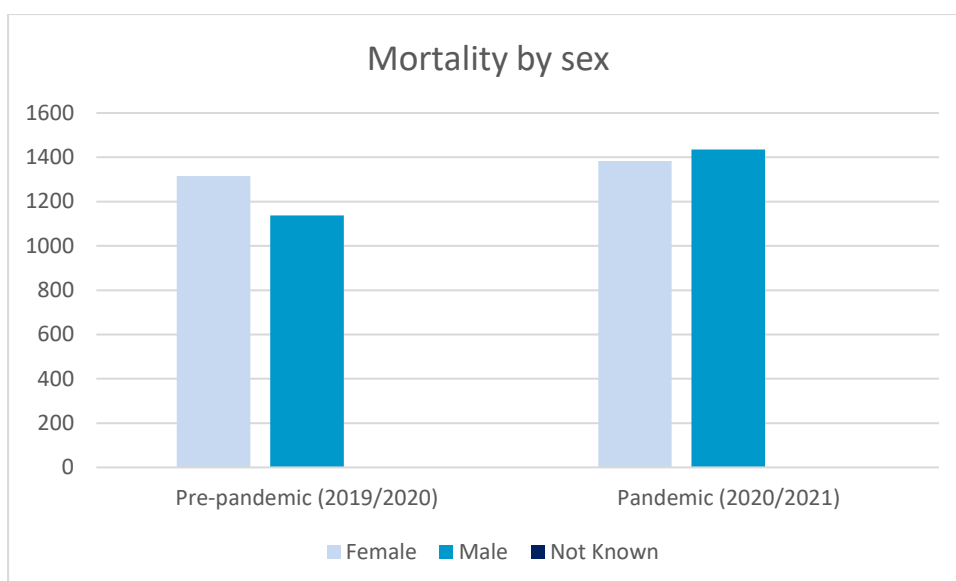
Figure 7: Numbers of deaths by age group (April 2019 – March 2021)



Mortality trends by sex

When comparing the deaths by sex before and after the pandemic (Figure 8), there are more deaths amongst males following the start of the pandemic. In comparison, prior to the pandemic, the number of deaths was higher in females.

Figure 8: Mortality by sex in Humber NHS Foundation Trust



Mortality trends by ethnicity

In relation to ethnicity, for many of the recorded deaths (3651), ethnicity was not known or not stated. Of those deaths in which ethnicity was recorded, for both before and during the pandemic, the vast majority were recorded as being British, with 98% in 2019/20 and 97.9% in 2020/21. Although this suggests low proportions of people from ethnic minority groups in this data, in Hull and East Riding of Yorkshire, there are lower than national percentages of those from ethnic minority groups in the population, with 89.7% White British in Hull and 96.1% in East Riding (compared to 79.8% in England) [11,12]. Table 2 provides a summary of mortality by ethnicity, which shows the small numbers across ethnic groups other than British. Although those in minority ethnic groups do not all form one single group or ethnic category, due to small numbers, mortality data across different ethnic groups has been grouped due to the risk of patients becoming identifiable with such small numbers.

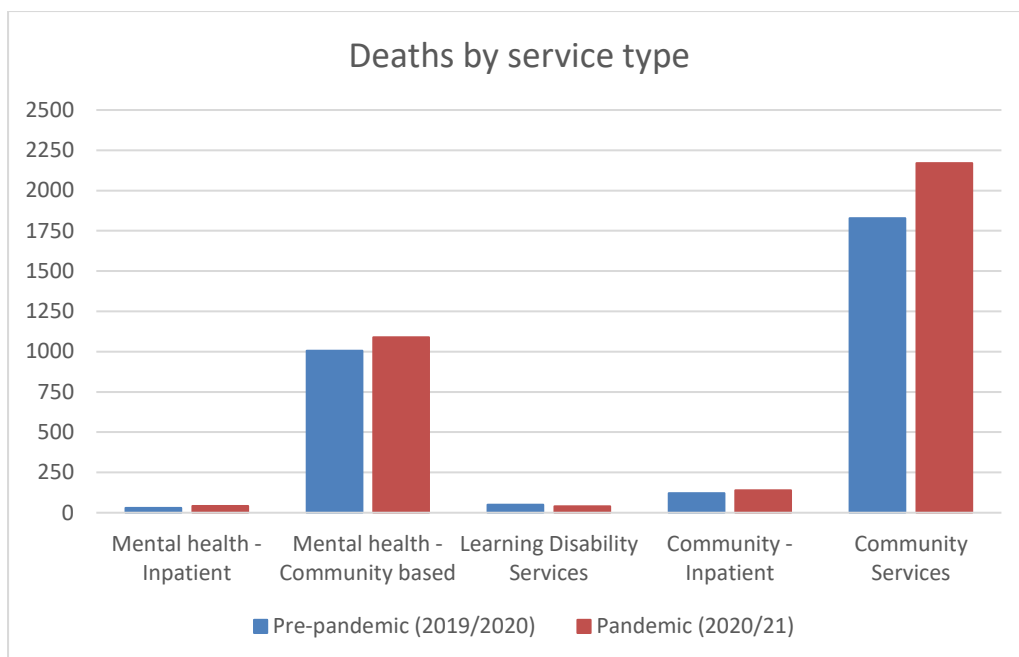
Table 2: Mortality by ethnicity

Count of Ethnicity	2019/2020	2020/2021
British and Irish	784	816
Not known	1633	1950
Not stated	27	41
Other ethnic group	11	12
Total	2455	2819

Mortality trends by service type

Mortality data with the Humber NHS Foundation Trust can also be considered in relation to service type (Figure 9). Most deaths occurred within Humber community services, with an increase in the number of deaths seen during the pandemic when compared with the year before.

Figure 9: Mortality by service type



The second highest number of deaths was seen in outpatient and community-based mental health services (encompassing many different services including community teams, crisis teams, liaison, psychological and memory services), which also saw an increase in mortality during the pandemic. It is important to note that while the information in Figure 9 may provide a visual comparison of mortality by service type, some service users may have been known to more than one service, meaning that the overall number of deaths appears higher in this dataset than in the numbers shown in Figure 6 above. Mortality data for specific service types has not been reported, as some services have small numbers which could lead to a risk of patients being identifiable from the data.

Discussion of data:

The data presented demonstrates that within Humber NHS Foundation Trust, there have been some increases in mortality, which are in line with national increases in mortality relating to the COVID-19 pandemic. The months in which these increased deaths occurred correlate with the peaks of the COVID-19 pandemic, notably the first and third wave. Furthermore, as the largest number of deaths occurred in April 2020, this suggests that some service users will have been infected by COVID-19 prior to the implementation of strict infection prevention and control measures nationally. For example, self-isolation guidance for household contacts was not in place until 16th March 2020 and the first lockdown measures were not introduced until 23rd March 2020 [13]. During the early stages of the pandemic, widespread testing was not available, and there were national reports of issues in acquiring appropriate personal protective equipment (PPE) [14,15].

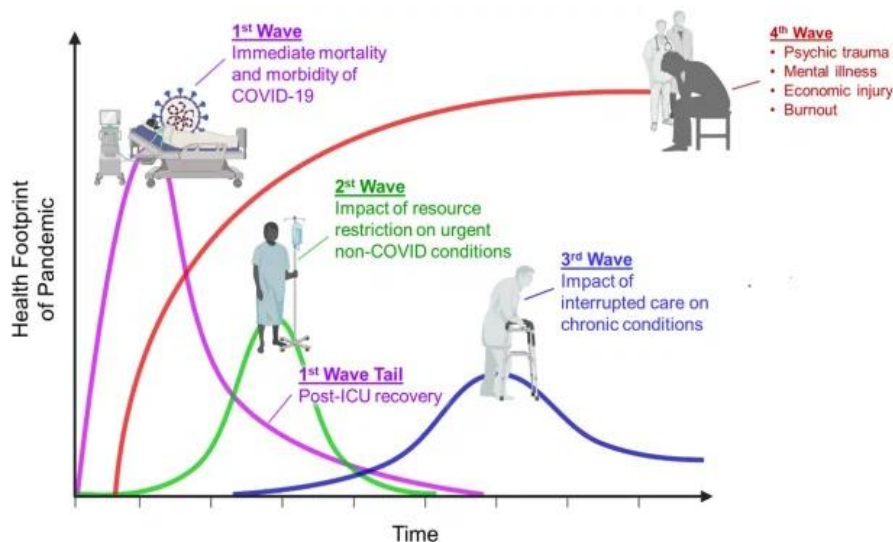
Overall, from the start of the pandemic, more deaths occurred in those patient groups which are considered to be at higher risk of death from COVID-19, including older adults and males. There were also differences in mortality across different services, which may represent several factors including the number of service users, population demographics and differences in other underlying risk factors. Although some service types saw higher relative changes in mortality, with small numbers it is difficult to draw meaningful conclusions, as even minor changes in the data can affect relative differences. However, mortality within community services saw an increase in mortality of 18%, which would be in keeping with some of the population risk factors discussed above.

Some of the limitations of the data within this report include lack of detail about cause of death, however, given the timing of increases in mortality and some of the population demographics, it appears to be correlated with national information on deaths from COVID-19, which suggests many of these deaths are due to COVID-19.

Whilst exploring some of the population demographics in relation to mortality, it is recognised that due to limited information available, and small numbers on some available information, it has not been possible to undertake further analysis on ethnicity and mortality, despite evidence suggesting that some ethnic groups may be at a higher risk of having adverse outcomes in relation to COVID-19. There is also limited reporting of wider aspects of gender identity and the impact of COVID-19, which means there may be hidden inequalities in COVID-19 outcomes in relation to gender, something that has been highlighted as a deficit within US public health data [16]. Although this is beyond the scope of this mortality paper, further considerations of mortality could explore other populations that have been disproportionately affected by the pandemic, such as those living in more deprived areas [17]. Without further information, it is possible that potential inequalities in mortality may not be recognised, although Trust level data can be reviewed along with national and regional data on inequalities, which may help inform future learning and the wider context of the impacts of COVID-19.

It is clear that the COVID-19 pandemic has already had a significant impact on morbidity and mortality at a local, organisational and national level, with many wider effects potentially lasting much longer than the initial waves of increased cases and deaths. One example of how COVID-19 may have long term impacts on health and mortality in the future has been demonstrated by the “Four Waves Model” (Figure 10) [18].

Figure 10: The Four Waves Model (reproduced from Tseng, 2020)



This demonstrates some of the potential future organisational challenges and uncertainty that may occur as a result of the pandemic. This should also be considered in the context of the threat of widening of health inequalities, which may be seen in the health outcomes of service users, demand for services or differences in health needs.

Reducing the impact of future communicable diseases and Covid-19 for Humber Teaching NHS FT Patients:

- Although the number of COVID-19 cases and deaths are declining, it is important to remain vigilant, through **continued testing** where required, **awareness** of COVID-19 symptoms, high risk groups and **adherence to government guidelines**.
- Effort should be taken to **support the vaccination programme**, where appropriate, for both staff and service users. In particular, timely COVID-19 vaccination should be a significant priority for those who want to take up the offer of vaccination, however future efforts to encourage other vaccinations such as the “flu jab” may also be an important step in protecting the health of staff and patients. This may include ensuring that individuals have **access to guidance and accurate information**, such as evidence of the effectiveness of the vaccinations [19], and ensuring that any misinformation or individual concerns are sufficiently addressed, to allow staff and service users to **make an informed decision about vaccination**.
- Continued **training in recognition of physical illness** and the deteriorating patient to maintain staff confidence in managing early stages of medical emergencies (for example involving appropriate support or services) and ensuring that processes remain in place to allow prompt recognition of those patients who are unwell. There may also be a role for ensuring that service users are provided with advice and information to allow them to recognise changes in their own health, as well as support in seeking and accessing appropriate healthcare. This may help **individuals feel more empowered to raise concerns about their health**.
- It remains important to **recognise the potential for inequalities** in mortality and health outcomes across service users, particularly those within minority or marginalised groups. This may come from recognition of examples of good practice, improved awareness or further analysis of regional or national data. Improved **recording of demographic data** in reporting of deaths, such as ethnicity, may also provide information on health outcomes in different population groups
- Recognition of staff resilience through the extremely challenging period of the pandemic, and the likely impact of changes to service delivery, increased deaths, personal factors and potentially the SARs-COV2 virus itself. In **recognising staff efforts and supporting staff wellbeing**, this may reduce the risk of burnout or other wider impacts of the pandemic on staff health and subsequent service delivery.

References

- 1 The King's Fund. Deaths from Covid-19 (coronavirus). King's Fund. 2021. <https://www.kingsfund.org.uk/publications/deaths-covid-19> (accessed 27 May 2021).
- 2 NHS. Long-term effects of coronavirus (long COVID). NHS. 2021. <https://www.nhs.uk/conditions/coronavirus-covid-19/long-term-effects-of-coronavirus-long-covid/> (accessed 27 May 2021).
- 3 Gov.uk. Deaths in England. Gov.uk. 2021. <https://coronavirus.data.gov.uk/details/deaths?areaType=nation&areaName=England> (accessed 28 May 2021).
- 4 Public Health England. Excess mortality in England. Public Heal. Engl. 2021. <https://app.powerbi.com/view?r=eyJrljoiYmUwNmFhMjYtNGZhYS00NDk2LWFI MTAtOTg0OGNhNmFiNGM0liwidCI6ImVINGUxNDk5LTRhMzUtNGlyZS1hZDQ3LTVmM2NmOWRIODY2NiIsImMiOjh9> (accessed 27 May 2021).
- 5 Public Health England. Excess mortality in England, week ending 26 February 2021. Public Heal. Engl. - Fingertips. 2021. <https://fingertips.phe.org.uk/static-reports/mortality-surveillance/excess-mortality-in-england-week-ending-26-Feb-2021.html#region> (accessed 28 May 2021).
- 6 Office for National Statistics. Deaths registered weekly in England and Wales, provisional. Off. Natl. Stat. 2021. <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregisteredweeklyinenglandandwalesprovisional/latest> (accessed 28 May 2021).
- 7 Office for National Statistics. Death registrations and occurrences by local authority and health board. Off. Natl. Stat. 2021. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/deathregistrationsandoccurrencesbylocalauthorityandhealthboard> (accessed 28 May 2021).
- 8 Harrison EM, Docherty A. COVID-19: time from symptom onset until death in UK hospitalised patients. 2020.
- 9 McAloon C, Collins Á, Hunt K, *et al.* Incubation period of COVID-19: A rapid systematic review and meta-analysis of observational research. *BMJ Open* 2020;**10**:e039652. doi:10.1136/bmjopen-2020-039652
- 10 Public Health England and NHSX. Deaths due to COVID-19. GOV.UK. 2021. <https://coronavirus.data.gov.uk/details/deaths> (accessed 7 Jan 2021).
- 11 Hull Data Observatory. Population Overview (Hull). Hull Data Obs. 2019. http://109.228.11.121/IAS_Live/profiles/profile?profileId=1 (accessed 7 Jan 2021).
- 12 East Riding Intelligence Hub. East Riding Population. 2019. <https://intel-hub.eastriding.gov.uk/population/#ethnicity> (accessed 24 Jun 2021).
- 13 Dunn P, Allen L, Cameron G, *et al.* COVID-19 policy tracker 2020. Heal. Found. 2021. <https://www.health.org.uk/news-and-comment/charts-and-infographics/covid-19-policy-tracker> (accessed 9 Jun 2021).
- 14 Oliver D. David Oliver: Lack of PPE betrays NHS clinical staff. *BMJ*. 2021;**372**. doi:10.1136/bmj.n438
- 15 Committees. Frontline workers left “risking lives to provide treatment and care”. UK Parliam. 2021. <https://committees.parliament.uk/committee/127/public-accounts-committee/news/139073/frontline-workers-left-risking-lives-to-provide-treatment-and-care/> (accessed 15 Jun 2021).
- 16 Cahill S, Grasso C, Keuroghlian A, *et al.* Sexual and gender minority health in the COVID-19 pandemic: Why data collection and combatting discrimination matter now more than ever. *Am. J. Public Health*. 2020;**110**:1360–1. doi:10.2105/AJPH.2020.305829

- 17 Bambra C, Riordan R, Ford J, *et al.* The COVID-19 pandemic and health inequalities. *J. Epidemiol. Community Health.* 2020;**74**:964–8. doi:10.1136/jech-2020-214401
- 18 Tseng V. Health Footprint of Pandemic. Twitter. 2020.<https://twitter.com/VectorSting/status/1244671755781898241> (accessed 12 Jun 2020).
- 19 Public Health England. Impact of COVID-19 vaccines on mortality in England. 2021.



Humber Teaching
NHS Foundation Trust

Mortality paper for Humber Teaching NHS Foundation Trust

Dr John Byrne, Medical Director

Dr Alex Macnamara, Public Health Registrar

Introduction

- Presenting key findings from update on mortality paper
- Aims are to look at the mortality trends within the Trust following the COVID-19 pandemic





Humber Teaching
NHS Foundation Trust

Background

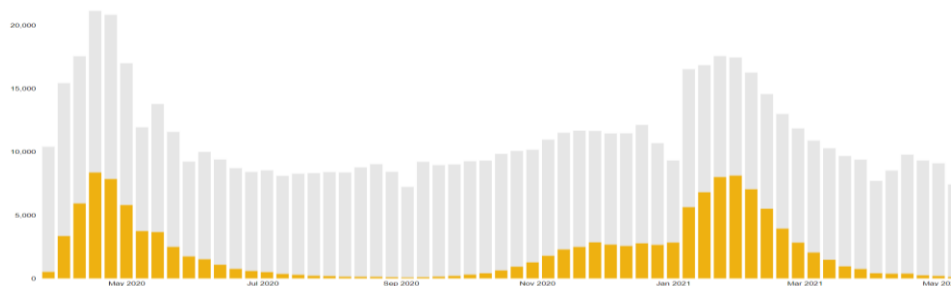


**Caring, Learning
& Growing Together**

Background

- Total of 152,606 deaths due to COVID-19 in the UK
- Some population groups have a higher risk of mortality
- Tens of thousands of excess deaths nationally

Weekly registered deaths in England:

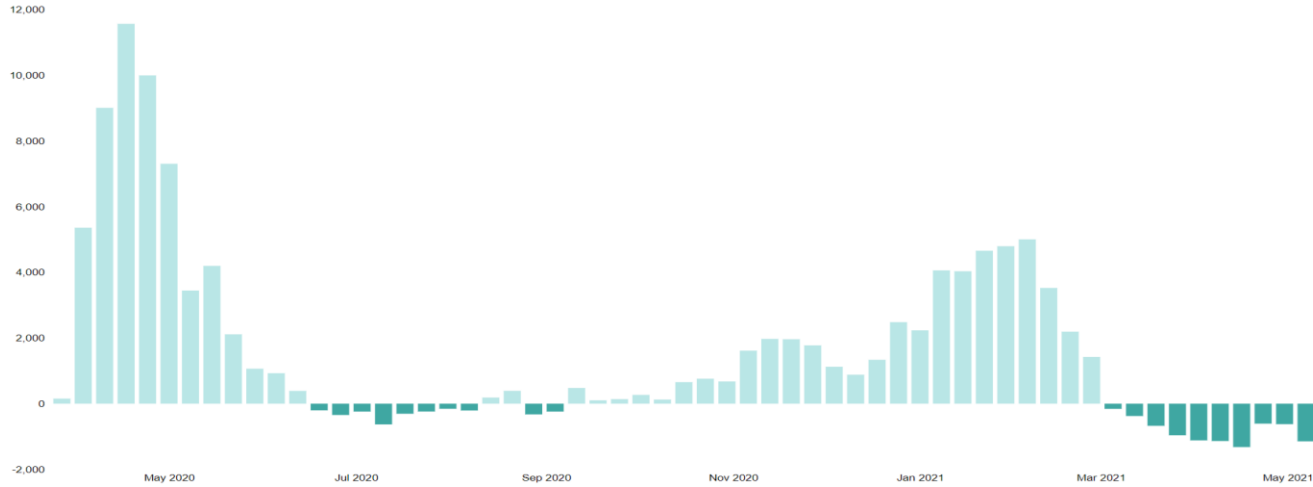


**Caring, Learning
& Growing Together**

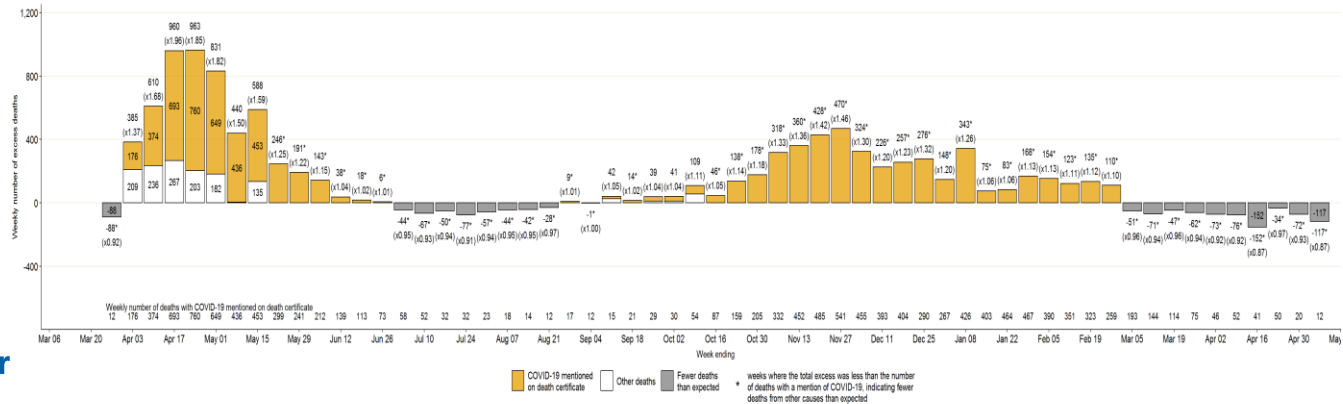
Weekly excess deaths by date of registration, England



**Humber Teaching
NHS Foundation Trust**



Weekly excess deaths by date of registration, Yorkshire and The Humber

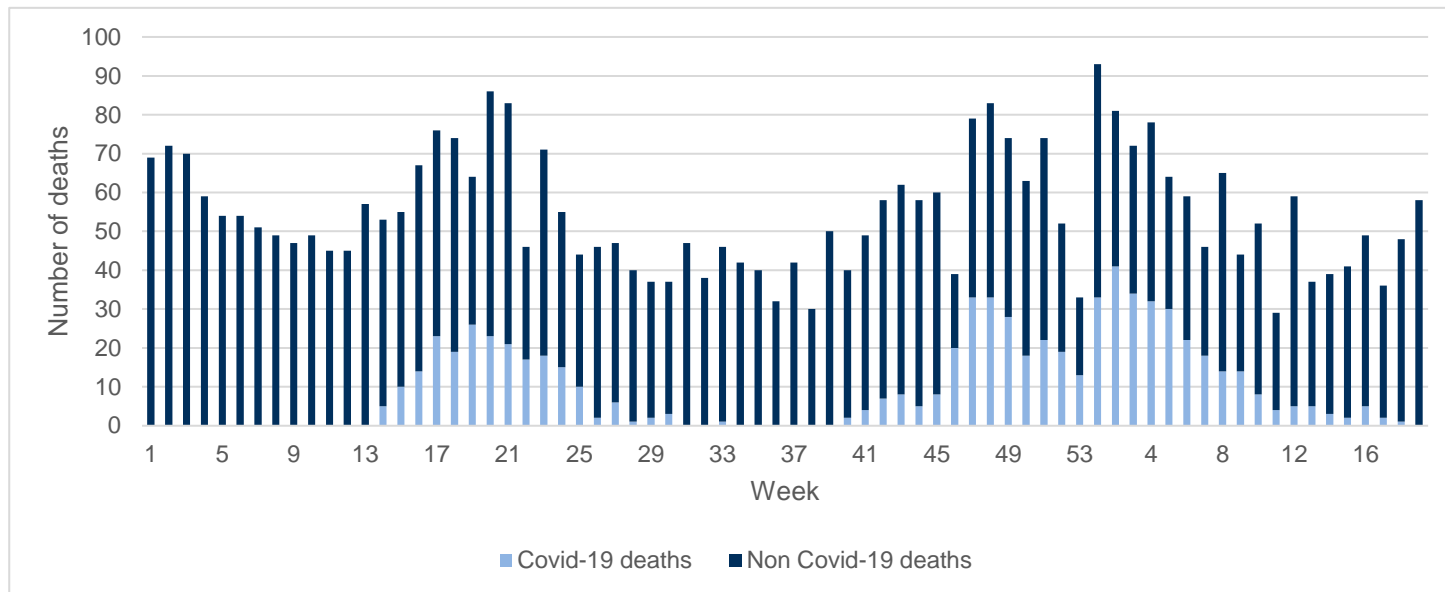


**Caring, Learning
& Growing Together**

All cause and COVID-19 mortality 2020-21: Hull



Humber Teaching
NHS Foundation Trust



Caring, Learning
& Growing Together



Humber Teaching
NHS Foundation Trust

Methods



**Caring, Learning
& Growing Together**

Methods

- Datix reports as source of mortality data
- Date range April 2019 - March 2021
- Allow for comparison between pre-pandemic and pandemic mortality



Context

- Based on existing evidence, death from COVID-19 most often occurs 2-3 weeks following infection
- Emphasis on increased reporting of deaths in Scarborough and Ryedale community services 2019





Humber Teaching
NHS Foundation Trust

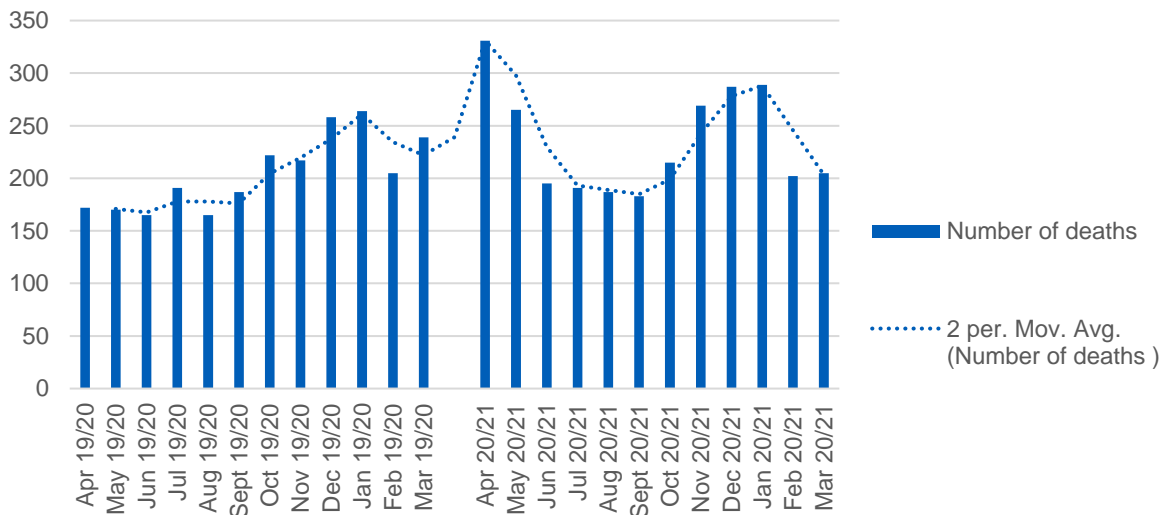
Results



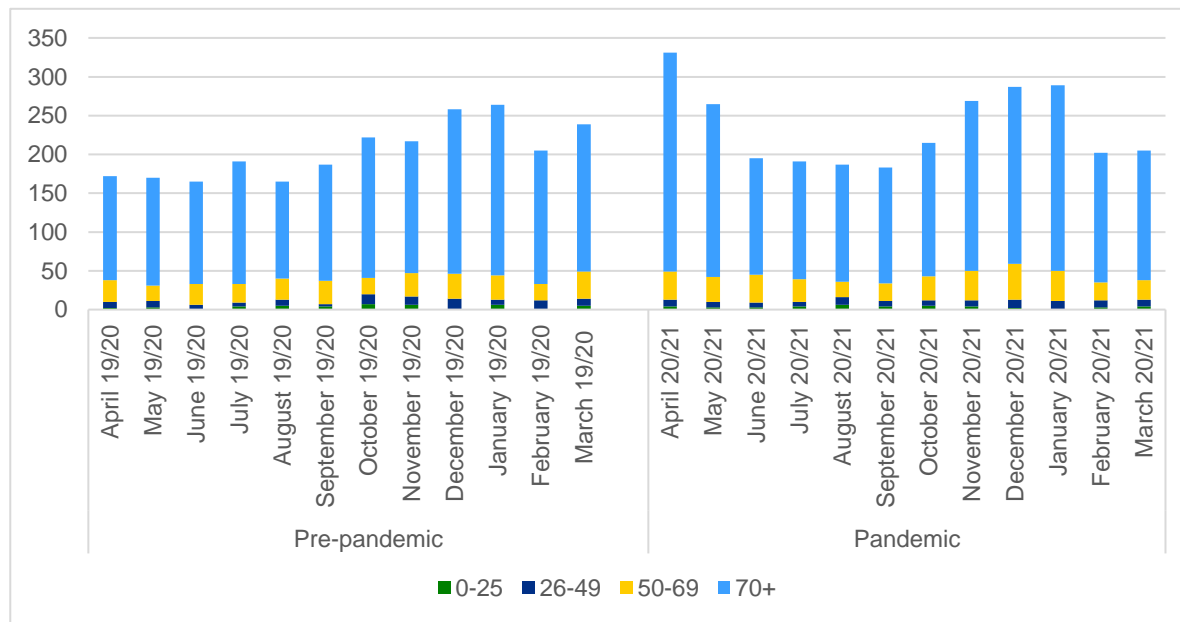
**Caring, Learning
& Growing Together**

Overall mortality

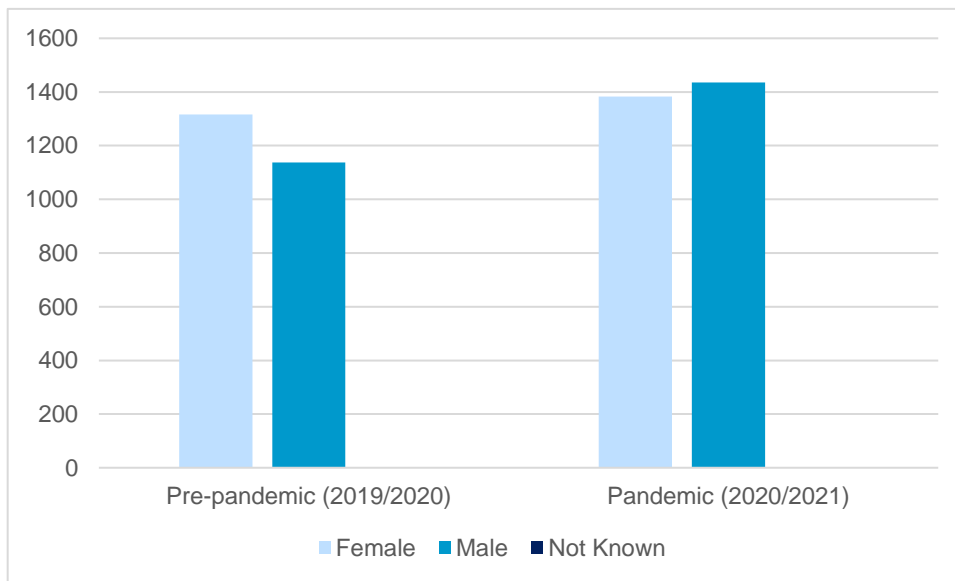
Number of deaths (Humber NHS Foundation Trust)



Mortality by age



Mortality by sex



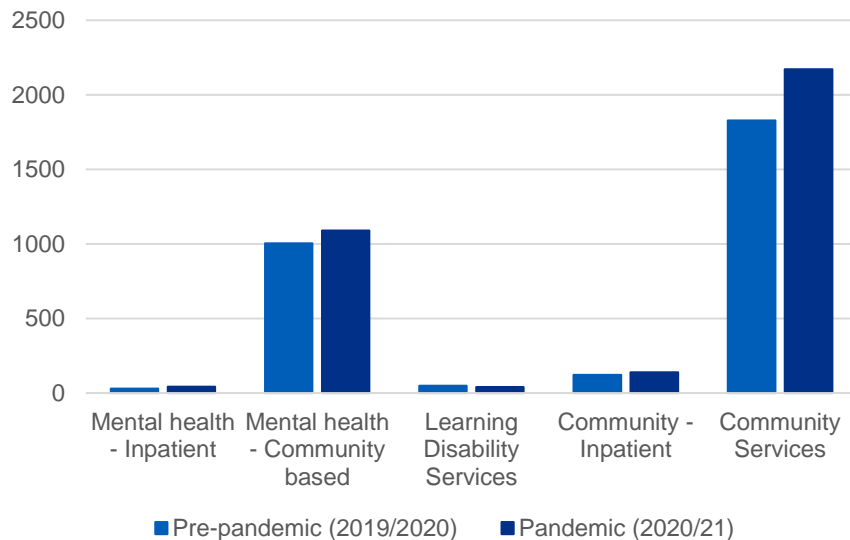
Mortality by ethnicity

- Majority (69.2%) “not known” or “not stated”
- Of those with documented ethnicity ~98% British or Irish before and during the pandemic
- Small numbers of deaths in those from ethnic minority groups

Count of Ethnicity	2019/2020	2020/2021
British and Irish	784	816
Not known	1633	1950
Not stated	27	41
Other ethnic group	11	12
Total	2455	2819



Mortality by service type



Discussion of results



**Caring, Learning
& Growing Together**

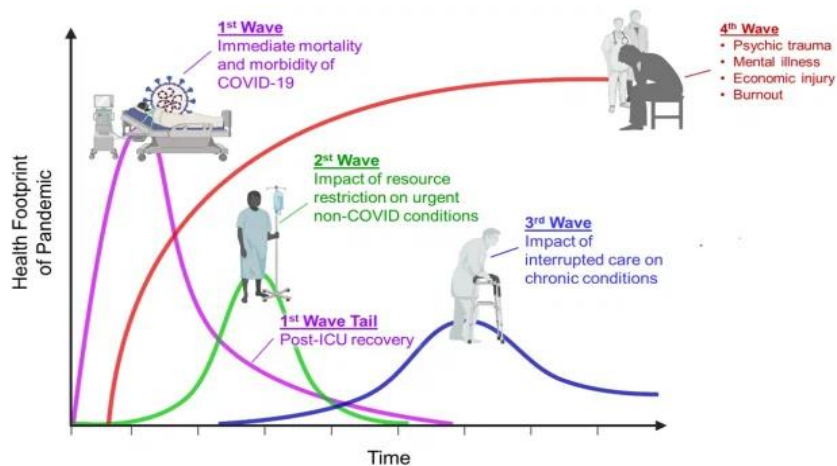
Discussion

- Data shows increases in mortality, in line with national mortality relating patterns during the COVID-19 pandemic.
- More deaths occurred in those patient groups which are considered to be at higher risk of death from COVID-19.
- Further data not available on cause of death or more detailed demographic data



Discussion

- Data shows increases in mortality, in line with national mortality relating patterns during the COVID-19 pandemic



Recommendations



Humber Teaching
NHS Foundation Trust

Guidance and
awareness

Vaccination

Data collection

Training and
support

Recognise
potential
inequalities

Recognise staff
resilience



Caring, Learning
& Growing Together



Humber Teaching
NHS Foundation Trust

Thank you



**Caring, Learning
& Growing Together**

Agenda Item 16

Title & Date of Meeting:	Trust Board Public Meeting– 28 th July 2021																											
Title of Report:	Quality Accounts 2020-21																											
Author/s:	Hilary Gledhill Executive Director of Nursing, Allied Health and Social Care Professionals Colette Conway, Assistant Director of Nursing, Allied Health & Social Care Professionals																											
Recommendation:	To approve	x	To receive & note																									
	For information		To ratify																									
Purpose of Paper:	The Board are asked to ratify the Quality Accounts for 2020-21																											
Governance:	<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Audit Committee</td> <td></td> <td>Remuneration & Nominations Committee</td> <td></td> </tr> <tr> <td>Quality Committee</td> <td>2.6.21</td> <td>Workforce & Organisational Development Committee</td> <td></td> </tr> <tr> <td>Finance & Investment Committee</td> <td></td> <td>Executive Management Team</td> <td>12.7.21</td> </tr> <tr> <td>Mental Health Legislation Committee</td> <td></td> <td>Operational Delivery Group</td> <td></td> </tr> <tr> <td>Charitable Funds Committee</td> <td></td> <td>Other (please detail)</td> <td></td> </tr> </tbody> </table>					Date		Date	Audit Committee		Remuneration & Nominations Committee		Quality Committee	2.6.21	Workforce & Organisational Development Committee		Finance & Investment Committee		Executive Management Team	12.7.21	Mental Health Legislation Committee		Operational Delivery Group		Charitable Funds Committee		Other (please detail)	
	Date		Date																									
Audit Committee		Remuneration & Nominations Committee																										
Quality Committee	2.6.21	Workforce & Organisational Development Committee																										
Finance & Investment Committee		Executive Management Team	12.7.21																									
Mental Health Legislation Committee		Operational Delivery Group																										
Charitable Funds Committee		Other (please detail)																										
Key Issues within the report:	<p>The report was presented at the Quality Committee on 2 June 2021, with amendments made following suggestions from the Committee mainly in relation to layout. They were then presented to EMT on 12 July 2021; with amendments made following suggestions around wording for contracts (page 126) and finance (page 54).</p> <p>The Quality Accounts have been out to partners as part of the required consultation period. Statements on the quality accounts were also requested. We have received statements for inclusion in the Accounts from Hull & East Riding CCG, Hull City Council Health and Wellbeing Overview and Scrutiny Commission and North Yorkshire CCG (see annexe one) . No other responses have been received despite reminders being sent.</p> <p>The Quality Accounts have been circulated to Governors as part of the consultation process no comments have been received to date</p>																											

	The requirement for external audit on key indicators was again stood down for this year's requirements.
--	---

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	



Humber Teaching
NHS Foundation Trust

Humber Teaching NHS Foundation Trust

Quality Account

2020/21



**Caring, Learning
& Growing Together**

Contents

Welcome to the Quality Account

Error! Reference source not found.

1.2 Patient and Family Stories

Part Two: Priorities for Improvement and Statements of Assurance from the Board

2.1 Priorities for Improvement

Our Approach to Quality Improvement and Quality Governance

Looking Back: Review of the Quality Priorities in 2019/**20**

Looking Forward: Our Quality Priorities for 2020/21

2.2 Statements of Assurance from the Trust

2.6 Mandatory Quality Indicators



Part Three: Other information on Quality Performance 2020/21

3.1 Key National Indicators

3.2 Performance in Relation to other Indicators Monitored by the Board

Annex 1: Statement from Commissioners, Local Healthwatch Organisations and Overview and Scrutiny Committees

Annex 2: Statement of Directors' Responsibilities for the Quality Report

Annex 3: Independent auditors report to the Council of Governors of Humber Teaching NHS Foundation Trust on the Quality Account

Annex 4: Our Strategic Goals

Annex 5: Glossary and Further Information

If you require any further information about the Quality Account, please contact the Trust Communications Team via email hnf-tr.communications@nhs.net

Welcome to the Quality Account

Welcome to the Humber Teaching NHS Foundation Trust Quality Account. All providers of NHS care are required to produce an annual Quality Account, showcasing the work undertaken during the year to continuously improve the quality of our services, based on national policy drivers and patient, staff and stakeholder feedback. We are proud to be able to share with you the fantastic work that our staff, patients and carers have completed together throughout 2020/21.

This document is divided into three sections:

Part One: Provides an overview of Humber Teaching NHS Foundation Trust and a welcome from our Chief Executive, Michele Moran.

This section then includes two stories written by patients, one about Joan and her husband's experience with dementia and another about Richard's journey in our mental health services and the support he has received thereafter, and concludes by sharing with you a celebration of our successes over 2020/21.

Part Two: Outlines the progress we have made during 2020/21 in relation to the quality priorities we set in our last Quality Account. We also share the priorities we have set for the coming year (2021/22), which have been agreed with our patients, carers, staff and stakeholders.

This section then goes on to share our performance against a number of mandatory performance indicators identified by NHS Improvement.

Part Three: Includes a report on key national indicators from the Single Oversight Framework (SOF) and also shares performance, in relation to other indicators monitored by the Board.

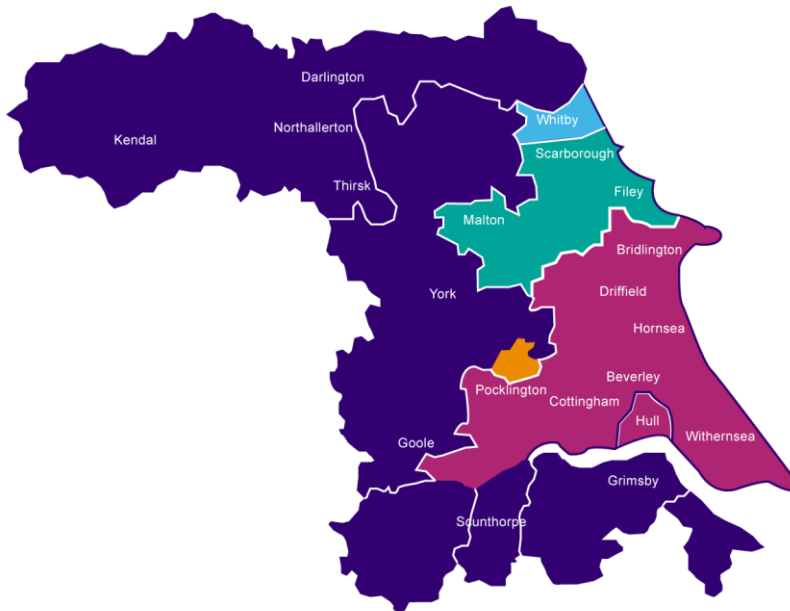
We also share with you the comments we have received in relation to the Quality Account from our Commissioners, Healthwatch and our external auditors. This section concludes with a glossary of terms used within the document.

The purpose of Quality Accounts is to enable:

- Patients and carers to make better informed choices
- Boards of providers to focus on quality improvement
- The public to hold providers to account for the quality of NHS Healthcare services they provide

About the Trust

We are a leading provider of integrated health care services across Hull, the East Riding of Yorkshire, Whitby, Scarborough, and Ryedale. Our wide range of health and social care services to a population of 765,000 people of all ages across an area of over 4,700 square kilometres.



We employ approximately 2,800 staff working across over 79 sites within our five geographical areas.

Our members of staff provide community and therapy services, primary care, community and inpatient mental health services, learning disability services, healthy lifestyle support and addictions services.

We also provide specialist services for children including physiotherapy, speech and language therapy and support for children and their families who are experiencing emotional or mental health difficulties.

Our specialist services, such as forensic support and offender health, support patients from the wider Yorkshire and Humber area and further afield. Inspire, our Children and Adolescent Mental Health in-patient unit serves the young people of Hull, East Yorkshire and North-East Lincolnshire.

The Trust also runs Whitby Hospital, a community hospital providing inpatient, outpatient and community services to Whitby and the surrounding area, and nine GP practices - two in Hull and seven in the East Riding of Yorkshire.

We have a dedicated Research and Development team who work to improve our involvement in both national and global medical research, which, in turn, improves the health and wellbeing of the people we serve, our services and helps improve the care and treatment of people worldwide.

We also have approximately 16,000 Trust members who we encourage to get involved, have their say, and elect governors. The views of Trust members are represented by our Council of Governors. We have 22 governors made up of public governors, service user and carer governors, nominated governors and staff governors. More than half of the Council of Governors is elected by local people. Nominated governors include representatives of local partnership organisations.

Over 120 dedicated volunteers working across our services give their time and skills freely to support us and our patients and services user. They work alongside our staff to provide practical support to our patients, their families and carers and make a huge difference to our patients' experience.

As a teaching Trust, we work closely with our major academic partners, Hull York Medical School and The University of Hull and Coventry University, nurturing a workforce of tomorrow's doctors, nurses and allied health professionals.

Our Values



**Caring, Learning
& Growing Together**

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

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

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

These values shape the behaviour of our staff and are the foundation of our determination to:

- ✓ Foster a culture in which safe, high-quality care is tailored to each person's needs and which guarantees their dignity and respect;
- ✓ Achieve excellent results for people and communities;
- ✓ Improve expertise while stimulating innovation, raising morale and supporting good decision-making;
- ✓ Unify and focus our services on early intervention, recovery and rehabilitation;
- ✓ Engage with and listen to our patients, carers, families and partners so they can help shape the development and delivery of our healthcare;
- ✓ Work with accountability, integrity and honesty; and
- ✓ Nurture close and productive working relationships with other providers and our partners.

Our Vision

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

Our Strategic Goals



For further information on our strategic goals, please see Annex 4.

1.1 Chief Executive's Statement

It gives me great pleasure to once again introduce the annual Quality Account and share with you our achievements, challenges and successes over the past year, and areas we have identified to support our continued improvement journey.

It has been a proud year for the Trust as we have faced the ongoing challenges brought to NHS services by the Covid-19 pandemic. Our teams have showed great resilience, and we are inspired by the way staff continued to provide high quality patient care and innovative pathways throughout this time.

While we are incredibly proud of this year's achievements, we continue on our journey to be recognised as a Trust that continuously works to improve and deliver outstanding services to the communities we serve.

In March 2020, we saw the global pandemic begin to unfold. Many of our teams had to quickly develop plans and adapt to new ways of working, to overcome the kinds of challenges none of us could have predicted.

Our clinical response to Covid-19 was one which we are immensely proud of. While having to move at pace, we continued to put patient care and safety at the heart of all the decisions that needed to be made. Our teams efficiently manoeuvred challenges surrounding supply, including providing adequate personal protective equipment (PPE) for our frontline workers, in addition to being a pilot site for testing in the area, updating policies and procedures to meet ever-changing guidance and introducing new digital technologies which allowed our teams to stay connected, even when working from different locations.

Further to this, we took steps towards strengthening our staff health and wellbeing initiative, which was at the very centre of our response, with significant funding put in place to introduce new ways of supporting each individual through a number of challenges. We later published a book called 'Together We Can', all about this experience and what our teams learned during these unprecedented times.

Despite the challenges Covid-19 presented to NHS services, we continued our service improvement work with some excellent examples of improvements to our services highlighted in this report.

Investment in the wellbeing and development of our staff remains a key priority for us as a Trust. As Chief Executive, this is something I am extremely passionate about. I believe that investing in this is paramount to our success, and the challenges our staff have faced as a result of Covid-19 have only amplified this need, which we are grateful to have been able to support. This includes introducing the Shiny Mind app to support staff wellbeing, increasing emotional support services and access to, musculoskeletal services and creating the Health and Wellbeing Hub on our intranet.

We are currently piloting a clinical competency project with teams at our Mill View Court and Ryedale community locations, further allowing for the development of our staff and illustrating a new way in which we want to ensure they are adequately supported in their roles. This, in turn, better equips them to stay safe and well at work with confidence.

Recruitment and retention of professionally registered staff, particularly Nurses, Psychiatrists and General Practitioners, remains an area of challenge for the Trust which mirrors the national picture. As part of our recruitment efforts, we launched the Choose Psychiatry campaign, which was greatly received by people across the globe. With individuals from as far reaching as Hong Kong and South Africa joining our virtual courtroom event. Our recruitment efforts were later

complemented by our new jobs website, Humbelievable, which showcases why our Trust is a great place to work.

Throughout 2020/21, we continued to work towards our goal of reducing waiting lists. Our Community Mental Health Transformation programme had seen great success in these efforts; however, the nature of the pandemic meant that some of this improvement began to subside. It therefore remains a priority area for the Trust and we continue to ensure that patients are contacted regularly whilst they are on a waiting list, to mitigate the risks associated with waiting. Our ambition is that all of our waiting lists are reduced and compliant with national requirements.

In July 2020, we had the honour of joining other healthcare organisations nationally in 'lighting up blue' to mark the NHS 72nd Birthday. It was a great opportunity to shine a light on the fantastic work of our own team and to help them feel valued and celebrated. Events to mark this important date were successful and attracted over 25,000 views on our social media channels.

During the summer, we launched our new Trust website, which was designed to be mobile optimised with a restructured navigation and new features to improve usability and search. We were pleased to see this work acknowledged in March when Silktide, a company that compares millions of websites, analysed NHS Trust and CCG websites for usability and scored the Trust fourth out of 211 NHS Trusts nationwide.

In November 2020, our Trust was selected as a UK pilot site for asymptomatic staff testing. Since the launch, tens of thousands of lateral flow tests have been taken, helping to reduce the risk of COVID-19 to staff, patients and their visitors.

By January the following year, we were proud to have opened our Covid-19 vaccination site and to see the vaccination programme roll out for staff. The feedback we received during this time was excellent, which led to us becoming a Hospital Hub and a location that could be utilised by Harthill PCN, to help vaccinate healthcare workers across the region. We are immensely proud to say that, as of April 2021, we vaccinated over 20,000 people at our site. This achievement would not have been possible without our brilliant vaccinators, volunteers and management staff.

The Quality Account showcases further examples of quality improvements achieved across all of our services during 2020/21. I am immensely proud of everything we have achieved in the last year and this is testament to the hard work and dedication of our staff and the patients and carers who work with us to continuously improve the quality of services. This commitment to providing high quality care has become particularly evident as we continue to grapple with the effects of the Covid-19 pandemic. Our staff enabled service transformation at pace to support good patient care and support staff health and wellbeing.

Our teams have learned so much during this time, not only about how services can be provided in new and improved ways, but also about themselves. Every day I am amazed by the commitment and resilience that they have shown whilst working through not one but two national lockdowns and an ongoing crisis worldwide. Teams have gone above and beyond in their contribution to our services and we understand that this has often been at a great cost in their personal lives. We can only continue to thank them for all that they have done and continue to do as we move forwards.

As a Trust, we have shown our capacity to move at pace to ensure that we continue to provide a high quality care whilst minimising the risk of infection, through the use of technology. We have also placed considerable emphasis on the wellbeing of our staff, both psychologically and physically through ensuring the availability of appropriate personal protective equipment and additional wellbeing support.

As we move ahead into the next financial year, the Covid-19 pandemic will continue to challenge us all. However, I am looking forward to seeing the ways in which our teams continue to innovate and dedicate themselves to the communities we serve. I have no doubt that they will continue to

inspire me and continue to build on our successes whilst keeping quality at the heart of everything we do.

To the best of my knowledge, the information contained in this Quality Account is accurate.



Michele Moran
Chief Executive
Humber Teaching NHS Foundation Trust

1.2 Patient and Family Stories

In this section, we are honoured to share with you two stories, one from Joan and her husband dealing with dementia and another from Richard, one of our mental health service users. Both Joan and Richard speak about the support they have received from teams in our Trust, and we feel privileged to hear the positive impact our services have had on their unique experiences.

Please note: the patient stories have been added exactly as written and consented by each service user.

Joan and her husband's story

My husband was diagnosed with dementia in February 2013, however, we first noticed some memory problems in 2007. By 2009, his Dementia was impacting on our "Quality of Life. My husband is a very proud man and did not wish to be referred for support. In 2016, he agreed to us both attending a monthly Alzheimer's Support Group in Beverley. By this time, we were isolated as a couple, our previous very active social life had disappeared, one of the things that happens when you become a "Dementia Family".

We first entered the care of Humber Teaching NHS Foundation Trust in 2018 into the Community Mental Health Team (CMHT) in Beverley, although back in 2013 we were part of a control group researching Cognitive Behaviour Therapy and Dementia.

During August 2018, whilst out shopping with my husband, there were a number of incidents. Thankfully we were in a Dementia aware retailer in Beverley, and staff were able to help the issues to be resolved.

I contacted the GP who met with us both. I requested an urgent referral for Psychiatric Reassessment. The GP contacted Mental Health Services and attached two A4 sheets of Care Notes written by myself, raising behaviours of concern. The GP followed up on his referral to Mental Health Services on at least two occasions. It was about six weeks before I had contact from the CMHT. During these six weeks there were a number of other difficult incidents and it was obvious my husband was very distressed. One involved my husband refusing to come into the house one cold evening, The Out of Hours Service were called for advice and several days later my husband was admitted to HRI with a "Chest Infection/Pneumonia".

By the time my husband was allocated a very supportive Community Mental Health Nurse, my husband was receiving Day Care two days a week. On one occasion he found his way onto the roof garden and they had a real concern that he was going to throw himself off. I went to the day centre with some of his medication and to calm him down.

By the end of September, I was contacted by the Statutory run day service to advise that, due to his Challenging Behaviours they could no longer care for my husband and he was going to have to leave. This led me to source private residential homes for support. When I visited these it was apparent that they would not be suitable to support my husband, his needs were too challenging.

In November, I arranged Private Day Care (2 days a week), at a Private residential home in Hessle.

By the end of January 2019, my GP was so concerned about my health he referred me to a Cardiologist. I contacted the private home to advise I desperately needed some respite and asked if my husband could take the next available bed just for 1 week, before it was allocated to someone, which they agreed to. During this time I received support from the CMHT (Beverley, and linked support from Hessle CMHT) with counselling, and supporting me to make decisions about his long term residential care.

On 11 February 2019, I agreed to my husband's stay to be permanent. On Valentine's Day, following a Serious Incident the private home contacted Mental Health Services, a crisis meeting took place on 14th February and my husband was Sectioned (S2 MHA). He was admitted on 15th February to Maister Lodge. This process worked well and was very organised. Myself, Beverley and Hessle CMHT were all involved in the meeting.

Once admitted to Maister Lodge, I noticed a difference within my husband quite quickly. He could get agitated and aggressive, however, because he was in an environment with plenty of space which was run by skilled staff, a lot of his agitation and unpredictable behaviour could be managed appropriately.

There is a very clear traffic light system within Maister which works so well. The team has weekly MDT meetings and I had a link to the meeting through the psychologist, also during my visits I got to know the staff and they got to know me, they have a much more proactive approach.

I understand the difficulties the team has with the speed they have to work in admitting and transferring patients. The Doctor and the whole Staff Team were absolutely terrific at keeping me involved in decision making. My main concern is the lack of appropriate locally based move-on placements for people with Dementia who have challenging behaviour. We are one of the lucky few. When my husband was sectioned there was a bed at Maister. Similarly, when the assessment period was completed, there was a bed in Castle Lodge. Many families in crisis are separated because the only resources available are Out of County. As we are discovering with the Covid crisis, people with Dementia need regular contact with Friends and Family to prevent an accelerated deterioration in their illness.

At the end of May 2019, my husband was discharged to a specialist dementia unit in a residential nursing home. Goole CMHT and Maister Lodge offered extensive support to the unit, however, following a serious incident about a week after the admission, the placement broke down, and my husband was transferred back to Maister Lodge, by ambulance at 11:30pm.

Once back in Maister Lodge, the Deputy Charge Nurse was brilliant. We met early the following morning to review the Care Plan and the Multi-Disciplinary Team concluded that my husband required a longer stay, secure hospital placement. The Nurse liaised with the CCG and on 3rd June he was assessed by Castle Lodge Independent Hospital. I visited the Hospital and spoke to the Ward Manager, and my husband was transferred into Castle Lodge on 7th June.

With continued Psychiatric support and a skilled Nursing Team we were able to rescind the Section 3 MHA Order earlier this year. He is currently still a hospital inpatient under the Deprivation of Liberty Safeguards (DoLS) and I continue to be involved in his Care, attending every Ward Round by conference call. It is our hope that he will be discharged at some point to a Specialist Dementia Unit able to offer him appropriate support.

As my husband is now an inpatient, I was able to become involved in Carers groups. I joined the Carers Advisory Group (CAG) where I met Mandy Dawley, and found out about the work of the Patient and Carer Experience team. Mandy sent me an invitation to the next Forum.

Through the forum, I have become involved in a number of projects, from being part of an interview panel to recruit a Mental Health clinician, to presenting and talking with a Consultant Psychiatrist to Medical students. Currently, I am part of the Trust's Community Mental Health Transformation Programme, Mental Health Inpatient Redesign Programme and Dementia Diagnosis and Post Diagnosis Pathway Development Group. This involvement has had a positive impact on my own wellbeing, but I also truly believe that the current developments will improve services and support service users and carers in this area.

Richard's story

I have struggled with mental health since childhood after a difficult upbringing and, as an adult, have been diagnosed with schizophrenia and a delusional disorder. Mental health and social issues are something I have been learning to live with for a long time.

In the past I have had a couple of stays in Miranda House when my illness has gotten the better of me.

Over the last 18 months I have been living alone in a Council Flat, in the centre of Hull, where I have had many challenges and upsetting experiences. I have been harassed and made to feel 'on guard' in my house due to constant threats and behaviour of local residents – many of which are drug users.

With constant complaints I have made requests for help during these 18 months, I got myself into such a mental state that it was recommended to me by social support that I was admitted again to Miranda House. I initially refused this option as I did not want admitting to a unit, I wanted the help and support I had been asking for. I was advised that if I went into Miranda House it would qualify me for a social worker, which may improve my position.

Feeling I had no options left, I was admitted to Miranda House in March 2020 and stayed there for 3 weeks.

On my discharge from the Home-based Mental Health Team, I became aware that my number had been passed on to the Voluntary Services Team at NHS Humber, as staff were concerned I would be returning to my flat and living alone. The Voluntary Services Team connected me with a telephone befriender, who has been ringing me 2 to 3 times a week to check on my welfare.

The first issue I had was returning to an empty house with no food and no money to buy any. Ann was very kind and asked the right questions. She quickly uncovered I had no food and passed this on to Sharon in Voluntary Services who got me a food parcel delivered for free. I was so grateful for the help and, at the time, still didn't 100% know who the Voluntary Services Team were and why they had been so kind.

Each day for the first 3 weeks I was visited by a member of the Home-based Mental Health Team and was also given access to a Welfare Officer from Hull City Council. It was mid-April when the Home-based Mental Health Team visited to diagnose me with hyperthermia, as I was sitting in my flat with my jumper and coat on when they arrived. I could not afford to put on my heating or electric.

The telephone calls with Ann were a constant source of comfort and the more I got to know her, I began to tell her I had no money to buy shopping and to put my heating on. I also was quite upset as the weekly shopping parcels I had been receiving had not arrived one week and all I had in my cupboard was half a tin of beans and 2 slices of bread. This information was again passed to Sharon. The next day I was contacted by various people asking about my welfare and found some money had been deposited in my bank. Ann also rang me back to say Sharon had found out my

shopping parcel had been delivered but it had been stolen from my front door by one of my neighbours.

At this, an emergency food parcel arrived from a food bank, then a Tesco food parcel came both delivered by volunteer drivers – then I couldn't believe my luck when Hull City Council then brought me more food as they had been informed my shopping had been stolen.

For as long as I can remember, I have not seen my food cupboard so full to the point I actually felt a bit guilty to have been given so much. Ann had been ringing me constantly that day to check on my situation. When she rang the final time I had just received a bag of fresh apples and was so excited I was in the middle of making myself an apple pie, which I hadn't been able to make in a long time.

I cannot thank Ann and Sharon from Voluntary Services enough and believe they have been watching over me since I was discharged from Miranda House. I have spent the last 18 months complaining and reaching out for help and feeling ignored, yet as soon as Voluntary Services have got involved, everything has started moving. I am receiving weekly food parcels set up by Sharon through Hull City Council, I have also had contact from social support who have now supplied me with a housing transfer form. I have money in my account and am starting to feel like I am finally getting somewhere.

I think Ann and Sharon have always asked the 'right questions' and have made sure I have the basics I need to live. I have always felt I talk to people but they don't truly 'listen'. I have been given contact numbers to get help but do not have the money to buy phone credit to ring them! They do not understand what it is like to literally have nothing and this has been my reality each day, until now. Ann and Sharon truly listen and I know that they care about me and my welfare. Without being referred to the Voluntary Services Telephone Befriending Services, I would not have received so much support. I do not know what would have happened to me over the last 2 months but feel sure my mental health would have suffered. I have experienced a few scary moments with lack of food and being hungry, hypothermia and also making sense of the negative behaviour of my neighbours. I perhaps would not be here as well as I am right now without the support of Ann and Sharon. I cannot thank them enough.

I hope from telling my story it helps to highlight some of the aftercare and day-to-day living issues someone like me struggles with and to also highlight the importance of feeling listened to and being truly 'heard'. It would have been helpful to of had a food parcel or some basic things provided when I was discharged until longer-term support was put in place.

Patient and Carer Experience

Our patients, service users, carers and communities are at the centre of everything we do. There is no better or more important way of improving our services than by listening to what individuals think, feel and experience throughout their care journey and beyond.

We aim to involve patients, carers and the public in everything from what services we provide to how they are delivered and how we can improve them in the future. We provide opportunities for patients, carers and families to share their experiences and tell their stories.

You can find out more about our Patient and Carer Experience team and the work that they do, [here](#).

Our Development and Success Highlights for 2020 - 2021

2020	
January	<ul style="list-style-type: none"> ✓ The Trust's new children's and adolescent mental health inpatient unit, Inspire, serving the young people of Hull, East Riding of Yorkshire, North Lincolnshire and North East Lincolnshire was opened marking a national step-change in CAMHS delivery as a service that has been shaped with young people at its heart. ✓ Trust Charity, Health Stars raised over £300,000 through their Impact Appeal which has been used to enhance the unit with special touches and enhanced features.
February	<ul style="list-style-type: none"> ✓ The results of a Care Quality Commission (CQC) led survey of our mental health inpatient services has ranked our Trust better or equal to the national average compared to other NHS Trusts. ✓ Our Trust was in the top 20% for patients being involved in decisions about their care and treatment (39.7%), the quality of our hospital food (72.5%), explaining the purpose of medications given to patients (55.9%), and not delaying discharge for any reason (86.3%) which was the highest score amongst all Trusts.
March	<ul style="list-style-type: none"> ✓ The £13.1m project renovation of Whitby Community Hospital began. The work to the hospital included the stripping and reconstruction of the internals of the tower block to create new hospital areas to house dental and podiatry services, inpatient facilities, including those for mental health, an audiology suite and a cafe on the ground floor. ✓ During March, the Covid-19 pandemic began to take hold nationally and the Trust moved into a phase of emergency preparedness. We established a dedicated Covid-19 rapid response team, developing Covid-19 treatment cohort wards; refreshing and developing a range of clinical policies and procedures to support clinicians and a range of measures, to further support staff to promote workforce resilience and patient safety during these unprecedented times. These measures were all in place by the time the Trust saw the first case of Covid-19.
April	<ul style="list-style-type: none"> ✓ Launched our Back to Basics campaign to remind staff of the basics of staying safe at work. This work was commended and reused by other Trusts nationally. ✓ Launched the ShinyMind App to support staff mental health and wellbeing during the pandemic. Over 11% of our staff have used the app accessing 665 hours of support including 6,596 sessions, 2,226 Masterclasses and 174 SOS requests. ✓ Self-care and support packages were rolled out to staff across the Trust to support them during the ongoing pandemic. This included pamper packages and also donations from supermarkets with treats like Easter Eggs, of which we received over 1,000 for our staff.
May	<ul style="list-style-type: none"> ✓ Marked International Nurses Day on 12 May, to reflect on the contribution of nurses not only within our Trust but also the contribution nurses around the world make to protect and promote health and care for those when they are at their most vulnerable.

<p>June</p>	<ul style="list-style-type: none"> ✓ The Trust celebrated Veterans Awareness Week by holding a two-week programme of virtual events, with key speakers and attendees from local organisations, the Trust and the public. This was a brilliant opportunity to promote our status as a Veterans Aware accredited Trust.
<p>July</p>	<ul style="list-style-type: none"> ✓ We launched the Trust's Wellbeing Week to reinforce the importance of staff wellbeing. During this time, we promoted methods of support for those affected by the pandemic both inside and outside of work, including support for stress and bereavement. ✓ Trust website re-launch. The new site was designed to be mobile optimised with a restructured navigation and new features introduced to improve usability and search. We were pleased to see this work acknowledged in March when Silktide, a company that compares millions of websites, has analysed NHS trust and CCG websites for usability scored the Trust fourth out of 211 NHS Trusts nationwide. ✓ A week-long programme of virtual events during Pride Month in July created and shared supportive content that contributes to increasing LGBT and Trans awareness. Speakers ranged from lived experiences, to individuals representing local and national organisations like MESMAC and Hull Pride.
<p>August</p>	<ul style="list-style-type: none"> ✓ The Integrated Specialist Public Health Nursing Service (ISPHNS) joined thousands of breastfeeding mothers, babies and children across the world to gather in their communities to take part in the Global Big Latch On. ✓ We launched our Trust recruitment marketing campaign, Humbelievable. Developed in partnership with staff from across our services, it shines a light on what makes our Trust special and unique. With over 20,000 visitors since its launch our website, join.humber.nhs.uk, has drawn potential applicants from across the UK and beyond to learn more about the Trust and what we offer as an employer.
<p>September</p>	<ul style="list-style-type: none"> ✓ We launched Poppulo, our new platform that provides all the software tools necessary to create, publish, measure, and improve employee communications. This new tool allows us to design and deliver personalised communications to our diverse staff population. Open rates and click through rates for our twice weekly emails have remained above national benchmarks since launch. ✓ We marked 'Dementia Awareness Week' with a week long programme of virtual events for staff and members of the public. Held during World Alzheimer's Month it aimed to increase awareness and show support for those living with dementia. The event was attended by over 100 guests with topics including living with dementia, research and development and support for families. ✓ We began working with Masters Students from the University of Hull who are developing a new digital platform of patient information. The platform will bring together all patient information in one place creating an accessible repository that can be used by patients, their families and Trust staff. The project is due to complete in May 2021.

October

- ✓ We joined forces with Hull University Teaching Hospitals Trust, Hull City Council, Humberside Fire and Rescue, and Humberside Police for a national campaign to support recruitment to the health and care workforce in Hull and East Yorkshire. Under the banner, East Yorkshire: 'the secret's out', the new campaign seeks to attract more people to vital roles in Hull and East Yorkshire from around the country and beyond.
- ✓ Our Cardiac Rehabilitation (CR) Service covering patient groups from the Scarborough, Ryedale, Pocklington and Whitby areas was awarded Full Green Certification by the National Certification Programme for Cardiac Rehabilitation (NCP_CR). This certification demonstrates that we provide a recognised and good CR which meets agreed standards.
- ✓ We worked with Hull York Medical Schools (HYMS) to host a one of a kind virtual event in support of the RCPsych '[Choose Psychiatry](#)' campaign which aims to tackle the national shortage of Psychiatrists across the country. Over 750 students signed up for the virtual courtroom event with participants joining from as far as India, Hong Kong and Canada.

November

- ✓ Our fourth annual Research Conference had been due to take place in May 2020 with all 180 places filled, but had to be postponed due to the pandemic. Not wanting to miss the opportunity to share important research findings and highlight the incredibly varied research we are involved in, the Trust's first virtual research conference took place over two half days 17-18 Nov 2020. Almost 300 people registered, including international delegates, and representing 50+ organisations and many professional groups.
- ✓ The Trust received confirmation of their White Ribbon accreditation, which marked our position to stand in solidarity with women who have been a victim of violence. This was publicised during our work for White Ribbon Day on 25 November.
- ✓ We became one of the first Trusts in the region to adopt and implement the Dr Toolbox, a secure online information resource to help to better orientate Junior Doctors within their Trust. Populated by a team of Trust clinicians supported by the Medical Education Team, the app works alongside the local induction providing secure online information including contact numbers, referral methods, ward handbooks & guidelines.

December

- ✓ Our Senior Leadership Development Programme and Development Programme welcomed 120 senior leaders and 150 leaders over the year. We also refreshed and relaunched our Senior Leadership Forum and launched a new Leadership Forum and launched a new High Potential Development Scheme, aimed at our band 2 - 7 staff.
- ✓ Our Occupational Health team adapted and developed to provide additional support to our staff during this challenging year. We launched psychological support from 8am-8pm daily for staff who had witnessed a critical incident related to COVID-19 or to help them make sense of this unique and challenging situation. As our teams adapt to remote working we have also launched an MSK self-referral for all staff and developed online, bitesize Pilates sessions to help prevent MSK problems.
- ✓ Following an invitation from NHS England and Improvement, we were proud to share a series of uplifting and inspiration stories from during the pandemic as part of a national storytelling initiative. The Patient and Carer Experience (PACE) team worked with the Voluntary Services, SMASH and Chaplaincy teams to capture the stories using a variety of mediums including illustration, poetry, art and song.

2021

January

- ✓ The new Trust brand was launched with our new corporate visual identity. This work is vital in positioning our Trust effectively amongst other providers, ensuring there is a connection between the high quality of care we provide and how we present ourselves to the world and ensuring that we have a professional and consistent public image that our teams can be proud of.
- ✓ Market Weighton Practice wins prestigious General Practice Award for Clinical Improvements: Chronic Conditions, for their work around improving care for patients with a diagnosis of Chronic Heart Failure.
- ✓ The Trust took part in the Care Quality Commission (CQC) Well Led Transitional Monitoring Assessment (TMA) call on the 26th January 2021 with no areas of concern raised by CQC.

February

- ✓ Developed a campaign for Children's Mental Health Week which showcased the brilliant work being done by our SMASH team in schools across Hull and the East Riding. Including a media release about our new Mental Health Support Teams in advance of children returning to school after lockdown, next month.
- ✓ The Trust celebrated Mental Health Nurses Day on 21 February, for which we hosted several virtual events using Slido.io, an interactive web platform which allowed event attendees to submit answers and we then collated the data to learn more about staff and the public in relation to MH nursing recruitment, qualities and challenges.
- ✓ Development of beds at Maister lodge – When it became increasingly clear that the increasing demand for male service users meant using out of area beds, which impacts on distress and recovery, a proposal to create a five bedded unit secured funding with work starting in February 2021 and a planned completion date of July 2021.

March

- ✓ The East Riding Social Prescribing team celebrated Social Prescribing Day on 18 March to promote their service and outstanding referral rates.
- ✓ One of the key ways that we can support our people is by listening to what they say and acting on their feedback. The results of the national NHS Staff Survey were published in March and we were delighted to see an improvement over all of our ten key themes and significant improvement against 68% of questions answered compared to 2019.
- ✓ The Trust was named in the Top 5 of Mental Health and Community Trusts for the theme of Equality, Diversity and Inclusion (EDI). Based on our National Staff Survey results, this is a significant achievement for us, as the Trust has risen from 19th position and to just 0.1 points away from the top spot in our category. We also believe that this provides evidence of how we are leading a culture of continuous EDI improvement, by facilitating plans and performance frameworks which enhance access, experience and health outcomes for our patients and visitors, as well as improving fairness, inclusion and respect with our staff.

Part Two: Priorities for Improvement and Statements of Assurance from the Board

2.1 Priorities for Improvement

In part two of our Quality Account, we outline our planned quality improvement priorities for 2020/21 and provide a series of statements of assurance from the Board on mandated items, as outlined in the 'Detailed requirements for quality reports 2019/20' (<https://improvement.nhs.uk>).

In this section, we will also review the progress we have made in relation to the quality priorities we set ourselves in the 2019/20 Quality Account.

Our Approach to Quality Improvement and Quality Governance

Quality Improvement

Our Executive Lead for Quality Improvement (QI) is the Medical Director. Our QI approach is based on the principle that our staff continuously aim to improve how they work improving the quality of care and outcomes for our patients. This requires a systematic approach based on iterative change, continuous testing and measurement, and the empowerment of frontline teams. The fundamental principle of our QI approach is an understanding that those closest to complex quality problems (frontline teams, patients and carers) are often best placed to find the solutions to them.



We encourage an approach whereby service user involvement is considered central to our work. In order to enable this, the QI team works closely with colleagues in both Patient Experience and Patient Safety, to ensure the patient and carer voice is heard. This enables us to embed a QI culture within the Trust. The QI Charter now includes a question to prompt the inclusion of patients and their carers as part of the delivery of QI projects.

We recognise that developing the culture of continuous Quality Improvement takes time, effort and persistence. To support the development of a culture of continuous QI, we are investing in the QI capability of our staff and volunteers. In November 2019, the Trust launched its four tier Quality Improvement training programme which enables the provision of training in team meetings, classroom and e-learning environments.



Quality Improvement Consultancy
Bi-monthly catchups for anyone undertaking a QI project, or all QI Enthusiasts to share ideas and knowledge

Quality Improvement Forum
Held quarterly to update all attendees about QI in the Trust

This Training was paused from 1 April 2020 to 29 June 2020 due to the Covid-19 pandemic. On its re-launch, the offer was reviewed and adapted to support remote delivery via MS Teams. The figures below show the training delivered from 29 June 2020 to 31 March 2021.

	Numbers	Update
Number of people attending Entry Level Change and QI workshops	43	Figures based on 9 months
Number of people undertaking training at Bronze Level QI e-learning on ESR	6	
No of people undertaking a Virtual QSIRV one hour Training module	174	This training was introduced from July 2020 to replace the QSIR Fundamentals which required face to face delivery
Number of people undertaking training at Gold Level QSIR Practitioner	0	This training is not suitable for virtual delivery
Number of attendees at ad hoc QI training	127	

Each Clinical Division within the organisation produces a Quality Improvement Plan (QIP) annually and the delivery of these is overseen by the Quality Committee.

Quality Governance

The Board ensures robust quality governance through the Quality Committee; a subcommittee of the Board. The Quality Committee is chaired by a non-executive, meets six times per year, and its purpose is to:

- Oversee and support quality improvement to support the journey of taking the Trust to becoming a 'high-performing organisation' that delivers excellence in patient care
- Assure the Trust Board that appropriate processes are in place to give confidence that:
 - Quality, patient safety performance and associated risks are monitored effectively and that appropriate actions are taken to address any deviation from accepted standards and to manage identified risks
 - Ensure performance in relation to research and development requirements is monitored effectively with appropriate actions being taken to address any performance issues and risks

Each clinical division has established Quality Governance arrangements in place to address the key elements of quality and safety. These are outlined in divisional standard operating procedures (SOPs). Divisional Clinical Networks report directly to the corporate Quality and Patient Safety (QPAS) group which in turn reports to the Quality Committee. Each clinical division is required to provide assurance to the Quality Committee against its quality improvement plans.




To support our quality agenda further, the Council of Governors sub-group, the Workforce, Quality and Mental Health Legislation has brought an increased understanding of the connections between quality and workforce. This group has extended invitations to the governance team to facilitate comprehensive discussions, which has allowed the group to influence the quality improvement work of the organisation. The group reviews the Board Assurance Reports for Finance, Audit and Quality providing feedback where appropriate to the Council of Governors and the management team of the Trust.


The Trust has embedded a range of QI approaches to support effective quality governance and improvement. These are as follows:

- My Assurance – this is an iPad-enabled, in the moment audit tool that clinicians use to audit their practice and care environment. Results are immediate ensuring any improvements required can be taken immediately.
- Team level DATIX dashboards enabling teams to review patient safety incidents ‘real time’
- Electronic Risk Registers – this approach ensures teams capture, manage and escalate risks.
- Staff Training and Development opportunities supported by our Learning Centre and an in-house skills laboratory.
- A programme of Quality Improvement skills development and support sessions delivered by our QI lead.
- Leadership and organisational learning and sharing events and newsletter.
- A range of approaches to gather patient, service user and carer real-time feedback and engagement.
- The use of an electronic platform for clinical audits.
- Health Assure to support the dissemination of evidence-based practice, the delivery of clinical audits, management of policies and patient safety alerts
- Clinical Audit interactive session planned for June 2021

Looking Back: Review of the Quality Priorities in 2019/20

As part of our 2019/20 Quality Account, following consultation with our stakeholders, the Board of Directors agreed four quality priorities to be addressed via the Quality Account during 2020/21. In this section we outline the progress that we have made during 2010/21 in delivering the priorities.

Priority	Strategic Goal
<p style="text-align: center;">Priority 1</p> <p>To work towards an approach to recruitment across clinical services and senior roles that involves patients, service users and carers in the recruitment process.</p>	<div style="display: flex; flex-direction: column; gap: 10px;"> <div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p>Innovating quality and patient safety</p> </div> </div> <div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p>Developing an effective and empowered workforce</p> </div> </div> <div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p>Fostering integration, partnerships and alliances</p> </div> </div> </div>

<p style="text-align: center;">Priority 2</p> <p>Each division will identify key NICE guidance where there are known gaps in compliance and have clear plans for addressing these gaps.</p>	<p> Innovating quality and patient safety</p> <p> Developing an effective and empowered workforce</p>
<p style="text-align: center;">Priority 3</p> <p>Develop an inventory of skills that is specific to individual roles which clearly outlines essential training and assessment requirements. This will include the frequency and means of reviewing and refreshing competency.</p>	<p> Innovating quality and patient safety</p> <p> Developing an effective and empowered workforce</p> <p> Maximizing an efficient and sustainable organisation</p>
<p style="text-align: center;">Priority 4</p> <p>Ensure teams have access to patient safety data and that we can demonstrate improvements based on the data.</p>	<p> Innovating quality and patient safety</p> <p> Developing an effective and empowered workforce</p> <p> Maximizing an efficient and sustainable organisation</p>

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

Why this was important

The involvement of patients, service users and carers in the recruitment and selection process benefits both patients and the Trust; their perspective positively influences recruitment and selection decisions, which is crucial to the delivery of high quality services. Whilst qualifications, experiences, knowledge and professional skills are imperative to effective care and treatment, of equal importance is the demonstration of how the candidate possesses the values, positive behaviours and personal qualities that would enhance the patient experience. Patient involvement in recruitment and selection activity offers an invaluable perspective on this.

What we said we would do in 2020/21

We said we would...

- Ensure staff are familiar with the framework for involving patients, service users and carers in the recruitment process and the case for change
- Actively recruit patients, service users and carers to join a recruitment network
- Develop a training package for patients, service users, carers and staff to support them through the process
- Commence a roll out across service areas

What we did

- The working group has identified the specifics to help develop the training programme for panel volunteers and is working with the Recovery College to create a training module to be hosted on the Recovery College platform.
- The Information Governance team have agreed the consent form for sharing panel volunteer details with Trust staff and details of panel volunteer information required for the database (the storing of personal information and how staff can access the database).
- A first draft leaflet has been developed to share with patients, service users and carers. The purpose of the leaflet is to provide information on how to get involved in the Trust recruitment process and also highlights demographical information about the Trust to give Panel Volunteers an insight in how and where they can get involved in recruitment.

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

Why this was important

The National Institute for Health and Care Excellence (NICE) issues a range of guidance and standards on current best practice related to health technologies, clinical management of specific conditions and the safety and efficacy of interventions and procedures for a wide range of health issues. Where these are relevant to services and care delivered by Humber Teaching NHS Foundation Trust it is imperative that we understand if we are meeting the recommended standards and where we have gaps in compliance we are taking measures to ensure that we are taking action to improve our compliance and the safety and effectiveness of the care we provide.

What we said we would do in 2020/21

We said we would

Each division will:

- Report the applicability and compliance of published NICE guidance using HealthAssure
- Identify up to three pieces of guidance/quality standards where they have identified gaps in compliance that they have identified as a priority
- Develop a locally owned action plan to address the gaps in compliance and report progress/exceptions

What we did

Work has been undertaken with Health Assure to refine the reporting and allow us to provide reports at an organisation level and at a divisional level showing the position against published guidance in terms of applicability and levels of compliance.

Due to the pausing of the Clinical Networks, subsequent to the Covid-19 pandemic, the prioritisation of guidance has been variable. Some networks have identified guidance and they are developing action plans to drive improvement in compliance. The clinical audit facilitator has been supporting all networks to progress the development of these plans.

The Audit and Effectiveness Group monitors and reviews progress against the development of prioritised guidance and aligned action plans. The introduction of the NICE compliance review form is supporting the clinical networks with reviewing applicable guidance and determining their position against the guidance.

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

Why this was important

We have skilled staff delivering a range of clinical interventions across a range of services. This included the effective delegation of some clinical task to unregistered staff and specialised areas of practice that require specific skills and competencies.

It is vital that we train our staff and ensure they are competent to deliver these clinical interventions effectively and safely. This can be done in several ways including written instruction; demonstration; simulation; observed and supervised practice. Once an individual is competent in a particular clinical skill we need to ensure that this is reviewed regularly to ensure that they remain competent especially where the skill may not be used frequently and/or if best evidence is evolving.

What we said we would do in 2020/21

We said we would

- Confirm existing skills that are being utilised across the services through policy review and feedback from clinical leads
- Review new skills identified in the new nursing curriculum and benchmark our ability to deliver training and assess competence against these skills

- Develop inventory of skills with baseline training and assessment requirements and frequency and means of ongoing means of reviewing and refreshing competency

What we did

Skills inventory was created and shared with clinical areas responses have been limited despite being sent out twice.

Then, skills identified in the new nursing curriculum were included in the skills inventory tool. The benchmarking of our ability to deliver training against these competencies has not yet been completed. A fixed term post has been recruited to take this work forward over the next 18 months.

The Clinical Skills competency framework project proposal and standard operating procedure was drafted for approval at the Quality and Patient Safety Group.

Commencement of a core competency pilot with the mental health division with one planned for the community services. In addition, some role specific competencies are now underway.

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

Why this was important

In order to continuously improve the quality and safety of the care we deliver, it is important that teams have access to and understand their own incident data. By actively using this data teams will be able to identify themes and trends (both positive and negative) and identify ways in which they can improve safety and the overall patient experience.

What we said we would do in 2020/21

We said we would

- We will introduce a dashboard in each team which displays data from our incident reporting system known as Datix
- We will develop training for teams to enable them to improve their knowledge of how to use data to identify themes and trends and improve care
- We will ensure staff have access to quality improvement methodology to enable them to undertake quality improvement informed by the data.

What we did

The dashboard module has been developed to allow teams to review and monitor patient safety data held on the Trust's Datix system. This means each service can access their own data and monitor themes and trends locally, allowing for transparency of patient safety information within Trust services. This will afford services the opportunity to further learn from incidents being reported and to implement measures to address recurring incident themes.

Dashboards have been developed and access enabled for all teams. Training has been delivered to clinical leads, divisional managers and service leads at divisional governance meetings.

Further training sessions are planned for Q1 2021/22 at team and service levels across the Trust, to encourage further uptake of the system and to fully embed use of the dashboard module, as part of local quality governance arrangements. Further developments to the dashboard module will be made in line with feedback from system users and any requests for additional monitoring metrics.

Looking Forward: Our Quality Priorities for 2020/21

Although progress against the priorities for 2020-21 has been impacted upon by the pandemic, we continue to make progress against all 4 quality priorities agreed by the Trust board in 2020. At the time they were agreed it was noted that they were very transformational in nature and may take more than 12 months to deliver, therefore, it was also agreed that we would implement a further stretch for each of the 4 priorities above.

Due to the restriction of the pandemic, it was not possible to engage with stakeholders as in previous years. However, the refreshed priorities have been discussed at various staff groups and patient and career forums and discussed, presented and agreed at the Trust Quality Committee and Trust Board.

Priority One: To implement an approach to recruitment across clinical services and senior roles that involve patients, service users and carers in the recruitment process

What we will do in 2021/22

We will

- Ensure staff are familiar with the framework for involving patients, service users and carers in the recruitment process and the case for change
- Actively recruit patients, service users and carers to join a recruitment network
- Develop a co-produced training package for patients, service users, carers and staff to support them through the process
- Deliver the training package through a variety of different mediums; e.g. online training presentation, virtual training sessions, face to face training sessions and using the Recovery College platform wherever possible
- Commence a roll out across service areas

How will we know we are making a difference?

- An increase in teams implementing the framework for involving patients, service users and carers in recruitment which will positively influence recruitment and selection decisions which is crucial to the delivery of high quality services
- Meaningful involvement will contribute to patients, service users and carers feeling recognised and valued which may lead to an improvement in their wellbeing and recovery

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

What we will do in 2021/22

We will

- Each division will review and report the applicability and compliance of published NICE guidance using HealthAssure
- Each division will review progress via re audit for the identified prioritised NICE guidance/ Quality Standards
- Each division will update local action plans to address the gaps in compliance and report progress/exceptions via Audit and Effectiveness Group and Quality and Patient Safety Group

How will we know we are making a difference?

- Complete accurate reports of applicability and compliance in relation to published NICE guidance will be available to review from Health Assure
- Action plans will be developed and evidence of ongoing review, completed actions and escalation where required will be present in clinical network minutes and work plan
- Year-end compliance with NICE guidance will have improved

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

What we will do in 2021/22

We will

- Confirm existing skills that are being utilised across the services at a team and practitioner level
- Confirm new skills identified in the new nursing curriculum and benchmark our ability to deliver training and assess competence against these skills
- Publish an inventory of skills with baseline training and assessment requirements and frequency and means of ongoing means of reviewing and refreshing competency
- Benchmark teams and practitioners in terms of compliance with required competencies and develop local action plans to address any gaps

How will we know we are making a difference?

- Evidence of new and refreshed training provision and staff uptake of training
- A reduction in the number of incidents leading to patient harm as a result of poor practice and lack of clinical skill
- Improved compliance with best practice
- New clinical competency framework which will support safe and effective clinical practice

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

What we will do in 2021/22

We will

- DATIX training package to be reviewed and online e-learning package to be developed in conjunction with Trust Learning Services
- Divisional level dashboards to be utilised by each Division at their operational and clinical network meetings
- Fully embed use of the dashboard at service level to ensure benefits are being fully embraced and effective learning and development actions are being undertaken
- Deliver training for divisions, to enable them to improve their knowledge of how to use data to identify themes and trends and improve care
- Further bespoke dashboards developed, such as mortality, to support current forums such as

the Clinical Risk Management Group and Operational Delivery Group

- Co-produce a training package and ensure staff have access to quality improvement methodology, to enable them to undertake quality improvement informed by the data

How will we know we are making a difference?

- Evidence of staff using data effectively to inform quality improvements
- Increased numbers of quality improvement initiatives from frontline teams arising from identified themes in data
- Reduction in recurring incident themes

How we monitor our progress in relation to the delivery of the quality priorities

The delivery of our quality priorities is monitored through our Quality and Patient Safety Group and Quality Committee. An assurance report is presented to each Quality Committee (a subcommittee of the Board), detailing the progress made, delivery against agreed milestones and impact.

2.2 Statements of Assurance from the Trust

In this section of the Quality Account, the Trust is required to provide statements of assurance in relation to a number of key performance indicators which are as follows:

- Services and sub-contracts provided by the Trust
- Freedom to Speak Up
- Annual report on rota gaps and vacancies: Doctors and Dentists in Training
- Progress made in 2021 in bolstering staff in adult and older adult CMHT services following additional investment from local CCGs baseline funding
- Emergency Preparedness, Resilience and Response
- Clinical Audit
- Research and Innovations
- Commissioning for Quality and Innovation (CQUIN)
- Care Quality Commission (CQC) registration
- Data quality and coding
- Information Governance
- Learning from deaths

Review of Services Provided or Subcontracted by Humber Teaching NHS Foundation Trust

Working with our commissioners and other providers Humber Teaching NHS Foundation Trust leads on the provision of a range of services delivered either directly by the Trust or on behalf of the Trust by other providers (subcontractors). During 2020/21 the usual contracting arrangements commissioning bodies and NHS Trusts were ceased to enable a focussed response to the COVID19 pandemic.

The most significant services provided during 2020/21 were as follows:

- NHS East Riding of Yorkshire CCG – Mental Health, Learning Disability, Primary Care and Therapy Services
- NHS Hull CCG – Mental Health, Learning Disability, Primary Care and Therapy Services
- NHS North Yorkshire CCG – Community Services
- NHS England – Medium and Low Secure Mental Health Services, Child Health Information Service, Children’s and Adolescent Inpatient Mental Health Services

Humber Teaching NHS Foundation Trust has reviewed all the data available to them on the quality of care in 24 of these relevant health services.

Freedom to Speak Up

In its response to the Gosport Independent Panel Report, the Government committed to legislation requiring all NHS Trusts and NHS Foundation Trusts in England to report annually on ‘staff who speak up’ (including whistle blowers).

Ahead of such legislation, NHS Trusts are asked to provide details of ways in which staff can speak up (including how feedback is given to those who speak up), and how they ensure staff who do speak up do not suffer detriment. This disclosure should explain the different ways in which staff can speak up if they have concerns over quality of care, patient safety or bullying and harassment.

Response

Working in partnership with the Trust Board, staff members and staff governors; we have developed a Freedom to Speak Up Strategy (2019 - 2022) which is supported by the Freedom to Speak Up Policy and Procedure.

Our vision is to all work together to provide an open and transparent culture across our Trust, to ensure that all members of staff feel safe and confident to speak out and raise their concerns.

The Trust's Executive Lead for Freedom to Speak Up (FTSU) is Michele Moran, Chief Executive, and Peter Baren, Non-Executive, is the Senior Independent Director. The Freedom to Speak Up Guardian is Alison Flack, Transformation Director for Humber Coast and Vale, and the Deputy Freedom to Speak Up Guardians are Nikki Titchener, Service Manager, and Alec Saxby, Human Resources Advisor. The Guardians have completed the National Guardians Office (NGO) training and also participate in the regional networking meetings.

There are a number of ways in which staff can contact the Guardians to raise their concerns, including using the confidential speak up email address and direct phone contact. Staff can also use the Guardians NHS email addresses. In addition, the FTSU Guardians attend the monthly new staff induction training, where the role of the Guardian and the importance of raising concerns and speaking up is explained and staff are provided with contact details.

The Guardians regularly visit Trust staff bases and team meetings and speak to staff directly, both formally and informally to explain the role of the Guardian and respond to any issues that are raised. Staff are kept updated on a regular basis regarding the role of the Guardian and the learning from individual cases via the Trust's internal communication processes.

An annual Speak Up report is presented to the Trust Board and this includes details of the number of staff who have spoken up, details of the concerns and learning and actions taken. The Trust Board also holds development sessions to measure progress against the NHSE/I FTSU Board self- assessment and regular updates are provided to the Trust's Workforce and OD sub-committee of the Trust Board.

Throughout the FTSU process, staff who have raised concerns are kept informed about the progress of the concerns they have raised and are also offered, if appropriate, a confidential meeting with an Executive Director of the Trust. When the concerns have been investigated, feedback is offered and provided to the staff member. On occasion, it is difficult to provide feedback on any actions the Trust has taken, for example, if the concern was raised anonymously or if it concerns another member of staff. Generally, however, the investigator assigned by the Guardian will meet with the staff member who raised the concern, and give them general feedback on what action has been taken.

A letter is sent from the Chief Executive to staff members who have raised their concerns, to thank them and request that they complete a confidential anonymous questionnaire, to provide feedback on their experience and the support provided by the Guardians and the assigned investigators.

Annual Report on rota gaps and vacancies: Doctors and Dentists in Training

The Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) require the Trust to produce an annual report on rota gaps and vacancies.

This Quarterly Report on Safe Working Hours for doctors in training includes (Q3) up to December 2020 and Q4 March 2021. The report highlighted that the junior doctor workforce was working to a full complement and that there were no vacancies nor were there any major issues with safe working hours identified.

The recommendations were as follows:

- Optimisation of units being covered on the two rotas' so that distances travelled are significantly reduced and better supported for safer working hours
- Electronic prescribing enabled to reduce reasons for travel for routine interventions
- Review of seclusion to be discussed with consultant on call on a night when patient is asleep, as to reduce unnecessary travel thereby minimise fatigue and ensure safer working hours
- Support for junior doctors to have access to Trust smart phones whilst on call, with enabled GPS and SOS applications, given lone working when travelling to sites on night shifts. This includes Bluetooth technology to permit hands-free calls in the car
- The 2016 terms and conditions mandate the provision of adequate rest facilities or alternative arrangements for safe travel home. Property to be purchased to ensure reasonable rest facilities are available and fit for purpose. The property manager is reviewing potential sites with a further view of incorporating potential future rooms in the new mental health in patient facility. This is important for both patient safety as well as staff morale

Progress made in 2020/21 in bolstering staffing in adult and older adult community mental health services, following additional investment from local CCGs' baseline funding

In line with the NHS Mental Health Implementation Plan we are undertaking transformational work across our adult and older adult Community Mental Health Teams (CMHT). We have been chosen by NHS England as an Early Implementer site to develop the mental health offer to bridge what is offered in Primary Care and Secondary Care. To do this we have developed 12 multi-disciplinary teams across Hull and the East Riding of Yorkshire that will deliver a new place-based, multidisciplinary service across health and social care aligned with primary care networks with a focus on early intervention and recovery. This work has been developed and underpinned by collaboration with those with Lived Experience.

These teams will enable:

- Faster access to advice from a Mental Health specialist in primary care
- A new service from Mental Health Wellbeing Coaches
- Reduced waiting times for those who need the support of a CMHT
- Support for recovery for those stepping down from CMHT support
- Faster access to pharmacy advice and medication reviews
- Improved access for those with Serious Mental Health illness to access annual health checks and develop individualised plans to manage their health and wellbeing.

This means that there will be new roles, new ways of working and fewer barriers between different organisations, teams and workers.

Emergency Preparedness, Resilience and Response (EPRR) Assurance 2020/21

All NHS Trusts have a duty to plan for and respond to major, critical and business continuity incidents whilst maintaining services to patients. The executive lead for emergency preparedness is Lynn Parkinson, Chief Operating Officer and the non- executive lead is Mike Smith. Each year, Trusts are asked to assess overall whether they are 'full', 'substantial', 'partial' or 'non-compliant' with the 54 EPRR core standards and the additional deep dive element which underpins this duty. In 2020, due to the pressures of the Covid-19 pandemic, the full annual assurance process to self-assess was not possible. Therefore, a 'light touch' approach was taken in re-visiting the previous year's submission and updating the outstanding actions, enabling the Trust to achieve full compliance.

Improvement from the 'substantial' core compliance to 'full' compliance is a result of on call teams undertaking Joint Decision Model training as well as the testing and application of command and control arrangements during the Covid-19 pandemic.

The Trust continues to improve care and service safety, resilience and response through a programme of training, testing and learning from incidents internally, through networks and partners.

Improving Care through Clinical Audit

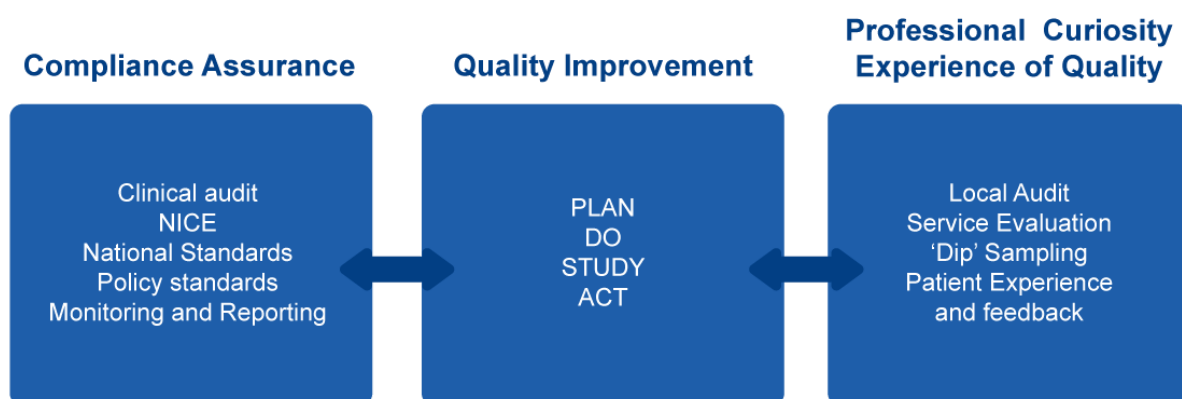
Clinical Audit enables the Trust Board, our service users and our regulators to determine whether the care we are providing is in line with recognised standards.

We undertake a programme of clinical audits across our services to include the use of the National Institute for Clinical Excellence (NICE) quality standards and Care Quality Commission (CQC), Key Lines of Enquiries (2015). We also audit themes emerging from serious incidents, adverse events and recorded complaints to fully inform our programme of clinical audit.

Following a revision of our Clinical Audit policy each Division is now expected to complete a minimum of 5 audits across the financial year and also contribute to national and the Prescribing Observatory for Mental Health UK (POMH-UK) audits.

Proposals for new audits and service evaluations are reviewed by the Divisional Clinical Governance group and priority and relevance agreed. The Audit and Effectiveness group provides oversight and tracking of agreed audit and other improvement activity with six monthly reporting to the Quality and Patient Safety Group and thereafter the Quality Committee. This includes reporting and review of actions arising from completed audits.

Clinical audits form part of our approach to Quality Improvement and this is shown through the diagram below:



Audits Undertaken During 2020/21

Foundation Trust provides. During that period Humber Teaching NHS Foundation Trust participated in 100% (10 of 10) of national clinical audits and 100% (1 of 1) of national confidential enquiries of the national clinical audits and national confidential inquiries in which it was eligible to participate in. The national confidential inquiry the Trust participated in was the National Confidential Inquiry into Suicide, Homicide and Sudden Unexplained Death. All mental health trusts across the UK provide data to the confidential inquiry, which enables themes and trends to be investigated on a national level.

The Quality Committee were given an overview of the findings from the 2019 Confidential Inquiry in January 2020 and these findings continue to inform our patient safety programme.

The national clinical audits and national confidential inquiries that Humber Teaching NHS Foundation Trust was eligible to participate in during 2020/21 are as follows:

Eligible National Clinical Audits 2020/21

Topic 20a: Improving the Quality of Valproate prescribing in Mental Health Services
Topic 18b: The use of clozapine
National Asthma and COPD Audit Programme (NACAP)
National Audit of Care at the End of Life (NACEL)
National Clinical Audit of Psychosis (NCAP)
National Falls & Fragility Audit (FFAP)
National Diabetes Audit
National Clinical Audit of Psychosis (NCAP) 2020/21 Spotlight Audit
Physical Health in Mental Health Hospitals (NCEPOD)
Topic 14c alcohol detoxification - Preliminary identification of sample

Eligible National Confidential Inquiries 2020/21

Suicide, Homicide and Sudden Unexplained Death
--

The national clinical audits and national confidential enquiries that Humber Teaching NHS Foundation Trust participated in during 2020/21 are as follows:

Eligible National Clinical Audits 2020/21

Topic 20a: Improving the Quality of Valproate prescribing in Mental Health Services
Topic 18b: The use of clozapine
National Asthma and COPD Audit Programme (NACAP)
National Audit of Care at the End of Life (NACEL)
National Clinical Audit of Psychosis (NCAP)
National Falls & Fragility Audit (FFAP)
Physical Health in Mental Health Hospitals (NCEPOD)
National Diabetes Audit

Eligible National Confidential Enquiries 2020/21

Suicide, Homicide and Sudden Unexplained Death
--

The national clinical audits and national confidential enquiries that Humber Teaching NHS Foundation Trust participated in, and for which data collection was completed during 2020-21 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Clinical Audits 2020/21	Cases Required	Cases Submitted	%
Topic 20a: Improving the Quality of Valproate prescribing in Mental Health Services	No minimum requirement	23 cases	N/A
Topic 18b: The use of clozapine	No minimum requirement	0 cases	N/A
National Asthma and COPD Audit Programme (NACAP)	No minimum requirement	22 cases	N/A
National Audit of Care at the End of Life (NACEL)	No minimum requirement	0 cases	N/A
National Clinical Audit of Psychosis (NCAP)	No minimum requirement	99 cases	N/A
National Falls & Fragility Audit (FFAP)	No minimum requirement	0 cases	N/A
Physical Health in Mental Health Hospitals (NCEPOD)	15	14 cases	93
National Diabetes Audit	No minimum requirement	Undisclosed	N/A
National Clinical Audit of Psychosis (NCAP) 2020/21 Spotlight Audit	No Minimum requirement	0	N/A
Topic 14c alcohol detoxification - Preliminary identification of sample	No Minimum requirement	0	N/A

National Confidential Enquiries (2020/21)	Cases Required	Cases Submitted	%
Suicide, Homicide & Sudden Unexplained Death	N/A	1	N/A

No reports for national clinical audits have been received in 2020-21 and Humber Teaching NHS Foundation Trust can provide the following updates to improve the quality of healthcare provided:

National Clinical Audits 2020/21	Actions
Topic 20a: Improving the Quality of Valproate prescribing in Mental Health Services	Data analysis undergoing. Report to be disseminated in March 2021.
Topic 18b: The use of clozapine	Data collection ongoing data deadline 31 st March 21. Report scheduled for August 2021.
National Asthma and COPD Audit Programme (NACAP)	Data collection still ongoing. Contracted until March 2023.
National Audit of Care at the End of Life (NACEL)	Data collection of all patients who died between 1 st April and 31 st August 2021. Report scheduled for February 2022.

National Clinical Audits 2020/21	Actions
National Clinical Audit of Psychosis (NCAP)	Data collection completed. Report due for completion Summer 2021.
National Falls & Fragility Audit (FFAP)	Awaiting report, still ongoing.
Physical Health in Mental Health Hospitals (NCEPOD)	Case notes completed. Deadline for completion of organisational questionnaires 26 March 2021.
National Diabetes Audit	Data is drawn from each practice clinical system by CQRS on a quarterly basis.
National Clinical Audit of Psychosis (NCAP) 2020/21 Spotlight Audit	Data entry to begin on 21 April 2021.
Topic 14c alcohol detoxification - Preliminary identification of sample	Data entry to begin 03 May 2021

The reports of 24 local clinical audits were reviewed by the provider in 2020/21 and Humber Teaching NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Local Clinical Audits 2020-21	Actions - summary
An assessment of the use of the Section 136 suite at Miranda House against the Royal College Guidelines	This audit recommended ongoing discussions for multi-agency working. Recommendations were to streamline the process of data collection, consideration of electronic data collection and improving liaison with the police and ambulance service.
An audit of letters to GP following an outpatient clinic appointment with the Community Mental Health Team at The Grange	All the letters had a management plan, 97% of the letters had the Diagnosis, Medications before review, medications after review and risks mentioned. The admin team send out to new doctors a clinical letter template. This template needs to be updated
An audit of the recording of allergy status on Lorenzo for patients on the CMHT caseload	Data collection ongoing, awaiting report.
Antipsychotic use & physical health monitoring in Hull Psypher	Data collection ongoing, awaiting report.
Antipsychotic use among dementia patients presented to old age psychiatry clinic	Data collection ongoing, awaiting report.
Are we appropriately performing ECGs alongside antipsychotic medication use on Avondale?	The audit results of poor compliance to the guidelines and best practice of performing ECG's has led to the recommendations of making ECG a part of the formal clerking process along with bloods and physical examination which are compulsory. A poster highlighting the location of the ECG machine off the ward and encouraging medical staff to perform ECG has been placed on the ward. On the clerking proforma there is a clear section asking for ECG findings as a prompt.

Audit on the Management of Cardiovascular Risk factors on Inpatient Wards	Data collection ongoing, awaiting report.
Cognitive and Affective Symptom Monitoring in ECT	CGI to be carried out by Dr during the brief pre-treatment assessment, if not already carried out by the referring team. CGI to be recorded on the ECT Prescription record on Lorenzo. AMT and AMT4 (cognitive screening) to be trialled by the ECT unit. AMT / AMT4 to be recorded on the ECT Prescription record on Lorenzo.
Evaluation of Video Conferencing in a Perinatal Mental Health Service	Data collection ongoing.
Re-audit of Compliance with routine physical health monitoring on admission	A dedicated section for documenting blood and ECG results on admission should be created under the medical tab on Lorenzo. Information about physical health monitoring requirements should be included in the induction for junior medical staff. Posters should be placed in clinical areas outlining the list of blood tests that are required on admission. Pre-printed pictures can be used for blood request forms on admission so that all the required bloods tests are requested.
Re-audit of Seclusion Medical review according to Trust Policy after introducing a template	There was a marked improvement in the quality of seclusion medical review after the introduction of the template based on Trust guidelines and Code of Practice.
Management of non-cognitive symptoms in dementia in older adults CMHT	Data collection ongoing, awaiting report.
Audit of referral paperwork and process to the Hull Children and Young People's Autism Assessment Team	Standardise the referral process so that all prospective referrers complete the same thorough referral documentation. The service should provide guidance to referrers on how the new referral documentation should be completed. Update the HAATCYP referral questionnaires so that it complies with all NICE standards listed in table 1. Communicate all of these changes to the HAATCYP referral process to all prospective referrers.
Consent to Treatment Documentation	Data collection ongoing, awaiting report.
April 2020 new Birth visit Audit Recommendations	139 records were audited of all 44 health visitors employed within the ISPHN service. Of the 139 babies born over the period 25 (18%) were seen face to face and the NBV was conducted virtually over the phone for 114 (82%). A proposed pro-forma which could be adapted and used to support health visitor's documentation in the health record.
Audit of Positive Behaviour Support Plans in the Adult Learning Disability Service	The audit highlighted that the service are not effectively detailing how plans are being implemented, monitored and reviewed in line with the PBS framework. A standardised updated PBSP template to be developed to be used across the service for staff to follow. The audit tool to be edited to include skills teaching and teaching functionally equivalent strategies. To create a PBS Standard Operating Procedure and pathway. To identify a lead PBS coach in each area of the service who can support colleagues and re-audit

	plans with dedicated time each week.
Section 17 leave audit at Townend Court Learning Disability wards.	The finding of this audit show a high compliance to standards was 100% however one parameter/ area which (compliance was 75%) has been missed is the crossing out of previous Section 17 leave forms. Nursing staff to ensure that all Section 17 forms have been crossed off.
Humber Centre baseline nursing clinical record baseline clinical record review - physical health component	On the main ward the staff physical health documentation reviewed demonstrated an improved and robust level of relevant information, there was a 38% increase in full compliance in the documented physical health assessment of the patient at time of contact. A high level of well documented patient physical health documentation was identified displaying a high level of assurance. Contextual information is being recorded and a clearly articulated and appropriate recommendations to refer the patient onward being evidenced in the patient record. There is a recommendation to deliver refresher training.
Management of Mild – Moderate None IgE – Mediated Cows Milk Protein Allergy	Data collection ongoing, awaiting report.
Assessment and Management of Pre-Diabetes in Primary Care	Data collection ongoing, awaiting report.
Humber Teaching NHS Foundation Trust: Short Audit of the quality of mental capacity assessments and best interest decisions carried out across inpatient units community wards and the mental health response service	Data collection ongoing, awaiting report.
A retrospective audit of the impact of COVID-19 on dementia inpatient mental health care at Maister Lodge	The findings demonstrate that overall this ward saw a decrease in demand during COVID-19, in contrast to pre-pandemic predictions and in comparison to other mental health wards which have seen spikes in demand. COVID-19 resulted in changes in patient journeys highlighting the complexity of factors involved in an inpatient admission and discharge. Further research is needed to explore the impact of COVID-19 on the care of people with BSPD in inpatient settings.
A clinical audit of the Hull Autism Assessment Team's referral process for children and young people (HAATCYP)	The findings of this audit report need to be disseminated in a HAATCYP team meeting. This discussion will enable the team to identify how the referral documentation could be improved to address its current weaknesses, and who shall take responsibility for this task. This process should take place as soon as possible to minimise the time that respondents are using non-complaint referral documentation. These changes will need to be communicated clearly to all prospective referrers. Written resources and meetings may be useful ways to explain to referrers why the referral process has changed. It will also be important to explain what information referrers need to include in a referral and how they can access and submit the new referral documentation.

6 – 8 week visit review	<p>The audit showed that the 6-8 week contact is being offered to all children.</p> <p>Staff are very good at recording height, weight and head circumference measurements for all children. This ensures that they can assess growth, any discrepancies with growth can be an early indicator of disease or neglect.</p> <p>Staff are very good at asking mothers about their mental health at this contact.</p> <p>Clear interpretations of the contact were recorded in all visits with clear plans of care based upon this.</p>
A retrospective audit of the impact of COVID-19 on dementia inpatient mental health care at Maister Lodge	<p>The findings demonstrate that overall this ward saw a decrease in demand during COVID-19, in contrast to pre-pandemic predictions and in comparison to other mental health wards which have seen spikes in demand. COVID-19 resulted in changes in patient journeys highlighting the complexity of factors involved in an inpatient admission and discharge. Further research is needed to explore the impact of COVID-19 on the care of people with BSPD in inpatient settings.</p>

Over the year, The Trust has identified a number of areas for targeted audit work across the organisation. These have been selected as areas of a potential risk or in order to support a strategic aim. The report including action plans, are reviewed through clinical network meetings and governance divisional meetings.

Research and Innovation

The Covid-19 pandemic has highlighted the importance of research in public health. Early on, the Chief Medical Officer, Prof Chris Whitty advanced an action plan to coordinate the UK's response to Covid-19, of which one of the main elements was, research. The daily televised briefings from Downing Street often made reference to the importance of research and to the key discoveries this has brought around treatment and vaccination. Particular studies, addressing numerous questions to help inform fast effective responses to Covid-19, were mandated as 'Urgent Public Health Research' and we prioritised these during 2020-21.

Within weeks of the first lockdown, our Research Team had adapted their ways of working to ensure people could still participate in research remotely. Feedback from participants identified that this work was valued as it helped to reduce the feeling of isolation during the national lockdown. As the number of Covid-19 cases reduced, we restarted the suspended studies, where it was safe to do so, and began opening new studies, whilst continuing to prioritise Covid-19 research.

Talking with you and answering your questions has given me the opportunity to recognise that life is good – I am in a good place

We continue to recognise the importance of investing in research; enabling our staff to learn and grow and our community to participate in healthcare improvement. As there is evidence that people perform well in organisations that focus on research, we view this as core business and as such, are committed to working with key local, national and international experts to increase opportunities for our community to take part in studies. Our growth and delivery of research in the Trust contributes to the wider evidence base for better health, increased opportunities for our community to shape services and improvements in the quality of our care locally.



The (research) intervention has made me feel very safe



We are immensely proud of our increase in research activity that is now double the number of participants in the last four years. Based on the size of the population the Trust covers, it recruits a significantly larger proportion of people into National Institute for Health Research (NIHR) Portfolio studies than many other Trusts across the country, which provides similar services. Of the six mental health Trusts in Yorkshire and Humber, we were the highest recruiting in 2020-21 and 12th across all 22 Trusts, indicating our continued growth and increased opportunities to impact on future healthcare for our community.

The number of patients receiving relevant health services provided or sub-contracted by Humber Teaching NHS Foundation Trust in 2020-21, who were recruited during that period to participate in research approved by a research ethics committee, was 1667.

1596 patients were recruited to NIHR Portfolio studies and 71 were recruited to local studies. In total, there were 43 Portfolio studies and 12 (non-Portfolio) local studies running in the Trust in 2020/21. This is a slightly lower number of studies than the previous year due to priority being given to urgent public health studies during 2020-21. However, the Trust still far exceeded its target of 660, set by the Yorkshire and Humber NIHR Clinical Research Network (CRN), for recruitment to Portfolio studies in 2020-21. It was also the first NHS site to open, the first to recruit and the first to reach its recruitment target on a number of national Portfolio studies. Patients accessing Trust services are offered a breadth of research opportunities spanning numerous health conditions and many types of study design; approximately a third of Portfolio studies involved the evaluation of novel treatment interventions.

Research Strategy 2020-22

The Trust's Research Strategy 2020-22 was built upon the successes of the previous strategy and sets out three main priorities, as well as new research ambitions. Whilst progress is being made against these three priorities, the process of achieving the objectives has required some adaptation in light of Covid-19 and the different ways of working. Developing an animation to help promote research and reach out to people in an increasingly virtual world is just one example of how we are adapting. Existing animations and national campaigns tend to be targeted and designed with hospital patients in mind. Those accessing mental health services or living with multi-morbidity are often not treated in hospital settings and find clinical images off-putting.

Priority 1

Research embedded as a core component of clinical services

Priority 2

Enhanced community involvement and awareness

Priority 3

Growing our strategic research presence and impact

The Research department has continued to ensure the Trust operates in accordance with the statutory guidance of the UK Policy Framework for Health and Social Care Research (2017). This includes conducting specific tasks to 'assess, arrange and confirm local capacity and capability' to deliver each new study, as part of the national Health Research Authority (HRA) approval process. Work has continued in 2020-21 to adapt EDGE (local performance management system) to manage this information, and to enable the CRN to access more accurate study level data they require to monitor Trust performance, which has been incredibly important this year in relation to Covid-19 studies. The expectation is that the local system is kept up to date daily by the Research department. Certain elements of EDGE communicate automatically with the national central system for reporting research performance and in particular in monitoring equity issues around population access to research opportunities.

The Trust has published its performance in initiating and delivering (PID) research, a DHSC national benchmark. The quarterly PID data in relation to eligible studies (intervention trials) have been posted on the research pages of the Trust's website as well as submitted centrally. This indicator has been met in quarters one and two, with the exception of two studies for which the delay was not the fault of the Trust, it was down to being put on hold due to Covid-19.

Research performance data has been reported to the Board on a monthly basis, with a more detailed report provided six monthly, helping ensure research has remained high on the Trust's agenda. The Quality Committee also receives regular updates to ensure there has been appropriate research management, governance, participation in quality research and strengthening of the research culture. 'Research drop-in' sessions also commenced in 2020 to enable anyone within the Trust to meet the research team, find out how they can get more involved and ask any questions they might have about research. The Assistant Director for Research and Development has continued to represent the Trust at various stakeholder meetings, including the Yorkshire and Humber CRN Partnership Group, which the Trust's Chief Executive also chairs.

It is important for research to have patient and public involvement and engagement (PPIE) and throughout 2020-21 there have been many examples of how the Trust has achieved this, including:

- Trust Patient Research Ambassador (PRA), someone living with dementia, helped promote research via a session they delivered online in September 2020, 'Living with dementia: the beginning of a different life', which they presented with someone from our research team
- Research participant as a presenter at the Trust's first virtual research conference in November 2020; they pre-recorded their story for playing on the day and afterwards
- Research participants shared their experiences in short clips and quotes as part of a 'Research Changes Lives' video made for the Trust's 2020 research conference, which has also been played at various internal training events to promote the importance of research and the benefits for patients, carers, service users and staff of being involved. Also available on the Trust's website – [Research \(humber.nhs.uk\)](https://www.humber.nhs.uk/research)
- Patients, carers and service users co-produced three minute animation video to promote research

- PPIE groups informed external research grant applications and representatives were included as co-applicants

“Knowing that the research may be used to help other people can feel really empowering”

“I was able to learn about various techniques and coping strategies that I couldn’t really get a grasp of by myself”

“Taking part in the research has been an amazing experience for us both”

Quotes from research participants

During 2020-21, the Research department helped to develop new local principal investigators and opened studies in specialties not previously involved in research. Despite the focus on Covid-19 research, work continued to establish stronger relationships with higher educational institutions, locally and nationally, and other key stakeholders to ensure as many research opportunities as possible for those accessing Trust services. Collaborating with Chief Investigators we have not previously worked with resulted in new research studies being opened in the Trust, including from Tees, Esk and Wear Valleys NHS Foundation Trust, University of Oxford and University of Leeds. The research team have worked hard throughout the year to ensure quality service has continued throughout the pandemic and that the Trust is a site that national experts want to work with.

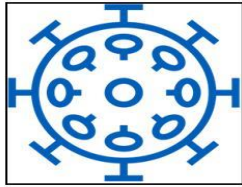
Really impressed with enthusiasm and passion of colleagues @ResearchHumber for research that makes a difference to patients

Professor, University of Nottingham

Almost 300 people registered, including international delegates, and representing 50+ organisations and many professional groups. External guest speakers included, amongst others, Professor Tony Avery of the University of Nottingham, Professor Shanaya Rathod of Southern Health NHS Foundation Trust, Dr Margaret Ikpoh of Holderness Health, Dr Mark Wilberforce of the University of York, Stephen Lock of National Institute for Health Research and Dr Rebekah Carney of Greater Manchester West Mental Health NHS Foundation Trust, as well as Trust clinicians and research participants. Feedback was fantastic.

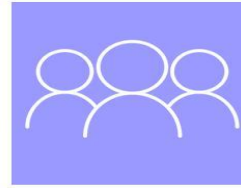
Impact of Research 2020-21

Helped global fight against COVID-19



1435 people participated in COVID-19 studies

Enhanced Clinical Skills



20 staff trained in new clinical interventions as part of research

Changed Lives

I have better insight into how to resolve some of my negative feelings

We've started talking to each other more

Life is good, I am in a good place



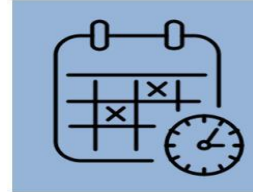
Taking part in the research has been an amazing experience

Feel important and that we were doing something good

Do not feel as isolated as I have been

This is what research participants told us

Increased Patient \ Carer Contact



More than 800 hours spent with patients\carers by researchers (over and above clinical contacts)

Contributed to Evidence



23 national and international publications included authors from the Trust

Shared Learning



Almost 300 delegates from 50+ organisations registered for 2020 Research Conference

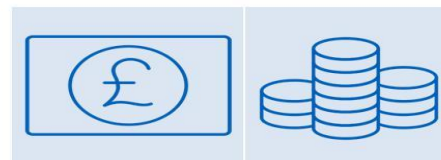
'Really impressed with enthusiasm and passion at Humber for research that makes a difference to patients'

Animation Co-produced



Animation co-produced with patients, carers, service users and staff to help explain research

Generated Income



£391k research funding into the Trust

Commissioning for Quality and Innovation (CQUINs)

CQUIN is an annual scheme where commissioners and providers agree on which areas need more focus for improvement and payments are made for evidencing those improvements. The scheme is refreshed every 12 months and each scheme may be different from preceding years.

Humber Teaching NHS Foundation Trust income in 2020/21 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because as per the NHS England website guidance, the operation of CQUIN (both CCG and specialised) will remain suspended for all providers until 31 March 2021; providers do not need to implement CQUIN requirements, carry out CQUIN audits nor submit CQUIN performance data. For Trusts, an allowance for CQUIN will continue to be built into nationally-set

block payments; for non-NHS providers, commissioners should continue to make CQUIN payments at the full applicable rate.

Care Quality Commission (CQC)

Humber Teaching NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is registered to provide the following regulated activity:

- Accommodation for persons who require nursing or personal care
- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and screening procedures
- Family planning (Primary Care only)
- Maternity and midwifery services (Primary Care only)
- Nursing care
- Personal Care
- Surgical procedures (Primary Care only)
- Transport services, triage and medical advice provided remotely
- Treatment of disease, disorder or injury

The Trust has no conditions on registration. The Care Quality Commission has not taken enforcement action against the Trust during 2020/21.

Humber Teaching NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period, but following participation the previous year in the restraint, segregation and seclusion review, the final report which was delayed due to Covid-19 and released in October 2020.

Out of sight, - who cares? Restraint, segregation and seclusion review

As a Trust we are using the findings to continually assess and improve the care that we provide to our patients. It is important to note that our learning disability services are still rated as outstanding by the CQC.

Due to the pandemic and government mandated restrictions, the CQC ceased their routine site inspections but still maintained from late summer unannounced focused inspections where concerns were raised, these also had the aim of ensuring that organisations were being supported where required to manage with the Covid-19 crisis.

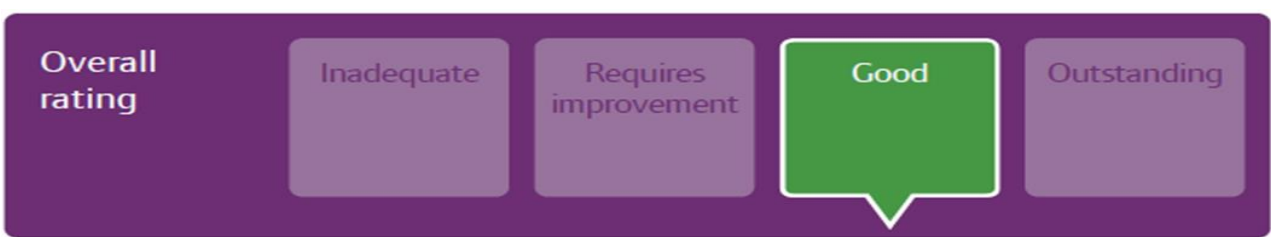
During the main pandemic, the CQC developed an Emergency Support Framework, which looked at providers to see how they were coping. The Trust participated in this process and the CQC gained assurance that we were continuing to deliver high quality services throughout the pandemic.

Consultation started in January 2021 on their latest strategy. During this time, the CQC moved to a Transitional Monitoring approach as progress of their new strategy delayed due to Covid-19. This changed the process of inspections from the CQC. Engagement with the CQC and the Trust continues through virtual CQC Engagement meetings each month along with virtual calls held fortnightly during the height of the pandemic.

A scheduled 'well-led' Transitional Monitoring Call was also held virtually in January 2021. This call would not change the rating for the Trust, but could trigger an inspection if concerns were raised. Feedback confirmed there were no concerns at this time.

Overall, the Trust remains rated as "Good" with the CQC rating the effective, caring and well-led domains as Good. The safe domain was rated as 'Requires improvement' at the last inspection in 2019, and therefore the Trust has made good progress against their internal action plan on the safe domain.

CQC Rating from the last inspection in February 2019



Are services

Safe?	Requires improvement
Effective?	Good
Caring?	Good
Responsive?	Good
Well led?	Good

'Feedback we received from patients was positive. Friends and Family Test results were consistently positive.'

Outstanding Practice from the 2019 Inspection



In the 2019 inspection report, areas of outstanding practice were identified within in acute wards for adults of working age and psychiatric intensive care services, child and adolescent mental health services and Trust-wide.

- The Trust launched a Friends and Family Test live data dashboard in April 2018, which showed the results of the surveys received. The information showed how the Trust was performing at organisation, care group and team levels. This live link was available via the Trust's internet page and patients, carers and staff could access this immediately. In February 2019, the live link showed that 216 people had responded to the survey and that 94% of them would recommend their services to friends and family if they needed similar care or treatment.
- The Trust had developed a bereavement package for deaths that occurred because of physical ailments. As part of that bereavement package the charity Health Stars paid for bereavement cards to be printed. Patients and carers developed the messages inside the card. The bereavement package included a card, advice on how to deal with bereavement for the carers, a card from the clinician who dealt with the loved one, links to funeral homes.
- Staff on Westlands had developed a toolkit for use with patients at risk of suicide and self-harm. They were in the process of providing training for staff on other wards.
- The Trust had reduced their out of area transfers for acute admissions by redesigning the acute pathway including adding five beds, supported by developments of the crisis pad, step down beds and clinical decisions unit.
- The Social Mediation and Self-Help (SMASH) programme is a group-based programme which takes referrals from schools. They work with young people aged 10-16 years who may be at risk of developing mental health problems, this is a unique collaboration between Humber Teaching Foundation Trust and the SMASH programme which worked with a wide range of partners across health, social care, communities, education, young people and families. The programme has received national recognition from Thrive, Royal College of Psychiatrists and Young Minds. The programme is a finalist in the HSJ Innovation in Mental Health Award. Although referrals to the children and adolescent mental health services continue to rise, consistent with the national picture, the programme has delivered an accessible early intervention programme which has begun to reduce the numbers requiring access to specialist treatment.

Staff treated children and young people with compassion, kindness, respected their privacy and dignity and understood individual needs. They actively involved them and their families and carers in care decisions.

Areas for Improvement from the 2019 CQC Inspection

The CQC identified 13 actions at the Trust must take in order to comply with legal obligations at the 2019 inspection. The actions included the following themes:

- Ensuring good standards of record keeping are maintained, i.e. records are accurate, risk assessments completed, care plans are personalised, holistic, reflect all the identified needs of patients and are regularly reviewed.
- Ensuring that the waiting lists for treatment for children and young people to meet national guidance.
- Ensuring that staff act in line with the Mental Capacity Act and code and practice in assessing capacity, making best interest decisions and allowing patients to make unwise decisions.
- Ensuring that staff complete consent to treatment records for all detained patients.
- Ensuring that nursing and medical reviews for patients in seclusion take place and are documented within required timescales.
- Ensuring that patients in seclusion must have individualised personal emergency evacuation plans in place.
- Ensuring that systems to report record and resolve maintenance issues in the service are in place that repairs to essential services are completed in a timely manner.
- Ensuring staff on the wards feel supported, valued and that they are consulted appropriately on service developments.
- Ensuring that systems and processes designed to monitor and improve services are implemented consistently and that staff are clear in relation to what is expected of them.
- Ensuring regular audits are conducted to assess, monitor and improve the quality and safety of services.
- Ensuring there are appropriate systems in place to monitor actions from incident investigations and share learning from incidents amongst the staff team.
- Ensuring all staff receive supervision and appraisals.
- Ensuring there are sufficient skilled and competent staff to safely meet the needs of patients.

In addition to the areas identified above that the Trust must improve, the CQC identified a number of areas that the Trust should take action to address. A comprehensive improvement plan was developed to address the concerns raised via 'must do' and 'should do' actions detailed in the final inspection report. The 'should do and must do' improvement plans were monitored by the Trust Board through the Quality Committee and overseen corporately via our monthly Quality and Regulations Group which reports directly to the Executive Management Team and the Quality and Patient Safety (QPAS) Group. The QPAS Group reports directly to the Quality Committee.

All of the must and should do actions arising from the 2019 inspection were delivered. As a Trust we continually strive to improve, therefore we have carried out a series of peer reviews and audits, across the organisation, throughout the pandemic, from which we have developed additional quality improvement plans.

Data Quality and Coding

Humber Teaching NHS Foundation Trust submitted records during 2020/21 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data:

which included the patient's valid NHS number was:

100% for admitted patient care;
100% for Mental Health; and
93% for Improving Access to Psychological Therapies

which included the patient's valid General Medical Practice Code was:

100% for admitted patient care;
100% for Mental Health; and
89% for Improving Access to Psychological Therapies.

The source of these is NHS Digital's December 2020 DQMI published report for the months July to November 2020

<https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/data-quality#current-data-quality-maturity-index-dqmi>

Clinical Coding Error Rate

Humber Teaching NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2020/2021 by the Audit Commission

Actions to improve Data Quality

Humber Teaching NHS Foundation Trust will be taking the following actions to improve data quality:

- Endorse a proposal for the continuation of the contract coding services to ensure optimum data analysis, please note that coding was disrupted in 2020 due to the covid pandemic and retirement of the Trust's allocated coder.
- increasing WTE hours from April 2021;
- The Trust to promote regular clinical engagement with the Coder as part of a validation strategy programme.

Information Governance

Information Governance assessment report

Information Governance (IG) refers to the way in which organisations process or handle information in a secure and confidential manner. It covers personal information relating to our service users and employees and corporate information, for example finance and accounting records.

The Data Security and Protection (DSP) Toolkit submission date for 2020/21 is the 30 June 2021. Humber Teaching NHS Foundation Trust's DSP Toolkit overall score for 2020/21 is **Standards Met**. The DSP Toolkit was audited by an independent assessor and the audit assessment is;

Risk Rating across all 10 NDG Standards	Substantial
Assurance level based on the confidence level of the Independent Assessor in the veracity of the self-assessment	High / Substantial

There is one low level finding relating to Standard 10.2.4 Checks on suppliers.

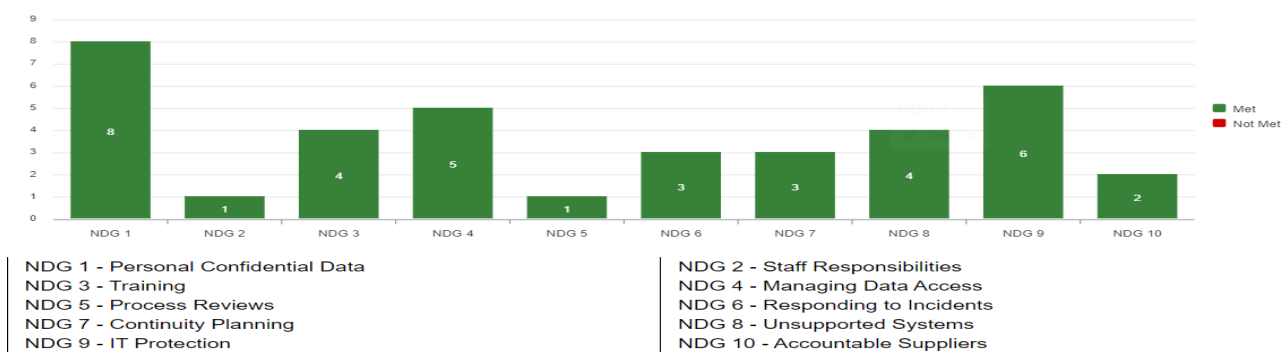
Work is underway to identify and record the security related responsibilities of the Trust and the third party suppliers as identified through the contracts/service level agreements. This work will be completed by the end of September 2021.

IG provides a framework in which the Trust is able to deal consistently with, and adhere to, the regulations, codes of practice and law on how information is handled, for example the Data Protection Act 2018, UK General Data Protection Regulation, the Freedom of Information Act 2000 and the Confidentiality NHS Code of Practice.

The way in which the Trust measures its performance is via the DSP Toolkit. The DSP Toolkit is a performance tool produced by DHSC, which draws together the legal rules and guidance referred to above as a set of requirements. The Toolkit is based on the National Data Guardian Standards.

In the current version there are 42 assertions and 111 mandatory evidence items relevant to this Trust. For each assertion, the status can be “met” or “not met”. The Trust must ensure that all mandatory assertions are “met” for a “Standards Met” DSP Toolkit. If any of the assertions are “not met”, the Trust will receive a “Standards not met” DSP toolkit.

The Trust’s submission at the present time for the 2020/21 DSP Toolkit is below; all assertions are “met” prior to the 30 June 2021 submission deadline.



Key areas of development in the year 2020/21 have been:

Accountability

The IG Team support the Trust to be able to demonstrate compliance with the ‘Accountability Principle’ under Data Protection Law by ensuring;

- Policies and Procedures are UK GDPR/DPA 18 compliant
- Data Protection Impact Assessments are under taken ensuring that privacy concerns have been considered and addressed
- Contracts have been reviewed and mapped for UK GDPR/DPA 18 compliant clauses, new contracts are checked to ensure appropriate data protection clauses are in place. IG due diligence on service providers prior to a new contract entered into.

- Records of Processing Activities undertaken providing a comprehensive overview of personal data processing activities within the Trust.
- Data Breaches reported to the Information Commissioner's Office within 72 hours

Data Security and Protection Toolkit

The Trust published a baseline assessment on 26 February 2021. The IG Team has reviewed the amendments made to the Data Security Protection Toolkit by NHS Digital. Evidence items will continue to be updated prior to the submission deadline.

A report on progress will be provided to the IG Group on a bi-monthly basis up to the submission date of the 30 June 2021.

Coronavirus

The IG Team supported the Trust to maintain an appropriate level of information governance compliance as staff moved to home working during the Coronavirus pandemic;

- **Advice and Support**

The IG Team continued to provide advice and support to staff, via email and telephone. The advice continued to be logged and was themed and reported to the IG Group at the first post COVID-19 meeting.

- **Provision of IG Updates**

The updates provided clarity on any changes that impact on information sharing during COVID-19, reminders of Trust policies and procedures that support compliance, and advice and guidance to support new ways of working.

Updates were provided on;

- Control of Patient Information Regulations 2002 (COPI)
- Instant Messaging
- Videoconferencing
- Using Your Own Device
- Homeworking
- New Ways of Working

- **Covid-19 Privacy Notices**

To maintain transparency and accountability the IG Team provided a Supplementary Privacy Notice to inform patients specifically how their information is used to protect them during the Coronavirus pandemic and the lawful basis for this. The Patient Privacy Notices were updated with information about Care Mail.

Staff Privacy notices were updated to ensure transparency related to National Covid-19 and Flu vaccination programmes, Covid-19 Testing (antibody and lateral flow) and the Shiny Minds Wellbeing App.

The notices were reviewed frequently to ensure they took account of any changes of data use as the pandemic developed.

- **Data Privacy Impact Assessments (DPIA's)**

As the pandemic progressed NHSX advocated the use of mobile messaging and videoconferencing to communicate with colleagues and patients, although this did not abdicate the Trust's responsibility to perform a high level DPIA before use. The IG Team introduced a short form DPIA to support this process, new systems/apps were logged, a DPIA performed to

identify risks/issues with no mitigation, and a summary circulated to the SIRO, Caldicott Guardian and DPO for noting.

DPIA's were completed for;

- WhatsApp
- Accurx
- Upstream Videoconferencing
- Google Online Education
- Eduflow
- Shiny Minds - Staff Wellbeing App

- **Helping patients stay in touch with friends and family**

The IG Team supported the Trust initiative to help friends and family stay connected to in-patients during the pandemic. The IG Team provided advice on how to maintain confidentiality and protect personal information to facilitate the introduction of Care Mail and Comfort Pebbles.

- **Videoconferencing**

The IG Team produced the 'Information Governance Guidance for Video Consultations with Patients' for all staff to follow whatever the medium used for consultations. This supported the introduction of videoconferencing technologies to protect the health of staff and patients during COVID-19.

The IG Team worked with the Clinical Systems Team, IT and Upstream providing advice and guidance for the introduction of Upstream Videoconferencing through the Clinical Portal and Upstream Engage App.

- **Guidance**

To protect staff and raise awareness of the risks of using technologies, information was circulated to staff on WhatsApp 'scams' that were circulating this also included a link for general advice on using Apps for Business and Social Use.

To support access to information TPP re-instated the consent override facility within SystmOne to support direct care, prevention, diagnosis and treatment of those with or at risk of COVID-19. This has been agreed by the Caldicott Guardian and an IG update on using this functionality was issued.

Information Governance Training Needs Analysis

To ensure IG training remains 'fit for purpose', the IG Team reviewed and updated the Training Needs Analysis during the year to identify the information governance training needed for all staff, including those with specialist roles in information governance.

Two surveys were circulated this year, one quantitative with qualitative questions designed by the IG Team to assess any gaps in staff knowledge, and a cyber security awareness survey. Results of both surveys were collated and submitted to the IG Group. The results inform changes to the face-to-face training and development of help and guidance to staff around specific topics through 2020/21.

Supporting New Business

The IG Team continues to support the Trusts new business opportunities, providing IG due diligence checks; in accordance with Information Commissioner's Office and NHS Digital guidance, on partner organisations that process Trust data, ensuring they have ICO registration, if the organisation is part of any certification schemes, or have any data breaches resulting in fines.

New Systems/Data Protection Impact Assessment (DPIA)

When new services begin, new information processing systems are introduced or there are significant changes to existing information processing involving personal confidential information, the Trust ensures that it remains compliant with legislation and NHS requirements. This process is a mandated requirement on the DSP Toolkit and the new data protection legislation.

The DPIA process is reviewed and updated annually to ensure it continues to meet best practice. The process provides a robust assessment ensuring that privacy concerns have been considered and actioned to safeguard the security and confidentiality of personal confidential information, whilst supporting innovation in patient care.

Information Sharing Agreements

This good work has continued in 2020/21 with the development of information sharing agreements between the Trust and partner organisations across the Humber region. This work has enabled the Trust and its local partners to support patient care in the following:

- Specialist Community Forensic team (SCFT) pilot with Navigo and RDASH
- Nutrica Homeward Connections via HUTH for the Dietetics Service
- Peer Support Workers Hull for Primary Care Mental Health Network provided by Hull and East Yorkshire MIND
- Continuing Health Care for Scarborough and Ryedale with the Scarborough and Ryedale CCG
- CAMHS online Autism Assessment Service with Healios
- Vaccination and Immunisations Services for delivery by Intrahealth in Hull and East Riding
- Assertive Engagement Team to support the Rough Sleeper and Sustainability Care Pathway
- Humber Local Resilience Forum Sharing Protocol providing a framework for sharing personal information with category 1 and 2 responder when responding to and recovering from emergencies
- Humber Coast and Vale Provider Collaborative for Mental Health and LD Patients
- Read only access to CHIS SystemOne unit for CHCP Safeguarding staff.

Policies

Lawful and correct treatment of personal data is important. During 2020/21 a number of IG Policies were reviewed, they include:

- Patient Objections Procedure
- Electronic Communications and Internet Acceptable Use Procedure
- Information Security Policy
- Enhanced Data Sharing Model SOP
- Patient Online Access for GP Practices SOP
- Patient Video Consultation SOP
- Information Sharing Charter
- Claims Management Policy

All policies and procedures are included on the IG Work Plan when due for review. The IG Work Plan is standing agenda item for the IG Group.

Information Assets

The Trust reviews its information assets regularly. Its key information assets have been identified and approved by the IG Group. Each key asset has an Information Asset Owner assigned. Each asset has been updated in the Information Asset Register.

The Information Asset Register is reviewed and updated each quarter. The Register is then approved by the IG Group.

Cyber Security

CareCERT provides cyber security threat notifications to the Trust. The IT Service review and act upon these notifications and take action where necessary to ensure Trust systems and protected and vulnerabilities cannot be exploited. The CareCERT notifications and actions taken to protect the Trust are monitored through the IG Group.

Data Quality

Data quality checks are undertaken to provide assurance that data is accurate and ready for migration to national systems. An action plan had been identified to improve data quality. The Trust has a Data Quality Group which provides a forum to consider performance against data quality standards, audits and ad hoc requirements across a range of Trust activities. The Data Quality Group co-ordinates action plans and reports progress to the IG Group and Audit Committee (in respect of audits). The results of the audit feed into the evidence for Data Security Standard 1 in the Trust DSP Toolkit and the National Cost Collection.

A clinical coding audit was performed on discharged patient records in 2019/20. The results from the audit were excellent. The percentage of records that had a correctly coded primary and secondary episode were:

Overall:

- 100% primary
- 96.1% secondary

These results are above the mandatory level set in the Data Security Standard 1 and would meet a 'Standards Exceeded' attainment level.

Freedom of Information (FOI)

The Trust supports the principle that openness and not secrecy should be the norm in public life and wants to create a climate of openness. The Freedom of Information Act 2000 provides individuals with a general right to access all types of recorded information by public authorities. The right is subject to certain exemptions. The aim of the Act is to promote openness and accountability within the public sector.

The Trust responded to 215 requests for information under the Freedom of Information Act, this is a reduction of 19% at the same point in the previous year. 58 requests (27%) were not answered within the statutory 20-day timescale due to delays in the information being supplied during the pandemic. This is an increase from 2.8% in the previous year.

Registration Authority (RA)

Humber Teaching NHS Foundation Trust is established as a Registration Authority. The Registration Authority for the Trust' is part of the Clinical Systems Team. The RA team works closely with Human Resources and IG, together with other relevant organisations externally. For all staff requiring a Smartcard the relevant ID checks are undertaken by either the HR RA staff, the RA Officer or, as necessary, an RA Manager. Once a member of staff's identity is confirmed they are issued with a Smartcard.

Staff have to use their Smartcard and pass code each time they log on to access and use information in systems such as SystemOne and Lorenzo.

The RA Officer performs audit checks to ensure staff have followed registration procedures for identity checks and that the correct role is assigned. The audits also ensure that when someone leaves the organisation their role is removed from the Smartcard.

Learning from Deaths

Humber Teaching NHS Foundation Trust remains committed to embedding a culture of continuous learning. Throughout 2020/21, we have continued to strengthen our approach to learning from deaths. All incidents (including all deaths) that occur within our services are reported via our Datix incident management system. On a weekday basis, these are reviewed in a daily corporate safety huddle that is held within the Patient Safety department. The corporate safety huddle is attended by a range of professionals which include, safeguarding, pharmacy, matrons, senior managers, and senior clinicians. Deaths are reported through Datix in line with the Mazars LLP criteria shown below:

Mazars LLP

Mazars LLP is the UK firm of Mazars, an international advisory and accountancy organisation. Mazars was commissioned by NHS England to review the deaths of people with a learning disability or mental health issues. The criteria they introduced for categorising deaths is as follows:

- **Expected natural death – (EN1)** A death that occurred in an expected time frame
- **Expected natural death – (EN2)** A death that was expected but was not expected to happen in the timeframe
- **Expected unnatural death – (EU)** A death that was expected but not from the cause expected, or timescale
- **Unexpected natural death – (UN1)** Any unexpected death from a natural cause e.g. a sudden cardiac condition or stroke
- **Unexpected natural death – (UN2)** An unexpected death from a natural cause but that did not need to have resulted in death
- **Unexpected unnatural death – (UU)** An unexpected death from unnatural causes e.g. suicide, homicide, abuse, neglect.

In addition to the Mazars LLP criteria, we have also built Datix mandatory indicators into our Datix system (known as red flags) for mortality reviews that are developed by the Royal College of Psychiatrists.

Patient deaths that meet the red flag indicators listed below are considered for mortality review where they are not subject to a serious incident (SI) investigation, significant event analysis (SEA) or Learning from Learning Disabilities (LeDeR) review.

During the pandemic, the Trust continued with the daily Corporate Safety Huddle meeting. The governance and patient safety team continued to meet each week, to review any additional information requests made in the preceding week by the daily corporate safety huddle. This meeting monitors all responses and escalates to the Clinical Risk Management Group when responses have not been received. The Corporate Safety Huddle Review meeting also closes down any Datix where all actions or information requests have been completed.

A quarterly serious incident report is produced which is reviewed within the Quality and Patient Safety group. This provides an overview, per quarter, of the Serious Incidents declared by the Trust and includes a progress update, regarding the number of Serious Incident investigation action

plans per division which are outstanding and/or closed. Any issues that may have the potential to impact on the delivery of the organisational objectives are escalated to the Executive Management Team.

Royal College of Psychiatry Mortality Review Red Flags

- All patients where family, carers, or staff have raised concerns about the care provided
- All patients with a diagnosis of psychosis or eating disorders during their last episode of care, who were under the care of services at the time of their death, or who had been discharged within the six months prior to their death
- All patients who were an inpatient in a mental health unit at the time of death or who had been discharged from inpatient care within the last month
- All patients who were under a Crisis Resolution and Home Treatment Team (or equivalent) at the time of death

An Initial Incident Review (IIR) report is completed within 72 hours for deaths deemed by the daily Corporate Safety Huddle as potentially meeting the criteria for an SI, SEA or mortality review. All Datix reports related to deaths are reviewed in the weekly Clinical Risk Management group (CRMG) along with all Initial Incident Review reports. Incidents meeting the SI threshold are declared by either the Director of Nursing or Medical Director and SEAs or mortality reviews are commissioned by the CRMG.

During 2020/21, due to the pandemic, the Regional Mortality Steering Group and the Learning from Deaths Northern Alliance group were stood down but discussions are underway to restart these groups and the Trust will work closely with other trusts and organisations through these forums.

Learning from all deaths is disseminated across the organisation through the weekly Clinical Risk Management group (CRMG), divisional governance processes, and at the Trust Board.

During 2020/21, 602 of Humber Teaching NHS Foundation Trust patients died. Of the total number of deaths 88.7% were from natural causes.

During 2020/21, 614 of Humber Teaching NHS Foundation Trust patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 181 in the first quarter
- 107 in the second quarter
- 192 in the third quarter
- 134 in the fourth quarter

By 1 April 2021, two mortality reviews and 23 investigations have been carried out in relation to 25 of the deaths included above. The number of deaths in each quarter, for which a case record review or an investigation was carried out, was:

- 3 in the first quarter
- 10 in the second quarter
- 6 in the third quarter
- 6 in the fourth quarter

0 representing 0% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

These numbers have been estimated using the structured judgement methodology and root cause analysis methods.

The following learning, whilst not causal, has been collated from the investigations above:

- The staff need to understand their responsibilities in raising concerns to the Trust Safeguarding team
- The importance of maintaining high quality clinical records
- The importance of continuous comprehensive clinical assessments, continuity of care and clear designated case management
- The use of other media platforms to be considered in regard to ongoing assessments off site when face to face assessment are deemed/ unable to continue due to current restrictions within host environments
- Staff to ensure the care options are person centred and based on the best interests of the patient in the least restrictive way
- Staff to use the same assessment and approach to leave in all in patient mental health units
- Review the Mental health Response Triage process to effectively manage demand

The actions which the Trust has taken in the reporting period, and those proposed to take following the reporting period, in consequence of the Trust's learning are as follows:

- Ensure all staff raise safeguarding concerns with the Trust Safeguarding team appropriately
- Refresh and strengthen the record keeping audit across all services to ensure the quality of care plans, comprehensive clinical assessments and risk assessments in line with best practice guidelines
- Development of effective pathways across community nursing service that improves communication, prioritisation of high risk or complex patients, and facilitates escalation to a senior level
- Consider other methods of assessments/ person engagement when face-to-face methods cannot continue in host venues due to current restrictions during the pandemic to allow for person centred assessments/engagement to continue safely and effectively
- Review the way in which pre-leave risk assessments are undertaken and recorded in all in-patient units
- Review waiting List Standard Operating Procedure and clarify who should and who shouldn't be classed as being on a waiting list
- Review the demand on the service within the Mental Health Response Service

The impact of the actions outlined above is as follows:

- Improved understanding of the referral criteria and referral process to the Trust Safeguarding team
- Improved standards of record keeping
- Provision of person centred assessments delivered via alternative method, utilising available digital solutions, while maintaining safe and effective delivery of care
- Standardisation of pre-leave risk assessments across all in-patients mental health wards
- Strengthened triage processes within Mental Health Response

Deaths in 2019/20

Nil case record reviews and 9 investigations completed after 31 March 2020 which related to deaths which took place before the start of the reporting period.

None representing 0% of the patient deaths before the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the structured judgement methodology and root cause analysis.

None representing 0% of the patient deaths during 2019/21 are judged to be more likely than not to have been due to problems in the care provided to the patient.

How We Measure Performance – Meeting Framework Targets

Humber Teaching NHS Foundation Trust reports via various platforms for NHS England (NHSE) via NHS Improvement (NHSI), NHS Digital (NHSD), Mental Health Services Data Set (MHSDS) and Calculating Quality Reporting Services (CQRS). Key Performance Indicators (KPIs) are mapped via the Integrated Board Report (IBR) and Integrated Quality and Performance Report (IQPT) to the NHSI Single Oversight Framework (SOF).

Our Trust uses Statistical Process Control (SPC) charts to monitor and track its performance data at Trust Board Level. Any data point which sits outside of the control limits will require further investigation by the Executive Director responsible for that particular indicator.

Our internal reporting is split into three levels:

Level 1 (Board Level):

Monthly Statistical Process Control charts (SPCs) via the IBR to the Trust Board and monthly IQPT dashboards to the Operational Delivery Group (ODG) and Executive Management Team (EMT).

Level 2 (Divisional Level):

Monthly Divisional and Service Line Reports via a Dashboard to the Divisional Group Leads and their Directors.

Level 3 (Team Level):

Monthly performance reports at team level to Directors, Service Managers, Team Leaders and staff members with an interest in performance and enhancement.

Level 2 & 3 uses a 'traffic list' or 'RAG Rating' system to report on performance and quality against our selected priorities and KPIs, e.g. Red – Weak, Amber – Fair and Green – Good. This is translated to reflect the performance of the Trust on these initiatives.

We also report externally to our Commissioners via:

Contract Activity Report (CAR)

This is completed on a monthly basis by the Business Intelligence Department (BI Hub). The BI Hub was formed during 2017/18 to provide a more joined-up working approach which improves fluidity and enhances cohesiveness.

This system ensures that we can:

- Monitor critical clinical processes and activities using measures of clinical and corporate performance that trigger alerts when potential problems arise
- Analyse the root cause of problems by exploring relevant and timely information from different sources and at various levels of detail
- Steer the organisation by supporting the management of people and processes to improve decisions, be more effective and subsequently enhance performance

Meetings are held regularly with Commissioners, Board Members, Divisional Directors, Service Managers, and with Team Leaders and their teams.

Internal and external audits are undertaken to ensure our methods of calculation and delivery meet the national and local guidelines.

Data Quality Improvement plans

Data Quality Improvement Plans (DQIP) is designed to highlight where services may not be meeting required performance measures.

Indicators we are not able to provide data against for differing reasons will also be included in the DQIP. Action plans are developed to encourage improvement and progression to meet measures within set timescales.

Benchmarking

Each year the Trust participates in national benchmarking data collections projects. This consists of Adult & Older Adult Mental Health Service, Community Services (Physical Health), CAMHS (Children & Adolescent Mental Health Services), Corporate Services, Learning Disabilities and Perinatal, as an example.

The benchmarking projects allow for comprehensive benchmarking of activity, finance, workforce and quality metrics. Service quality, safety and outcomes against the rest of the NHS can be explored within the toolkit. This is the largest set of physical and mental health intelligence available in the NHS, including a dataset of over 5,000 indicators provided by each statutory provider in England and Wales and a number of large independent sector providers.

The Trust utilises a number of outputs from the data collection, such as:

- Access to the benchmarking toolkit, allowing you to compare your service nationally across several thousand metrics
- A high level bespoke report tailored to our organisation, outlining key messages and metrics
- The opportunity to attend the various conference to hear from national speakers and member good practice sites

The findings are shared with the respective Divisions for their consideration and action. Any identical indicators in the Trusts IBR and IQPT will also include national benchmarking results for a direct comparison where possible.

Finance

Financial information is linked and presented to the Board of Directors who are provided with a breakdown of income and expenditure in the monthly finance report. This information is also linked to the monthly board performance report that is also provided to the Board every month and includes a number of the performance measurements.

Risk Register

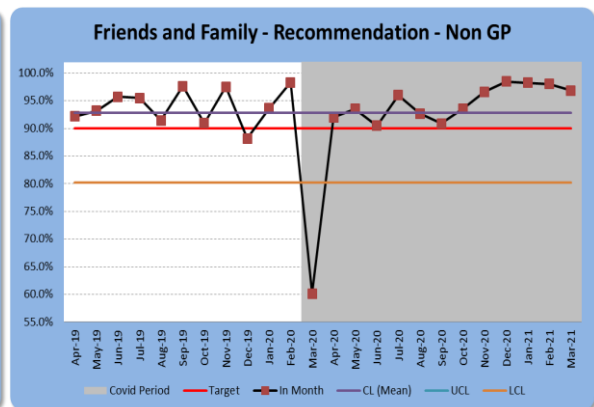
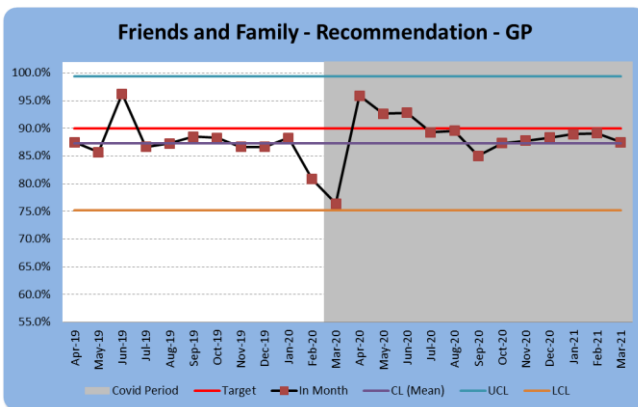
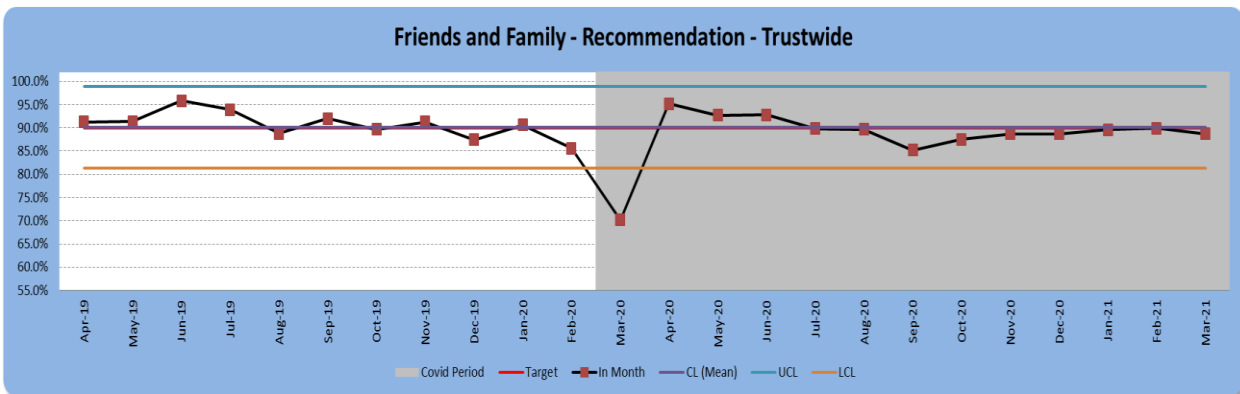
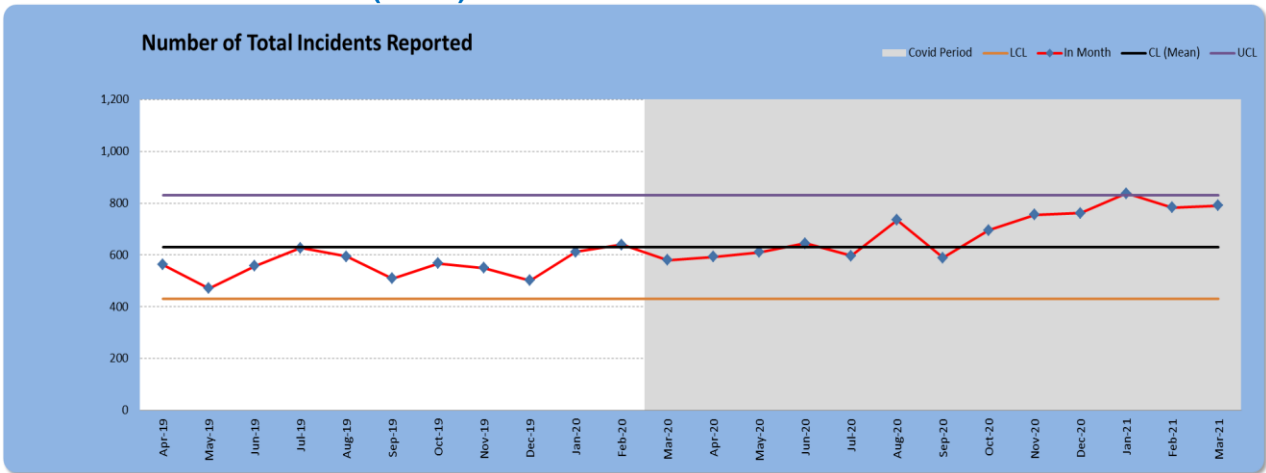
Where performance is not where it is expected and/or there is significant risk (e.g. clinical, financial), this is logged as a risk for the Trust which if sufficiently scored appears on the divisional and dependent upon assessed risk on the Corporate Risk Register and the Board Assurance Framework (BAF). In addition, Finance and Use of Resources is one of the five themes feeding into the Single Oversight Framework.

Performance during the year

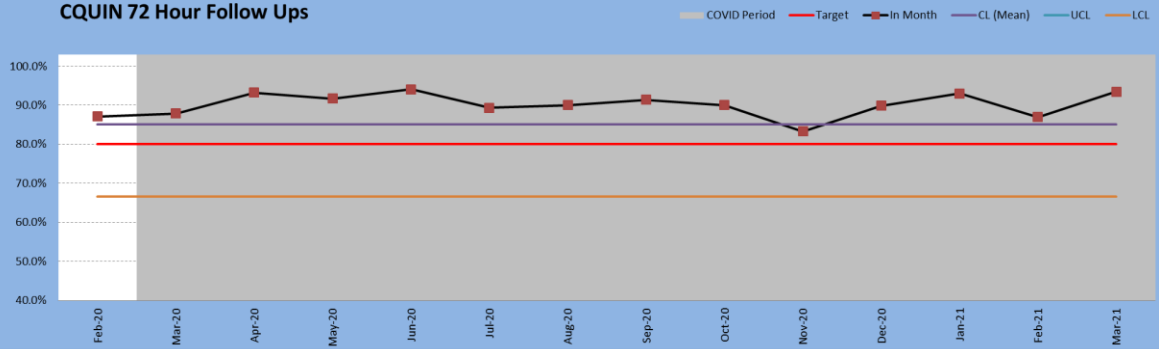
Information continues to be presented using Statistical Process Charts for a number of key indicators, mapped against each of the Trusts Strategic Goals. The use of Statistical Process Charts allows key performance data to be analysed over a period of time to establish trends in performance, Upper and Lower statistical thresholds are utilised to analyse performance and identify where movements in performance are within normal ranges (Common cause variation) or require further investigation/understanding (Special cause variation).

Our performance is reported monthly to the Trust Board and the comprehensive report is provided within our Board papers and available on our website.

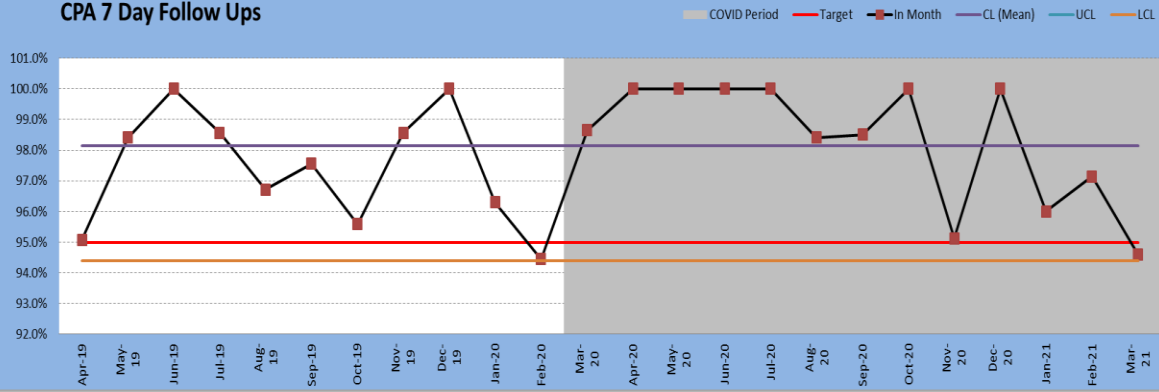
Statistical Process Charts (SPCs)



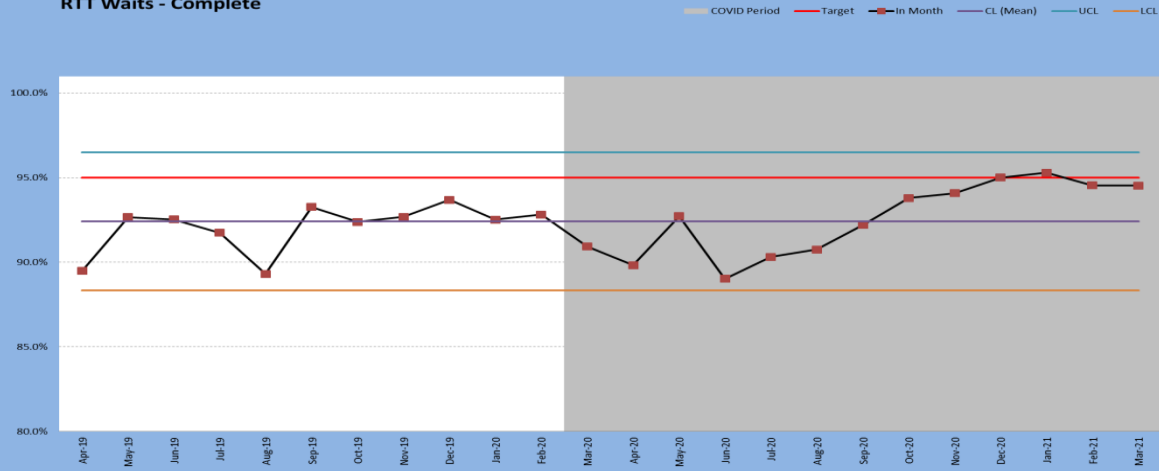
QQUIN 72 Hour Follow Ups



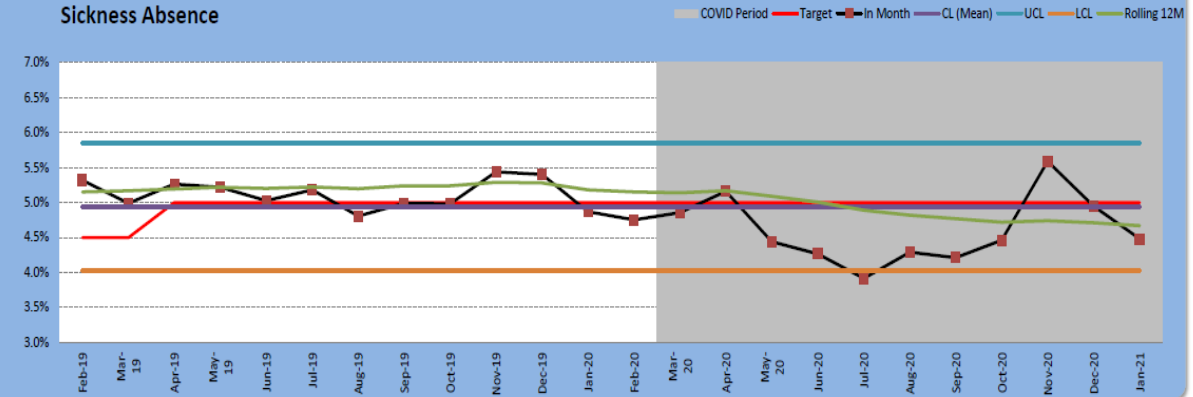
CPA 7 Day Follow Ups

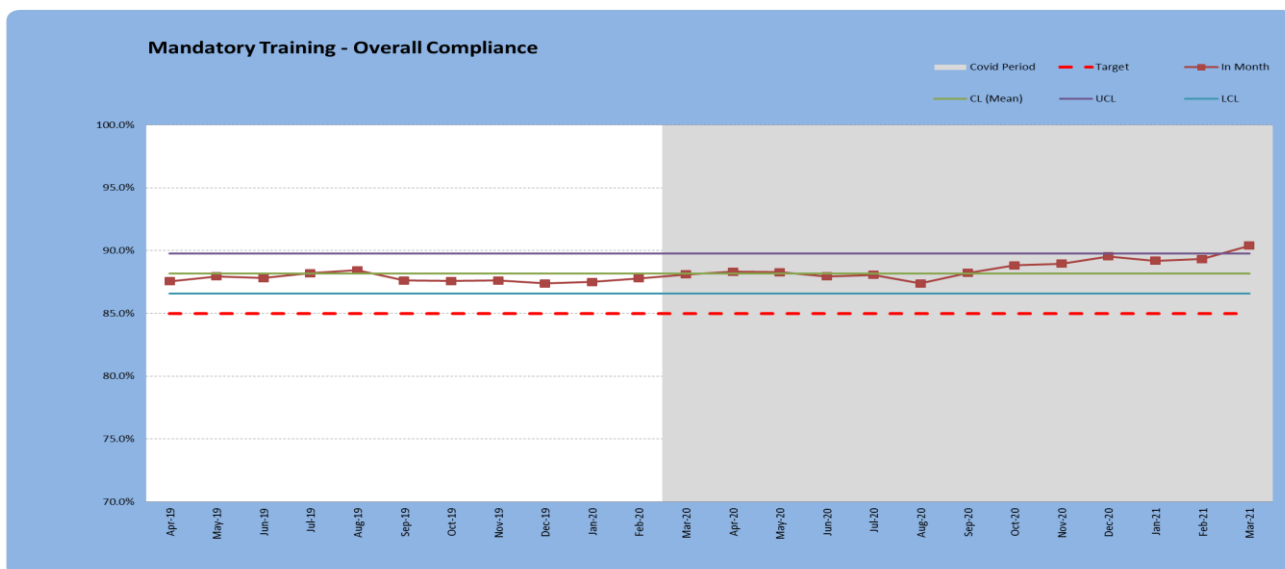


RTT Waits - Complete



Sickness Absence





2.6 Mandatory Quality Indicators

In this section, we report against a national core set of quality indicators, which were jointly proposed by the Department of Health and Social Care and Monitor for inclusion in Trusts' Quality Accounts from 2012-13. Further information about these indicators can be found on the HSCIC website: www.hscic.gov.uk

7 day follow up

The percentage of patients using the Care Programme Approach, who were followed up within seven days after discharge from psychiatric inpatient care, during the reporting period.

The National Suicide Prevention Strategy for England recognises that anyone discharged from inpatient care under the Care Programme Approach (CPA) should be contacted by a mental health professional within seven days of discharge. The Trust has set a local performance standard that all patients should be seen face to face. However, phone contact is acceptable where face to face is either not geographically viable or safe.

Our aim is to ensure everyone discharged under the CPA process from a mental health inpatient unit is followed up within the criteria. Our goal is to ensure at least 95% of all patients are contacted within seven days of discharge each quarter. Exceptions to the national target are:

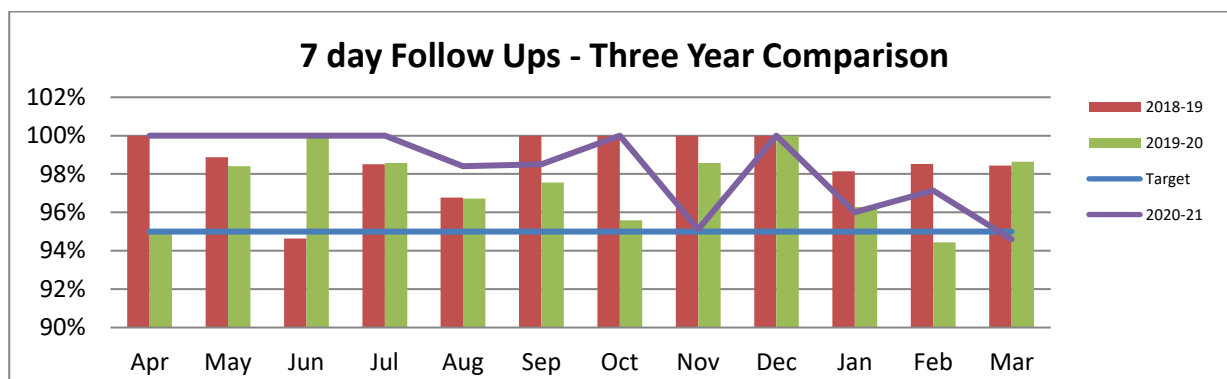
- People who die within seven days of discharge
- Transfers to other psychiatric units
- Where legal precedence has forced the removal of a patient from the country
- Patients discharged or transferred to other NHS hospitals for psychiatric treatment

Summary of progress

As at the end of March 2021, 9 patients were not seen within the 7 day follow up period. This is similar to the same period last year. Each follow up breach is reported as an adverse incident and reviewed with the Care Group and overall responsible to CRMG (Clinical Risk Management Group).

The Trust has retained an average 98.0% compliance rate across all four quarters. This equates to 599 patients seen out of the 608 discharges. All incidents are investigated and reported on the Trust DATIX system. Appropriate actions and resolutions sought for individual cases.

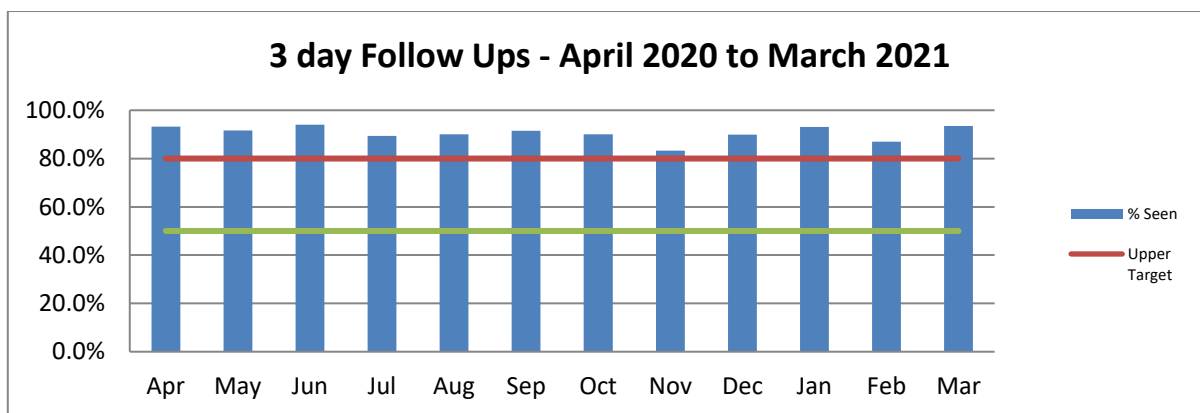
Three year comparison



3 day follow up

As part of the CQUIN process, the Trust monitored the percentage of all patients (barring exclusions) who were followed up within 3 days after discharge from psychiatric inpatient care during the reporting period. Exclusions included those as outlined in the 7 day follow up process but also excluded patients who were discharged from Secure Services.

Compliance is calculated over each quarter period. Minimum payment received upon achieving 50% compliance increasing in value until at least 80% compliance achieved, at which point full payment is received. Throughout the year, the Trust met the target for all Quarters. A total of 439 patients were seen out of 490 discharges with an average of 90.5%.



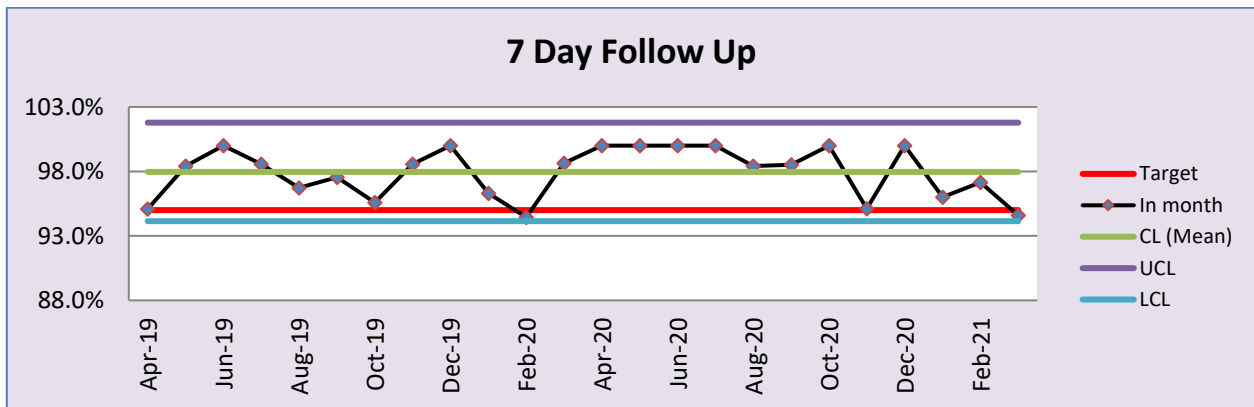
Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

- This indicator is closely monitored on a daily basis. The data is recorded and reported from the Trust’s patient administration system (Lorenzo) and is governed by standard national definitions.
- It is reported to the Trust as part of the Integrated Board Report. It is also reported to Clinical Directors and clinical leads at individual team level.
- It is also reported externally to our commissioners on a monthly basis and to the Department of Health on a quarterly basis via the Mental Health Provider Commission return.
- Reported contractually to Commissioners as part of the CQUIN programme.

Humber Teaching NHS Foundation Trust has taken the following actions to improve this percentage and the quality of its service by:

- Reporting on patients who are discharged out of the area for continuing community care.
- The role of the assessment unit is reviewed to ensure there is a robust procedure in place for assigning patients to the Care Programme Approach as part of the discharge process and continued future treatment.
- Follow ups are monitored daily and teams are notified of each discharge via email as an additional reminder of their obligations to carry out a 7 day follow up contact. The Trust Care Group Directors, General Managers and Service Managers also receive a regular Potential Breach Report which identifies those patients who are at risk of not being seen within timescale.
- A daily timescales report is now available to support the monitoring of follow ups carried out within 1-3 days.
- The reviewed all failed 7 day follow ups with a focus on whether the reason for no contact was avoidable and applying any available learning or understanding as a consequence of an unavoidable set of circumstances preventing contact.

The chart below shows the mean results with upper and lower control limits over the last two years:



Due to the Covid-19 pandemic, NHS England and NHS Improvement suspended the collection of the 7 day follow up data. Therefore, there is no data available on the national average or best/worst scores for 2020-2021.

Re-admissions (Community Hospitals)

The Trust has two Community Hospital sites, Whitby Community Hospital and Fitzwilliam Ward in Malton Community Hospital.

Whitby

For April to March 2021 there were 243 discharges at Whitby. Of these there were zero patients who were an unplanned readmission within 30 days of their previous discharge, which equates to 0%. The calculation is based on the number of non-planned (i.e. emergency) readmissions within a month divided by the number of discharges within the same month.

Fitzwilliam Ward, Malton

For the Fitzwilliam Ward, we do not record an Emergency Re-Admission rate. Instead we identify and measure how many patients are re-admitted back to an acute setting, otherwise 'stepped back up'.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of Patients Stepped up to Acute Bed - 19/20	12	10	10	13	9	7	10	9	5	15	11	10
Number of Patients Stepped up to Acute Bed - 20/21	1	4	5	2	2	1	7	5	2	3	3	4

The monthly average number of patients stepped up to acute hospital has reduced from **10** (2019/20) to **3** (2020/21).

Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

- A community bed provides short term (usually no longer than 3 weeks) 24 hour clinical care and rehabilitation for individuals whose clinical care needs cannot be supported at home but do not require acute level care.
- Evidence suggests that patient outcomes are enhanced by robust delivery of community care, including a step up and step down approach to the management of individual episodes of need and long term conditions. This, together with flexible and accessible community beds, within community hospitals have been shown nationwide to deliver beneficial outcomes for patients.

Percentage of Staff who would recommend the Trust as a Provider of Care to their Family or Friends

Since April 2014, the Staff Friends and Family Test (SFFT) has been carried out in all NHS trusts providing acute, community, ambulance and mental health services in England.

The aim is for all staff to have the opportunity to feed back their views on their organisation at least once per year. The SFFT is helping to promote a big cultural shift in the NHS, where staff have both the opportunity and confidence to speak up, and where the views of staff are increasingly heard and are acted upon.

Research clearly shows a relationship between staff engagement, patients and organisational outcome measures, such as staff absenteeism and turnover, patient satisfaction and mortality; and safety measures, including infection rates. The more engaged staff members are, the better the outcomes for patients and the organisation generally. It is therefore important that we strengthen the staff voice, as well as the patient voice.

Each year a proportion of staff have the opportunity to respond to SFFT in one of the three quarters (Quarter 1, Quarter 2 and Quarter 4). Quarter 3 is the national staff survey and all staff have the opportunity once per year, as a minimum requirement. The Trust must submit data to NHS England in Quarter 1, Quarter 2 and Quarter 4, which includes the breakdown of responses for each question and the total number of responses for each collection method.

Due to the impact of the pandemic, the decision was made not to run the SFFT in Q1 (April-June) of 2020/21, therefore we surveyed the areas from Q1 in Q2.

The questions asked in our 2020/21 SFFT includes the two mandatory questions as well as 12 questions from our National Staff Survey that scored below 40% and were therefore deemed as

'must improve' areas. Adding these to the SFFT allows us to see if these scores are improving after being identified as areas of focus for the Trust.

At a glance key metrics for 2020/21

Quarter	Live Dates	Invited to partake	Target Areas	Responses	% Response	% of staff likely to recommend as a place of care	% of staff unlikely to recommend as a place of care	% of staff likely to recommend as a place to work	% of staff unlikely to recommend as a place to work
1	Suspended due to Covid-19								
2	10.07.20 – 06.09.20	1,563	Secure Services Division, Mental Health Planned Division, Mental Health Unplanned Division, Finance Directorate, Workforce & Organisational Development Directorate, Estates, Informatics and BI, Chief Operating Officer area, Hotel Services	351	22%	73%	5%	62%	17%
3	Quarter 3 SFFT survey is not required as this period is when the National Staff Survey 2019 is live								
4	25.01.21- 21.02.21	1,309	Children and Learning Disability, Community and Primary Care, Medical, Nursing and Quality, Chief Executive	368	28%	82%	6%	70%	12%

The analysis of Q2 and Q4 Staff FFT indicates that over 75% of staff would recommend to friends and family the Trust as a place of care whilst over 60% would recommend as a place to work.

Humber Teaching NHS Foundation Trust has taken the following actions to improve this percentage and the quality of its service by:

- Ensuring that each staff member is asked to complete a SFFT survey once in the year to ensure that they don't feel that they are filling in too many surveys
- Clear visual communications of staff survey to enable staff across the Trust so divisions and corporate areas can own their results by encouraging discussion, focus groups that will see changes owned and embedded
- The ongoing development of a Health, Wellbeing and Engagement group with a specific remit to make improvements to staff health and wellbeing with accountability to the Workforce and Organisational Development Committee
- The introduction of the TRAC recruitment system with the aim of improving manager and candidate experience and reducing the time taken to recruit.
- Development of a Staff Benefits document bringing together all of the benefits that the Trust offer to staff

- Ongoing development of an Equality, Diversity and Inclusion Group and Launched our staff networks including LGBT+, Humber Ability and BAME staff networks
- Ongoing development of the **PROUD** which includes some of the following initiatives and the introduction of a High Potential Development Scheme aimed at our band 2-7 staff in any role and senior staff coaching
- Extension of our Reward and recognition package to include; refreshed Staff Benefits Book offering a wide range of benefits to our staff, extended our staff benefits offer with our benefits partner Vivup – offering cycle to work, bike shop and home electronics schemes and launched an Employee Assistance Programme available to staff 24 hours per day, 365 days per year

The NHS Community Mental Health Users Survey

Each year, a national study takes place across the NHS to gather patients' experiences of using community-based mental health services (CMHT). The survey was sent to 1,250 service users.

The sample size has increased by 400 service users this year (an increase of 32%) and the 2020 response rate was 30% (372 usable responses from a usable sample of 1224).

The majority of scores were in the top 20% of Trusts surveyed by Quality Health, and the remaining scores sat in the intermediate range. In addition, many scores have improved since the last survey.

Humber Teaching NHS Foundation Trust considers that the data is collected nationally from a randomly selected sample. The Trust does not introduce any selection bias into the sample selection. We are therefore confident that the sample is as reflective of our patient population as possible.

Humber Teaching NHS Foundation Trust is extremely pleased with this year's results. Many scores have improved since the last survey and will continue to improve this percentage and so the quality of its service by:

- Continuing to encourage service users to take part in the survey
- The Mental Health Division continuing to work in partnership with the Patient Experience Team and to host a co-produced workshop, to facilitate group discussions around next steps for the coming year, including: what has worked well, what hasn't worked so well and identification of work required to further enhance and embed existing actions
- A Community Mental Health Service User Survey working group to be introduced, to support clinical teams to make the survey more meaningful. Any improvements will be identified through the action planning process and this will be monitored on a regular basis

The division continues to progress the following actions:

- Care co-ordinator or case manager to ensure all service users are given clear information of how to contact them, the team and out of hours crisis services
- Medication to be discussed in Care Programme Approach (CPA) documentation, collaboration of social workers and nurses, involving pharmacy, information leaflets, simple language, involving family in information sharing to ensure this is discussed with service users and their carers
- All care co-ordinators and case managers to ensure they discuss NHS therapy options clearly and that they are explained to the individual in a manner that is understood. Information leaflets and information will be provided
- To ensure that peer support workers are employed in the CMHTs and that there is a clear link to the Patient and Carer Experience team from the CMHTs

- Dignity and respect to be embedded in CPA work underway and increase in co-production and patient involvement
- How service users are getting on with their medicines is to be discussed in regular planned reviews by medical and clinical staff
- The documentation and collaboration of social workers and nurses, involving Pharmacy, information leaflets, simple language and involving family in information sharing to ensure that such discussions take place with service users and their carers
- A training package for staff regarding the understanding of the CPA and administrating CPA in a family inclusive way continues to be delivered
- A re-design of our community mental health services to enable greater integration with primary care to meet the physical health needs of our service users through good shared care protocols
- All teams have Staff Champions of Patient Experience (SCOPE) and attend bi monthly SCOPE forums to share best practice and provide a voice of experience on behalf of their clinical networks (these are being held virtually at present)
- All of our CMHTs continue to receive excellent feedback via our Friends and Family Test (FFT) where live feedback is available by accessing the Trust's FFT dashboard
- Service users and their carers are given the opportunity to attend regular Patient and Carer Experience forums where they can provide a public voice by bringing lived experiences and individual perspectives to the Trust (these are being held virtually at present)
- Always Events have been developed and implemented in the early intervention service in relation to discharge planning, which is positively impacting on patient experience
- Service users and carers are supporting the Trust recruitment process; their perspective positively influences recruitment and selection decisions, which is crucial to the delivery of high quality services. Whilst qualifications, experiences, knowledge and professional skills are imperative to effective care and treatment, of equal importance is the demonstration of how the candidate possesses the values, positive behaviours and personal qualities that would enhance the patient experience

Healthcare Associated Infections

Healthcare Associated Infections (HCAI) remain one of the major causes of patient harm and, although nationally there continues to be a reduction in the number of patients developing serious infections, such as Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia and *Clostridium difficile* in health care settings, the rates of other HCAI have risen due to an emergence of resistant organisms. In a year that has seen us have to provide services during a global pandemic never has infection prevention and control been so high on the Trusts agenda. It is therefore vital that the reduction of HCAI remains a high priority on the patient safety agenda within the Trust and indeed in any other NHS organisation.

During 2020-21 the Trust has increased the capacity of the infection control team to deal with the increasing demand on this team due to COVID pressures. The team have been instrumental in ensuring infection control policies were reviewed in line with new guidance supported by communications to staff, staff training and audits. Please refer to the Trusts Annual Infection Control Report 2020-21 for full details of the Trust response to the pandemic from an infection control perspective.

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

Clostridium difficile Infection (CDI) Measure

The target on this nationally set key performance indicator is currently:

- Not to exceed 4 cases within the Trust's Hull and East Riding of Yorkshire inpatient units (Hull and East Riding of Yorkshire Clinical Commissioning Group CCG).
- Not to exceed 4 cases for Whitby Community Hospital inpatient unit (Hambleton, Richmondshire and Whitby CCG).
- No target is set for Malton Hospital (based on the patient GP Practice the Vale of York CCG or the Scarborough and Ryedale CCG are to be notified by the IPC team within 48 hours of notification).

Summary of Progress

During 2020-21, it is noted there has been no CDI cases apportioned to the Trust.

Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

A Clostridium difficile Infection (prevention and management) Policy is available on the Trust Intranet for all staff. It is expected that staff manage any suspected cases as per Trust policy. The diagnosis of CDI is based upon the presence of the Clostridium difficile toxin. In some instances people are referred to as being a Clostridium difficile carrier as they have the Clostridium difficile bacteria present within their gut but no toxin production.

Only CDI cases where the sample is obtained after our days from admission are included in the quality data reporting. Any cases that occur prior to this are not deemed attributable to the Trust.

The Trust has taken the following actions to improve this percentage and so the quality of its service:

- Identifying any areas of learning using root cause analysis and whether the case of CDI could have been avoided.
- All completed root cause analysis reports are presented to the applicable Clinical Commissioning Group Health Care Associated Infection review Group.
- Ensuring antibiotics were prescribed and administered in accordance with the respective locally agreed antibiotic guidelines.
- Increase the opportunities to work collaboratively across the health economy to prevent and control CDIs.
- Identifying and eliminating (where applicable) any potential risks of cross contamination and other possible risk factors.
- Provision of staff educational workshops with specific focus i.e. *Clostridium difficile*
- The applicable Care Group Clinical Governance Network for Trust apportioned cases monitoring the actions identified from the investigation.

Methicillin-resistant Staphylococcus aureus (MRSA) Bacteraemia Measure

For the financial year 2020-21, Q1 to Q4, it is noted there have been zero MRSA Bacteraemia cases apportioned to the Trust.

Escherichia coli (E.coli) Bacteraemia

For the financial year 2020-21, Q1 to Q4, it is noted there have been one *E.coli* Bacteraemia cases apportioned to the Trust in Quarter 1.

Patient Safety

The National Reporting and Learning System (NRLS) reports nationally on all incidents relating to patient safety in the NHS.

Within these figures, the national median rate for incident reporting from their last six-monthly report, which was published in September 2020 and covered the period October 2019 to March 2020, was 53.2 per 1,000 bed days. Humber Teaching NHS Foundation Trust's reporting rate was 94.4 incidents per 1,000 bed days which puts the Trust in the upper quartile; the highest number of incidents per 1,000 bed days was 145.5. In terms of reported level of harm presented in the last NRLS six-monthly report, 72.4% of the Trust's reported patient safety incidents resulted in no harm and 23.4% of the total incidents resulted in low harm.

	Total Incidents 2019/20	Total Incidents 2020/21	Severe/ Death 2019/20	Severe/ Death 2020/21	Serious Incidents 2019/20	Serious Incidents 2020/21
1 April-30 June	1,191	1,335	10	9	4	6
1 July-30 September	1,275	1,487	7	9	4	3
1 October-31 December	1,178	1,674	11	10	6	3
1 January-31 March	1,385	1820	9	11	3	3
Totals	5,029	5,494	37	32	17	15

Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

All incidents are reviewed in the daily corporate safety huddle which is attended by a range of professionals which include, safeguarding, Pharmacy, matrons, senior managers, and senior clinicians. Within this meeting the severity rating and category of each incident is reviewed to ensure it is correct. Our reporting of low/no harm incidents indicates a healthy open reporting culture within the Trust.

Humber Teaching NHS Foundation Trust has taken the following actions to improve this percentage and so the quality of its service:

- The risk department provides Datix training to all new staff and targeted teams. Where incidents are incorrectly categorised or the severity is not accurately recorded feedback is given to the reporter to enable them to understand why this is the case.
- We have reviewed our reporting forms to ensure they are as simple as possible to complete, thus minimising administrative burden and increasing use
- Datix Dashboards have been developed and access has been enabled for all teams and services, and further work is ongoing to increase uptake of their use with Trust services and to fully embed them into quality governance processes across the Trust. This will enable teams to ensure they focus their quality improvement initiatives on incident themes of concern and see how the reporting of incidents, provides essential data for use at team level.

In addition to learning from incidents, we recognise the importance of learning from what we have done well, this is known as 'Safety II'. To capture instances of excellent practice and share the learning more broadly we have introduced "GREATix" which is part of our Datix incident reporting system and very quick and easy to use. Each month we recognise the patient safety team/ individual of the month and had planned to introduce award at our annual staff awards ceremony for Patient Safety Team of the Year, which had to be put 'on hold' due to the pandemic but we hope to start this in 2022.

We continue to embed the 'Just Culture tool' launched by NHSI in March 2018. This ensures that staff are supported to report and be open about incidents. This is supporting and embedding a culture of openness and learning within the Trust.

Patient Safety Strategy Update 2020/21

In September 2019, the Trust launched the Patient Safety Strategy which is fully-aligned to the National Patient Safety Strategy.

Our vision is to develop a 'high reliability' culture of safety, which is based on the experience of high-risk industries such as the aviation and the nuclear industries. Such a culture ensures consistency to ensure that all our staff understand, collaborate, develop and share learning in relation to patient safety across the organisation in conjunction with patients, carers and wider agencies and partners.

Embedded within the Trust approach to patient safety is the requirement that every person working in Humber Teaching NHS Foundation Trust is aware of their responsibilities, in relation to ensuring the safety of our patients, carers and families and takes appropriate action to maintain safety in our most vulnerable service users. Equally, we assert that our staff must feel safe; safe to report incidents without fear of reprisal, safe to question practice or resources, and safe in their daily work.



As an organisation, we recognise that our staff are our greatest asset and we are committed to developing a culture of learning, transparency and openness that enables us to continue to improve patient safety and make Humber Teaching NHS Foundation Trust an excellent place for staff to work.

We have six priorities across the three areas (insight, involvement and improvement) identified in the NHS Patient Safety Strategy and these are aligned to our overall Trust strategy goals as follows:

Insight Priorities

<p style="text-align: center;">Priority 1</p> <p>To develop a positive and proactive safety culture</p>	 <p>Innovating quality and patient safety</p>
<p style="text-align: center;">Priority 2</p> <p>To reduce the number of Patient Safety Incidents resulting in harm whilst maintaining high levels of reporting</p>	 <p>Enhancing prevention, wellbeing and recovery</p>

Involvement Priorities

<p style="text-align: center;">Priority 3</p> <p>To work with patients, carers and key partners to continuously improve patient safety</p>	 <p>Fostering integration, partnership and alliances</p>
<p style="text-align: center;">Priority 4</p> <p>To ensure staff are equipped with the appropriate patient safety knowledge and skills to embed an organisational wide culture of learning from patient safety incidents</p>	 <p>Developing an effective and empowered workforce</p>

Improvement Priorities

<p style="text-align: center;">Priority 5</p> <p>To ensure a culture of learning and continuous improvement</p>	 <p>Maximising an efficient and sustainable organisation</p>
<p style="text-align: center;">Priority 6</p> <p>To work with the wider community to improve patient safety</p>	 <p>Promoting people, communities and social values</p>

Despite the pandemic, steady progress has been made against all priorities during 2020-21 we have:

- Developed support guidance for staff and managers involved in incidents
- Increased access to support for staff and teams for de briefing purposes
- Continued to deliver our PROUD leadership programme
- Rolled our safety huddles across teams
- Implemented electronic medicines administration across all I patient units.
- Provided training in RCA methodology
- Gained accreditation as a White Ribbon Trust recognising our commitment to end male violence against women.
- Identified two Patient Safety Specialists to lead the patient safety agenda and undertake national patient safety training.

Part Three: Other information on Quality Performance 2020/21

In this section, we report on key national indicators from the Single Oversight Framework (SOF). This section will also share performance in relation to other indicators monitored by the Board, and not already reported in Parts 2 or 3 of the Quality Account.

In this section, we also share some highlights of our successes throughout 2020/21 and the comments received from our stakeholders.

3.1 Key National Indicators

There are three domains which the Key National Priorities fall under that the Trust has reported on in Part 3. This is explained in the table below.

Please note: some of these indicators have already been included in Part Two of the report; where this is the case, reference is made to Part Two.

The Three Domains for Key National Indicators

Domain	Indicator
Patient Safety	Seven day follow up (Part Two)
	Clostridium Difficile (Part Two)
	Admissions of Young People under the age of 16 to Adult Facilities
Clinical Effectiveness	Mental Health Delayed Transfers of Care
	Percentage of Patients Seen for Treatment within 14 Days of Referral
	Percentage of Patients Seen for Treatment within six and 18 Weeks of Referral
	Cardio-metabolic Assessments
	Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral
	Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway
Patient Experience	CAMHS eating disorders
	Percentage of patients seen and discharged/transferred within four hours for minor injury units
	Percentage of Patients Seen for Treatment within six and 18 Weeks of Referral
	Inappropriate out of area placements for adult mental health services
	Improving access to psychological therapies (IAPT)

Mental Health Delayed Transfers of Care

This indicator measures the impact of community-based care in facilitating timely discharge from a hospital and the mechanisms in place to support this. The aim is to ensure people receive the right care, in the right place, at the right time.

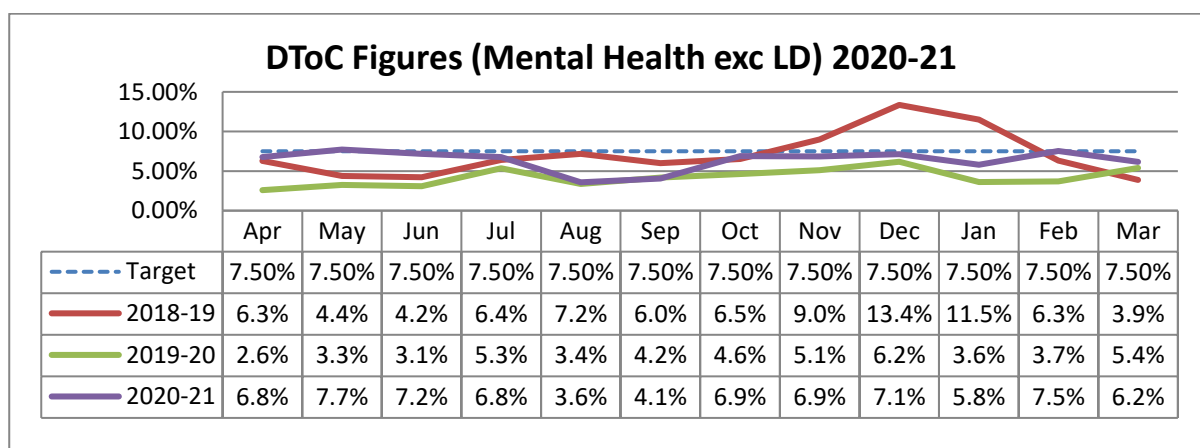
The target is to show less than 7.5% of delayed transfers. This figure compares the number of days delayed as the numerator against the number of occupied bed days (OBDs) as the denominator. In accordance with NHS Improvement (NHSI), the Trust only records mental health inpatient delayed discharges for patients aged 18 and over.

Summary of Progress

Due to the Covid-19 pandemic, NHS England and NHS Improvement suspended the collection of the Delayed Transfers of Care data. However, the trust has continued to monitor all delays.

At the end of March 2021 the Trust reported a percentage of 6.2% delayed transfers which is deterioration on last year's percentage of 5.4%.

The number of occupied bed days is reported through the Trust's patient administration system (Lorenzo). The number of patients affected and the number of days delayed by are monitored via weekly system updates. The data is governed by standard national definitions. The OBDs are subject to constant refresh.



The graph above compares three years data by month up to the current year.

The table below highlights the number of occupied bed days and the number of patients delayed days per month for the current year.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
OBDs	3409	3680	3961	3852	3716	3696	3905	3720	3707	3830	3526	3826
Days Delayed	231	284	284	261	133	150	269	255	265	222	265	236
	6.8%	7.7%	7.2%	6.8%	3.6%	4.1%	6.9%	6.9%	7.1%	5.8%	7.5%	6.2%

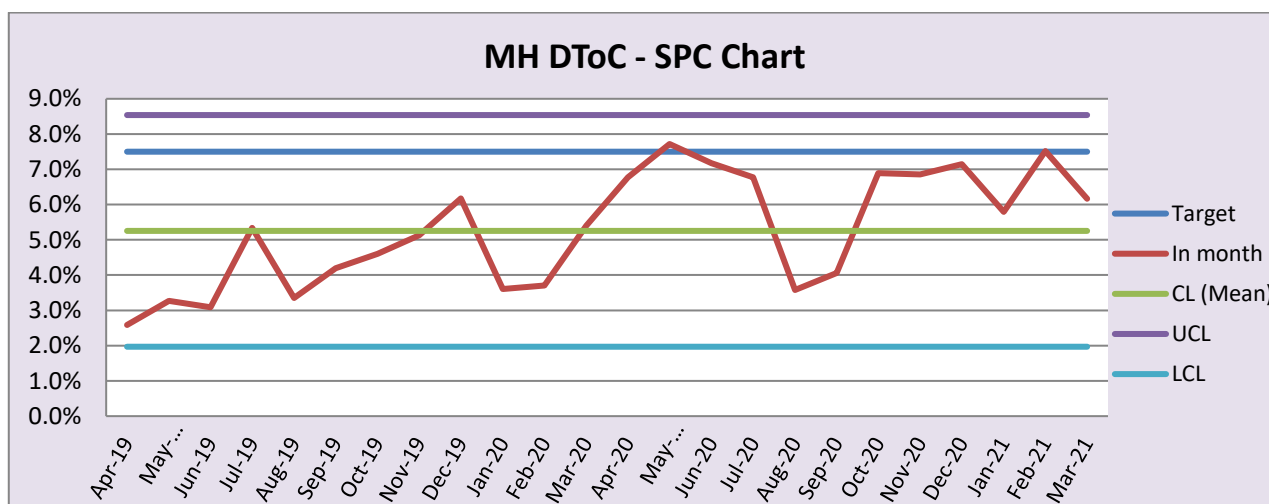
Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

- Both the Care Quality Commission and NHSI measure delayed discharges for patients whose transfer of care was delayed due to factors which were the responsibility of Social Care/NHS or both.

The Trust has taken the following actions to improve this percentage and so the quality of its service by:

- Holding weekly operational meetings to identify problem areas and seek to plan early, appropriate discharge more effectively.
- Delayed Transfer of Care within Mental Health are routinely raised at a fortnightly patient flow and escalation meeting which is attended by Kingston Upon Hull City Council and East Riding of Yorkshire Council and both CCGs. Equally all other delays are raised via the daily system wide meetings.
- Monthly validation of patients undertaken with North Yorkshire County Council for patients delayed in our Primary Care settings in support of our submission to NHS Improvement.
- Liaising with families, carers and housing providers. Regular liaison also takes place with residential homes to give support/advice and ensure patients settle in well.
- Validation meetings to cross-reference electronic recording and reporting.
- Weekly and monthly automated reports to senior clinical leads identifying current patient delays.
- Project team set up to review the process and adopt within community hospital wards.
- Commissioning of step-down beds to provide alternatives for those delayed as a result of housing need.

The chart below shows the mean results with upper and lower control limits over the last two years.



Improving Access to Psychological Therapies (IAPT)

The percentage of Patients seen for treatment within 6 and 18 weeks of referral

IAPT access times / Goal

The waiting time standard requires that 75% of people with common mental health conditions referred to the Improved Access to Psychological Therapies (IAPT) programme will be treated within 6 weeks of referral, and 95% will be treated within 18 weeks of referral. The standard applies to adults.

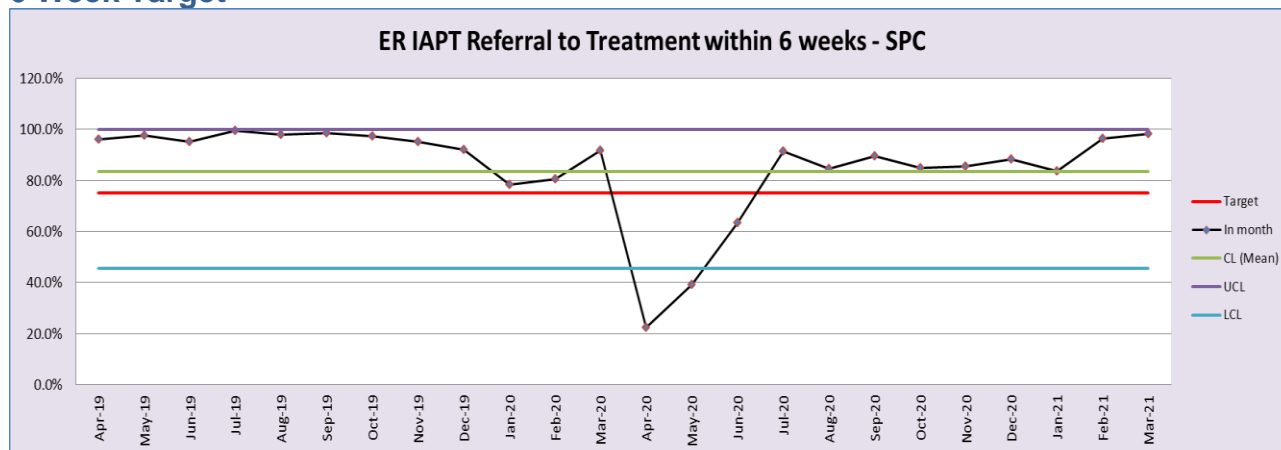
Summary of progress

The IAPT team has been measured against this standard for the East Riding catchment area throughout 2020/21. 6 week performance had dropped between Apr-20 and Jun-20 which was due to two factors. New contract arrangements had taken place in Dec-19 with the Trust taking the lead provider role for IAPT services in East Riding. The Trust was running a waiting list during this time

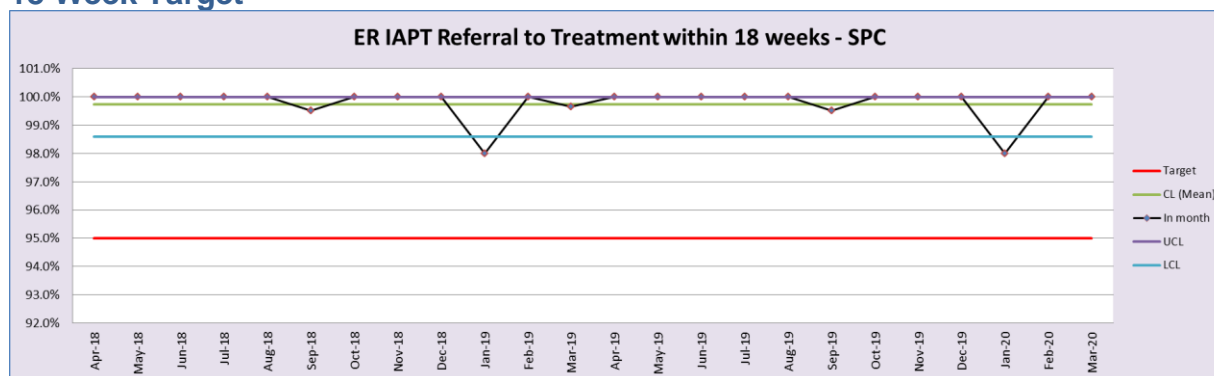
as sub-contract arrangement were being formalised and mobilised. The other factor for the deteriorating performance was the impact of the COVID pandemic. In Apr-20, the service had to mobilise digital delivery of services which took a few weeks to resolve and as you can see from the data, performance started to increase from May-20 onwards.

18 week compliance has been above target for the past 2 years.

6 Week Target



18 Week Target



Humber Teaching NHS Foundation Trust considers that this data is as described for the following reason:

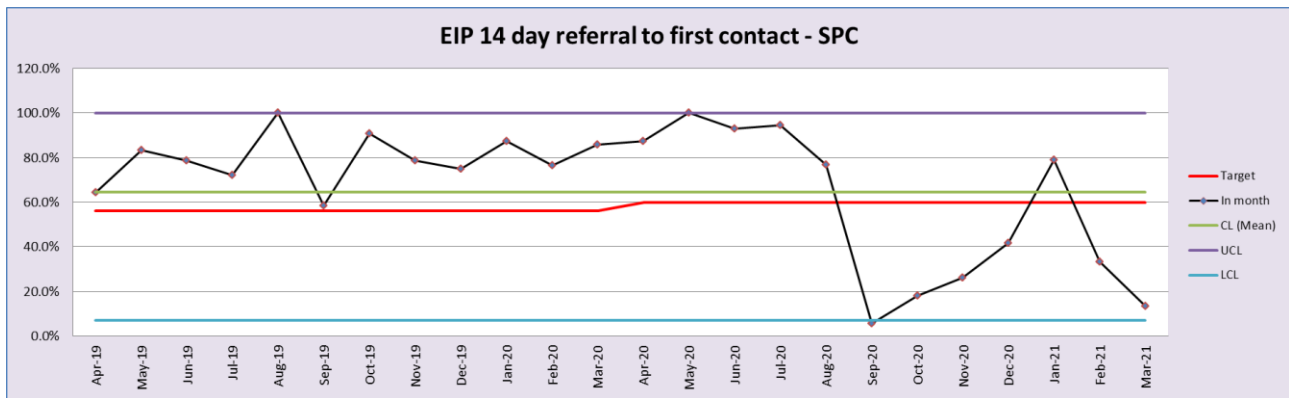
- Monthly reporting from the Trusts PCMIS system

Percentage of Patients Seen for Treatment within 14 Days of Referral

From April 2016, NHS England introduced a series of standards for Early Intervention for Psychosis Teams to meet in the delivery and shaping of services with these being measured and Teams working towards achieving national accreditation. The access and waiting time standard for early intervention in psychosis (EIP) services requires that more than 60% of people experiencing first episode psychosis will be treated, with a NICE-approved care package, within two weeks of referral. The standard is targeted at people aged 14-65.

Summary of progress

From April 2016, the Psychosis Service for Young People in Hull and East Riding (PSYPHER) team has been measured against this standard. The service continues to support the aged range of 14-64. The year to date performance of 52% is below the nationally mandated target of 60%.



Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

- Monthly reporting from the Trust Lorenzo system
- Weekly multidisciplinary meeting for feedback on assessments in progress
- Daily morning meeting where referrals are discussed and allocated

The Trust has not had to take any actions to improve the percentage but will maintain its good practice and quality of service and continue to strive for excellence.

Cardio-metabolic Assessment and Treatment for People with Psychosis

The Trust should ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:

- Inpatient wards
- Early Intervention in Psychosis
- Community Mental Health Services (CPA clients)

People with severe mental illness (SMI) are at increased risk of poor physical health, and their life-expectancy is reduced by an average of 15-20 years mainly due to preventable physical illness. Two thirds of these deaths are from avoidable physical illnesses including heart disease and cancer, mainly caused by smoking. There is also a lack of access to physical healthcare for people with mental health problems – less than a third of people with schizophrenia in hospital receive the recommended assessment of cardiovascular risk in the previous 12 months.

Physical health assessments for patients with severe mental illness (SMI) were a CQUIN in 2018-19. Patients with SMI for the purpose of the CQUIN were all patients with psychosis, including schizophrenia.

Although no longer a CQUIN, the following figures are a snapshot of the compliance rate for patients the Trust has identified on the SMI register as at 28 February 2021 as entered on Lorenzo.

Service	Target	% of patients with complete electronic HIP (as at 31/12/19)	% of patients with complete electronic HIP (as at 31/3/21)
Inpatient	90%	40.7%	76.0%
Community (non-EIP)	75%	32.6%	38.2%
Early Intervention Psychosis	90%	48.6%	80.7%

Humber Teaching NHS Foundation Trust considers that these data are as described for the following reasons:

- They are based on direct analysis of the submissions made on Lorenzo

The Trust has taken the following actions to improve this percentage and so the quality of its service by:

- The development of a clinician's caseload dashboard has progressed in year and clinicians and teams lead can view at clinical supervision sessions to aid improvement
- Compliance results shown in team performance reports to allow teams an opportunity to review and assess for improvement

Admission of Young people under the age of 16 to Adult Facilities

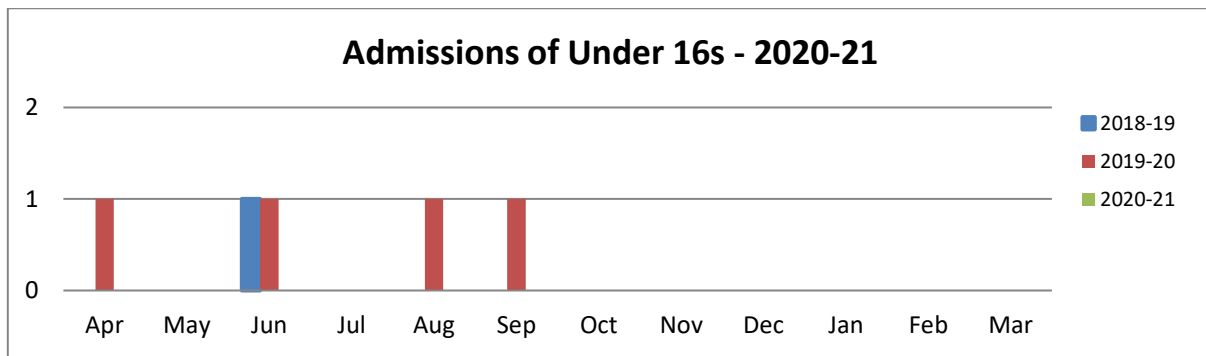
Inpatient Child and Adolescent Mental Health Services (CAMHS) General Adolescent Services deliver tertiary level care and treatment to young people with severe and/or complex mental disorders (12 to 18 years), associated with significant impairment and/or significant risk to themselves or others, such that their needs cannot be safely and adequately met by community CAMHS. In January 2020, we opened a CAMHS inpatient unit in Hull. The unit, named Inspire has reduced the need for young people to be admitted to adult inpatient units during 2020-21, however, there are occasions when a bed or other CAMHS alternatives are not available and an adult bed has had to be used.

The revised Code of Practice (2015) states if a young person is admitted in crisis it should be for the briefest time possible.

There are some 17 year olds who prefer to engage with adult mental health services and have a preference for being admitted to an adult ward environment when the need arises. However, even in these circumstances, there remains an obligation to ensure that safeguards are in place for someone under 18, in line with their status as a minor.

Summary of progress

There is no national target set for this indicator but the Trust aims to have no admissions of children into adult wards. During 2020/21 there were no admissions of Under 16's to adult inpatient units.



Humber NHS Foundation Trust considers that this data is as described for the following reasons:

- The Trust opened a 13-bedded CAMHS inpatient unit on 22nd January 2020. The unit is a state of the art new build and is located on Walker Street in Hull.
- Prior to this, CAMHS inpatients from the area were placed in units outside the area.
- Currently, CAMHS inpatient beds are commissioned by NHS England and there is a very clear protocol for CAMHS services needing to access those beds.
- It is nationally acknowledged that there is a current shortage of beds. Young people are admitted to adult wards due to the lack of accessible and available beds CAMHS specific beds.

The Trust has taken the following actions to improve this percentage and the quality of its service by:

- The Trust was commissioned by NHS England to provide a 13-bedded CAMHS inpatient unit, which comprises of four PICU Beds and nine General Adolescent beds across two wards.
- NHS England has specifically commissioned this number of beds based on an audit of the regional usage.
- The new service supports young people from Hull, East Yorkshire, North and North East Lincolnshire.
- The new service offers a shift from the traditional approach to CAMHS inpatient provision to one that supports the ongoing transformation of Young people's Mental Health services locally.
- Access to services is key, keeping young people close to the systems of support that aid recovery.

Out of Area Placements

Out of Area Placement – this is when a patient with assessed acute mental health needs who requires non-specialised inpatient care (CCG commissioned), is admitted to a unit that does not form part of the usual local network of services. This includes inpatient units that:

- Are not run by the patient's home mental health care provider, regardless of distance travelled or whether the admitting unit is run by an NHS or Independent Sector Provider (ISP)
- Are not intended to admit people living in the catchment of the person's local community mental health team (CMHT)
- Are located in a place where the person cannot be visited regularly by their care coordinator to ensure continuity of care and effective discharge planning

Summary for 2020/21

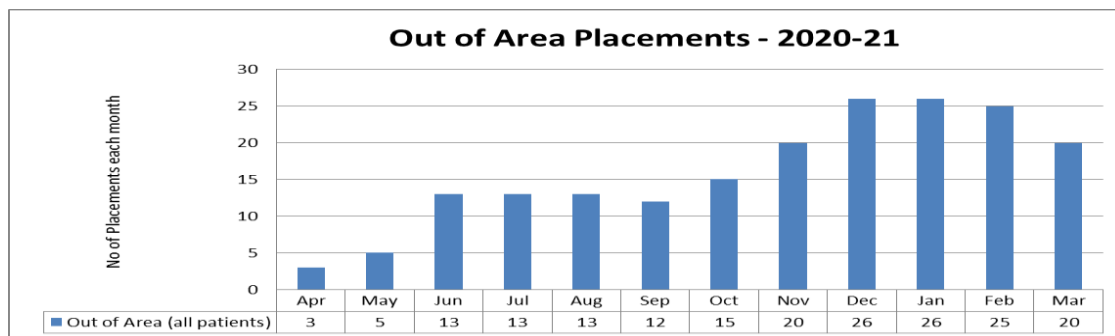
For 2020-21, the results of Out of Area Placements are documented in the Integrated Board Report (IBR). Graph 1 below shows the number of patients who were in an out of area placement per month. Graph 2 shows the number of days out of area, both appropriate and inappropriate.

It was the Trust's intention that there will be zero inappropriate out of area placements by 2020/21 but due to the pandemic and social distancing in place, Inpatient beds have been reduced meaning patients have been placed out of area on a regular basis. There were a total of 108 new patients who were admitted to an out of area placement during the year.

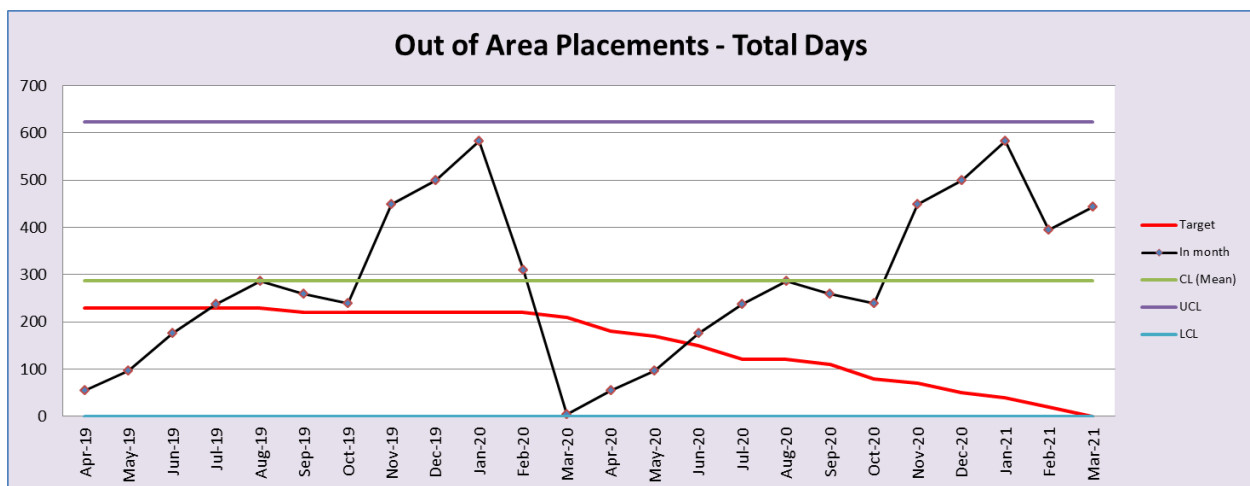
Progress

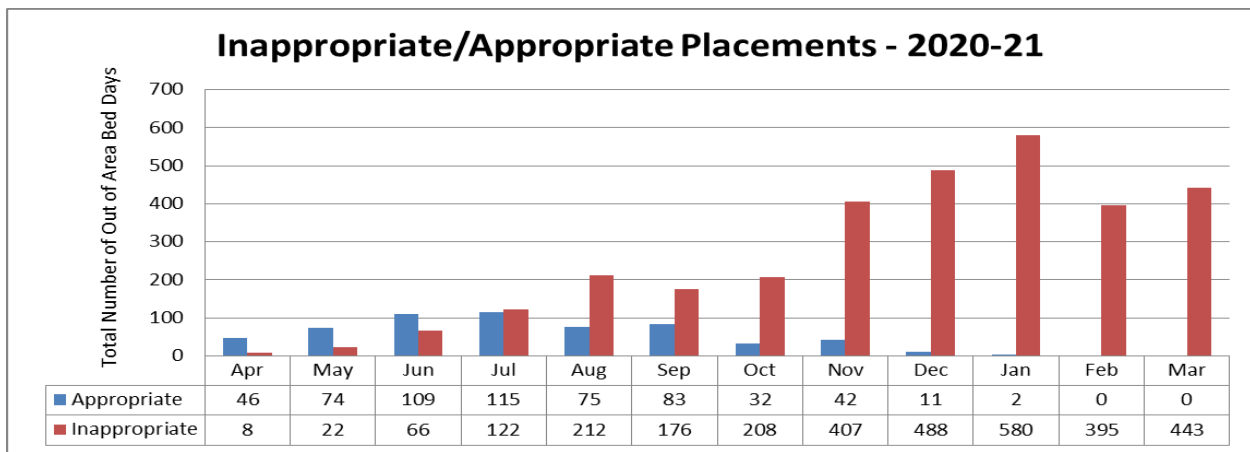
Reporting mechanisms are in place to ensure the best care is received and that the service user is returned as safely and quickly as capacity allows. Work continues to look at regional bed management and reduce the need for service users to go far from home when admitted out of their locality area. The closer someone is to their home Trust, the more beneficial this is for family and enable on-going care needs to be met.

Graph 1 (Number of patients placed out of area)



Graph 2 (Number of Bed Days Out of Area) – SPC Chart





Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

- Total number of out of area placements and new placements within each month
- Split of inappropriate and appropriate placements. Inappropriate in this instance relates to those patients that have had to be placed out of area due to there being no bed available on Trust wards
- There are no interim percentage targets set and the results are based on the number of placements and days out of area
- The local community mental health team is the Trust catchment area (Hull, East Riding and North Yorkshire)

CAMHS Eating Disorders

Percentage of children and young people with an eating disorder seen for treatment within target timescales

Children and Young People Eating Disorders

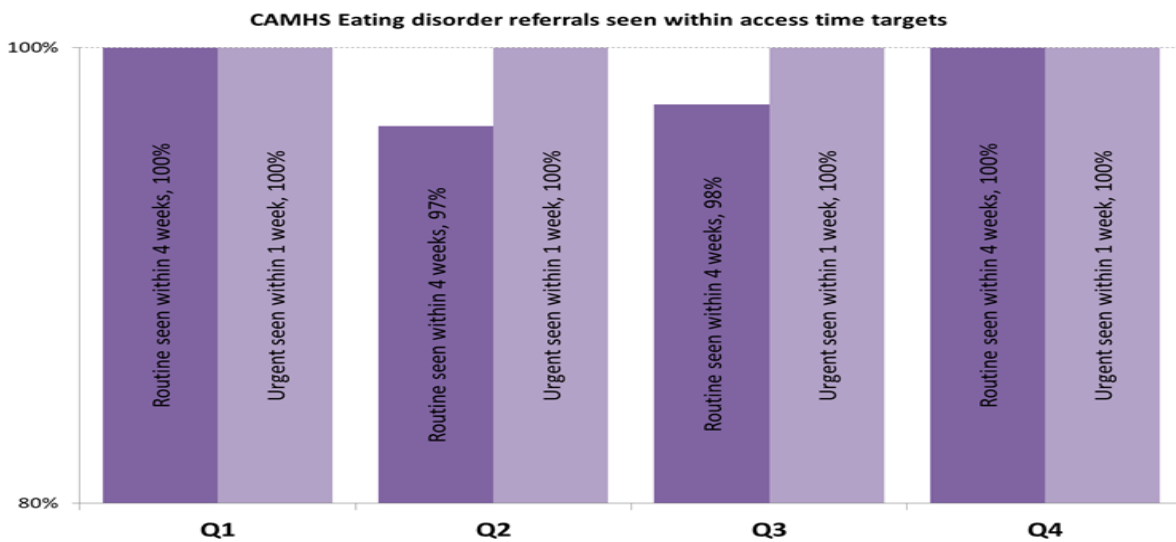
From April 2016, NHS England introduced a requirement for all children and young people's mental health service (CAMHS) providers to establish a dedicated Eating Disorder team and introduced national access time targets for children and young people with an eating disorder (CYP ED).

The indicators look at the number of children and young people who have accessed, or are waiting for treatment following a routine or urgent referral for a suspected eating disorder. Eating disorders present both an immediate risk to life and long terms health risks due to the pressure placed on internal organs by a severely restricted diet. For this reason, the access time targets for CYP ED are tighter than most other mental health conditions.

Children and young people (up to the age of 19) referred for assessment or treatment for an eating disorder should receive NICE-approved treatment with a designated healthcare professional within one week for urgent cases and four weeks for every other case. The standard includes all children and young people up to the age of 19 years in whatever setting (community or inpatients) the young person is receiving care.

Summary of progress

The Trust has a dedicated team in place covering the Hull and East Riding 0-19 populations. This team became operational in October 2016.



As at 31st March 2021, 13 children and young people started treatment following an urgent referral for a suspected eating disorder, all of which (100%) did so within one week of referral. Urgent referrals are prioritised and the service investigates each breach of this target, all breaches are followed up to ensure that the young person receives a service at the earliest opportunity.

As at 31st March 2020, 107 children and young people started treatment following a routine referral for a suspected eating disorder, of which 104 (97%) did so within four weeks of referral. Where the first contact happened later than four weeks this was due to reasons beyond the control of the service, such as the child not being brought to the appointment, or the family cancelling it. Again, all breaches are followed up to ensure that the young person receives a service at the earliest opportunity.

Numbers of referrals are small compared with other CAMHS pathways such as anxiety, but patients with eating disorders tend to remain on the caseload for longer (often up to two years) and require more intensive/frequent intervention than other conditions. Because of the intensity of intervention, especially at the start of the pathway, the volatility of the referral rate presents a challenge as even five or six more referrals than usual in a quarter places a much greater demand on the team.

The rate of referral has increased each year since we started to monitor it, with the highest ever number in one month (23) recorded in October 2020, more than double the average of eleven per month.

The Trust considers that this data is as described for the following reasons:

- Weekly reporting from the Trust Lorenzo system
- Weekly team meeting for caseload management
- Daily morning meeting where referrals are discussed and allocated

The Trust has taken the following actions to improve this percentage and so the quality of its service by:

- Close monitoring of referral numbers and access times, and recruitment to vacancies

Percentage of patients seen and discharged/transferred within four hours for Minor Injuries Units

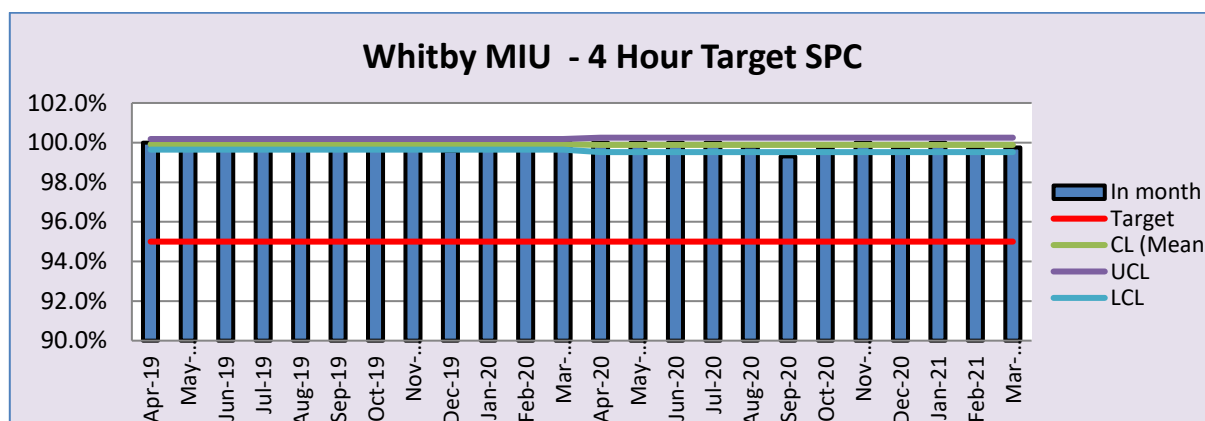
The national target for other Accident and Emergency departments, including Urgent Care Centre/Minor Injury Units, is for at least 95% of patients attending to have a total time in the service less than 4 hours from arrival to discharge or transfer.

Underlying of the 4-hour target, is the principle that patients should receive excellent care without unnecessary delay. The target focuses on patients requiring treatment which can be accessed without an appointment for treatment as a minor injury or illness. In order to be a part of the reporting, the service has to have an average weekly attendance of more than 50 people, which is calculated over a quarter.

The Trust provides one Minor Injuries Unit (MIU) in Whitby. The MIU has seen 5,274 patients in the year April 2020 to March 2021 (an average of 110 patients a week).

The National Standard requires that a minimum of 95% of patients attending an A&E department should be admitted, transferred or discharged within 4 hours of their arrival. We can report an achievement of 99.8% for April 2020 to March 2021 at Whitby MIU. Data is sourced via the SystmOne patient administration system.

The chart below shows the mean results with upper and lower control limits over the last two years.



3.2 Performance in Relation to other Indicators Monitored by the Board

In this section we share other key performance indicators monitored by the Board that have not already been mentioned within the mandated indicators included in this account.

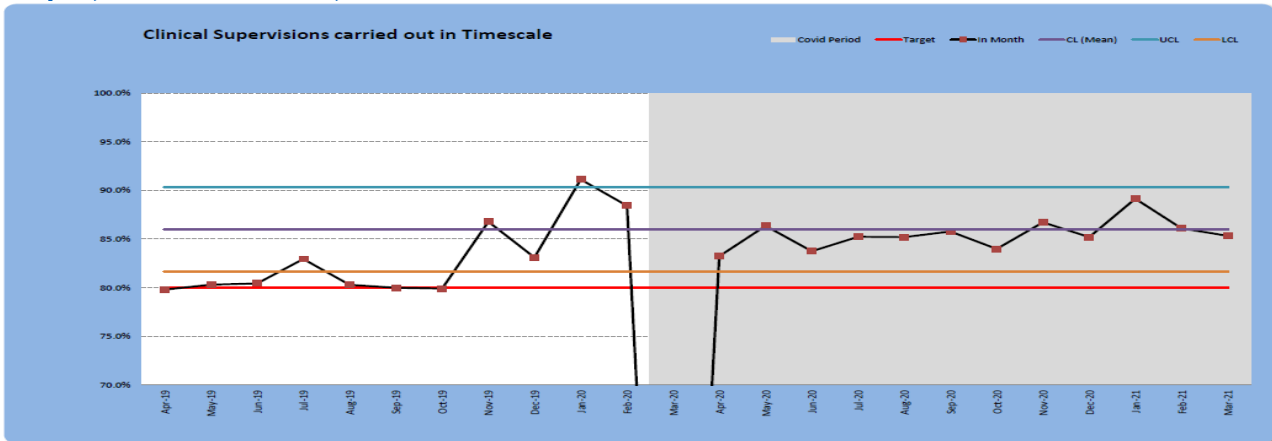
Clinical Supervision

Clinical supervision is essential to the delivery of safe and effective care as it provides a safe environment for clinicians to actively engage with each other to reflect on their clinical practice and improve standards of care. The process of supervision facilitates the individual to develop knowledge and competence and link theory and research to practice.

The Trust supervision policy requires all clinical staff to receive clinical supervision from an appropriate professional as a minimum frequency of six-weekly. Individual teams are required to achieve compliance with a target of 80% of their staff receiving clinical supervision within the month. This target allows for sickness absence and other factors that impact on supervision. Compliance is monitored via a number of governance groups throughout the organisation and is reported monthly through to the Trust Board and Quality Committee via the Integrated Quality and Performance Tracker.

The dashboard below shows clinical supervision compliance for the Trust, which as can be seen has been consistently meeting and exceeding the Trust target of 80% during 2020/21. Please note that March 2021 figures were not collected due to the Coronavirus pandemic.

Trust-level Clinical Supervision Compliance 1 April, 2019 – 31 March, 2021

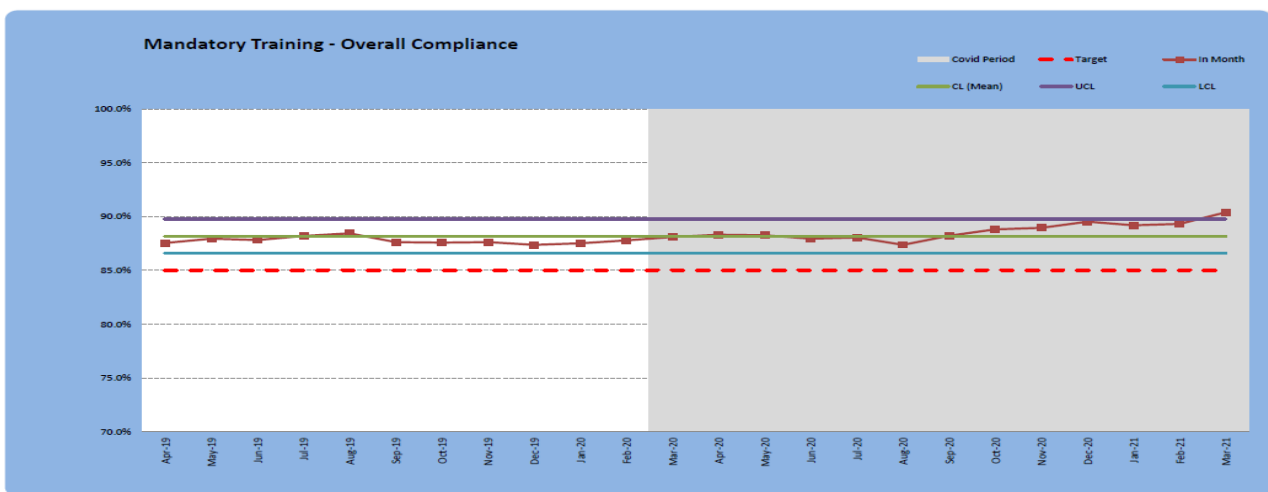


The reasons behind non-compliance with supervision standards are explored by divisions and action is taken to address areas of concern. Factors impacting on supervision compliance are complex; however, staffing levels can impact on the ability of staff to access supervision. Therefore, we monitor supervision compliance as one of the metrics within our safer staffing dashboard. This enables the Board to see when staffing is impacting on supervision compliance and take the appropriate action.

Statutory and Mandatory Training Compliance

The Board places considerable emphasis on mandatory training compliance. All areas of the Trust receive a monthly training compliance report and managers have access to self-service dashboards to target areas of lower or reducing compliance for their teams.

The performance across the Trust has maintained at above the 85% target compliance for the Trust during 2020/21.



Formal Complaints and Patient Advice and Liaison Service (PALS)

Complaints and Feedback

The Trust ensures that all potential complainants have the option to have their concerns dealt with informally or formally, via the NHS Complaints Procedure. All complaints, whether formal or informal, are monitored to see if there are any trends and to provide a consistent approach for patients, carers and the public.

At the end of March 2020, due to the Covid-19 pandemic, all formal complaints were placed on hold; this was both a local and national decision. During this period, where possible and in agreement with the complainant, complaints were resolved informally; this proved to be successful.

The Trust commenced progressing formal complaints again on 15 June 2020, which was earlier than the national guidance of 1 July 2021.

Formal complaints

For the period 1 April 2020 to 31 March 2021, the Trust received 142 formal complaints, which compares to 235 for 2019-20 and 221 for 2018-19.

Each complaint is treated individually. Although the issue raised may be similar to others, the circumstances are often different for the individual concerned. During the pandemic, the Trust has aimed to respond to formal complaints within 40 or 60 working days, dependent on the complexity and nature of the complaint, and the number of issues raised. If the timescale cannot be achieved, the complainant is informed of when they may expect their response.

It is important to note that not all complaints are the result of a Trust failing or poor service. For example, a complainant may not be happy with the service provided because they consider their needs are different to what the Trust has assessed them as needing. At the outset of each complaint, staff try to determine the complainant's desired outcome from making the complaint, however it is not always possible to give people what they seek.

For the period 1 April 2020 to 31 March 2021, the Trust responded to 133 formal complaints which compares to 243 for 2019/20 and 218 for 2018/19.

The primary subjects for these complaints are as follows:

Primary subject	Number
Patient care	39
Communication	28
Values and behaviours of staff	20
Trust admin/policies and procedures	13
Appointments	7
Admissions/discharge	6
Clinical treatment	5
Prescribing	5
Access to treatment or drugs	4
Other	3
Privacy and dignity	2
Facilities	1

Of the 243 responded to, none of the complainants have, to date, taken their case to the Parliamentary and Health Service Ombudsman for review. One older case is being considered and two other cases have been resolved and closed.

The following are some examples of actions/learning from complaints responded to between 1 April 2020 and 31 March 2021:

GP Practice – create a step-by-step guide to requesting, accepting and delivering urine samples. Process needs to include communications to the patient and colleagues. Staff should ask what date the sample was brought in when giving out results, to guarantee the correct test is being discussed. Clinicians to annotate on the record if the test has been sent off and contact the patient to advise.

Adult Mental Health Community – there had been a lack of clarity regarding the review and discharge process from group interventions. It is important to improve the invitation letter, to make the clinical decision-making process more explicit and to avoid confusion.

Adult Mental Health, Inpatient - staff to be considerate of the number of people in the room when completing a clinical review meeting and to discuss this with the patient before the meeting. The discussion should be documented in the patient's notes.

Community Hospital – staff to familiarise themselves with any patients who are exempt from wearing face coverings, under the new Government guidance.

Mental Health Response Service – to clarify referrals with the staff team and reinforce that the time frame for first contact should be discussed and completed, in collaboration with the referrer and service user.

Older People's Mental Health, Inpatient – staff to have more regular contact with the care homes that patients are being discharged to. On day of discharge, the Staff Nurse must contact the home and give verbal hand over, as well as ensuring that an up to date care plan is sent.

CAMHS – all ADHD referrals must come through the Special Education Needs Co-ordinator (SENCO), accompanied by a completed neuro-developmental checklist and ADHD screening triage. Thereafter, the ADHD specialists accept the referrals from Contact Point for triage and assessment on a weekly basis. This process has been designed to identify accurate referrals and ensure nothing is overlooked.

The actions resulting from formal complaints are monitored by the Complaints and Feedback team and for each action evidence is requested from the lead person identified for that action that the action has been completed by the specified time.

Informal Complaints (Formerly PALS)

During the 'pause' in processing formal complaints due to the Covid-19 pandemic, the Complaints and Feedback team tried to resolve as many complaints as possible, with the agreement of the complainant, through an informal process. The informal process gives complainants a swift response to their issue(s). This new process proved very successful and the Trust has since formalised the complaints process to triage complaints to an informal process where appropriate (formerly known as PALS). If a complainant remains unhappy following the informal process, they have the right to have their complaint investigated via the formal complaint process.

For the period 1 April 2020 to 30 June 2020, the Trust responded to 50 PALS contacts; 43 of these were concerns/complaints and 7 were queries, comments or suggestions.

For the period 1 July 2020 (when the new process was established) to 31 March 2021, the Trust responded to 161 informal complaints and 18 queries/comments/suggestions. The primary subjects for the informal complaints are as follows:

Primary subject	Number
Patient care	51
Communication	42
Trust admin/policies and procedures	15
Appointments	15
Values and behaviour of staff	11
Prescribing	9
Facilities	5
Clinical treatment	4
Access to treatment or drugs	2
Admissions/discharge	2
Other	2
Waiting times	1
Commissioning	1
Privacy and dignity	1

Compliments received (examples)

“Service user who had been discharged thanked the Home Based Treatment Team. They wanted to thank them for all the support she had received whilst in crisis and the signposting to longer term services following this period of support.”

“An elderly gent and his wife presented just as the MIU was about to close. The gentleman rang to compliment the MIU staff on their wonderful caring service and how very charming the staff were, going the extra mile and staying back to assist them.”

“Patient’s wife rang to say thank you to a GP who had done a telephone consultation with her husband and told him to go straight to A&E as the GP suspected he was having a heart attack. He did and she was correct; he was treated and discharged a couple of days later. They had previously rang NHS111 and 999 and been told it was probably not a heart attack, thanks to the GP; the patient received the treatment he needed.”

GP practice

A patient wanted to thank the team for all they had done to help them toward sobriety. The patient became emotional when expressing how grateful they were; as they feel without the team the outcome of their illness could have ended very differently.

Addictions

Mother of patient wanted to pass on her thanks and said the Physiotherapist was absolutely amazing and she had put their minds at rest and made the patient’s experience fun and enjoyable.

“To all the staff I want to thank you all so much for helping me through this hard, dark time and most of all for being on the front line”.

Patient and Carer Experience

Our patients, service users, carers and communities are at the centre of everything we do. There is no better or more important way of improving services than by listening to what individuals think, feel and experience throughout their care journey and beyond.

The Trust continues to deliver on the priorities identified in our Patient and Carer Experience Strategy 2018-2023. You can find a one-page summary on the next page.

We are continuing to actively engage and involve patients, service users and carers in Trust business and are actively listening and acting on the information we hear. This strategy not only promotes working together better but sets out how we will do this to ensure maximum involvement and engagement.

Forums

Due to Covid-19 the Trust has had to adapt to different ways of engaging and involving patients, service users, carers, staff and partner organisations. Virtual meetings commenced in May of this year to enable our forums to continue to meet safely.

95.3%

of respondents find our staff friendly and helpful

94.3%

believe they receive sufficient information

Hull and East Riding Patient and Carer Experience Forum (PACE) – our patients and their carers are invited to attend this forum to provide them with a public voice by bringing lived experiences and individual perspectives. We also have representatives from patient and carer support groups on the forum.

Hull and East Riding Staff Champions of Patient Experience (SCoPE) – staff (Champions) attend this forum to share best practice and provide a voice of experience on behalf of their teams. The forum also reviews survey findings and complaints to identify key themes to help inform the Patient Experience Team's work plan. The Trust currently has 179 Staff Champions and all teams are represented.

96.9%

feel they are involved as much as they want to be in their care

Whitby and District Patient and Carer Experience Forum – to raise awareness of patient and carer experience through patient, carer, staff, and statutory and voluntary organisation participation, by ensuring all have a voice.

Scarborough and Ryedale Patient and Carer Experience Forum – to raise awareness of patient and carer experience through patient, carer, staff, statutory and voluntary organisation participation by ensuring all have a voice.

Humber Co-production Network – to build stronger relationships and partnerships with third sector, public sector, commissioners and hard to reach groups by ensuring they all have the opportunity to provide a voice on behalf of the communities and groups they serve. The Humber Co-production network meets every six months to help to build stronger relationships. At present we have 81 members signed up to the network. Each meeting includes either a presentation or workshop from a partner organisation and an update or workshop from a service within the Trust.

Patchwide PACE Forum - As a result of the virtual forums, a patch wide PACE forum has been established; this has created a platform for our patients, service users, carers and partner organisations to network and build relationships. In the past patch wide forums did not happen because of the large geography of the Trust and travel time for individuals to access a central meeting.

Virtual Services

Since the outbreak of Covid-19, our Trust Chaplain, Eve Rose, has worked differently to bring people together for a traditional church service. Eve started hosting church services from the spring of this year. The purpose of the services is to bring people together for pastoral and spiritual support. Each themed service is hosted by our Chaplain where faith leaders, patients, carers, service users and our partner organisations come together to support the service.

Patients and members of the public share their lived experiences and poems and readings are shared with the congregation; many are written by our patients, service users and carers. On reflecting on the services Eve highlights: “the role of a Chaplain is to walk alongside people and our virtual services have enabled me to walk alongside more people than I ever have been able to before. And they have helped me to call out to a lot of our patients and staff in the community and the harder to reach groups of people”.

Virtual Awareness Weeks

Events have not taken place in their usual format during Covid-19. The Trust had to think about how it could reach out and support individuals and communities differently. One way to engage, involve and support local events was to host virtual events. Some topics warranted a whole week of events, with others spanning an entire fortnight.

The Armed Forces Fortnight saw the first of our series of events weeks. Followed by ‘Pride in Humber’, this included a service by Eve Rose and a week-long programme of virtual events, during the week that would’ve been Hull Pride. We hosted training sessions, shared lived experiences and listened to the great work taking place in the Trust to support our LBGT+ staff.

The Trust also strengthened its relationship with partner organisations and individuals, in particular the Lord Mayor of Hull. To this end, in September our Chaplain co-hosted a service with the Lord Mayor of Hull in the Lord Mayor’s Chamber. At this service they both officially opened Hull’s annual Freedom Festival.

Most recently the Trust held a Dementia Awareness Week, where several events took place to raise awareness and provide information on how we can work together to improve the lives of those living with dementia.

Involving Patients, Service Users and Carers in Recruitment

A framework called ‘Involving Patients, Service Users and Carers in Recruitment’ has been approved and will be implemented during the next year. The purpose of this framework is to initiate and implement a consistent approach for patient, service user and carer involvement in the recruitment process for public facing roles across the Trust. A training programme is in development to support patients, service users, carers and staff when participating in the process.

Veterans

The Trust is proud to announce that it has been awarded Veterans Aware Hospital Status.

This means that we have been accredited as an exemplar organisation of the best care for veterans, helping to drive improvements in NHS care for people who serve or have served in the UK armed forces and their families. Veterans Aware Trusts are leading the way in improving veterans' care within the NHS, as part of the Veterans Covenant Healthcare Alliance (VCHA).

The Trust celebrated this achievement by hosting a series of events over a fortnight, in conjunction with National Armed Forces day, 27th June 2020. The events included a Veteran and a Veteran's wife sharing their lived experiences.

We are implementing three priority areas across our services:

Priority One

To develop the role of the Armed Forced Community Navigator and this will then lead on to identification of a navigator within each of our teams; this can be a member of staff who is a veteran, family member of a veteran, family member of service member currently serving, Veteran ally or Veteran. A Veterans' forum has been established in the Trust where individuals attend to network, share experiences and offer support to each other.

Priority Two

To offer front line staff training in areas where first contact with ex-service personnel may be needed and additional levels of training will be offered dependant on role and requirements.

Priority Three

To provide ex-service personnel with employment opportunities within the Trust. We have signed up to Step into Health (NHS scheme to increase the number of ex-service (and reservists) into NHS employment.

Pathway to Support; Supporting families, carers and loved ones following a Patient Safety Incident Booklet

This booklet has been coproduced with families and staff for families, carers and loved ones when someone close to them has been involved in a patient safety incident resulting in significant harm or death. We understand that this can be a very difficult and distressing time and hope that the booklet will help people to understand what can be expected from the Trust. The booklet aims to explain what happens next, including additional information and services that are available for additional support.

Patient and Carer Experience (PACE) Development Plans

All teams are completing a PACE Development Plan where they will identify a minimum of three patient and carer experience actions to implement. The purpose of the plans are for teams to identify how they will improve engagement and involvement with their patients, service users and carers to collect feedback on their services to make improvements or celebrate success.

Identification of Carers and Carers Assessments

Work is continuing to ensure staff are identifying and signposting carers for assessments as appropriate. When a clinician comes into contact with a patient, service user or their carer, they must identify whether there is a carer and then complete the relevant documentation.

Head of Patient Experience (HOPE) network and platform

The HOPE network and platform enables patient experience leads from across the country to connect. Best practice is shared either on the platform or by attendance at regular meetings.

The platform provides an opportunity to reach out to patient experience leads across the country to find out what other areas are doing; you can reach out to the wider NHS to learn from others to

prevent reinventing the wheel. The Trust has contributed to the platform on a number of occasions to either share ideas or to reach out to other Trusts for information.

Equality, Diversity and Inclusion (EDI) Priorities for Patients, Carers Service Users 2020/21

Over the past year work the Trust has been delivering on the patient, service user and carer EDI priorities identified in the 8 March 2020 workshop. Due to the national Covid-19 restrictions we will continue to work on these priorities during 2021/22.

The table below highlights progress made on the priorities over the past twelve months:

N°	Priority	Progress
1	To improve access to digital technology in particular for hard to reach groups.	<p>The Trust renewed its Browsealoud licence for a further three years.</p> <p>Due to Covid- 19 digital platforms (in particular MS Teams) were introduced and this is helping some of our patients, service users and carers access meetings in particular where they find it difficult to leave the house to get to a meeting.</p> <p>The Trust has made significant improvements to the website, including enhancements for usability, including content, accessibility, marketing, mobile, social, speed, and legal compliance. To this end it has been scored number 4 out of 211 NHS Trusts nationwide for website accessibility.</p> <p>The Patient Information Project commenced in the Autumn of 2020 and will create a single online repository of patient information resources on our Trust website in a searchable, accessible and supportive way for patients and their families. It aims to improve patient communication and ensure that everyone has access to a range of useful health and wellbeing information resources, ensuring consistency of patient information across services, improves accessibility and allowing staff to share patient information across services.</p> <p>The project is a collaboration between the Communications Team, Patient Experience Team and University of Hull Students Computer Science Masters Students who are completing the project as part of their course. It has been done at no cost to the Trust and is due for complete in May 2021. There has been patient, carer and stakeholder engagement through a workshop and a future plan is in place for a panel of testers once the second phase of development has taken place.</p>
2	To co-produce a variety of training packages with people from a diverse background so that it is representative of the protected characteristics.	<p>The Patient Experience Team is working with patients, service users, carers and staff to develop an Patient and Carer Experience (PACE) training package. Work is underway to develop PACE training modules which will be hosted on the new Recovery College platform.</p> <p>The Trust has been working with local Carers Support organisations to develop a training package to support staff and carers. The Carers Champion training is now available for our staff to access on ESR and soon our patients, service users and carers will be able to access the training on our Recovery College platform. The training has been designed to help identify unpaid carers, raise awareness in our services, families or community and be fully equipped to signpost a carer to the support available from local carers support service organisations. By undertaking this training individuals and teams are able to help carers access the right support to improve their wellbeing and those who they are caring for.</p>

N°	Priority	Progress
3	To continue to develop interpretation and translation services for people who speak English as their second language.	The Trust continues to provide these services to our patients; Hull City Council provide Interpretation and Translation services for people living in the Hull and East Riding area and The Big Word for individuals living in the Whitby, Scarborough and Ryedale region. Language Line provides video interpreters to the teams who have the highest volume of patients who speak English as their second language. At the start of Covid- 19 the Trust rolled out Language Line's three way telephone Interpretation service to all teams across the Trust.
4	To further develop systems and processes to better understand our data on people accessing our services with a protected characteristic.	An Equality, Diversity, Inclusion and Inequalities Operational Group was created in November 2020 and has representation from all four Divisions and Corporate Services and has a patient/carer representative . A task and finish group has been created to develop strengthened reporting processes for collecting demographical data including protected characteristics and inequalities personal information on people accessing our services. A co-produced patient information leaflet is in the design phase to support patients, service users, carers and staff to help inform people as to why we collect this information.

Equality, Diversity and Inclusion Priorities for Staff 2019/20

In working towards the objectives set for 2020/21, the Trust successfully facilitated an EDI Priorities 20/21 workshop with over ninety patients, service users, carers and staff to ensure our equality agenda for the coming year was truly co-produced in collaboration with our primary stakeholders and that our key drivers for improvement are the experiences of our patients, service users, carers and staff.

Staff networks have been established for BAME and disabled staff groups, who work alongside our existing LGBT Staff Network. Collaborative practices across the Trust have led to new policies and procedures such as supporting transgender patients, reducing aggression towards staff from patients, carers and the public.

In response to the Staff Survey, new training in Bullying and Harassment, as well as Recruitment and Selection, has been developed.

Mandatory training through the Trusts e-learning training package continues to ensure Equality & Diversity training is mandatory, with a completion rate of 94%, above the Trust target rate.

Links continue to grow with local groups who represent people with Protected Characteristics within our communities including the Disability Action Group and Hull and East Riding Lesbian, Gay, Bisexual and Trans (LGBT+), Humber All Nations Alliance (HANA)

As well as the ongoing regional Equality, Diversity and Inclusion Partnership between local NHS organizations, the Trust is a member of the Yorkshire and Humber Equality and Diversity Practitioners Network, as well as the recently formed East Riding Equalities Group and the Humber

Equality and Diversity Network, a group for EDI practitioners from all public sector organizations in the Humber region.

Safeguarding and Working with Adult and Children's Safeguarding Boards

Working with Adult and Children's Safeguarding Boards

The Humber safeguarding team works alongside the safeguarding children partnerships and safeguarding adult boards throughout all of the statutory processes. This process identifies learning for Humber (and other agencies) and Humber safeguarding is a key part in multi-agency working, developing policies, training and protocols together. The Humber safeguarding service is a key contributor to the Vulnerable Adult Risk Management (VARM) processes in Hull, East Riding and the MASM process in North Yorkshire via strategic work groups.

Covid-19

During the Covid-19 pandemic the safeguarding team have continued to work with the partnerships and boards in delivering safeguarding and ensuring that children, young people and adults at risk continued to be supported. At the start of the pandemic the safeguarding team moved from office based to working from home, initially meetings with the partnership's and boards were put on hold, however were soon re-established in a virtual format making attendance at the meetings more accessible. Regular updates have been shared between partners on referrals, areas of concern and emerging safeguarding issues. Information and communication have been distributed between each partner organisation and shared across the organisation, this has been done through communications, Twitter and the Safeguarding Forum meeting.

Domestic abuse has increased nationally and locally due to the Covid-19 pandemic and this has been monitored through the partnerships and boards. Multi Agency training has been implemented and domestic abuse champions and ambassadors are now in place. Humber safeguarding has a domestic abuse policy reflecting national practice and has raised awareness with staff via a series of events which included a safeguarding week, White Ribbon 16 days of action specifically with a focus on domestic abuse. The Safeguarding team also are active members of the ER MARAC process and are involved in the domestic abuse sub groups in Hull, ER and North Yorkshire.

Prevent

This is about safeguarding people and communities from the threat of terrorism and a local authority responsibility. This is a key area for Humber and we have been cited as a very positive contributor to the complex Prevent cases involving mental health patients. Humber safeguarding attends all key Prevent meetings and provides complex information for high risk cases.

Mental Capacity (Amendment) Act 2019

The safeguarding team will be working with partners and the legislation department in facilitating a multi-agency working group to review the forthcoming changes for Mental Capacity (Amendment) Act 2019 and significant changes to Liberty Protection Safeguards under the new forthcoming legislation. This will have significant changes and impact on Humber services with responsibility for

the new process falling more on Humber Teaching NHS Foundation Trust. The multi-agency working will help ensure a smooth facilitation of the change process.

Learning from cases

Action plans are devised and shared within the panels that reflect all of the required learning objectives. These are also governed within the safeguarding forum so assurances can be provided regarding completion. The Safeguarding team is involved in all related safeguarding Practice Reviews (SPR), Safeguarding Adult Review (SAR), Domestic Homicide Review (DHR) and Learning Lessons Review (LLR) meetings and is part of the multi-agency review process throughout. The Safeguarding team attends relevant subgroups and is involved in strategic work throughout all three local authorities.

Humber is firmly embedded in the SAR processes in Hull and East Riding, Humber is involved on the Hull SAR panel and the feedback has been that the health contribution has been invaluable with a number of key actions and improvements identified as a result.

Learning from SCR, SAR, DHR, and LLR is shared via:

- Monthly lunch and learn sessions
- Training and supervision
- Newsletters/Five-minute focus bulletins
- SCR/SAR tables with themes and trends identified in the quarterly reports disseminated to staff
- Specific planned work shop sessions in clinical areas affected which inform, train and develop staff knowledge
- Safeguarding Forum
- MDT (multi-disciplinary team)
- Clinical governance groups
- Clinical workshops

Mental Health Act, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLS)

Covid-19 and the delivery of safeguarding across the Trust

At the start of the pandemic, the Safeguarding team moved from office based to working from home. Throughout this period, the team continued to offer a duty desk 9am – 5pm, Monday to Friday.

The Safeguarding team has moved to a virtual format which has had a positive impact as the team are now much more accessible for meetings and contacts with Trust services. The contacts to the safeguarding team have increased, which is being monitored through the quarterly assurance reports.

Mental Health Act, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLS), Mental Capacity(Amendment Act) Act 2019 – Liberty Protection safeguards (LPS)

The Mental Health Legislation Committee meets quarterly to undertake its delegated function on behalf of the Trust Board in relation to the discharge of duties and responsibilities under the Mental Health Act (MHA), Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

Mental Capacity Act (2005) training remains in place and was recently reviewed to ensure that it remains relevant and up to date. Training compliance continues to be above the expected level, however, it is recognised that staff sometimes lack awareness of MCA in practice. Bespoke MCA training sessions are delivered to areas where issues are identified and face-to-face monthly sessions will re-commence throughout the year.

Early Help

There has been a focus on Early Help over the previous several years, reflective of changes within local safeguarding children partnerships. This ensures that interventions are provided to children as soon as issues emerge, helping to reduce risks and increase protective factors.

The Safeguarding team have shared relevant learning materials and guidance regarding access to early help services to ensure this help is accessible by staff when required. The team is also working closely with systems leaders in the Trust, to ensure data regarding early help referrals and their outcome is available and is reported within quarterly assurance reports.

Neglect

Neglect is the highest reason for child protection referrals nationally however Trust data does not reflect this. The Safeguarding team have promoted the theme of neglect and abuse within the Trust ensuring this remains a high priority and is not missed. Neglect is included in mandatory safeguarding training. In addition, information and briefings have been shared across the Trust with all staff encouraged to attend specific neglect training available within local safeguarding children partnerships.

A review of neglect assessment tools has been undertaken in records confirming that these are not effectively utilised in patient care. In response, a working group has been established with Trust services and the local safeguarding children partnership to co facilitate training across the multi-agency arrangements, deliver neglect assessment training directly to Trust staff in line with NSPCC Graded Care Profile2 accreditation programme and ensures that neglect is embedded and considered during all interventions and contact with children and adults. This will ensure that children's needs are considered throughout all services and intervention is provided at the earliest opportunity to ensure their wellbeing.

Domestic Abuse

Domestic Abuse has increased nationally and locally due to the Covid-19 pandemic. The Safeguarding team recognise that additional support is needed to support staff and services, resources and information has been distributed across the Trust. A prompt tool was developed to support staff in identifying safeguarding concerns where virtual visits were being undertaken, and a Domestic Abuse Lead was also identified within the team.

In November 2020, the Trust also gained White Ribbon Accreditation, which is a commitment to end male violence against women. Multi-agency training has been implemented and domestic abuse champions and ambassadors are now in place. Our Safeguarding procedures contain a Domestic Abuse Policy, which reflects national practice and has raised awareness with staff. The team also hosted a series of events throughout the year, including Safeguarding Week, White Ribbon's 16 Days of Action and Domestic Abuse awareness. The policy will be reviewed once the Domestic Abuse Bill has been agreed through Parliament.

The Safeguarding team also are active members of the ER MARAC process and are involved in the domestic abuse sub-groups in Hull, East Riding and North Yorkshire.

Supervision

In order to protect patients and support staff, safeguarding supervision must provide opportunity for reflection and analysis. Data collection demonstrates that this activity either does not regularly take place or is not recorded correctly on Trust systems. From further discussions with service areas, it appears that it is the latter.

In order to ensure processes, accountability and expectations are clear, the safeguarding team has reviewed the wider Trust supervision policy and training offer to ensure that safeguarding supervision is included and embedded in the Trust supervision framework as much as possible.

Sexual Abuse and Patient Safety

This has been identified in both internal and external statutory processes as an issue in inpatient areas. Humber Safeguarding continues to contribute to the sexual safety planning and development across the Trust. A standard operating procedure has now been developed and implemented. This issue is also reflected in the level three safeguarding training which encourages the identification and response to such incidents.

Raising awareness of the Safeguarding Agenda

Over the previous year, the Safeguarding team have been committed to raising awareness of safeguarding themes and topics, this is reflective of the team's priorities identified in the safeguarding strategy.

The team has worked hard to ensure they have a presence across Trust service areas and to be seen as a resources to support staff. There is a weekly heading within the weekly internal communication bulletin, a Twitter account and regular briefings and newsletters produced for staff information. Awareness days have also been advertised, campaigns promoted and resources for staff produced, ensuring that staff are able to access relevant information and guidance as and when required.

Our Charity, Health Stars

Health Stars is the official charity for Humber Teaching NHS Foundation Trust. As a charity we are very proud to support our NHS trust whose services enhance the health of over 800,000 people through community and mental health services.



Health Stars provides the added sparkle, over and above what the core NHS can provide. To do this, we rely on the support of businesses, community groups, grant funders and the generosity of our friends and neighbours. This support helps us to improve the experiences of both patients and staff at the trust.

The last year has been a special year with the focus very much being on the pandemic. Thanks to local and national fundraising efforts millions of pounds were raised for NHS Charities Together. As a member of NHS Charities Together, Health Stars quickly benefited from these funds and were able to speedily put them to good use for our staff.

April 2021 saw the beginning of the Health Stars Food Hampers, in partnership with the volunteering team, for six weeks the hampers were delivered to all inpatient and community sites

where staff were present. This was at a time when it was difficult to get into the supermarkets and staff were extremely grateful for the snacks whilst they were on shift. The hampers were then repeated again at key points in the year.

In addition to the Food Hampers, Health Stars continued to fund wishes, many of these directly related to the pandemic. For example Health Stars supported the creation of “wobble rooms” across the trust to create a calming space for staff to take a break. Another example later in the year was the supply of gazebos so that patients could have their families visit them outside and socially distanced.

Health Stars also launched its second major appeal whilst in lockdown. Fundraising has started for the Whitby Hospital Appeal to add sparkle to the transformation of the hospital. Task and Finish groups have been established to engage the local community on fundraising, artwork, outdoor spaces and the naming wards and spaces.

Health Stars are excited to continue the Whitby Hospital Appeal this year and are already looking out for what the next major appeal could be to support patients and staff. Health Stars will continue to grant wishes across the Trust and provide fun and engaging ways to get involved in fundraising in 2021/2022.

Celebrating Success – our 2020/21 highlights

In this section we are pleased to share some of our key successes across 2020/21:

CQC Rating of “Good”



The Trust took part in the Care Quality Commission (CQC) Well Led Transitional Monitoring Assessment (TMA) call with no concerns raised by CQC in respect of compliance with the Key Lines of Enquiry.

Furthermore, the results of a Care Quality Commission (CQC) led survey of our mental health inpatient services has ranked our Trust better or equal to the national average compared to other NHS Trusts.

Our Trust was in the top 20% for patients being involved in decisions about their care and treatment (39.7%), the quality of our hospital food (72.5%), explaining the purpose of medications given to patients (55.9%), and not delaying discharge for any reason (86.3%) which was the highest score amongst all Trusts.

Whitby Hospital and Gardens Renovation

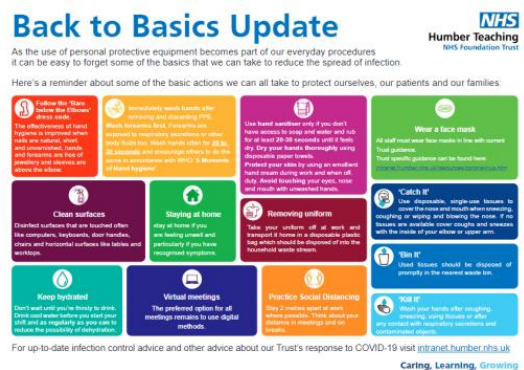
The £13.1m project renovation of Whitby Community Hospital began in March 2020. The work to the hospital, which is owned by NHS Property Services with the Trust as lead tenant, included the stripping and reconstruction of the internals of the tower block to create new hospital areas for house dental and podiatry services, inpatient facilities, including those for mental health, an audiology suite and a cafe on the ground floor.

Later, our Trust charity, Health Stars launches the Whitby Hospital Appeal which aims to raise £200,000 to add the extra sparkle to the redevelopment including a garden project, artwork and dementia friendly wards.

The project is on track to have the first phases complete within the originally agreed timescale of July 2021.

Back to Basics

Following the outbreak of Coronavirus, we launched our Back to Basics campaign. This reminds staff of the basics of staying safe at work, including how to use Personal Protective Equipment (PPE) correctly and Infection Prevention and Control (IPC) guidance. This work was commended and reused by other Trusts nationally.



Launched ShinyMind app

In April 2020, we launched [ShinyMind](#) to support staff mental health and wellbeing during the pandemic.



ShinyMind is an app that can be accessed on a device and is a uniquely interactive mind set resource that improved wellbeing, resilience and teamwork. It's proven to help reduce the stress and anxiety of everyday life, leaving people feeling happier and more productive.

Over 11% of our staff have used the app accessing 665 hours of support including 6,596 sessions, 2,226 Masterclasses and 174 SOS requests. The app has been recommissioned for 2021/22.

Later, in July, we also launched the Trust's Wellbeing Week to reinforce the importance of staff wellbeing. During this time, we promoted methods of support for those affected by the pandemic both inside and outside of work, including support for stress and bereavement.

New website

The Trust website re-launch was marked in July 2020. The new site was designed to be mobile optimised with a restructured navigation and new features introduced to improve usability and search. We were pleased to see this work acknowledged in March when Silktide, a company that compares millions of websites, has analysed NHS trust and CCG websites for usability scored the Trust fourth out of 211 NHS Trusts nationwide.

'Humbelievable' campaign



We launched our Trust recruitment marketing campaign, [Humbelievable](#). Developed in partnership with staff from across our services, it shines a light on what makes our Trust special and unique. With over 20,000 visitors since its launch, our website has drawn potential applicants from across the UK and beyond to learn more about the Trust and what we offer as an employer. The website can also be used to apply for live jobs as it is backed by Trac.

Annual Members Meeting goes virtual

Every year, we open our doors to the public to share what the Trust has achieved that year at our Annual Members Meeting (AMM). This year, due to COVID-19, the Trust held their event virtually for the first time. Chief Executive, Michele Moran, along with other members of the executive team, spoke to a well-attended audience about highlights from 2019/20, how we performed against key targets, and future challenges that lie ahead. We also achieved some positive press on this event for the first time.

New digital platform for patient information

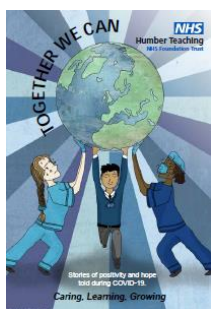
In September 2020, we began working with Masters Students from the University of Hull who are developing a new digital platform of patient information. The platform will bring together all patient information in one place creating an accessible repository that can be used by patients, their families and Trust staff. The project is due to complete in May 2021.

East Yorkshire 'The Secret's Out'

We joined forces with Hull University Teaching Hospitals Trust, Hull City Council, Humberside Fire and Rescue, and Humberside Police for a national campaign to support recruitment to the health and care workforce in Hull and East Yorkshire. Under the banner, [East Yorkshire: 'the secret's out'](#), the new campaign seeks to attract more people to vital roles in Hull and East Yorkshire from around the country and beyond.



Together We Can book published



Published Together We Can, a book filled with stories, photographs, poems and artwork by staff, service users and relatives from the first wave of the pandemic.

The book was launched in collaboration with Health Stars and promoted fundraising goals as well as the excellent work our teams do and the challenges they faced during the first months of the pandemic. The book was relaunched in March 2021 with a new set of stories from the second wave.

Cardiac Rehabilitation (CR) Service awarded Full Green certification

Our Cardiac Rehabilitation (CR) Service covering patient groups from the Scarborough, Ryedale, Pocklington and Whitby areas was awarded Full Green Certification by the National Certification Programme for Cardiac Rehabilitation (NCP_CR). This certification means demonstrates that we provide a recognised and good CR giving our patients confidence that the service offered meets agreed standards.

Choose Psychiatry recruitment drive

We worked with Hull York Medical Schools (HYMS) to host a one of a kind virtual event in support of the RCPsych ['Choose Psychiatry'](#) campaign which aims to tackle the national shortage of Psychiatrists across the country.

Over 750 students signed up for the virtual courtroom event, 'Murder in Mind' with participants joining from as far as India, Hong Kong and Canada.

Physio Direct referral service launched

Physio Direct, a new self-referral service for Scarborough and Ryedale was launched for patients over the age of 18. This service has been set up to allow patients to get advice quickly from professionals about neck or back pain, recent injuries and any muscular or joint problems. Similar services in other parts of the country have shown that offering direct access to a physiotherapist for musculoskeletal problems reduces demand on GP services, decreases referrals to secondary care and results in high levels of satisfaction for patients.

First virtual Research Conference

Our fourth annual Research Conference had been due to take place in May 2020 with all 180 places filled, but had to be postponed due to the pandemic. Not wanting to miss the opportunity to share important teaching research findings and highlight the incredibly varied research we are involved in,

the Trust's first virtual research conference took place over two half days 17-18 Nov 2020. Almost 300 people registered, including international delegates, and representing 50+ organisations and many professional groups.

White Ribbon accreditation

The Trust received confirmation of their [White Ribbon](#) accreditation. This marked our position to stand in solidarity with women who have been a victim of violence. This was publicised during our work for White Ribbon Day on 25 November.

White Ribbon UK is part of the global White Ribbon movement to end male violence against women*.

First Trust in region to adopt Dr Toolbox app

We became one of the first Trusts in the region to adopt and implement the Dr Toolbox, a secure online information resource to help to better orientate Junior Doctors within their Trust. Populated by a team of Trust clinicians supported by the Medical Education Team, the app works alongside the local induction providing secure online information including contact numbers, referral methods, ward handbooks and guidelines.



Yorkshire and Humber Care Record awarded Computing Technology Product Award

In a year of digital transformation across the NHS we were thrilled that Yorkshire and Humber Care Record, a programme we host on behalf of the Yorkshire and Humber region, was awarded the Computing Technology Product Awards 2020 - Best Digital Transformation Product or Service – Public and Third Sector.

Senior Leadership Development Programme

Our Senior Leadership Development Programme and Development Programme welcomed 120 senior leaders and 150 leaders over the year. We also refreshed and relaunched our Senior Leadership Forum and launched a new Leadership Forum and launched a new High Potential Development Scheme, aimed at our band 2 - 7 staff.

Covid-19 vaccination programme

As we entered 2021, we were proud to launch our Trust COVID-19 vaccination programme as a Hospital Hub. Over 20,000 people were vaccinated at our site by mid-April, 2021.

Please see link for a video about the vaccination hub: <https://youtu.be/3mzDnN3pECM>

Market Weighton Practice wins General Practice Award



Market Weighton Practice wins prestigious General Practice Award for Clinical Improvements: Chronic Conditions, for their work around improving care for patients with a diagnosis of Chronic Heart Failure. This is a great achievement which acknowledged the brilliant work completed by the team

Staff Survey results 2021

One of the key ways that we can support our people is by listening to what they say and acting on their feedback. The results of the national NHS Staff Survey were published in March and we were delighted to see an improvement over all of our ten key themes and significant improvement against 68% of questions answered compared to 2019. Across the Trust we also recorded a number of areas of strength, including the following highlights:

- 92% of colleagues believe that the Trust takes positive action on Health and Wellbeing (+6% increase vs 2019)
- 77% believe that there are frequent opportunities to show initiative in their role (+6% increase vs 2019)
- 75% of colleagues say their immediate manager can be counted on to help with a difficult task at work (+5% increase vs 2019)

These results can be linked to the following actions that were taken based on our 2019 Staff Survey Results:

- Continued financial investment in Health and Wellbeing Support
- Increased training budget and launch of career development programmes
- Introduction of a new appraisal toolkit to support managers and colleagues in appraisal conversations

Based on the results of our 2020 Staff Survey, the Trust has refreshed its People Strategy for 2021/22 and developed the following priorities:

- Increasing the number of staff across our workforce to reduce the pressure colleagues have felt over the last 12 months
- 'Resetting' our establishments as we enter into a recovery from the pandemic
- Continue to develop our health and wellbeing offer to staff
- Listening and acting upon what staff have said in the national survey at a departmental level
- Providing development and support for our leaders and managers
- Improving our estate and staff working environments

Trust named in Top 5 for Equality, Diversity and Inclusion

The Trust was named in the Top 5 of Mental Health and Community Trusts for the theme of Equality, Diversity and Inclusion (EDI). Based on our National Staff Survey results, this is a significant achievement for us, as the Trust has risen from 19th position and to just 0.1 points away from the top spot in our category. We also believe that this provides evidence of how we are leading a culture of continuous EDI improvement, by facilitating plans and performance frameworks which enhance access, experience and health outcomes for our patients and visitors, as well as improving fairness, inclusion and respect with our staff.

Annex 1: Statement from Commissioners, Local Healthwatch Organisations and Overview and Scrutiny Committees

Hull City Council Health and Wellbeing Overview and Scrutiny Commission

Hull City Council's Health and Wellbeing Overview and Scrutiny Commission considered the Humber Teaching NHS Foundation Trust Quality Account 2020-21, at their meeting on the 18th of June, 2021.

The Commission endorsed the Quality Account while making the following recommendations:

- Future Quality Accounts include examples of where things may have gone wrong, with a view to highlighting lessons learnt and how those lessons have informed the quality and safety improvement priorities for the year ahead.
- That clear timeliness be applied to the Strategic Goals (Annex 4) with a view to driving improvement and supporting the performance monitoring process.

Antony Spouse, Scrutiny Officer
17 June 2021

East Riding Health and Wellbeing Overview and Scrutiny Commission

No response from East Riding Health and Wellbeing Overview and Scrutiny Commission was received in relation to the Trust's Quality Account.

Healthwatch East Riding of Yorkshire

No response from Healthwatch East Riding was received in relation to the Trust's Quality Account.

Healthwatch Kingston Upon Hull

No response from Healthwatch Kingston Upon Hull was received in relation to the Trust's Quality Account.

Healthwatch North Yorkshire

No response from Healthwatch North Yorkshire was received in relation to the Trust's Quality Account.

North Yorkshire CCG

North Yorkshire Clinical Quality Group (NYCCG) welcome the opportunity to review and are pleased to provide a response statement for the Trust's Quality Report for 2020/21. It is noted that the Quality Account is in draft and some information is awaiting therefore NYCCG comments are on the draft account. This Quality Account has been reviewed in accordance with the Department of Health and Social Care (Quality Accounts) Amendment Regulations 2017.

This report has been shared with key individuals across NYCCG and their views have been collated into my response. As Commissioners of healthcare, we are committed to ensuring the provision of high-quality services for our population and take seriously our responsibility to commission services that not only meet quality and safety standards, but also listen and respond to patient feedback to help inform service developments.

Firstly, we would like to take this opportunity to thank all staff at the Trust for their hard work and dedication during the on-going COVID19 pandemic, which we acknowledge has had an impact on the achievement of some of the priorities and targets set for 2020/21. The system response to this issue has been incredible and seen a requirement for a flexible approach to patient care and we

would like to express our appreciation to Humber Teaching NHS Foundation Trust for your part in the local NHS and wider system response.

Overall NYCCG considers the Quality Account of 2020/2021 to be a fair reflection of the Trust performance and acknowledges the progress made to improve patient safety, outcomes and experience.

The key successes and challenges of the priorities are clearly reflected in the Quality Account. NYCCG note the achievements that have been made against the priorities set by the Trust for 2020/21 and accept that due to the pandemic and system pressures further stretch has been applied to the four quality priorities for 2021/22

NYCCG particularly notes:

- The extensive renovation work for Whitby Community Hospital
- The work carried out for supporting staff's mental health and wellbeing which is particularly important given the additional pressure during the Covid-19 pandemic
 - The Cardiac Rehabilitation Service covering patient groups from the Scarborough, Ryedale, Pocklington and Whitby areas award of Full Green Certification by the National Certification Programme for Cardiac Rehabilitation.
 - The significant improvement in the NHS staff survey results
 - The inclusion of patient stories make the Quality Account "real" and demonstrates the Trust's commitment to listening to patients and using their experience to improve and enhance services

NYCCG welcome the opportunity to review the Quality Account and confirm that the account is a fair reflection of the Trust performance and acknowledges the progress made to improve patient safety and experience despite the challenges brought about by the ongoing pandemic. The key successes and challenges of the 2019/20 quality priorities are reflected in the Quality Account. We look forward to continued partnership working to ensure that there remains a coordinated, collaborative approach towards safeguarding the quality and safety of services provided to our patient population, whilst developing new ways of working to deliver improvements across pathways of care that have local impact

Sue Peckitt, Director of Nursing and Quality
19 July 2021

Hull CCG and East Riding CCG – Joint Response

Firstly, NHS East Riding of Yorkshire and NHS Hull Clinical Commissioning Groups would like to take this opportunity to thank all the staff at Humber Teaching NHS Foundation Trust for their hard work and dedication during the COVID19 pandemic that has been ongoing for a significant period of time. The efforts taken in responding to this global health crisis have been truly impressive across the health system. We would like to extend our gratitude and appreciation to you all, for your part in the local NHS response and the wider system response.

NHS East Riding of Yorkshire and NHS Hull Clinical Commissioning Groups are pleased to be given the opportunity to review and comment on Humber Teaching NHS Foundation Trust's Quality Report for 2020/21. The Quality Account provides Commissioners with an informative overview of the progress that has been made by the Trust and the challenges that the Trust has encountered during 2020/21.

We are pleased to see the Quality Account once again starts with patient stories. These reflections and detailed patient journeys gives an excellent insight into the services offered by the Trust and the impact on patient and carer outcomes. It is pleasing to see the work of the Trust in supporting carers having a voice in their loved ones care and in co-designing future inpatient services to best serve those who are our most vulnerable. We note the approach taken by the Trust to support individuals on discharge and the collaborative approach to meeting an individual's needs.

Commissioners note January 2020 was a significant time for the Trust in the opening of the Children's and Adolescent mental health inpatient unit, Inspire. We recognise the importance for families having a local facility to prevent young people being separated from their families as much as is possible.

We note the four Quality priorities which were identified for 2020/ 2021. We are cognisant of the impact the Covid-19 pandemic had upon the NHS and applaud the progress the Trust has been able to make towards these transformational priorities despite this. It is pleasing to see the Trust supports a further stretch for each of these priorities in to 2021/2022. We look forward to receiving updates on the Quality priorities throughout the coming year.

As commissioners we would have liked to have seen something within the quality accounts that reflects Humber Teaching Foundation Trust's commitment to continued development of the Crisis Team.

Both Clinical Commissioning Groups acknowledge the focussed work which has been undertaken to ensure patient safety remains an area of high focus for the Trust. It is pleasing to see the introduction of Datix dashboards at team level which will enable teams to focus their quality improvement initiatives on incident themes of concern. We applaud the ongoing focus on learning from what has gone well, capturing instances of excellent practice via the introduction of 'GREATix' with the Trust recognising the patient safety team/individual of the month.

We would like to congratulate the Trust on becoming an Early Implementer site to develop the mental health offer to bridge what is offered in primary and secondary care. We recognise the positive impact the alignment of multidisciplinary services across health, social care and primary care networks can have upon people who use services. It is positive to note this work has been developed and underpinned by collaboration with those with lived experience. We are keen to see and understand the impact this integration will have upon access to crisis services.

Commissioners were fully aware of the need for NHS organisations to pause business as usual meetings during the Covid-19 pandemic so recognise this included the Trust Clinical Network meetings which has meant prioritisation of NICE guidance where there were known gaps in compliance has been variable. It is positive to note the Clinical Audit Facilitator remained engaged with all networks during this time to support the development of actions plans to drive improvements in compliance.

We are pleased to learn of the revision of the Trust clinical audit policy and the requirement that each division will now be completing a minimum of five audits across the financial year as well as contributing to National and the Prescribing Observatory for Mental Health UK (POMH-UK) audits. We note the variety of Clinical Audits reflective of the services the Trust provides which were undertaken during 2020/2021 and the actions taken to improve patient care. We acknowledge the participation of the Trust in 100% of the National Clinical Audits and the National Confidential Inquiry into Suicide, Homicide and Sudden Unexplained Death.

As commissioners, we recognise the benefit and importance of research and are cognisant that the Covid-19 pandemic highlighted the importance of research in public health. We recognise the Trust as a strong advocate for research and acknowledge how the Trust adapted its approach to research during the pandemic to ensure where possible, research continued during this time helping participants feel less isolated.

Commissioners note that within the 2019/2020 Quality Account feedback we congratulated the Trust on the outcome of the Well-led inspection which had begun in February 2019. We note the Trust has no conditions on its registration with the Care Quality Commission and that no enforcement action has been taken against the Trust during 2020/2021. We were pleased to note the outcome of the Care Quality Commission announced scheduled 'well-led' Transitional

Monitoring call held virtually in January 2021 which confirmed the Care Quality Commission had no areas of concern to raise with the Trust.

We note the Trust commitment to learning from deaths and the actions the Trust will be taking, whilst not causal, to support and embed learning. We are keen to see the outcome of the work the trust will be undertaken to review the waiting list standard operating procedure which will clarify who should and who should not be classed as being on a waiting list. We are Supportive of the Trust reviewing the triage and demand on the Mental Health Response service. Commissioners are keen to support the Trust in this work.

Commissioners note the details of the 2020/2021 Staff friends and Family Test and are pleased to note over 75% of staff would recommend the Trust to friends and family as a place of care with 60% recommending the Trust as a place to work. We recognise the actions the Trust taken to improve this percentage and the quality of its services.

Commissioners remain committed to working with the Trust and its regulators to improve the quality and safety of services available for our population and look forward to working with the Trust to continue to deliver better outcomes for all of our patients.

The Commissioners confirm to the best of their knowledge, that the information contained in the report is accurate and consistent with that which has been shared with Commissioners.

Nicki Sparling, Assistant Director of Quality & Improvement / Deputy Lead Nurse
Deborah Lowe, Deputy Director of Quality and Clinical Governance / Lead Nurse, NHS Hull
Clinical Commissioning Group
Emma Latimer, Interim Accountable Officer

2 July 2021

NHS England/NHS Improvement

No response from NHS England/NHS Improvement was received in relation to the Trust's Quality Account.

Annex 2: Statement of Directors' Responsibilities for the Quality Report

NEEDS TO BE SIGNED OFF BY Chairman and CEO WHEN COMPLETE

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out for the year 2020/21 and supporting guidance detailed requirements for quality reports 2019/20
- the content of the quality report is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2020 to March 2021
 - papers relating to quality reported to the board over the period April 2020 to March 2021
 - feedback from commissioners dated 1 July 2021
 - feedback from governors, the draft Quality Report was circulated to Governors, no comments were received however, they were involved in the development of the report
 - feedback from local Healthwatch organisations, although sent out for consultation, no feedback was received from our local HealthWatch organisations
 - feedback from overview and scrutiny committee dated 17 June 2021
 - the trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, which will be submitted to the September Board
 - the national patient survey 2020
 - the national staff survey 2020
 - CQC inspection report dated 14 May 2019
- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- the quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the Board

DATE Sharon Mays (Chairman)

DATE Michele Moran (Chief Executive)

Annex 3: Independent auditors report to the Council of Governors of Humber Teaching NHS Foundation Trust on the Quality Account

In line with revised guidance published January 2021, “*NHS Foundation Trusts are not required to commission assurance on their quality report for 2020-21*” and therefore external audit has not taken place. Therefore, this section is intentionally blank.

Annex 4: Our Strategic Goals

Strategic Goal One: Innovating Quality and Patient Safety

What we will do

We will:

- Deliver high-quality, responsive care by strengthening our patient safety culture;
- Demonstrate that we listen, respond and learn;
- Achieve excellent clinical practice and services;
- Capitalise on our research and development;
- Exceed CQC and other regulatory requirements

How will we know we have achieved it

We will demonstrate:

- An 'outstanding' CQC rating;
- Timely access to safe services delivered by excellent clinical staff;
- National recognition for best practice through specialist research and benchmarking.

Strategic Goal Two: Enhancing Prevention, Wellbeing and Recovery

What we will do

We will:

- Ensure patients, carers and families play a key role in the planning and delivery of our services;
- Empower people to work with us so they can manage their own health and social care needs;
- Deliver responsive care that improves health and reduces health inequalities;
- Develop an ambitious prevention and recovery strategy

How will we know we have achieved it

We will demonstrate:

- Pioneering innovation that promotes access, patient/carer engagement, empowerment, self-management and peer support;
- A zero suicide death rate in our inpatient services;
- A jointly managed transformation of services based on people's needs;
- Nationally recognised leadership demonstrated across all health and social care pathways.

Strategic Goal Three: Fostering Integration, Partnership and Alliances

What we will do

We will:

- Be a leader in delivering Sustainability and Transformation Partnership plans;
- Foster innovation to develop new health and social care service delivery models;
- Strive to maximise our research-based approach through education and teaching initiatives;
- Build trusted alliances with voluntary, statutory/non-statutory agencies and the private sector.

How will we know we have achieved it

There will be::

- System-wide solutions to long-term problems with our partners;
- Recognition of the Trust as a world-class specialist education and teaching provider;
- Joint ventures that enhance our ability to deliver excellent services.

Strategic Goal Four: Developing and Effective and Empowered Workforce

What we will do

We will:

- Develop a healthy organisational culture;
- Invest in teams to deliver clinically excellent and responsive services;
- Enable transformation and organisational development through shared leadership.

How will we know we have achieved it

We will demonstrate:

- Teams built around their members and which deliver services tailored to individual needs;
- Staff who are nationally recognised as excellent leaders;
- Motivated staff influencing decision-making and delivering change.

Strategic Goal Five: Maximising an Efficient and Sustainable Workforce

What we will do

We will:

- Be a flexible organisation that responds positively to business opportunities;
- Be a leading provider of integrated services;
- Exceed requirements set by NHS Improvement regarding financial sustainability;
- Build state-of-the-art care facilities.

How will we know we have achieved it

We will demonstrate:

- Business growth that exceeds £30 million;
- A physically and financially efficient business built on sound integrated models of care.

Strategic Goal Six : Promoting People, Communities and Social Values

What we will do

We will:

- Apply the principles outlined in the Social Value Act (2013);
- Ensure our human resource priorities and services have a measurable social impact;
- Improve recruitment and apprenticeship schemes and promote career opportunities;
- 'Make every contact count' via an integrated approach designed to make communities healthier.

How will we know we have achieved it

There Will be:

- A robust social values policy implemented across the organisation;
- Social impact measures as core performance measures for all services;
- A clear demonstration of the social impact return on investment for apprenticeship schemes;
- Reduced demand for services.

Annex 5: Glossary and Further Information

Term	Definition
136 Suite	A registered health-based place of safety where Police can take an individual under a Section 136 of the Mental Health Act for their own safety.
BIA – Best Interests Assessor	Best Interests Assessors are responsible for ascertaining that the person is 18 or older. They are solely responsible for assessing whether there are any lawful decision-makers who object to what is proposed. If qualified also as Approved Mental Health Professionals, they are able to carry out an eligibility assessment, to decide whether a person's rights should be protected by the use of the MHA or the MCA, via the Safeguards.
BMI – Body Mass Index	A measure of body fat based on height and weight.
C. Diff – <i>Clostridium difficile</i>	A type of bacterial infection affecting the digestive system.
Care Co-ordinators	A health care worker who is assigned a caseload of patients and is responsible for organising the care provided to them.
Care Plan	A document which plans a patient's care and can be personalised and standardised.
CCG – Clinical Commissioning Group	NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.
Community Hospital	The Trust has two Community wards providing short term 24-hour clinical care and rehabilitation – Whitby Community Hospital and Fitzwilliam Ward, Malton Community Hospital.
CPA – Care Programme Approach	A multi-agency system used to assess, plan and co-ordinate care for a patients receiving mental health services.
CQC – Care Quality Commission	The independent regulator of health and social care services in England. The CQC monitors services by way of setting standards and carrying out inspections.
CQUIN – Commissioning for Quality and Innovation	A framework rewarding excellence in healthcare by linking achievement with income.
CROMS – Clinical Reported Outcome Measures	Assess the quality of care delivered to NHS patients from the clinical perspective.
CTO – Community Treatment Order	A legal order made by the Mental Health Review Tribunal or by a Magistrate. It sets out the terms under which a person must accept medication and therapy, counselling, management, rehabilitation and other services while living in the community.

Term	Definition
Datix	Datix Limited is a patient safety organization that produces web-based incident reporting and risk management software for healthcare and social care organisations.
DHSC – Department of Health and Social Care	Responsible for Government policy on health and social care in England.
DoLS – Deprivation of Liberty Safeguards	Part of the Mental Capacity Act 2005. The safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.
<i>E. coli</i> – <i>Escherichia coli</i>	<i>Escherichia coli</i> (abbreviated as <i>E. coli</i>) are bacteria found in the environment, foods, and intestines of people and animals. <i>E. coli</i> are a large and diverse group of bacteria.
EDGE	Clinical Research Management System
FACE – Functional Analysis of Care Environments	The FACE risk profile is part of the toolkits for calculating risks for people with mental health problems, learning disabilities, substance misuse problems, young and older people, and in perinatal services.
FFT – Friends and Family Test	A patient feedback survey used throughout the NHS asking whether patients would recommend services to their friends and family.
Freedom to Speak Up Guardian	Freedom to Speak Up (FTSU) guardians in NHS trusts were recommended by Sir Robert Francis, following his review and subsequent report into the failings in Mid-Staffordshire. FTSU guardians have a key role in helping to raise the profile of raising concerns in their organisation and provide confidential advice and support to staff in relation to concerns they have about patient safety and/or the way their concern has been handled.
KPI – Key Performance Indicator	Indicators which help an organisation to measure progress towards goals.
LeDeR – Learning Disability Mortality Review Programme	The programme aims to make improvements to the lives of people with learning disabilities. It clarifies any potentially modifiable factors associated with a person's death, and works to ensure that these are not repeated elsewhere.
Lorenzo	An electronic health record for patient records.
MCA – Mental Capacity Act	Designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. It is a law that applies to individuals aged 16 and over.
MDT – Multi-disciplinary Team	A group of health care workers who are members of different disciplines (professions e.g. Psychiatrists, Social Workers, etc.), each providing specific services to the patient.

Term	Definition
MHA – Mental Health Act	The main piece of legislation that covers the assessment, treatment and rights of people with a mental health disorder.
Midweek Mail	A communication email sent weekly to Humber Teaching NHS Foundation Trust.
MRSA – Methicillin-resistant <i>Staphylococcus aureus</i>	A bacterial infection, resistant to a number of anti-biotics.
MyAssurance	An app-based, real time inspection and reporting tool for healthcare inspections. It eliminates administration by capturing results directly and provides automated reporting.
NHSE – NHS England	NHS England is an executive non-departmental public body of the Department of Health and Social Care.
NHSI – NHS Improvement	Supports foundation trusts and NHS trusts to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable.
NICE – National Institute for Health and Care Excellence	Produces evidence-based guidance and advice for health, public health and social care practitioners. Develops quality standards and performance metrics for those providing and commissioning health, public health and social care services. Provides a range of information services for commissioners, practitioners and managers across the spectrum of health and social care.
NIHR – National Institute for Health Research	Funds health and care research and translate discoveries into practical products, treatments, devices and procedures, involving patients and the public in all our work.
NPSA – National Patient Safety Agency	Lead and contribute to improved, safe patient care by informing and supporting organisations and people working in the health sector.
PALS – Patient Advice and Liaison Service	Offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and their carers.
POMH-UK – Prescribing Observatory for Mental Health (UK)	Helps clinical services maintain and improve the safety and quality of their prescribing practice, reducing the risks associated with medicines management.
PROMS – Patient Reported Outcome Measures	Assess the quality of care delivered to NHS patients from the patient perspective.
QOF – Quality Outcome Framework	Part of the General Medical Services contract for general practices and was introduced on 1 April 2004. The QOF rewards practices for the provision of 'quality care' and helps to fund further improvements in the delivery of clinical care.

Term	Definition
SEA – Significant Event Analysis	A qualitative method of clinical audit which highlights and reviews events in a non-threatening meaningful way; involving a range of people to review the issues, to gain a collective understanding of what happened, why it happened and identify areas for learning and or areas for change or improvement to reduce the likelihood or prevent recurrence.
SitRep – Situation Report	A report on the current situation to inform of any issues within services at that time.
SOF – Single Oversight Framework	Sets out how NHSI oversees NHS trusts and NHS foundation trusts, helping to determine the level of support they need.
STP – Sustainability and Transformation Partnerships	The purpose of Sustainability and Transformation Partnerships is to help ensure health and social care services in England are built around the needs of local populations.
SystemOne	An electronic health record for patient records.

Agenda Item 17

Title & Date of Meeting:	Trust Board Public Meeting - 28 Jul 2021		
Title of Report:	Six Monthly Research & Development Report		
Author/s:	Cathryn Hart, Assistant Director Research & Development		
Recommendation:	To approve		To receive & note
	For information		To ratify
Purpose of Paper:	To provide the Board with assurance/reassurance that work continues to enhance research in the Trust and ensure the Trust's obligations in relation to the delivery of 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.		
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	02/06/21	Workforce & Organisational Development Committee
	Finance & Investment Committee		Executive Management Team
	Mental Health Legislation Committee		Operational Delivery Group
	Charitable Funds Committee		Other (please detail)
Key Issues within the report:	<p>Section 1: Assurance in relation to performance targets, in particular a review of 2020-21 via infographics.</p> <p>Section 2: Governance in relation to the Partnership Agreement with the Yorkshire and Humber Clinical Research Network.</p> <p>Section 3: The new UK government national vision for research and how it fits with the Trust Research Strategy.</p> <p>Section 4: External research funding for 2021-22.</p> <p>Section 5: The importance of research during the COVID-19 pandemic, the move to 'managed recovery' and increasing diversity.</p> <p>Section 6: Snapshot of current research opportunities, innovation and alliances.</p> <p>Section 7: Examples of research dissemination, implementation and publicity. Plans for a blended research conference in Nov 2021 and the launch of co-produced animation 'My Research Journey'.</p>		

Monitoring and assurance framework summary:

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

Research & Development (R&D) - Six Monthly Update Report

Trust Board, July 2021

1. Performance

An overview of research for 2020-21 has been included in the Trust's Quality Accounts. Infographics summarising the past year, 'Research in numbers 2020-21' and 'Impact of research 2020-21', are included in *appendix 1* and *2* respectively. The Trust's recruitment target of 660 for NIHR Portfolio studies in 2020-21 was exceeded by over 100%; 1596 participants were recruited in total. These figures do not include those who took part in studies where the Trust was a PIC site (participant identification centre), such as the vaccine trial.

The Trust's recruitment target for NIHR Portfolio studies in 2021-22 is yet to be confirmed, but expected to increase from previous years due to a change in the way this is being calculated across Yorkshire and Humber. There are currently 28 Portfolio studies active in the Trust (see *appendix 3, table 1*), plus 9 'non-portfolio' studies (see *appendix 3, table 2*).

2. Governance

The Trust has a Partnership Agreement with the host of the Yorkshire and Humber Clinical Research Network (CRN), Sheffield Teaching Hospitals NHS Trust. This currently runs until 31 Mar 2023. Our annual review meeting with the CRN senior leadership team which took place on 3 June was very positive and included a review of research performance in 2020/21, challenges, consideration of this year's activities, goals for 2021-22 and the 'managed recovery' of non-COVID-19 research. As one of the CRN high level objectives in 2021-22, is for 45% of GP practices to be recruiting into Portfolio studies, then this is something that becomes our challenge too having GP practices in the Trust.

Future CQC Well-Led inspections are likely to have a stronger focus on research as an indicator of quality; how well a trust supports research activity via strategic and divisional leadership, and patient opportunity and access to research. The annual research conference is one of the ways the Trust is able to highlight examples of this across services.

3. National Vision and Trust Research Strategy

In March 2021 the UK government and devolved administrations published a new Vision for research with five key themes - [Saving and Improving Lives: The Future of UK Clinical Research Delivery](#):

- Create an environment where research is valued and embedded into the everyday practice across the NHS and all health and care settings.
- Make research open to everyone and to make participation in research as easy as possible.
- Better use of data and digital tools to make the UK the most advanced and data-enabled clinical research environment in the world.
- For the UK to be the best place in the world to conduct streamlined, efficient and innovative clinical research
- A sustainable, supported research delivery workforce – offering rewarding opportunities for all healthcare staff and exciting careers for those from all professional backgrounds who lead research.



The priorities and objectives identified in the Trust's [Research Strategy 2020-22](#) fit well with the themes identified above and progress is continuing against these, though in some instances the

process of achieving the objectives has required adaptation in the light of different ways of working. Some key examples of this are highlighted in this update report.

4. Funding

CRN funding for 2021-22 to support delivery of NIHR Portfolio studies has recently been confirmed, following a delay due to last minute additional DHSC funding being allocated to CRNs across England. We have received an increase from that of 2020-21, mainly as a result of changes in the funding model to reflect Trust performance. In 2020-21 our opening allocation was £314k and this has increased to £364k for 2021-22. Research Capability Funding of £21,560 has also been confirmed by DHSC for 2021-22, a slight increase from 2020-21 due to hosting successful NIHR research grant awards, and will be used to support Trust clinicians working with academic colleagues to develop further research opportunities and grant applications.

5. COVID-19 Research

The importance of research has been highlighted throughout the pandemic, with NHS providers urged very early on to prioritise COVID-19 studies. Thanks to huge numbers of people taking part, investment in dozens of 'Urgent Public Health' studies and the unique structure of the NIHR with research delivery staff based within Trusts, incredibly fast results were achieved. This two minute NIHR animation shows [five ways research has fought COVID-19](#); the Trust was directly involved in two and five.



As the number of COVID-19 cases has reduced the NIHR has now moved to a stage of 'Managed Recovery', with Trusts expected to restart various suspended studies where safe to do so and to consider opening new studies, whilst still prioritising COVID-19 research. A key international study the research team continues to support is the World Health Organisation study (known as ISARIC CCP and led by Prof Calum Semple in the UK) which involves collecting extensive data on all inpatients testing positive. This is helping to answer urgent questions about the virus and contributing to almost real-time information nationally and internationally.

As a result of concerns about the particular impact of COVID-19 on people from black, Asian and minority ethnic backgrounds, the Trust's research team have produced a video (3 mins) which was launched in June. The idea for this came from a video Bradford District Care NHS Foundation Trust had produced earlier in the pandemic. This video aims to encourage a more diverse range of people to consider taking part in research. Versions with subtitles and voice-overs in different languages are also being developed.



<https://youtu.be/UwLm2PiM4N8>

6. Opportunities, innovation and alliances

Work is constantly ongoing to strengthen research collaborations and to bring studies to the Trust in areas where there has been limited previous involvement. A number of grant applications have been submitted in 2021 in collaboration with local universities and community groups, for which the outcomes are awaited, and others are currently being worked on, in particular around children and young people. New studies have also commenced recently (see *appendix 3, table 1*), and others are in the pipeline.

Throughout the pandemic the research team has adapted their ways of working to enable studies to be conducted remotely and recruitment into non-COVID studies to continue. Clinical staff delivering treatments as part of research have also adapted to enable experimental interventions to continue remotely. This is something patients and carers reported they really valued during 'lockdown' when

they were feeling isolated from many other aspects of life. One such study is Pathfinder, a trial of problem adaptation therapy for people with mild to moderate dementia and depression.

Humber Pathfinder team really are Pathfinder 'stars', the team have consistently remained in the top three on our recruitment leader board. Despite all the recent challenges during the pandemic they have maintained proactive; continuing to recruit and conduct follow up assessments on time and at the usual high standard. Two particular things stand out in my opinion, one is the way the team work with compassion and the other is the way they work as a team - from the R&D support services, the researchers on the ground and PI and the therapists who deliver the intervention- it is a pleasure to work alongside them. (Clinical Trial Manager, University College London)

As a result of the pandemic, research is now getting the recognition it deserves, but more than ever there is a need for real long-term investment in research capacity to meet demand. Reliance on 'non-recurrent' funding streams limits opportunities to grow research locally. With a move to Integrated Care Systems and 'places', there will be new research opportunities and alliances, so longevity of research funding will be important, along with the identification of barriers to working across organisational boundaries in research and the development of workable solutions. This will be a focus of work over the coming year.

7. Dissemination, learning and publicity

Planning for the Trust's annual research conference taking place on 17 and 18 Nov is well underway and [registration](#) opened week commencing 17 May to link in with celebrating International Clinical Trials Day (20 May). The programme includes high profile speakers, including:



- Prof Calum Semple (OBE)**, Professor of Child Health and Outbreak Medicine, University of Liverpool and member of NERVTAG and SAGE.
- Prof Partha Kar (OBE)**, Consultant in Diabetes & Endocrinology, Portsmouth Hospitals NHS & National Specialty Advisor for Diabetes with NHS England.
- Prof Kieran Walshe**, Professor of Health Policy and Management at Alliance Manchester Business School.
- Prof Tim Kendall**, NHS National Clinical Director for Mental Health.

This year will be a blended conference, with people having the option to attend virtually or in person to enable some networking opportunities.

Quarterly research newsletters continue to help raise the profile of Trust research. The [latest issue](#) is available on the Trust website, as well as being shared with external stakeholders and via internal communications. In the past year '@ResearchHumber' twitter followers have doubled to just over 600, and articles relating to research have frequently been included in various Trust communications.



Regular research drop-in sessions commenced during 2020 and are continuing in 2021. These are informal sessions to promote, generate and support research interest. They are open to anyone in the Trust to drop into, meet the team, learn more about research, seek advice, share ideas and ask any questions they have about research. Key links between clinical services and research have been made as a result of these sessions and have been a more productive way of engaging with interested staff than the R&D Group which ceased in 2019.

Having been successful in gaining additional strategic funding from the CRN, the research team has developed a new animation called 'My Research Journey' (3 mins) which was launched on 20 May

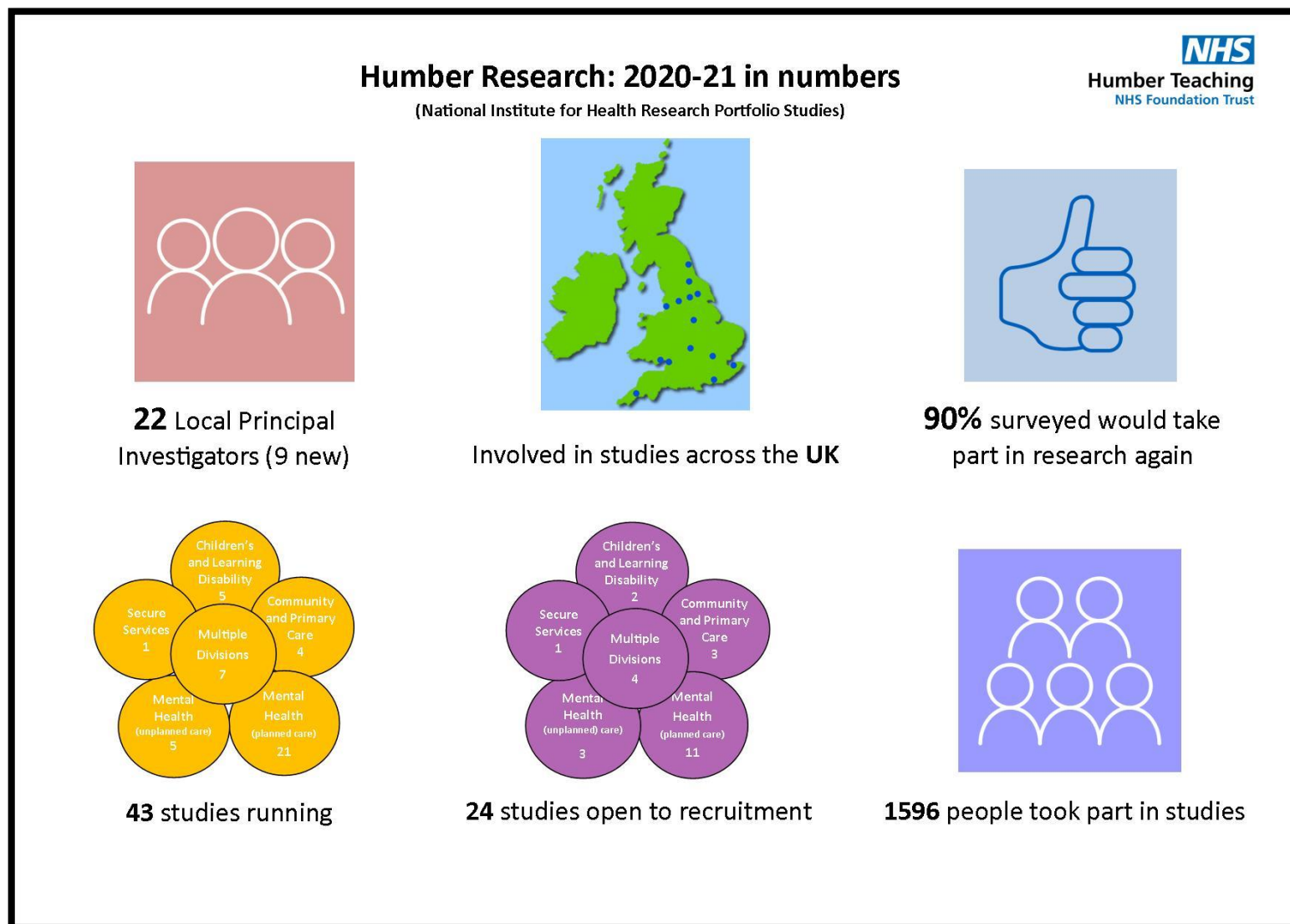
as part of the International Clinical Trials Day celebrations. This video aims to help support people to make a decision about whether they'd like to hear more about research and potentially take part in studies locally, as well as helping staff to start a conversation about research. The animation follows a participant's journey from hearing about research to taking part. Existing animations and national research campaigns tend to be designed with hospital patients in mind. Those accessing mental health, primary care and community services are often not treated in hospital settings and more medicalised images can be off-putting. 'My Research Journey' was co-produced with research champions with lived experience, patients, carers and clinical staff. Alternative versions with different characters and sub-titles are also being planned. In the virtual world we increasingly find ourselves operating in, this animation will also be one of the tools we can use to reach out to and encourage greater participation amongst more underserved communities.

<https://www.youtube.com/watch?v=EuVukYWF6pE>

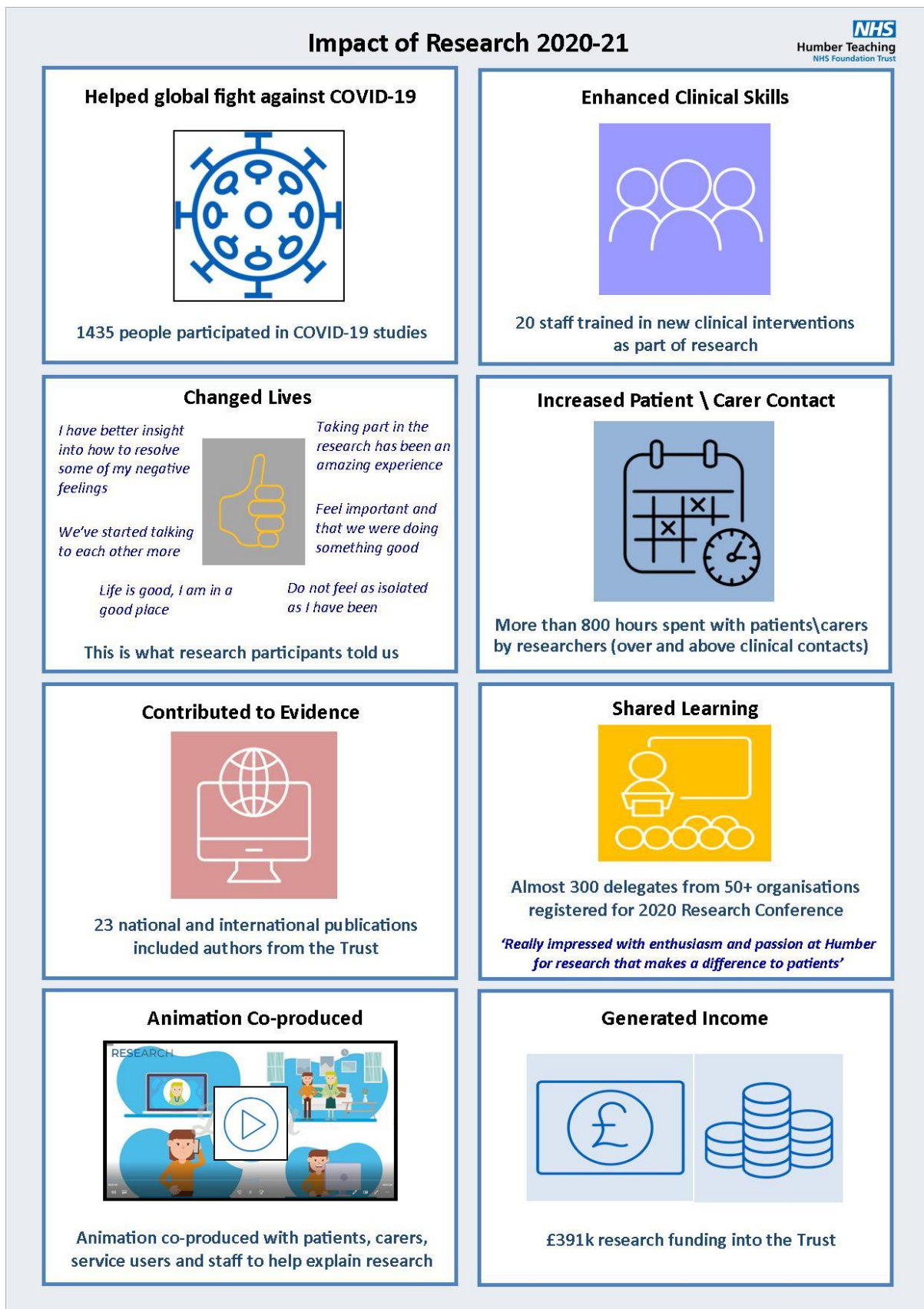


Appendix 2 also includes some examples of the impact of research in 2020-21.

Appendix 1 – Humber Research: 2020-21 in Numbers



Appendix 2 – Impact of Research 2020-21



Appendix 3 – Research studies running in the Trust

Table 1: NIHR Portfolio studies currently in set-up, open to recruitment or in follow-up (June 2021)

Study title	Study type	Local Principal Investigator	Chief Investigator, Sponsor	Estimated End Date	Status
Planned Mental Health - Older People					
Problem Adaptation Therapy for individuals with mild to moderate dementia and depression. The PATHFINDER Trial.	Intervention	Dr Chris Rewston Clinical Psychologist	Prof Robert Howard Camden and Islington NHS Foundation Trust	31/12/2022	Open
Helping older people to engage effectively with community social care (The HOPES study)	Observation	Gill Gregory Advanced Occupational Therapist	Dr Mark Wilberforce University of York	31/10/2021	Open
Supporting independence at home for people with dementia (NIDUS-Family)	Intervention	Dr Chris Rewston Clinical Psychologist	Prof Claudia Cooper University College London	28/02/2022	Open
HOMESIDE: A home-based music intervention for people with dementia v1	Intervention	Dr Emma Wolverson Clinical Psychologist	Prof Helen Odell-Miller Anglia Ruskin University	31/05/2022	Open
Planned Mental Health - Adult					
EnrollHD: A Prospective Registry Study in a Global Huntington's Disease Cohort	Observation	Prof Ivana Markova Consultant Psychiatrist (Hon)	Prof Anne Rosser Cardiff University	01/10/2053	Open (follow-up site only)
A randomised controlled trial of a structured intervention for expanding social networks in psychosis (SCENE)	Intervention	Dr Chris Sanderson Clinical Psychologist	Dr Domenico Giacco East London NHS Foundation Trust	30/12/2021	Open
Patient preferences regarding psychological therapies for distressing voice-hearing experiences (PREFER)	Observation	Dr Maria Kallikourdi Consultant Psychiatrist	Dr Clio Berry University of Sussex	30/11/2021	Open
Hearing nasty voices: Developing new ways to measure the experience	Observation	Dr Geetanjali Chitnis Consultant Psychiatrist	Dr Bryony Sheaves University of Oxford	29/10/2021	Open
Understanding Experiences of Feeling Exceptional: A Clinical Questionnaire Study	Observation	Dr Haley Jackson Research Nurse	Dr Louise Isham University of Oxford	31/03/2022	Open

Study title	Study type	Local Principal Investigator	Chief Investigator, Sponsor	Estimated End Date	Status
DIAMONDS - Improving diabetes self-management for people with severe mental illness	Intervention	Dr Laura Voss Consultant Psychiatrist	Prof Najma Siddiqi University of York	31/10/2021	Open
Optimising Wellbeing in Social Isolation (OWLS)	Observation (COVID-19)	Dr Renato Merolli Consultant Psychiatrist	Prof Simon Gilbody University of York	31/12/2021	In Follow up
Unplanned Mental Health - Adult					
WardSonar: a real-time measure of safety for mental health wards	Observation	Dr Haley Jackson Research Nurse	Prof John Baker University of Leeds	31/08/2021	Open
Section 17 Leave: Supporting unpaid carers	Observation	Dr Haley Jackson Research Nurse	Prof Martin Webber University of York	31/03/2023	Open
The National Confidential Inquiry into Suicide and Safety in Mental Health	Observation	No Local Investigator Required	Prof Louis Appleby University of Manchester	31/03/2022	Open
Prospective study to assess, Outcomes and healthcare resource use of current standard of care for patients With sEvere MDD Requiring urgent symptom control in a psychiatric emergency: POWER	Observation	Dr Haley Jackson Research Nurse	TBC Janssen-Cilag Ltd	01/11/2022	In Setup
Children's & Learning Disability					
Specialist Services Evaluation: A realistic process evaluation of the implementation and impact of Forensic Child and Adolescent Mental Health Services (F-CAMHS) and SECURE STAIRS	Observation	Helen Booth Principal Forensic Psychologist	Dr Julian Childs University College London	29/10/2021	Open
Autism Spectrum Social Stories In Schools Trial 2 (ASSIST2)	Intervention	Dr Hannah Armit Senior Clinical Research Psychologist	Prof Barry Wright Leeds and York Partnership NHS Foundation Trust	29/08/2021	In follow-up
Physical health of young people in inpatient mental health services: a 6 month prospective study	Observation	Dr Nicola Green Consultant Clinical Psychologist	Dr Rebekah Carney Greater Manchester Mental Health NHS Foundation Trust	30/04/2022	Open

Study title	Study type	Local Principal Investigator	Chief Investigator, Sponsor	Estimated End Date	Status
Safer online lives: use of the internet & social media by people with Intellectual Disabilities	Observation	No local Investigator required	Dr Paraskevi Triantafyllopoulou University of Kent	01/12/2022	Open
Community & Primary Care Services					
Behavioural Activation for Social IsoLation (BASIL-C19)	Intervention (COVID-19)	Dr Clare Hilton Consultant Clinical Psychologist	Prof David Ekers Tees, Esk and Wear Valleys NHS Trust	31/03/2022	Open
PRINCIPLE - Platform Randomised trial of INterventions against COVID-19 In older peoPLE	Intervention (COVID-19)	No local Investigator required	Prof Christopher Butler University of Oxford	25/03/2022	Open
Survey: Professionals' Education & Awareness of Continence care SPEAC	Observation	Cathryn Hart Assistant Director R&D	Dr Nikki Cotterill University of the West of England	30/11/2021	Open
FASTer Access to Alcohol Treatment	Observation	Andy Partington Service Manager	Prof Tom Phillips Hull University Teaching Hospitals NHS Trust	25/06/2021	Open
WOUBOT - an A.I. predictive system to produce personalised care recommendations for chronic lower limb wounds	Observation	Simon Barrett Tissue Viability Lead	Elaine Taylor-Whilde Nine health Global Ltd	31/08/2021	Open
Across multiple services					
ISARIC/WHO Clinical Characterisation Protocol for Severe Emerging Infections in the UK (CCP-UK)	Large scale (COVID-19)	Cathryn Hart Assistant Director R&D	Prof Calum Semple University of Oxford	28/02/2023	Open
A phase 2/3 study to determine the efficacy, safety and immunogenicity of the candidate Coronavirus Disease (COVID-19) vaccine ChAdOx1 nCoV-19	Intervention (COVID-19)	No local Investigator required	Prof Andrew Pollard University of Oxford	31/12/2021	In follow up
SIREN - SARS-COV2 immunity and reinfection evaluation; The impact of detectable anti SARS-COV2 antibody on the incidence of COVID-19 in healthcare workers	Intervention (COVID-19)	No local Investigator required	Prof Susan Hopkins Public Health England	21/11/2021	Open
UpLift Trial	Intervention	Dr Clare Hilton Consultant Clinical Psychologist	Dr Jaime Delgadillo RDaSH NHS Foundation Trust	02/10/2021	Open

Table 2 – Non-portfolio studies currently in set-up, open to recruitment or in follow-up (June 2021)

Study title	Study type	Local Principal Investigator	Chief Investigator, Sponsor	Estimated End Date	Status
Planned Mental Health - Older People					
Staff Experience And Attitudes Towards Cognitive Testing In Memory Assessment Services	Observation	No local Investigator required	Dr Jen Yates University of Nottingham	31/12/2021	Open
Planned Mental Health - Adult					
What are the experiences of psychosis for LGBTQ+ individuals?	Observation	Emily Magowan Trainee Clinical Psychologist	Emily Magowan University Of Hull	06/09/2021	Open
Patient safety investigation techniques in mental health trusts	Observation	No Local PI	David Wood University of Manchester	29/07/2022	Open
Secure Services					
Long Term Effectiveness of the Firesetting Intervention Programme for Mentally Disordered Offenders (FIP-MO)	Observation	Sarah Rockliff Consultant Forensic Psychologist	Nichola Tyler University of Kent	01/04/2033	Open
Exploring patient and staff experiences of stepping down from secure care into the community: effects of social inequalities	Observation	Stephen Shaw Business Development Manager	Prof Mark Hayter University of Hull	31/08/2021	Open
Children's & Learning Disability Services					
A narrative exploration of CAMHS clinical staff experiences and meaning-making of working with children & adolescents who self-harm.	Observation	Amber George Trainee Clinical Psychologist	Amber George University of Hull	17/09/2021	Open
An exploration of family experiences of adolescent self-harm within the context of having received a systemic family therapy intervention	Observation	Lucy Tattersdill Trainee Clinical Psychologist	Lucy Tattersdill University of Hull	25/09/2021	Open
Embedding childhood autism diagnostic assessment East Yorkshire (ECADA)	Observation	Dr Hannah Armit Senior Research Clinical Psychologist	Dr Hannah Armit Humber Teaching NHS Foundation Trust	25/02/2022	Open
Community & Primary Care Services					
Collaborative Unlinked Anonymous Survey of Salivary Antibodies to HIV, Hepatitis B Core Antigen & Hepatitis C in Injecting Drug Users	Observation	Dr Soraya Mayet Consultant Psychiatrist	Health Protection Agency	01/01/2037	Open
Across multiple services					
The COVID-19 Resilience Project	Observation	No local Investigator required	Dr Kate Allsopp Greater Manchester Mental Health NHS FT	01/10/2021	Open

Agenda Item 18

Title & Date of Meeting:	Trust Board Public Meeting – 28 July 2021			
Title of Report:	Council of Governors Meeting Minutes – 15 April 2021			
Author/s:	Name: Sharon Mays Title: Chair			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	The minutes of the Council of Governors meeting held on 15 April are presented for information.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Council of Governors	8.7.21
Key Issues within the report:	Identified within the minutes			

Monitoring and assurance framework summary:

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

✓ Tick those that apply

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

**Minutes of the Council of Governors Public Meeting held on
Thursday 15 April 2021 via Microsoft Teams**

Present: Sharon Mays, Chair
Michele Moran, Chief Executive
Sue Cooper, East Riding Public Governor
Mandy Dawley, Staff Governor
Tim Durkin, Wider Yorkshire & Humber Public Governor
Anne Gorman, Staff Governor
Jean Hart, Service User & Carer Governor
Jack Hudson, Staff Governor
Huw Jones, Lead Governor & East Riding Public Governor
Gwen Lunn, Appointed Governor, Hull City Council
Paul McCourt, Appointed Governor, Humberside Fire & Rescue
Sam Muzaffar, East Riding Public Governor/Lead Governor
Tom Nicklin, Staff Governor
Doff Pollard, Whitby Public Governor
Fiona Sanders, East Riding Public Governor
Helena Spencer, Hull Public Governor
Jacquie White, Appointed Governor, University of Hull
Nigel Wilkinson, Appointed Governor East Riding of Yorkshire Council

In Attendance: Peter Baren, Non Executive Director
Mike Cooke, Non Executive Director
Francis Patton, Non Executive Director
Dean Royles, Non Executive Director
Peter Beckwith, Director of Finance
Steve McGowan, Director of Workforce & Organisational Development
Lynn Parkinson, Chief Operating Officer
Jenny Jones, Trust Secretary
Katie Colrein, Membership Officer

Apologies: Andy Barber, Appointed Governor, Smile Foundation
Eric Bennett, Hull Public Governor
Jenny Bristow, Appointed Governor Humberside Police
John Cunnington, East Riding Public Governor
Craig Enderby, Staff Governor

The meeting was held virtually via Microsoft Teams due to the restrictions of Covid 19. The meeting was also live streamed.

The Chair welcomed Cllr Nigel Wilkinson to his first meeting as the appointed Governor for East Riding of Yorkshire Council.

16/21 Declarations of Interest

Any 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 should declare the interest and remove themselves from the meeting for that item.

Mrs Cooper declared that she is a member of the Royal College of Nursing.

17/21 **Minutes of the Meeting held on 15 January 2021**

The minutes of the meeting held on 15 January 2021 were agreed as a correct record.

18/21 **Matters Arising and Actions Log**

The action log was reviewed and noted.

19/21 **Staff Survey**

Mr McGowan gave a presentation on the national staff survey results. The survey is completed by all provider trusts and results are benchmarked against the 52 other mental health/learning disabilities/community organisations.

Response rate for this year was 43% compared with 40% last year. Information has been shared with managers to help them shape their plans for the coming year. The results can be broken down in different ways. An area of focus is on estates and auxiliary staff as there is work to be done to ensure this group is engaged going forward.

Nationally three of the scores increased, one went down and 6 remained the same. Every theme in the Trust saw an increase in scores. Within these themes area of strength were 77, 32 areas for opportunity and 8 required improvement. 29 of the 32 areas for opportunity did increase, but not to a significant level. There is some work to do to reach the average scores with other organisation. We are above average for 3 and below average for 6 areas.

Two key questions are would you recommend the organisation as a place to work and to have treatment. Scores improved in both of these areas and a big increase in recommendation as a place to work.

Mr McGowan explained there are reasons to celebrate and some good news stories. Questions around the areas of equality and discrimination scored above average with our comparator trusts. The investment that has been provided through equality groups and staff groups is positive. Investment in our managers has been progressed and we have two leadership programmes as part of Proud programme. Themes within this included leaving the organisation and a more positive response was recorded in the survey. Wellbeing is important to the organisation and there has been real improvement in this score and opportunities to improve team work.

Wellbeing was an area we wanted to improve. The Trust has a staff wellbeing group. It is good to see that this is working its way through as to how staff feel to work for the organisation.

We still have some work to do on Musculo-Skeleto (MSK) and as a result have introduced a fast track physio service for staff from 1 March.

The organisation is still, below average on immediate managers supporting staff and will continue to invest in managers and staff.

Incidents and how staff are treated is positive, but there are some areas where further improvement is required.

The lowest scoring, must improve areas below 40% have been priorities for the organisation. There has been a reduction from 12 areas (in 2019) to 8 which is good. The areas which was a reduced score and an area of investment is rest areas for staff and a programme of work is being progressed over the next year. In every other area scores are going in the right direction.

The survey showed that the right areas are being focussed on, recruiting more staff, resetting of establishments, filling vacancies and allowing staff to take breaks which is critical to the recovery agenda. Directorates are given their results to help their planning for the year and presentations are given to the Workforce and Organisational Development Committee.

The Chair said that during her time on the Board this has been the best set of results and is something to be celebrated. There is more to do but the results are a testament to the hard work that has been put in by all the teams. Well done to all.

Cllr Lunn felt the figures are reassuring and would like to see if there is an analysis how long people have been in the organisation and how things may have changed. Mr McGowan confirmed that data is broken down by age range and length of service and it is something that could come back to the Council at a later date.

Mr McGowan explained that there are catch up sessions for staff when they have been in post for 6 months to ask if there is anything that has not gone right.

Mrs Sanders asked that as staff are given time to complete the survey how will those who are reluctant to complete it being encouraged. Mr McGowan said that this will be done by targeting some of the areas but as we have been in a pandemic some people may not have been able to complete it. Protected time is given to complete the survey but there may be other issues that prevented this, but all that can be done to encourage participation will be progressed. It is clear in vodcasts that the message is going across corporately. The survey is anonymous so there is only so much that can be done.

Mrs Sanders asked if this is part of the Proud programme. Mr McGowan confirmed that each year we show what has been done as a result of listening and it gives people confidence.

The Chair said that you can see that the results are used and owned by teams. The Staff Health and Wellbeing Board use the information and it becomes real for staff about what they can do with a real cultural shift that can help make real change. Mr Patton acknowledged that the presentations given at the Workforce & OD Committee have been well received and welcomed.

Mr Nicklin asked with the staff survey areas that receive positive feedback, if there are any links with the Friends and Family Test (FFT) for example where there are good staff results in the same areas as the FFT and whether there is any correlation. Mr McGowan felt there is some correlation and it is discussed as part of the Accountability reviews where the high levels of engagement and positive scores are seen. The Patient and Carer Experience team also use this data to focus on areas that need to be improved.

The Chief Executive recognised that steady progress has been made over the last four years when the organisation was bottom of the league table. There is a lot of research that shows that happy staff is better for the patients and it is important to take this as a dashboard and suite of information, FFT, length of stay and sickness absence etc that brings it all together. It is also a good recruitment tool. There is more work to do as a collective and to triangulate the suite of information that can be used to improve areas.

Mr Jones said that building on these points the governor group that looks at these areas would be a good place to pick up on quality link to workforce agenda in the Autumn. It is good to see such an overall improvement in these areas.

Mrs Dawley reiterated that on the back of last year's results PACE reached out to corporate services to identify staff champions as well as clinical services. The team attended various team meetings to talk about how teams can include patients and service users in their work. These results are valuable to help to see where the progress has been made.

Mr Royles added that the results go through the Workforce Committee and Quality Committee and the Committee often identify areas of linkages between the two eg pharmacy technicians based on wards new ways of working through wards and the work on health inequalities and diversion and it would be a good idea to pick up in the Governor Group

Resolved; The presentation was noted.

Update on length of service and experience of staff to be provided at the next meeting to see how their views may have changed Action SMcG

The next Quality, Workforce and Mental Health Legislation Governor Group to have a focus on the quality link at its next meeting Action DR

20/21

Chair's Report

The Chair provided a verbal update on her activities and news since the last meeting. These included:-

- Attended various regional and ICS meetings. Met with partners from HCV
- Met with other chairs to discuss new ways of working and encourage joint working.
- Met with the Regional Director who was positive about the Trust
- Attended the Patient and Care Experience Forums
- The Chair is the staff wellbeing champion and attended. The Staff and Health Wellbeing group who have recently agreed their priorities
- Continued to hold (in conjunction with the Chief Executive) the virtual staff awards.
- Attended the Trust's Easter service
- Met regularly with Governors and the Chair is grateful for the time they give as volunteers.
- Two Governor sessions were held on the mental health pathway including the Mental Health Inpatient Redesign and Community Services pathways for patients

A reminder was given of the 23 April session on ICS for Governors for anyone who wants to join.

Resolved: The verbal update was noted

Chief Executive's Report

The Chief Executive presented her report which gave an update on the local issues and drew attention to the following areas:-

- The Trust circulated Flu vaccination certificates to peer vaccinators. Figures have improved year on year.
- Thank you certificates and badges are being circulated to Covid vaccinators
- The organisation continues to support and thank staff and have allocated an extra annual leave day to be taken on or around their birthday to spend time with friends and family
- An Anniversary video has been made to show positivity and journey how much people have been through over last year.
- The Trust has relaunched the Trust's book around positive stories and continue to update this. Copies are available to buy.
- Well done to the Communications team for achieving recognition for the changes to the website. It is great to be in the top 5 in the country with all the work being done inhouse. Thanks to the team for their hard work!
- Youth Board – this will be a great forum for getting feedback from our young people and will be an influencing group.
- The contract with Shiny Minds has been extended and the app is being used by staff.
- Social Values report – the report was recently published.
- Mental Health Awareness Week is taking place
- Accommodation at Trust HQ and the blended approach going forward. It has been made clear to staff that working will not look the same as it did before the pandemic and plans are taking place on how we take this forward.
- The Trust is looking at organising a celebration event for staff and a survey has been sent out to gain staff views on how this can be done.
- ICS - Legislation starts to go through Parliament in May, nothing about Foundation Trusts as yet. The Chief Executive is involved in governance and continues to lead the two pieces of MH/LD work and another piece of work about what provider collaboration looks like. Part of the Act relates to provider collaboratives and working together around the tendering process.

Mr Jones said it was fantastic that the organisation is looking at social values and to being involved in this. He wished to congratulate everyone on the work of the Youth Board and it is fantastic to see structure and a process for this.

In relation to the corporate accommodation Mr Jones referred to a book on the Medici Effect ensuring there are spaces where people can come together, share and be innovative.

Mrs Pollard explained that there is a huge amount of work going on in Whitby and plans are moving forward especially with the fund raising suggesting that the plans could perhaps be shared at a Development session. In terms of the blended approach, personally she found it a challenge to travel to all meetings and it had been great with virtual meetings and she was keen that attention should be given so there can still be virtual attendance in the future. The Chief Executive said that staff are also saying this and are content and happy with the approach. They reflected that it was difficult at first, but it gets easier especially

with more social interaction becoming available. The organisation is looking at meetings and most meetings will be on MST as staff saying less travel and more availability. It is also being looked at from an environmental approach too. An update will be brought to the June Development Day on Whitby fundraising.

Resolved: The report and verbal updates were noted.

It was agreed to send the round MH awareness brief when finalised and the link to the anniversary video. Action KC

An update on the Whitby fundraising to be provided at the June Development Day Action SMcG

22/21 **Council of Governors Effectiveness Review**

The Chair thanked the Head of Corporate Affairs for producing the report which forms part of a suite of documents and included the Terms of Reference. The Engaging with Members review is on the agenda for today's meeting and the remaining two Governor groups reviews will come to the next meeting.

Resolved: The report was noted and the Terms of Reference for the Council of Governors approved.

23/21 **Public Trust Board Minutes November 2020, January and February 2021**

The minutes of the public Board meetings for November 2020 and January and February 2021 were provided for information.

Resolved: The minutes were noted.

24/21 **Covid 19 Update**

The report provided an overview of the ongoing arrangements and continuing work in place in the Trust and with partner organisations to manage the Covid 19 emergency. Mrs Parkinson reported that the national alert level reduced from 4 to 3 due to the improved position of admissions to acute hospitals and improved infection rates. Further reduction has also been seen since the report was produced.

The report demonstrated that the anticipated pressures across some services are being seen due to the impact of Covid 19. This is particularly impacting on mental health services and some demand for inpatient beds. Actions are being taken to mitigate these pressures. Community services in Scarborough and Ryedale are also experiencing pressures due to the impact of the pandemic to support people for early discharge and there has been some success in this area which needs to be maintained although demand remains high in the area.

An increase in demand for Primary Care has been seen with the vaccination programmes and the GP practices are busy. The vaccination programme for staff is nearing completion and will end after the weekend.

The Staff Health and Wellbeing agenda has a continued focus on staff as it has during Covid 19. With the pandemic abating, the agenda has started to look at the trauma informed approach and what staff have been through to ensure robust plans are in place. The expected demand for children and young people's services is being seen with increasing demand for eating disorders and crisis inpatient support. The organisation is working closely with system partners to see what more can be done.

The Chair explained that if there are any questions around vaccinations these can be picked up at the next Development Day as the Medical Director and Director of Nursing will be joining the session.

Professor Cooke appreciated the report and the work undertaken by the Medical Director and Director of Nursing. It has been tragic for a lot of people, but the vaccination programme, staff engagement, visits, leadership team have worked in partnership and collaboration resulting in a successful organisation. Staff are feeling valued, safe and are being able to keep patients safe. Well done to everyone for this.

Regular updates have been circulated to Governors during the pandemic, however the Chair suggested standing these down from today which was supported by Governors.

Resolved: The report and verbal updates were noted

25/21

Performance Update

Mr Beckwith presented the performance as at the end of February 2021. Information was provided on the following areas, which had fallen outside the normal variation range:-

- Cash in Bank
- Waiting Times
- Sickness Levels

A separate update was included on waiting lists.

Mr Patton complemented the team for the financial performance of the Trust during a difficult time and under challenging circumstances. A session on finance is planned for Governors. Mr Jones reported there was a meeting of the Finance and Audit Governor group recently and it was good to see the audit and finance papers which were positive. He also thanked the team for their work over this time. Planning guidance has been published and he is looking forward to seeing the profiles for the organisation. From reports on Covid 19 cities like Hull have been affected horrendously by this especially around inequalities and children. Sooner rather than later an understanding of what is being put in place to tackle these areas and waiting lists is needed.

Mr Beckwith will be providing further detail at the next meeting on the Development Day with a focus on the cash position and opportunities and explaining why we cannot necessarily spend the cash in the bank. The Chief Executive explained that it is not just about the money it is the factors and complexity issues in relation to waiting lists. She is leading a piece of work in the HCV around children and young people to see how we can operate better across the patch. Capacity and recruitment are challenges and inter relationships with Local Authority and how we maximise and support them with the Looked After Children system. More funding is coming from the allocation but a creative solution is needed which is a challenge with ongoing issues. It is not just about being different, but also in a more radical way.

Mr McCourt said that given the reports from Mrs Parkinson and debate at the last meeting there were elements that are out of the control of the Trust and he wondered if now is the time to revise control limits and threshold limits to help.

The Chief Executive said it is not about control limits it is about how we move this forward in the system more creatively and hopefully ICS and provider collaboratives will allow this to happen.

The Chair said it is encouraging that this is being looked at through the system to find a creative solution rather than a temporary fix

Resolved: The report and verbal updates were noted.

26/21

Finance Report

The report provided the Council of Governors with a summary of financial performance for the Trust for the 3 month period December 2020 to February 2021. Mr Beckwith drew the Council's attention to:-

- For 2020/21 normal contracting arrangements between NHS organisations have been ceased and the Trust is receiving a block income allocation.
- As at the end of February 2021, the Trust had recorded an operational breakeven position.
- Cost in relation to the COVID pandemic for Months 1 – 11 total £13.186m.
- The Cash Balance at the end of February 2021 was £43.753m, which is inclusive of 1 months advance block income (circa £10m).

Mr Durkin referred to the Income and Expenditure summary which showed that clinical services spent more in February which would hopefully reduce the underspend of clinical services. He felt this was good to see as a result of his queries at the last meeting but it showed that resources are being put in and staff are being employed. Mr Beckwith said this contributes of the profiling of budgets and the CMHT pilot which is nearly fully recruited to. Operational expenditure and clinical services has accelerated over the last three months.

Mr McCourt congratulated the team to achieve this level of sustainability in a dynamic and moving environment.

The Chair agreed that it had been an achievement to maintain the position in a pandemic and congratulated everyone involved.

Resolved: The report was noted.

27/21

Annual Declarations

The report provided the Council of Governors with a summary of the annual declarations that are required to be made by the Trust, evidence of how the Trust meets these declarations and ensuring that the views of Governors have been taken into consideration.

Mr Durkin had raised some queries outside of the meeting and these have been responded to outside of the meeting.

The report will also go to the Board as part of the annual declarations.

Resolved: The annual declarations were approved

28/21

Engaging with Members Governor Group Effectiveness Review & Terms of Reference

Mrs Pollard presented the report. She explained there is a lot of enthusiasm in

the group. The Trust has supported Mrs Pollard to go on a course around the expectations of Trust members.

The Chair thanked Mrs Pollard for agreeing to chair this group.

The effectiveness review was presented to the Council and included the terms of reference.

Resolved: The report was noted and the terms of reference were approved.

29/21 **Governor Groups Feedback and Activity**

The report provided feedback from the Governors Groups that have been held recently.

A new chair is being sought for the Quality, Workforce and Mental Health Legislation Governor Group. If anyone is interested in the role please contact the Chair or Mr Jones.

Resolved: The report was noted.

30/21 **Responses to Governor Questions**

No questions had been raised since the last meeting.

Resolved: The verbal updates were noted.

31/21 **Any Other Business**

No other business was raised

32/21 **Date and Time of Next Meeting**

Thursday 8 July 2021, 2.00pm by Microsoft Teams

Signed..... Date
Chair

Agenda Item 19

Title & Date of Meeting:	Trust Board Public Meeting – 28 th July 2021			
Title of Report:	Trust Position on the Community Mental Health Framework for Adults and Older Adults (2019)			
Author/s:	Lynn Parkinson, Deputy Chief Executive and Chief Operating Officer			
Recommendation:	To approve		To receive & note	X
	For information		To ratify	
Purpose of Paper:	<ul style="list-style-type: none"> To provide a briefing on the scope of the Community Mental Health Framework for Adults and Older Adults (September 2021) (section 2) To summarise the impact of Humber Teaching Foundation Trust Early Implementer Site (Section 3). Humber Teaching Foundation Trusts position statement and the progress made (Section 4) Plans for 2021/22 (Section 5) 			
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	X
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	
Key Issues within the report:	<p>The Community Mental Health Framework for Adults and Older Adults (2019) outlines the redesign and reorganisation of core community mental health teams in a move towards a new place-based, multidisciplinary service across health and social care aligned with primary care networks.</p> <p>HTFT was one of 12 Early Implementer Sites (EIS) chosen in England for the Community Mental Health Team (CMHT) Transformation programme, established to test new models of place based community mental health provision. The EIS concluded on the 31st of March 2021 and is now superseded by the national roll out which will continue until the end of 2023/24.</p> <p>As one of the EIS's Humber Teaching Foundation Trust is therefore in an advanced and well placed position in respect of the national roll out. This paper sets out the position for HTFT in July 2021, and largely reflects the achievements of the EIS. The time frames for the national rollout mean that further progress and developments will be made over the next 3 years.</p>			

	This report outlines the work undertaken to date and achievements and priorities for the next year,
--	---

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	

Trust position on the Community Mental Health Framework for Adults and Older Adults

1. Purpose

The purpose of this paper is to:

- Provide a briefing on the scope of the Community Mental Health Framework for Adults and Older Adults (first published in 2019 and now finalised for September 2021) (section 2)
- Summarise the progress made as a result of the work undertaken due to the Trusts Early Implementer Site status and its effect on the delivery of the above framework (Section 3)
- Describe the Trusts position and progress made (Section 4)
- Set out our plans for 2021/22 (Section 5)

2. Background

The Community Mental Health Framework for Adults and Older Adults (2019) <https://www.england.nhs.uk/publication/the-community-mental-health-framework-for-adults-and-older-adults> outlines the redesign and reorganisation of core community mental health teams in a move towards a new place-based, multidisciplinary service across health and social care aligned with primary care networks. The intention is that in implementing this Framework it will break down the barriers between: (1) mental health and physical health, (2) health, social care, voluntary, community and social enterprise (VCSE) organisations and local communities, and (3) primary and secondary care, to deliver integrated, personalised, place-based and well-coordinated care for Adults and Older Adults.

The Community Mental Health Framework for Adults and Older Adults (2019) sets out a renewed focus on people living in their communities with a range of long-term severe mental illnesses, and a new focus on people whose needs are deemed too severe for Improving Access to Psychological Therapies (IAPT) services, but not severe enough to meet secondary care “thresholds”.

The Framework also sets out the redesign and reorganisation of 3 specialist areas of community health provision - Eating Disorder; Rehabilitation and Personality Disorder.

In line with the Clinically-led Review of NHS Access Standards, it also set out to test the four-week access waiting times for adults and older adults in Community Mental Health Teams (CMHT) as well as changes in the Care Programme Approach and access through no wrong front door.

The time frame for the roll out is 3 years – 2021-2024 and is intended to be an iterative process.

3. Humber Foundation Trust - Early Implementer Site (EIS)

HTFT was one of 12 Early Implementer Sites chosen in England for the CMHT transformation programme established to test new models of place based community mental health provision as outlined in - The Community Mental Health Framework for Adults and Older Adults (2019). The EIS concluded on the 31st of March 2021 and is now superseded by the national roll out which will continue until the end of 2023/24.

A report collated by the Kings fund and generated from learning sets held with the 12 EIS sites is due to report in July 2021.

4. Humber Teaching Foundation Trust Position Statement

As one of the EIS's, Humber Teaching Foundation Trust (HTFT) is in an advanced and well placed position in respect of the national roll out. This paper sets out the position for HTFT in July 2021, and largely reflects the achievements of the EIS. The time frames for the national rollout mean that further progress and developments will be made over the next 3 years. The transformation agenda is large and complex, the highlights are outlined below.

The key elements of our new CMHT Transformation Programme

Governance

The SRO for the programme is Lynn Parkinson Deputy Chief Executive & Chief Operating Officer who has led and driven the transformation programme through a multi-agency governance body (known as the Transformation Board), which has included representation from provider(s), CCG, ICS, and regional leadership, as well as VCS partners, local authorities, primary care and lived experience advisors.

The Transformation Board now meets quarterly and is the accountable group within Humber Teaching Foundation Trust to oversee the work carried out by the operational group and working groups. It reports externally to the Humber Coast and Vale: Transforming Community Mental Health Teams Steering Group which oversees the programme for the ICS. This has functioned well as an implementation and assurance structure.

Footprint

The CMHT transformation covers the geography of both Hull and the East Riding of Yorkshire (ER) and its associated 12 PCN's and the PCN footprint has been utilised to create 12 place based teams that coalesce Primary Care and CMHT's. Ten teams are now fully established and two are partially implemented, all 12 will be functional by the end of 2021. All 12 teams are now demonstrating the new activity that they are achieving. The intention is that the teams will move away from a referral and discharge approach to one that supports access to both neighbourhood and secondary care services and the most appropriate intervention, removing the barriers service users currently experience between Primary and Secondary Care.

Workforce

These teams are managed as part of the CMHT's and consist of Senior Mental Health Practitioners from varied professional backgrounds; Mental Health Nurses; Social Workers; Pharmacists; Mental Health Wellbeing Coaches; Peer Support Workers and Trainee Associate Nurses, all working in partnership with primary care; CMHT's and other community based services to improve access to mental health support. We have now recruited 95% of the workforce (65 whole time equivalent posts) and are considered by NHS England as an exemplar for our approach to workforce in terms of innovation in job roles recruitment.

Model

Working within a Multi-disciplinary Team (MDT) model these teams support and provide care for people with varying levels of mental health need, including those who traditionally would be managed within secondary care with a serious mental illness (SMI), where their condition has remained stable but are deemed too complex for Primary Care. The intention is that this will increase capacity within the secondary care mental health services for people who require more complex risk management and interventions, Activity for the teams is being monitored closely and this is increasing month on month as the new services is becoming increasingly embedded.

Access and waiting times

The four week waiting time has undergone testing since early 2020 within Hull adult CMHTs and latterly across all Hull and ER adult and older adult CMHT's. Early implementers were asked to define their own 4 week wait (ww) time standard, with input from service users and staff, and to

test this through the implementation of the new models. The 4ww is currently defined as the point at which a referral to the CMHT is considered appropriate, to being seen by the identified service/ intervention. If the identified need is for a service outside of health and social care, there will be a hand over to the most appropriate service, within 4 weeks.

To support teams adopting this standard clinicians and other staff from a range of professional backgrounds have been involved with emphasis on governance to monitor clinical quality and safety alongside accessible information on service waiting times.

As part of continued development we will continue to review the above definition to reflect receipt of referral to treatment in light of changes to the access to our Trust mental health single point of access due to commence July 2021.

Although the pandemic has delayed NHSEs' work to gather learning and develop a National definition of the 4ww standard the Transformation team have engaged with the national team providing input with proposed definitions for the 4ww and data submissions.

Contracting

As part of the transformation there has also been the establishment of three provider to provider contracts; with the East Riding of Yorkshire Council for social workers; MIND for Peer Support Workers and CHCP for an outreach pilot, with the intention of increasing the performance of Serious Mental Health Annual Health Checks (SMI AHC) in primary care. All three are now live.

Improving Physical Health

One of the aims of the transformation has been to achieve better physical health for those with a Serious Mental Illness (SMI) with Nursing Associates undertaking the SMI annual health checks. Our trainee Nursing Associates are now either in training or about to commence training. They have initially been working on increasing the uptake of SMI AHC for those in secondary care. Starting from a low baseline of 22% completed; as of the week commencing 12/7/2021 uptake has improved to 75.5% with an intention of improving this further by the end of July. Under this work stream we have also been working on interoperability; the increased uptake of the AHC in primary care and near patient testing.

Digital Delivery

Digital delivery and interoperability has been a work stream that has underpinned the transformation programme. We are working towards the introduction of the Humber and Yorkshire Care record as well as directly bookable appointment slots from primary care via an electronic referral, this is currently being piloted. Presently GP's can refer directly to the mental health wellbeing coaches via System1/EMIS and this is being piloted for referrals to our other mental health clinicians. We are continuing to work with PCN's in utilising S1/EMIS to support them to bridge the gap between S1/EMIS and Lorenzo and are encouraging Primary Care to be trained in read only access to Lorenzo. This will provide the clinicians from Primary Care and those in HTFT with patient information to improve patient care to prevent our patients having to repeat information.

Role of the Mental Health Wellbeing Coach

Another aim of the transformation programme has been to improve mental health wellbeing by utilising the 'Recovery Star' outcome measure and approach, we have seen early successes in the introduction of the new Mental Health Wellbeing Coach role who work with direct referrals utilising the recovery star. At the end of Q1 2021/22 they had received 862 referrals. Previous analysis of Mental Health Wellbeing Coach data from 2020/1 suggests that only one or two of these will be passed on to the CMHT's. Additionally patient stories and Friends and Family test results are very positive.

Pharmacists

We have also been keen to establish the role of pharmacists in improving medication management and compliance for those with a SMI as well as increased support for GP's in primary care in their

mental health prescribing. We now have all our new pharmacists recruited along with our pharmacy technicians. In Q1 2021/2 they have had 579 contacts and activity is increasing month on month.

Peer Support Workers

Peer Support workers are now established into all of the teams with the aim of improving and maintaining recovery. Some of these are now undertaking specific trailblazing training at Teeside University and some have gone on to new employment.

Access

The new mental health single point of access will go live on the 19th of July and as part of this GP's will be able to book directly bookable triage slots. This means that the patient can be booked while at the GP surgery at a convenient time for triage by the newly formed Triage and Assessment team (previously The Mental Health Response Service).

Care Programme Approach (CPA)

Work has commenced on the CPA review as part of the EIS within the Social Work work stream and is being led by Paul Johnson, Clinical Lead. This has been ahead of the proposed national time frame and is well progressed. The work is multi agency and is being coproduced with service users, new draft guidance has now been developed and will be completed and implemented by the end of 2021.

Specialist Areas

The Framework also sets out the redesign and reorganisation of 3 specialist areas of community mental health provision - Eating Disorder; Rehabilitation and Personality Disorder. Rehabilitation and Personality Disorder were two elements that were in our scope for the EIS transformation programme with Eating Disorders (delivered by City Health Care Partnership (CHCP)) now included under the terms of reference of the Transformation Board.

Complex Emotional Needs Service (CEN) for people who would traditionally attract a diagnosis of Personality Disorder.

The transformation funding afforded the opportunity to develop the Complex Emotional Needs (CEN) service, by enhancing pathways to provide a collaborative and integrated service model to support people with complex emotional needs and transition of care across all ages. It supports young people before the age of 18 to ensure consistent treatment and care coordination is in place. Strong links have also been made with both Hull and East Riding Looked after Children services in order to focus on those with the most complex and urgent need.

The service is fully operational and provides formulation driven care coordination to service users presenting with a high level of risk (to self or others) and supports the delivery of the core function via consultation, supervision, and training. It facilitates the use of multi-agency care planning, dedicated specialist care co-ordination and specialist treatment for people with complex and high risk presentations.

The team applies trauma informed care planning with a focus of providing support, containment and treatment and delivers Dialectical Behaviour Therapy (DBT) and Mentalisation Behaviour Therapy (MBT). CEN are presently implementing Family Connections which is a Psychoeducational approach using the principles of DBT to support families of people with complex emotional needs.

The service supports the delivery of appropriate care in consulting and supporting the wider mental health services, including crisis, inpatient and wider community teams. The team are providing local training which includes the suicide and self-harm training and are in the process of being trained to deliver KUF (Knowledge and Understanding Framework for personality disorder). In Q1 2021/2 35 clients were receiving specialist care coordination in the CEN service.

Rehabilitation

Our rehabilitation service, STaRS (Support time and Recovery Service) is delivering the rehabilitation agenda as outlined below, with the agreement that it will be funded by redirection of the out of area budget from local commissioners. This is over and above the Transformation funding.

The new community focused model of rehabilitation focuses on people with severe and/or enduring mental health problems and supports the principles of recovery. The introduction of the model has been phased and commenced by supporting a small number of people to return to our local rehabilitation inpatient service from out of area placements. By developing a new range of housing and support options the new model has been successful and achieved a reduction from 18 to 5 hospital rehabilitation beds (with the staffing resource transferring to the new community service).

Development of the community model continues, this service once fully established will facilitate a large community team working across Hull and East Riding, supporting up to 40 people with a focus on recovery and continued strong community connections.

The service aims to ensure that no service users are placed in out of area beds (locked rehabilitation) in the future. Rehabilitation and recovery will be provided in a community setting/ person's own home wherever possible, and build upon individuals' strengths with an emphasis on co-produced recovery plans, social inclusion, and personalised care.

Co-production

Within the whole CMHT transformation programme service users have been at the centre of planning and change. A full time lived experience co-ordinator role is in place and she has established a coproduction reference group. Members have been part of the production of the vision for the new service, and with our staff and partner organisations have developed a co-production charter which is now being embedded.

Those with lived experience are represented at all levels including the CMHT Transformation Board; the HCV CMHT Steering Group as well as the operational group and working groups. Staff champions of patient experience, patient and carer experience forums within the Trust and patient participation groups across Primary Care are also involved fully connected to transformation work.

Opportunities for those with lived experience have been created, such as peer support worker roles both within this new team and in other services across the Trust, and for other paid employment opportunities for example in the delivery of KUF training.

Support for Carers

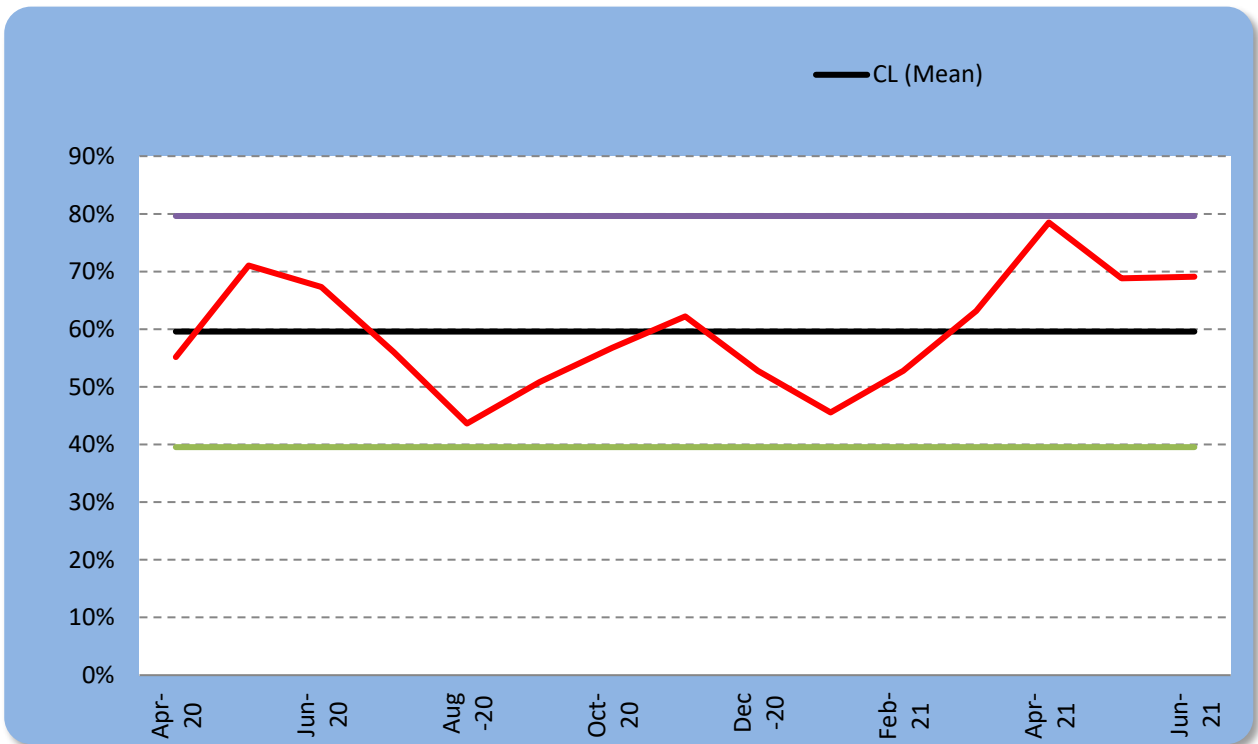
We are improving access to family interventions in CMHT's which includes at least 10 sessions for those families living or in close contact with people with psychosis. Family Connections is also being offered as outlined in 4.14. The review of CPA is also moving to a more person centred approach which further emphasises the support and involvement of families and carers.

Activity and Performance

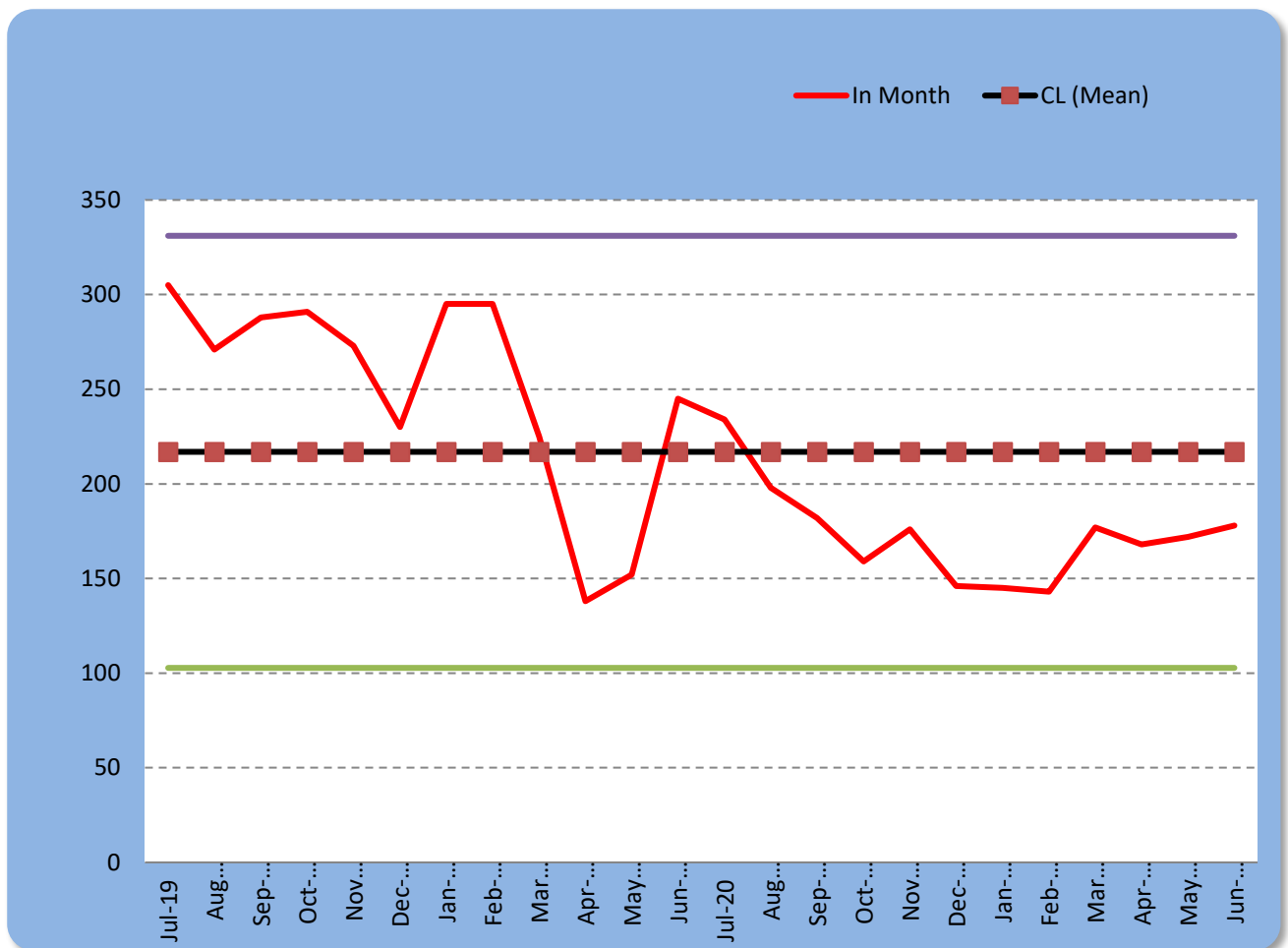
A range of outcome measures are being utilised to demonstrate the impact and effectiveness of the new service, these are patient reported measures (PROMs), clinician reported measures (CROM's) and patient experience measures (PREM's), when sufficient data has been recorded this will be reported through the Trusts clinical governance arrangements. A number of KPI's mandated by NHSE/I underpin this programme – currently these primarily relate to the Community Mental Health Framework and being able to demonstrate (narratively) that the core requirements are in place or being progressed. Performance data however is now being collected, our baseline contacts and activity for the new workers in the service are being monitored and is set out below. Activity is incrementally rising as expected as the new posts are becoming embedded in the PCN's, referral rates are increasing in correlation with this

Contacts	Apr-21	May-21	Jun-21
Band 7	66	193	414
Band 6	22	61	193
Trainee Nurse Associates	157	150	210
Peer Support Workers	187	186	369
Pharmacy	86	164	329
Mental Health Wellbeing Coaches	837	952	1222
Total	1355	1706	2737

A key requirement of this transformation has been achieving the 4 week access standard from referral to our secondary Community Mental Health Teams. Whilst there is further improvement to make progress is being made. The chart below is the achievement of adult CMHT's against the 4 week wait target of 80%.



Impact of the Primary Mental Health Care Development and CMHT transformation is being measured also against referrals to secondary CMHT's where we would expect them to stabilise or reduce. Indications are that this is happening, although the impact of the pandemic on demand has to be taken into account. The chart below demonstrates the referrals to Older Adult CMHT's up to June 2021 and supports that trend. There has been no step change in referrals to Adult CMHT's and they remain within their usual variation, however we know nationally that this demand has risen elsewhere and our view is that we would have seen the same had our transformation not taken place. We will continue therefore to monitor this position closely.



5. Plans for 2021/22

Our key areas for focus over the coming year are:

- Review governance arrangements
- New single point of access “mental health front door” and uptake of bookable slots
- Fully launch final two PCN Teams
- Embed the new teams and integration
- Undertake a review of the EIS
- Further develop and implement the replacement for the CPA
- Wider work on the implementation of the SMI AHC in secondary care and primary care
- Interoperability of digital systems
- Improved access to evidence based therapies
- Performance, activity and outcome monitoring

6. Conclusions

Work on the implementation of the Community Mental Health Framework for Adults and Older Adults (2019) is well advanced due to Humber Teaching Foundation Trust being one of 12 Early Implementer sites.

All elements of the programme are underway and are either under development or being embedded. Much has been achieved during the EIS and this now puts us in a good position to progress further.

The national rollout will continue until April 2024 and the process will be iterative. Two specialist elements of the programme - CEN and STaRS were part of the EIS programme, which facilitated considerable progress in these two areas. Eating Disorder however was not in scope for the EIS and therefore has been identified in the transformation plans for development for the remainder of 2021/22 for implementation in 2022/2023.

7. Recommendations

The Board is asked to note that progress against the Community Mental Health Framework for Adults and Older Adults (2019) is well advanced in Humber Teaching Foundation Trust and is ahead of other areas due to its status as an EIS for the CMHT Transformation Programme since it commenced in 2019/2020.

The Board is asked to acknowledge that the roll out will carry on until April 2024 and to continue to support the transformation programme.

Title & Date of Meeting:	Trust Board Public Meeting - 28 th July 2021		
Title of Report:	Equality, Diversity & Inclusion Annual Report 2021		
Author/s:	Name: John Duncan & Mandy Dawley Title: EDI lead & Patience Experience Lead		
Recommendation:	To approve	<input checked="" type="checkbox"/>	To receive & note
	For information	<input checked="" type="checkbox"/>	To ratify
Purpose of Paper:	To report on data and progress for the Equality, Diversity & Inclusion Annual Report 2021.		
Governance:		Date	
	Audit Committee		Remuneration & Nominations Committee
	Quality Committee		Workforce & Organisational Development Committee
	Finance & Investment Committee		Executive Management Team
	Mental Health Legislation Committee		Operational Delivery Group
	Charitable Funds Committee		Other (please detail)
Key Issues within the report:	<ul style="list-style-type: none"> • Governance & regulations; • statutory & mandatory duties; • staff survey results; • review of equality objectives for staff and patients, services users and carers; • objectives for the next 12 months; • Gender Pay Gap Report 2020, WRES & WDES Report 2020; • Equality Delivery System (EDS2) 2020; • Glossary of Terms. 		

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	



Humber Teaching
NHS Foundation Trust

Equality, Diversity & Inclusion Annual Report | 2020-2021



**Caring, Learning
& Growing Together**

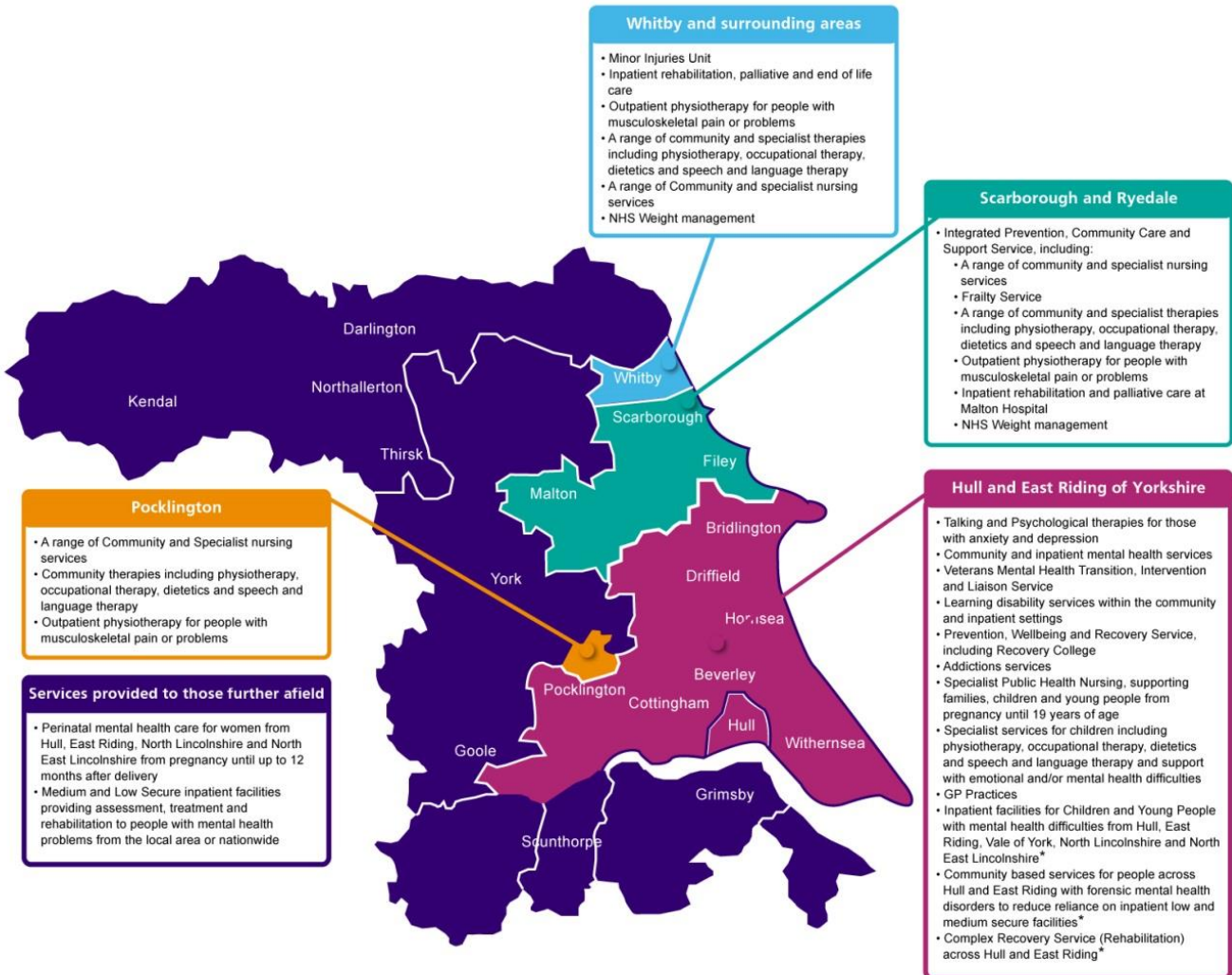
Caring, Learning and Growing

- 1. Introduction**
- 2. Governance and Regulations of Equality, Diversity and Inclusion**
 - 2.1 Patients, Service Users and Carers**
 - 2.2 Staff**
 - 2.3 Community Consultation Through Networks**
 - 2.4 Mandatory Equality, Diversity and Inclusion Training for all Trust Staff**
 - 2.5 Freedom to Speak up**
- 3. Statutory Duties – Equality Act 2010 and Public Sector Equality Duty (PSED)**
 - 3.1 Publication of an equality, diversity and inclusion annual report**
 - 3.2 Equality Impact Assessment**
 - 3.3 Gender Pay Gap Reporting**
 - 3.4 Hard to Reach Groups**
- 4. Mandatory Duties – NHS Standard Contract**
 - 4.1 Impact of Covid-19 Pandemic on NHS reporting**
 - 4.2 Implementation of the NHS Equality Delivery System (EDS2)**
 - 4.3 Implementation of the NHS Workforce Race Equality Standard (WRES)**
 - 4.4 Implementation of the NHS Workforce Disability Equality Standard (WDES)**
 - 4.5 NHS Accessible Information Standard (AIS)**
 - 4.6 Provision of a System for Delivery of Interpretation and Translation Services**
- 5. The NHS Staff Survey 2020**
 - 5.1 Areas of Strength**
 - 5.2 Areas for Improvement**
- 6. Equality Objectives – Collaboration, Co-production and Engagement**
 - 6.1 Equality Objectives – What we did last year**
 - 6.2 Patients, Service Users and Carers Objectives 2020/21 - Outcomes**
 - 6.3 Proposed Patient, Service Users and Carer Equality Objectives 2021/22**
 - 6.4 Patient, Service Users and Carer Equality Objectives 2021/22 Road Map**
 - 6.5 Staff Objectives 2020/21 - Outcomes**
 - 6.6 Proposed Staff Equality Objectives 2021/22**
- 7. Appendix**
 - 7.1 Appendix 1 - Staff Survey Communications**
 - 7.2 Appendix 2 - PROUD – Investing in You, Valuing You**
 - 7.3 Appendix 3 - Gender Pay Gap Report 2020**
 - 7.4 Appendix 4 - Workforce Race Equality Standard (WRES) Report 2020**
 - 7.5 Appendix 5 - Workforce Disability Equality Standard (WDES) Report 2020**
 - 7.6 Appendix 6 - Equality Delivery System (EDS2) Summary Report 2020**
 - 7.7 Appendix 7 – Glossary of Terms (Equality, Diversity & Inclusion)**

*** Please note all photos were taken pre COVID**

1. Introduction

Humber Teaching NHS Foundation Trust provides a broad range of services across a wide geographical area.



Services marked with an asterisk * are new services for 2020/2021

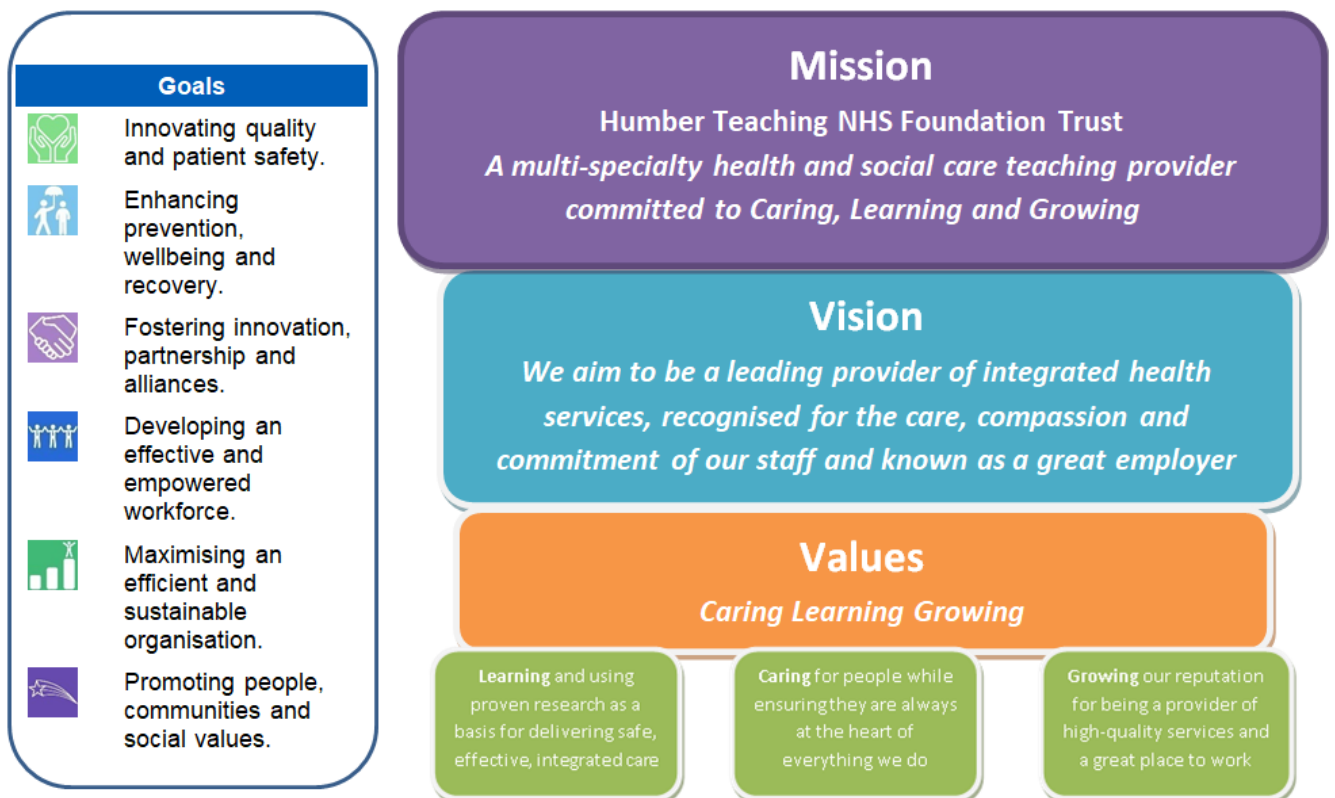
We employ approximately 2,800 staff across more than 79 sites at locations throughout five geographical areas; Hull, the East Riding of Yorkshire, Whitby, Scarborough and Ryedale. We provide care to a population of 765 thousand people of all ages who live within an area of more than 4,700 square kilometres, which contains some areas of isolated rurality, dispersed major settlements and pockets of significant deprivation.

As a teaching Trust, we work closely with our major academic partners; Hull York Medical School and University of Hull and other educational establishments. This close working relationship enables us to nurture the future generation of doctors, nurses and other health care professionals.

Our workforce is paramount to delivering high quality care for our patients and the organisation strives to be an employer of choice locally and one which offers long term employment opportunities combined with structured personal and professional development.

This Equality Diversity and Inclusion Annual Report has been approved by the Trust Board and will be reviewed regularly to ensure it evolves and adapts to the changing environment in which we operate. All data in the report is as at 31st March 2021 unless explicitly stated otherwise.

The Patient and Carer Experience strategy defines how Humber Teaching NHS Foundation Trust will engage with people, listen and respond to their experiences so that we can improve patient and carer experience and satisfaction within our services. *The Humber Way* is about continuing to engage and involve patients, service users, carers and staff in the design and delivery of our services. The strategy has been designed to support delivery of the Trust vision and values, as shown below. The ‘Operational Plan on a Page’ for 21/22 is currently under development but will provide further detail on our Strategic Goals.





Patient and Carer Experience Strategy 2018–2023



2. Governance and Regulations of Equality, Diversity and Inclusion

The Trust has governance mechanisms in place to ensure assurances are provided in relation to our equality duties.

2.1 Patients, Service Users and Carers

Equality, Diversity and Inclusion (ED&I) is a standard agenda item at our Patient and Carer Experience forums and Staff Champions of Patient Experience forum. A six monthly update is presented to the Quality and Patient Safety group and Quality Committee within the Patient and Carer Experience report. An annual update is presented to the Quality and Patient Safety group, Quality Committee and Trust board within the Patient and Carer Experience annual report.

2.2 Staff

In line with its public sector duty to improving Equality and Diversity, the Trust measures its staff EDI data and annually actions improvements through the Equality Delivery Standard (EDS2), the Workforce Race Equality Standard (WRES), the Workforce Disability Equality Standard (WDES) as well as Gender Pay Gap reporting. From November 2019, Equality and Diversity initiatives have been driven through an EDI Working Group, with representation from across the Trust and inclusive of all protected characteristics. This group reports into the Workforce and OD Committee.

2.3 Community Consultation through Networks

The Trust ensures decision making regarding Equality, Diversity and Inclusion is in consultation with the community through a range of local and regional networks, these include:

- Local groups such as the Equality, Diversity and Inclusion Partnership
- Regional groups such as the Yorkshire and Humber Regional E&D leads network
- East Riding Disability Advisory Group
- Hull and East Riding Lesbian, Gay, Bisexual and Transgender (LGBT) forum
- East Riding Carers Advisory Group (CAG)
- Humber All Nations Alliance (HANA)

2.4 Mandatory Equality, Diversity and Inclusion training for all Trust Staff

All staff new to the Trust undertook mandatory Equality, Diversity and Inclusion training in 2020/21 via the online ESR system, where classroom based training took place via MS Teams due to COVID-19 restrictions. In March 2020 the Trust rolled out ESR self-enrolment which has enabled staff to undertake their statutory and mandatory training from any device and also book onto classroom learning. This has helped reduce administration and improve access. Existing staff are required to undertake the same training every three years to ensure compliance with regulations.

In 2020 -2021 – Humber Teaching NHS Foundation Trust staff completed EDI online training ensuring 94.8% compliance, an improvement of 5.16% on 19/20. The Trust target is upwards of 85%.

The training covers the following Equality, Diversity and Inclusion criteria:

- Explaining the terms Equality, Diversity and Human Rights and why they are important
- Explain how policies and the law can help us create a more inclusive workplace
- Explain what we mean by health inequalities and how they can be reduced
- Explain why we need to know about peoples different backgrounds and why it is important not to make assumptions about individuals
- Describe what you can do to challenge prejudice and discrimination

The Trust EDI training module is reviewed on a quarterly basis to ensure it is current and fit for purpose.

2.5 Freedom to Speak Up

As a Trust we believe that speaking up about any concern staff have at work is really important. The Trust has responsibility to have the systems and processes in place to ensure that the staff feel ‘free to speak up’. It is the responsibility of the Trust Board of Directors to engender an open culture which invites and encourages both the positive and negative feedback from all who use and work with our services. Patient safety is the prime concern and our staff are often best placed to identify where care may be falling below the standard of our patients deserve.

The Trust has a dedicated Freedom to Speak Up Guardian. This is a required role for the Trust which was identified in the Freedom to Speak Up review to act as an independent and impartial source of advice to staff at any stage of raising a concern, with access to anyone in the organisation, including the Chief Executive, or if necessary, outside the organisation. Additionally, two new deputies have been recruited to support the Guardian and they have been trained in receiving concerns and will give staff information about where they can go for further support.

In the past 12 months the Trust has received a total of 24 speak up contacts. This is nearly half the numbers recorded during 2019/20, which was 44. During the year, the Freedom to Speak Up Guardian (FTSU) has been joined by two newly created Deputy FTSU positions to support the work undertaken. In particular one of the roles will specifically support the work to reach out in the North Yorkshire area. Of the concerns raised, some required onward signposting to other services within the Trust but a significant number of concerns raised were able to be resolved through Trust procedures and policy.

3. Statutory Duties – Equality Act 2010 and Public Sector Equality Duty (PSED)



When the Equality Act 2010 came into statute, it brought together and replaced all previous equalities legislation. The Equality Act 2010 is the primary piece of legislation around equalities.

The Public Sector Equality Duty (PSED) forms part of the Equality Act 2010 (section 149) and is applicable to NHS, and other public sector, bodies. The PSED came into force in 2011. The Trust is fully committed to caring for all patients, service users, their families and carers, and staff in a manner which embraces, respects, promotes and celebrates inclusion and cultural diversity.

The Equality Act 2010 requires specific provision is made to consider the impact of services and activity for people who identify with one or more of the nine protected characteristics, and for public sector bodies to take proactive steps to:

- Eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it and
- Foster good relations between people who share a protected characteristic and people who do not share it

These are referred to as the three aims of the General Equality Duty.

The protected characteristics and other groups

The Equality Act 2010 brought together previous gender, race and disability duties and extended the protection from discrimination to nine protected characteristics.

Over and above the nine equality groups protected from discrimination under the Equality Act 2010, we also have a duty of care to all our service users and staff, which may be vulnerable to potential discrimination for a range of reasons.

Protected characteristic groups	Other potentially disadvantaged groups, people living with / in
Age	Carer responsibilities
Disability	Military service
Gender reassignment	Homelessness
Marriage and civil partnership	Poverty
Pregnancy and maternity	Geographical isolation
Race	Long-term unemployment
Religion or belief	Stigmatised occupations (for example men and women involved in prostitution)
Sex	Drug use
Sexual orientation	Limited family or social network

The Trust has a duty to engage with the communities it serves and to work with NHS partner organisations to understand, mitigate and remove any potential discrimination and demonstrate its commitment to improving health equalities and removing health inequalities, as articulated in the Health and Social Care Act 2012.

3.1 Publication of an equality, diversity and inclusion annual report

As part of the public sector equality duty the Trust publishes this annual report in relation to equality, diversity and inclusion. The equality, diversity and inclusion annual report includes a wide range of information, including the Trusts work with the Workforce Disability Equality Standard (WDES), Workforce Race Equality Standard (WRES) and the Equality Delivery System (EDS2).

Once approved the annual report is published on the Trust's website ([Equality Diversity and Inclusion Annual Report 201920.pdf \(humber.nhs.uk\)](#))

3.2 Equality Impact Assessment

Equality Impact Assessment is the mechanism through which the Trust is able to demonstrate 'due regard' to the Equality Act 2010 and the meeting of its equality duties in relation to all Trust business and activity. Equality Impact Assessment ensures that all protected characteristics and other groups at potential risk of health inequality are proactively considered in the Trust's services and business.

The Trust has a system of Equality Impact Assessment (EIA) in place and from 2018 all significant papers and documents going to the Trust Board are underpinned by an equality impact analysis, through which the potential equality related impacts are identified, mitigated and removed.

3.3 Gender Pay Gap Reporting

From March 2018 a new statutory requirement in relation to gender pay gap reporting was introduced. Information about the Trust's gender pay gap can be found on the government website at <https://gender-pay-gap.service.gov.uk/Employer/MR7rAEq0/2019>.

The associated report and proposed actions can be located on the Trust's website at [Gender Pay Gap Report 2020.pdf \(humber.nhs.uk\)](#)

The full Trust Gender Pay Gap Report can be found in Appendix **7.3 Gender Pay Gap Report 2020** with a summary of the key information below as at the reporting period during 2019/20:

- The Trust's mean gender pay gap is 12.59%
- The Trust's median gender pay gap is 1.75%
- The Trust's mean bonus gender pay gap is 3.11%
- The Trust's median bonus gender pay gap is 59.92%
- The proportion of males receiving a bonus payment is 1.20%
- The proportion of females receiving a bonus payment is 0.25%

Whilst the Trust has a Gender Pay Gap of 12.59%, which is significantly lower than the National average of 17.9%, it is worth remembering that the gender pay gap is not the same as unequal pay. At Humber Teaching NHS Foundation Trust, the gender pay gap is not because people doing the same jobs are being paid differently according to their gender - which would also be unlawful - instead, it is because there are more men than women in higher paid roles. Nationally, NHS consultants, for example, are predominately male with only 36% of NHS Consultants being female.

The Trust as a whole has a proportion of 78.28% Females and 21.72% Male and whilst the Trust has a high proportion of Female staff overall this is generally in line with National NHS Figures (77%). There are proportionately more female staff than male staff working at lower bands and adversely proportionately more male staff working at higher bands however the numbers involved in the Trusts data are relatively small but make a significant difference to the percentages. Nevertheless, this is in line with National NHS Figures where men make up 20% of Band 1 - 4, 18% of Band 5 – 7 and 31% of band 8a – 9.

The number of staff being paid bonuses is very low with a total of 14 people receiving additional benefits and these are all Clinical Excellence Awards for Medical Staff.

3.4 Hard to Reach Groups

The EDI leads for staff, patients, service users and carers attend regular forums across the local area to engage with partnership organisations and community members where a range of protected characteristics are represented.

During 20/21, in collaboration with the Trust's Health Stars, the HEY Smile Foundation appointed a Black Asian and Minority Ethnic Wellbeing Coordinator. The role is to work with the wider local communities in order to reduce health inequalities by improving access to services and Enhance the physical and mental wellbeing of our BAME communities. The Black Asian and Minority Ethnic Wellbeing Coordinator has worked with the EDI leads for staff, patients, service users and carers on a number of projects including the DOST BAME Befriending and Signposting Scheme.

The forums include: Hull Independent Advisory Group, East Riding Equalities Network, Hull Engagers Network, the Hull and East Riding Lesbian, Gay, Bisexual and Transgender (LGBT) forum, East Riding Carers Advisory Group (CAG) and the Equality, Diversity and Inclusion local network. Partnerships are strengthening with local Black, Minority Ethnic (BME) groups in particular the Humber All Nations Alliance (HANA) and Ashiana.

We have representation from the majority of these groups on our Patient and Carer Experience forum.

The Trust's Chaplain provides a range of spiritual and pastoral care needs and has knowledge of a range of religious faiths and practices and supports individuals on a variety of issues, often complex and multi-cultural.

To ensure inclusion and collaboration with hard to reach staff groups the Trust has expand upon its staff networks and in 20/21 established a BAME staff network to complement our existing LGBT+ network. The BAME staff network will be instrumental in the Trusts work with the Workforce Race Equality Standard (WRES). Further to this, the Trust developed the guidance Staff Networks a Framework for Operating to better support staff network chairs in the operation of the networks and establish both the support available from the Trust as well as the Trusts expectations.

Transitioning is a challenging period in a person's life and our refreshed Supporting Transgender Patients Policy will contribute to contributing to improving the experience of trans patients when receiving care at the Trust as well as guide clinicians on how to better support trans patients going through transition.

4. Mandatory Duties – NHS Standard Contract



4.1 Impact of Covid-19 Pandemic on NHS reporting

During 20/21, the NHS was still subjected to the strict measures to curtail the spread of the virus which were introduced by the UK Government in March 2020, as a response to the international Coronavirus pandemic.

However, a business as usual approach has ensured that despite the restrictions the Trust has maintained its analysis and gathering of WDES, WRES and gender pay gap information and is reported normally.

4.2 Implementation of the NHS Equality Delivery System (EDS2)

Implementation of EDS2 is mandated for all NHS organisations in the NHS Standard Contract.

EDS2 is a toolkit designed around four primary goals:

- Goal 1 – Better health outcomes
- Goal 2 – Improved patient access and experience
- Goal 3 – A representative and supported workforce
- Goal 4 – Inclusive leadership

The EDS2 is implemented in a three-staged process:

- Self-assessment

- Peer reviewed assessment
- Stakeholder Reviewed assessment

The Trusts ES2 Summary Report can be found in Appendix 6 - Equality Delivery System (EDS2) Summary Report 2020

4.3 Implementation of the NHS Workforce Race Equality Standard (WRES)

The WRES is designed to help NHS organisations understand and actively address differences in the experience between Black, Asian and Minority Ethnic (BAME) and white staff. Built around nine indicators, the WRES provides a robust reporting framework and supports NHS organisations to address and close any gaps through the development and implementation of action plans for improvement.

In the 2020 staff survey - only 4.79% of staff (an increase of 0.09% on the 2019 figure of 4.7%) are of a non-white origin this compares to our geographical area, as shown in the table below.

Data Observatory	Population (ONS 2016)	Ethnicity (Census 2011)
East Riding	337,696	3.8% non-White,
Humber	260,200	5.1% non-White
North Yorkshire	604,900 (Whitby 13,213)	2.6% non-White

Information about the Trust’s WRES work can be located on the Trust website: [Workforce Race Equality Standard Report 2020.pdf \(humber.nhs.uk\)](https://www.humber.nhs.uk/workforce-race-equality-standard-report-2020)

The 2021 Workforce Race Equality Standard submission process will commence from 1 July 2021 with a final submission deadline of 1 August 2021 for the last financial year (2020/21).

Summary analysis of the Trust’s Workforce Race Equality Standard (WRES) data for 2020:

- 20% of BAME staff believe they experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months, this compares with 26.1% for white colleagues. However, 20% is a decrease on the previous year by 19.5%.
- 28.6% of BAME staff believe they experienced harassment, bullying or abuse from staff in the last 12 months, this compares with 21.4% for white colleagues. However, 28.6% is a decrease of 1.1% on 2018 when 29.7% of BAME staff believed they experiencing harassment, bullying or abuse from staff in the last 12 months.
- 81.8% of BAME staff believe that the organisation provides equal opportunities for career progression or promotion, this compares with 83% for white colleagues.

However, 81.8% demonstrates a decline of 7.5% on 2018 where 89.3% of BAME staff believed the organisation provides equal opportunities for career progression or promotion.

- 11.4% of BAME staff believe they experienced discrimination at work from manager/team leader or other colleagues in the last 12 months, this compares with 5.9% for white colleagues. However, 11.4% demonstrates a slight rise of 0.9% on 2018 where 10.5% of BAME staff believe they experienced discrimination at work from a manager/team leader or other colleagues in the last 12 months.

The Trust will continue to review the experiences of our BAME employees and, in collaboration with our BAME staff network, establish objectives and action plans to support our staff. The information will be provided to our Equality, Diversity and Inclusion Group.

A Model Employer

A Model Employer: Increasing black and minority ethnic representation at senior levels across the NHS outlines the ambitions set by NHS England and NHS Improvement and reflected in the Long Term Plan, for each NHS organisation to set its own target for BME representation across its leadership team and broader workforce. The strategy will provide accelerated, intensive support to local NHS organisations on increasing the recruitment of BME staff at senior levels

At the time of submitting the WRES in 2020, the BAME workforce represented 4.79% of the overall workforce which is very representative of BAME communities in North Yorkshire, Humber and East Riding of Yorkshire, all of which have less than 5% BAME population.

There were a total of 9 BAME staff in roles 8a to VSM and 22 in senior medical roles (consultant, trainee etc.), as such that represents 1.09% of the overall workforce are BAME staff in 8a or higher positions, the NHS England comparative figure for BAME workforce in 8a or higher positions is 11.20%. This compares to 170 White Staff in roles 8a to VSM and 76 in senior medical roles (consultant, trainee etc.), which represents 8.65% of the workforce.

Subsequently, the Trust has a gap of 7.56% ($8.65\% - 1.09\% = 7.56\%$) and compares with the NHS England comparison figure of 7.74%.

4.4 Implementation of the NHS Workforce Disability Equality Standard (WDES)

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) that will enable NHS organisations to compare the experiences of Disabled and non-disabled staff. This information will then be used by the relevant NHS organisation to develop a local action plan, and enable them to demonstrate progress against the indicators of disability equality. 5.32% of the Trusts workforce has an LTC or illness.

By 1st August 2021 NHS Trusts and Foundation Trusts must:

- Complete the pre-populated WDES spreadsheet and submit data to NHS England via the Strategic Data Collection Service.
- Complete and submit the WDES online reporting form.

Summary analysis of the Trust's Workforce Disability Equality Standard (WDES) data for 2020:

- 34.9% of staff with a LTC or illness believe they experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months, this compares to 22.6% of staff without a LTC or illness. However, 34.9% represents a slight increase of 1.2% on 2018 where 33.7% of staff with a LTC or illness believed they experienced harassment, bullying or abuse from patients, relatives or the public.
- 20% of staff with a LTC or illness believe they experienced harassment, bullying or abuse from a manager in the last 12 months, this compares to 10% of staff without a LTC or illness. However, 20% is a decrease of 4.1% on the 2018 figure of 24.1% of staff with a LTC or illness believe they experienced harassment, bullying or abuse from a manager in the last 12 months.
- 18.3% of staff with a LTC or illness believe they experienced harassment, bullying or abuse from other colleagues in the last 12 months, this compares to 13.3% of staff without a LTC or illness. However, 18.3% demonstrates a decrease of 5.3% on 2018 figure of 23.6% of staff without a LTC or illness who believe they experienced harassment, bullying or abuse from other colleague in the last 12 months.
- 57% of staff with a LTC or illness reported the last time they believe they experienced harassment, bullying or abuse at work they or a colleague reported it, this compares 52.5% of staff without a LTC or illness. However, 57% demonstrates 0.9% increase on 2018 figure of 56.1% of staff with a LTC or illness reporting the last time they experienced harassment, bullying or abuse at work they or a colleague reported it.
- 79.5% of staff with a LTC or illness believe that their organisation provides equal opportunity for career progression or promotion, this compares with 84.5% of staff without a LTC or illness. However, 79.5% represents a decline of 5.3% on 2018 figure of 84.8% of staff with a LTC or illness who believe that their organisation provides equal opportunity for career progression or promotion.
- 25.2% of staff with a LTC or illness believe they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties, this compares to 17.1% of staff without a LTC or illness. However, 25.2% represents a decline of 3.2% on 2018 figure of 28.4% of staff with a LTC or illness who believe they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
- 36.4% of staff with a LTC or illness are satisfied with the extent to which their organisation values their work, this compares to 45.7% of staff without a LTC or illness. However, 36.4% represents a slight improvement of 0.7% on 2018 figure of 35.7% of staff with a LTC or illness reporting they were satisfied with the extent to which their organisation values their work.
- 79.4% of staff with a LTC or illness believe their employer has made adequate adjustments to enable them to carry out their work, this compares with 80.3% in 2018.

The Trust will continue to review the experiences of our Disabled employees and, in collaboration with Humber Ability the Trust's Disability Staff Network, establish objectives and action plans to support our staff. This information will be provided to our Equality, Diversity and Inclusion Group.

4.5 NHS Accessible Information Standard (AIS)

The AIS came into effect for all NHS organisations in July 2016. In order to ensure that the Trust complies with the standard clinicians identify if a patient or service user has additional communication needs during the initial assessment. The information is captured within the patient record to inform teams of any communication needs. An alert is placed on the patient's record and is visible for clinicians to see.

In December 2018 the Trust purchased software called Browsealoud for the website. Browsealoud is a solution for making information accessible to patients, service users and carers with learning difficulties, dyslexia, mild visual impairments and those with English as a second language. The website can now be translated into 99 languages and read aloud in 40 of the most commonly spoken languages in the world. Any of the website content can be converted into an audio file and listened to offline. Also, distractions can be blocked or removed from the page allowing the individual to focus on the most important parts. In 2020/21 the Browsesaloud software was accessed 1592 times, 3.8 times more than 2019.

Our Communication's team produce information to ensure it is written in simple, plain English and is easy to understand and produce information in larger font sizes for the visually impaired. Patients who have a difficulty in hearing or seeing, or there is a difficulty in understanding each other's language can access our interpreter and translation services. The Trust has access to a Healthwatch Read Right panel (East Riding Healthwatch) who provides feedback on our patient information.

Our Learning Disability (LD) Service has access to an information sheet including hints and tips for making information accessible and the service has a subscription to Widgit. The community and inpatient LD staff have access to Speech and Language Therapy Services who can advise on specific accessible information for a patient centred approach.

Further to this, in March 2021, the Trust was we scored at #4, out of 211 NHS Trusts nationwide for website accessibility. Silktide, a company that compares millions of websites, has analysed NHS trust and CCG websites for usability, including content, accessibility, marketing, mobile, social, speed, and legal compliance. Website accessibility is the practice of making a website usable by everyone, regardless of ability or disability. Its primary aim is inclusion, no matter what a user's circumstance, and aims to ensure support for a variety of users, such as those with low vision who may have trouble reading low-contrast text on a web page or a user on a mobile device in bright sunlight. The article can be accessed here: [Humber Teaching NHS Foundation Trust #4 for accessibility online](#)

4.6 Provision of a System for Delivery of Interpretation and Translation Services

The Trust has three organisations that provide interpreter and translation services support to individuals accessing our services who have a difficulty in hearing or seeing, or there is a difficulty in understanding each other's language. Hull City Council provides these services to our patients in the Hull and East Riding area and The Big Word for individuals living in the Whitby, Scarborough and Ryedale region. Language Line provides video interpreters to the teams who have the highest volume of patients who speak English as their second language.

Hull City Council meet 90% of our patient's requirements, if Hull City Council cannot meet the needs then they go to a different provider (including out of area); British Sign Language, Global Accent, AA Global Languages, DA Languages, Leeds City Council and Kirklees Council and book interpreters from them. Hull City Council provides interpreters in over 60 languages.

The Trust continues to utilise the Interpreter on Wheels initiative in mental health inpatient units, the Mental Health Response Service and West Hull and East Hull Community Mental Health Teams. This digital solution aids communication for our patients, service users and carers who speak English as their second language or require a British Sign Language interpreter.

5. The NHS Staff Survey 2020 – Equality, Diversity and Inclusion



In 2020 the Trust Staff Survey response rate was 43% which is an increase on the previous year of 40%. The Staff Survey score for Equality, Diversity and Inclusion was only 0.1pt off the very top score and ensured the Trust has come in 5th in the Top 10 Mental Health and Community Trusts on the theme of equality, diversity and inclusion. The article by Leading Healthcare can be accessed here: [NHS Staff Survey: Equality, diversity and inclusion, highest and lowest revealed – Leading Healthcare](#)

5.1 Areas of Strength for Equality, Diversity and Inclusion:

- We have seen an improvement in the accuracy of ESR workforce disability declarations, the figure now stands at 5.32%, this is an improvement on the previous year by 1.2% and reflects the work undertaken to clear over 1600 unspecified ESR entries regarding equalities data. This brings us nearer to the Staff Survey figure.
- 74% of BAME staff say they enjoy coming into work, which is +16% higher than is reported by their white peers and higher than the average of 58% for the benchmarking of the Trusts staff;
- 88% of BAME staff say they are enthusiastic about their job which is +14% higher than is reported by their white peers and higher than the Trust average of 75%;
- 72% of BAME Staff are able to meet all the conflicting demands on their time at work, which is +24% higher than white colleagues and higher than the average of 49%;
- 66% of BAME staff reported being satisfied with the extent to which the organisation values their work, which is +14% higher than their white peers and is considerably higher than the average of 52%;

- 84% of staff over the age of 66 reported in the last three months they have not come to work despite not feeling well enough to perform their duties, this is +25% higher than younger age groups and considerably higher than the average which is 57%.
- 51% of LGBT+ staff reported that learning and development activities they have completed in the last 12 months have helped to improve their chances of career progression, which is +9% higher than non-LGBT+ staff and higher than the average which is 41%;
- 89% of staff with a religion other than Christian reported that they are able to make suggestions to improve the work of their team / department, which is +10% higher than the Trust average;
- 95% of staff with a religion other than Christian reported in their experience when patients / service users ask an allied health professional an important question, they get answers that can be clearly understood, this is +17% higher the Trust average.

5.2 Areas for Improvement for Equality, Diversity and Inclusion:

- 54% of BAME staff believe their immediate manager asks for their opinion before making decisions that affect their work, this is lower than the incidence reported by white staff which is 65%;
- 18.4% of BAME staff believe they have experienced discrimination at work from manager/team leader or other colleagues in the last 12 months, this compares with 3.8% for white colleagues
- 25.2% of staff with a LTC or illness believe they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties, this compares to 17.1% of staff without a LTC or illness;
- 38% of staff with a LTC or illness reported in the last three months they have not come to work despite not feeling well enough to perform their duties, this compares to 57% of staff without a LTC or illness;
- 50% of staff who support others reported in the last three months they have not come to work despite not feeling well enough to perform their duties, this is -11% lower than staff who do not support others;
- 63% of LGBT+ staff reported they believe patients / service users receive enough emotional support from staff in the organisation, this is -15% lower than non-LGBT+ staff. However, the numbers involved are very low and statistically one staff member can significantly impact the percentage;
- 53% of staff over the age of 66 believe staff involve patients / service users in decisions about their care and treatment, which is -31% lower than the Trust average;
- 57% of staff with a religion other than Christian reported they had a conversation with their manager about fulfilling their potential at work, which is -10% lower than the Trust average.

6.1 Equality Objectives – What we did last year



Despite the Covid-19 restrictions, during 2020/2021 the Trust undertook a wide range of initiatives to meet with Trust equality objectives and ensure the Trust works toward the Public Sector Equality Duty, these included:

- Introduced BAME Staff Network;
- Established an EDI and Inequalities Operational Group
- Trust Chaplain hosted a virtual Pride service to open our Pride Awareness week
- In collaboration with the BAME Staff Network, the trust celebrated Black History Month with a schedule of events, speakers and resources in during October 2020;
- Held a Virtual Pride Event to celebrate Hull Pride with a schedule of events, speakers and resources in July 2020;
- In collaboration with Learning & Development offered MESMAC LGBT+ training;
- Produced Supporting Transgender Patients Procedure in collaboration with internal and external stakeholders;
- Produced Reducing Aggression Towards Staff by Patients, Carers and the public Procedure in collaboration with internal and external stakeholders;
- Celebrated Chinese new year in Feb 2021;
- Introduced Staff Network – Framework for Operation guidance to provide structure for Trust Staff Networks;
- Partnered with Midlands Police Authority as part of their Inclusion Week events;

- ESR Project worked to reduce over 1600 'unspecified' ESR entries relating to workforce protected characteristics led to 55% reduction by Feb 2021 and more accurate ESR records for equality staff groups such as LGBT, BAME and Disability
- Reviewed and renewed partnership with Stonewall, the Leading LGBT Rights Organisation, as Diversity Champion to support inclusive working culture and acceptance without exception;
- Celebrated LGBT History Month with a schedule of events in Feb 2021;
- Refreshed an Equality, Diversity and Inclusion Working Group with new Chair, new Terms of Reference and enhanced membership;
- Introduced EDI Insight Report to provide equalities intelligence for directorates
- Provided Equality Impact Assessment (EIA) for a range of new policy and procedures ensuring staff groups with protected characteristics are not unfairly disadvantaged;
- Produced WDES and WRES action plans and published on Trust Website;
- Produced Gender Pay Gap Report for the Trust and published on Trust Website;
- Worked with a number of specific areas/teams to provide bespoke and ad hoc EDI training, updates and awareness for staff;
- Developed a range of communications for staff to support wider diversity awareness such as Ramadan, Trans Visibility Day and Gypsy, Romany and Traveller History Month;
- Supported better use of gender neutral language through communications;
- Celebrated International Women's Day in March 2021;
- Championed the use of terms 'gender expression' and 'gender identity' throughout policy and procedure to ensure better inclusivity for the LGBT+ community;
- Developed and held LGBT+ and Trans Awareness training with Workforce and OD staff;
- Developed a range of communications for staff to support diversity such as LGBT+ History Month, Ramadan, Trans Visibility Day, Black History Month and Gypsy, Romany and Traveller History Month;
- Developed podcasts for Trans Awareness, Gender pay gap and Stonewall Diversity Champions;
- Refreshed intranet EDI pages and developed new resources;
- Supported Menopause for Managers and Staff workshop with resources and intranet update;
- Supported Hull Pride Working Group;
- Supported better use of gender neutral language through communications;
- Improved use of terms 'gender expression' and 'gender identity' throughout policy and procedure to ensure better inclusivity for the LGBT+ community;

6.2 Patients, Service Users and Carers Objectives 2020/21 – Outcomes

Over the past year the Trust has been delivering on the patient, service user and carer priorities identified in the 8th March 2020 workshop. Due to the national Covid-19 restrictions we will continue to work on these priorities during 2021/22.

The table below highlights progress made on the priorities over the past twelve months.

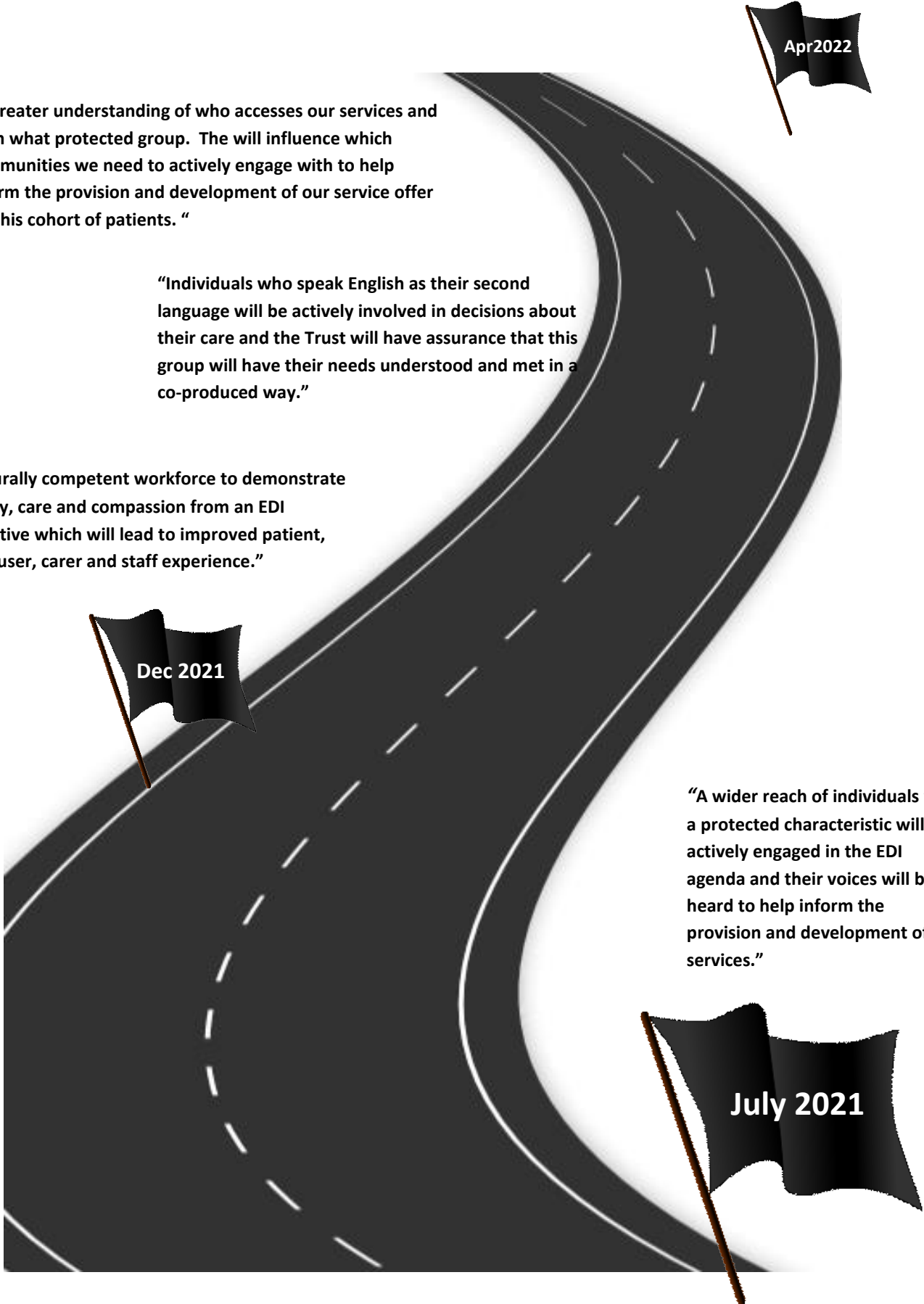
Nº	Objective	Outcome
1	To improve access to digital technology in particular for hard to reach groups.	<p>The Trust renewed its Browsealoud licence for a further three years.</p> <p>A working group meets regularly to look at a digital offer for deaf people in crisis.</p> <p>Due to Covid- 19 digital platforms (in particular MS Teams) were introduced and this is helping some of our patients, service users and carers access meetings in particular where they find it difficult to leave the house to get to a meeting.</p> <p>The Trust has made significant improvements to the website, including enhancements for usability, including content, accessibility, marketing, mobile, social, speed, and legal compliance. To this end it has been scored number 4 out of 211 NHS Trusts nationwide for website accessibility.</p> <p>The Patient Information Project commenced in the Autumn 2020 and will create a single online repository of patient information resources on our Trust website in a searchable, accessible and supportive way for patients and their families. It aims to improve patient communication and ensures that everyone has access to a range of useful health and wellbeing information resources, ensuring consistency of patient information across services, improves accessibility and allowing staff to share patient information across services.</p> <p>The project is collaboration between the Communications Team, Patient Experience Team and University of Hull Students Computer Science Masters Students who are completing the project as part of their course. It has been done at no cost to the Trust and is due for complete in May 2021. There has been patient, carer and stakeholder engagement through a workshop and a future plan is in place for a panel of testers once the second phase of development has taken place.</p>
2	To co-produce a variety of training packages with people from a diverse background so that it is representative of the protected	<p>The Patient Experience Team is working with patients, service users, carers and staff to develop a Patient and Carer Experience (PACE) training package. Work is underway to develop PACE training modules which will be hosted on the new Recovery College platform.</p> <p>The Trust has been working with local Carers Support</p>

N°	Objective	Outcome
	characteristics.	organisations to develop a training package to support staff and carers. The Carers Champion training is now available for our staff to access on ESR and soon our patients, service users and carers will be able to access the training on our Recovery College platform. The training has been designed to help identify unpaid carers, raise awareness in our services, families or community and be fully equipped to signpost a carer to the support available from local carers support service organisations. By undertaking this training individuals and teams are able to help carers access the right support to improve their wellbeing and those who they are caring for.
3	To continue to develop interpretation and translation services for people who speak English as their second language.	The Trust continues to provide these services to our patients; Hull City Council provide Interpretation and Translation services for people living in the Hull and East Riding area and The Big Word for individuals living in the Whitby, Scarborough and Ryedale region. Language Line provides video interpreters to the teams who have the highest volume of patients who speak English as their second language. At the start of Covid- 19 the Trust rolled out Language Line’s three way telephone Interpretation service to all teams across the Trust.
4	To further develop systems and processes to better understand our data on people accessing our services with a protected characteristic.	An Equality, Diversity, Inclusion and Inequalities Operational Group was created in November 2020 and has representation from all four Divisions and Corporate Services and has a patient/carer representative . A task and finish group has been created to develop strengthened reporting processes for collecting demographical data including protected characteristics and inequalities personal information on people accessing our services. A co-produced patient information leaflet is in the design phase to support patients, service users, carers and staff to help inform people as to why we collect this information.

6.3 Proposed Patient, Service Users and Carer Equality Objectives 2021/22

Trust Strategic Goals							
	Innovating Quality & Patient Safety	Enhancing prevention, wellbeing and recovery.	Fostering innovation, partnership and alliances.	Developing an effective and empowered workforce	Maximising an efficient and sustainable organisation.	Promoting people, communities and social values	
Objective							Outcome
To improve access to digital technology in particular for hard to reach groups.	✓	✓			✓	✓	A wider reach of individuals with a protected characteristic will be actively engaged in the EDI agenda and their voices will be heard to help inform the provision and development of our services.
To co-produce a variety of training packages with people from a diverse background so that it is representative of the protected characteristics.	✓	✓		✓			A culturally competent workforce to demonstrate empathy, care and compassion from an EDI perspective which will lead to improved patient, service user, carer and staff experience.
To continue to develop interpretation and translation services for people who speak English as their second language.	✓		✓	✓		✓	Individuals who speak English as their second language will be actively involved in decisions about their care and the Trust will have assurance that this group will have their needs understood and met in a co-produced way.
To further develop systems and processes to better understand our data on people accessing our services with a protected characteristic.	✓	✓				✓	A greater understanding of who accesses our services and from what protected group. The will influence which communities we need to actively engage with to help inform the provision and development of our service offer for this cohort of patients.

6.4 Patient, Service Users and Carer Equality Objectives 2021/22 Road Map



Apr 2022

“A greater understanding of who accesses our services and from what protected group. This will influence which communities we need to actively engage with to help inform the provision and development of our service offer for this cohort of patients.”

“Individuals who speak English as their second language will be actively involved in decisions about their care and the Trust will have assurance that this group will have their needs understood and met in a co-produced way.”

“A culturally competent workforce to demonstrate empathy, care and compassion from an EDI perspective which will lead to improved patient, service user, carer and staff experience.”

Dec 2021

“A wider reach of individuals with a protected characteristic will be actively engaged in the EDI agenda and their voices will be heard to help inform the provision and development of our services.”

July 2021

6.5 Staff Objectives 2020/21 - Outcomes

N°	Objective	Outcome
1	The introduction of a Disability Staff Group.	<ul style="list-style-type: none"> • Humber Ability Staff Disability Network introduced July 2020 • Bi-monthly meetings held
2	Deliver bullying and harassment awareness training for managers	<ul style="list-style-type: none"> • Learning outcomes agreed • Training development completed by external consultant GB and IMP Training. • Delivery will commence when face to face training can return.
3	Review and revise the Bullying and Harassment Policy and procedure.	<ul style="list-style-type: none"> • Bullying and harassment policy due for renewal in December 2021. • Policy and procedure linked with learning outcomes for bullying and harassment awareness training for managers.
4	Disability Awareness training for managers will help support managers dealing with sickness related to disability and ensure staff only attend work when well enough to do so.	<ul style="list-style-type: none"> • Consultation identified a need for a programme of awareness and advice • Guidance documentation produced for staff and managers
5	Produce a Reasonable Adjustments guidance document.	<ul style="list-style-type: none"> • Reasonable Adjustments Disability guidance developed • Guidance documents produced for managers, staff and the application form.
6	Reduce the number of 'unspecified' in staff records when reporting disability, religion and sexual orientation.	<ul style="list-style-type: none"> • ESR Project has reduced 'unspecified' ESR entries relating to workforce protected characteristics by 55% (March 2021)
7	Provide support to BME staff with preparing applications for regional 'Stepping Up Programmes' to develop career progression opportunities.	<ul style="list-style-type: none"> • NHS Leadership Academy 'Stepping Up' Programme for 20/21 has been delayed and will recommence when face to face training returns. • The Trust will then provide workshops/resources to help improve likelihood of applications being successful
8	Set up a Multi-Faith Staff Group.	<ul style="list-style-type: none"> • Moved to June 2021 • Will be developed in line with the Trust's framework for operating staff network guidance
9	Establish a Women's Career Development Group to provide peer support for ambitious female staff.	<ul style="list-style-type: none"> • Consultation identified this should be a programme of coaching and mentoring and advice network from women of influence and position. • 'Growing your own' aspect is met by Trust leadership development programmes and the High Potential Development Scheme.
10	Deliver recruitment and selection training for managers	<ul style="list-style-type: none"> • Learning outcomes agreed • Training development completed by external consultant GB and IMP Training. • Delivery will commence when face to face training can return.

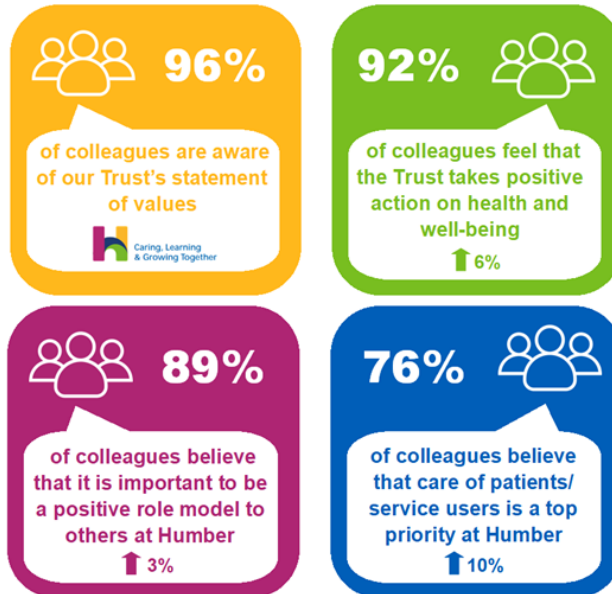
6.6 Proposed Staff Equality Objectives 2021/22

Objective	Trust Strategic Goals					
	Innovating Quality & Patient Safety	Enhancing prevention, wellbeing and recovery.	Fostering innovation, partnership and alliances.	Developing an effective and empowered workforce	Maximising an efficient and sustainable organisation.	Promoting people, communities and social values
Produce quarterly EDI insight deep dive report April, July, Oct, Jan		✓	✓	✓	✓	✓
Roll out bullying and harassment face to face training for managers (previously postponed due to COVID).	✓	✓	✓	✓	✓	✓
Roll out recruitment and selection face to face training for managers (previously postponed due to COVID).	✓	✓	✓	✓	✓	✓
Develop EDI action plans for: <ul style="list-style-type: none"> • MH unplanned • MH Planned • Children's and LD • Community and PC • Secure Services • Corporate functions 	✓	✓	✓	✓	✓	✓
Establish Staff Network log of activity and actions to formulate a wider EDI plan and ensure EDI Steering Group is sighted on the short, medium and long term activities of the networks.				✓	✓	✓
Develop Workforce Race Equality Action Plan (WRES) in co-production with BAME Staff Network			✓	✓	✓	✓
Develop Workforce Disability Equality Action Plan (WDES) in co-production with Disability Staff Network			✓	✓	✓	✓

7.1 Appendix 1 - Staff Survey Communications

Where we did well...

The figures, which are published today (11th March 2021), show that we had a **significant improvement against 68% of questions answered** compared to 2019. The results identify **77 areas of strength** as a Trust including:



We continue to see improvements to scores linked to our work on the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) helping meet our vision of being a fully inclusive workplace.

Where we can improve...

The following results have improved against our 2019 results, but remain areas of focus.



Over the coming months, work will continue to build on the positive difference that is already being seen, including the ongoing development of our leadership teams, the evaluation of our learning and development offer, and looking at more ways in which to further support your well-being and make our Trust a great place to work.

7.2 Appendix 2 - PROUD – Investing in You, Valuing You



Progress So Far...



PROUD is our internal programme of Organisational Development with U at the heart of it. This programme was developed following feedback from the National Staff Survey, which told us what was important to you and how it feels working at Humber Teaching NHS Foundation Trust.

We are committed to **investing in you** and **valuing you** and during 2020/21 we have:

- EMT and SMT Performance Coaching
- Action Learning Sets
- Humber High Potential Scheme
- Nye Bevin Funding
- Business Partnering Programme
- EMT and board development
- Proud Working Group
- Appraisal process and support
- CMHT Hull West OD Support
- Leadership and Senior Leadership Development Programme
- Staff Health, Wellbeing and Engagement

Next Steps:

- Staff Charter Review
- Values Based Recruitment
- Behavioural Standards Workshop
- In house Coaching and Mentoring
- Impact Analysis
- Winning Awards



Humber Teaching
NHS Foundation Trust

Gender Pay Gap Report 2020



- 1. Introduction**
- 2. What is the Gender Pay Gap?**
- 3. Gender Profile across the Humber Teaching NHS Foundation Trust**
- 4. Humber Teaching NHS Foundation Trust - Gender Pay Gap Report 2020**
 - 4.1 Mean Gender Pay Gap**
 - 4.2 Median Gender Pay Gap**
 - 4.3 Mean Bonus Gender Pay Gap**
 - 4.4 Median Bonus Gender Pay Gap**
 - 4.5 The proportion of males and females receiving a bonus payment**
 - 4.6 The proportion of males and females in each quartile pay band**
- 5. Conclusion**
- 6. PROUD – Investing in You, Valuing You**
- 7. Action Plan**

1. Introduction

Humber Teaching NHS Foundation Trust – Gender Pay Gap Report

The Humber Teaching NHS Foundation Trust has three core values which are Caring, Learning and Growing. We have a Workforce and Organisational Development Strategy which has 4 strategic priorities:

1. Healthy Organisational Culture
2. Capable & Sustainable Workforce
3. Effective Leadership & Management
4. Enabling Transformation & Organisational Development

Our first priority: Healthy Organisational Culture includes promoting equality and valuing diversity. As an organisation we score higher than the national average in the staff survey for the percentage of staff believing that the organisation provides equal opportunities for career progression or promotion and lower than the national average for the percentage of staff experiencing discrimination at work.

Although we have achieved much in creating an environment where people feel we provide equal opportunities and take action against any discrimination we are not complacent and set annual priorities around our Public Sector Equality Duties.

We can use the results of this Gender Pay Gap report to assess:

- the levels of gender equality in our workplace
- the balance of male and female employees at different levels
- how effectively talent is being maximised and rewarded

Through analysis of the report's findings the challenge in our organisation and across Great Britain is to eliminate any gender pay gap. However, the gender pay gap should not be confused with equal pay.

Equal pay deals with the pay differences between male and females who carry out the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because of their gender. Humber Teaching NHS Foundation Trust supports the fair treatment and reward of all staff irrespective of gender or any other protected characteristic.

In producing this report we recognise that we have more to do to reduce the gender pay gap and we remain committed to a workplace that respects and harnesses equality and diversity. We will work to improve the gender pay gap by undertaking the actions set out at the end of this report.

2. What is the Gender Pay Gap?

The gender pay gap shows the difference between the average (mean or median) earnings of men and women. This is expressed as a percentage of men's earnings e.g. women earn 15% less than men. Used to its full potential, gender pay gap reporting is a valuable tool for assessing levels of equality in the workplace, female and male participation, and how effectively talent is being maximised.

What is the difference between the gender pay gap and equal pay?

The gender pay gap differs from equal pay. Equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because they are a man or a woman.

The gender pay gap shows the differences in the average pay between men and women. If a workplace has a particularly high gender pay gap, this can indicate there may be a number of issues to deal with, and the individual calculations may help to identify what those issues are. In some cases, the gender pay gap may include unlawful inequality in pay but this is not necessarily the case.

Guidance: Managing Gender Pay Reporting. ACAS

It is a legal requirement for all relevant employers to publish their gender pay report within one year of the 'snapshot' date: this year's date being 28th August 2020. All employers must comply with the reporting regulations for any year where they had a headcount of 250 or more employees on the 'snapshot' date.

Relevant employers must follow the rules in the regulations to calculate the following information:

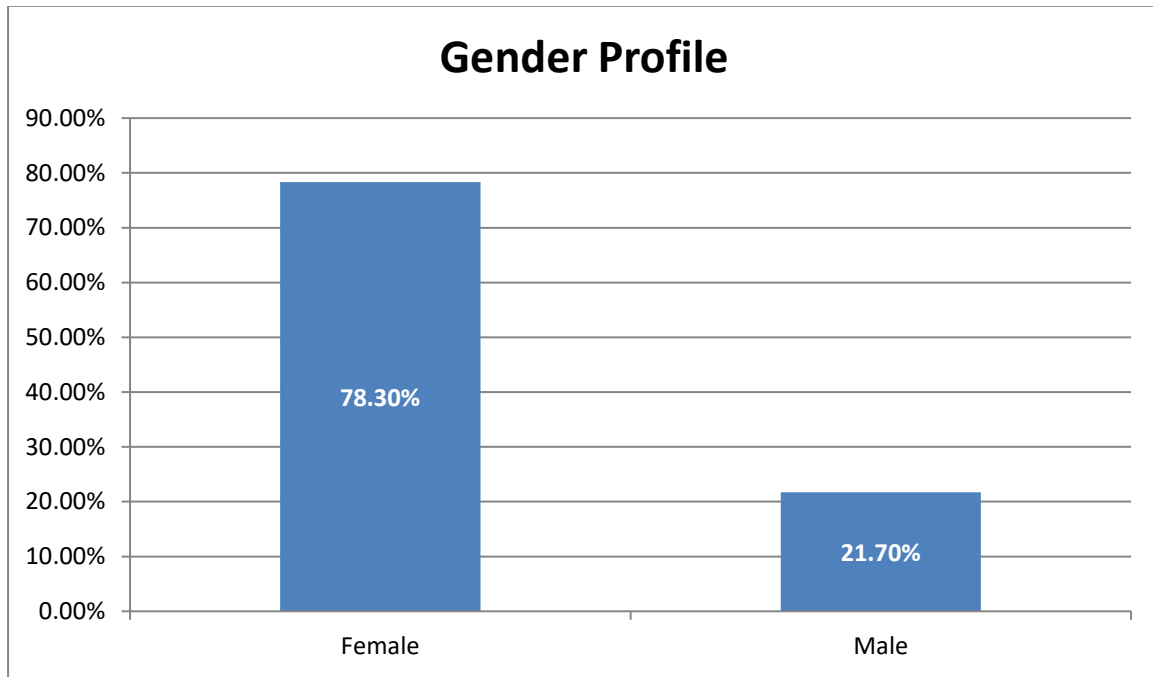
- Their mean gender pay gap
- Their median gender pay gap
- Their mean bonus gender pay gap
- Their median bonus gender pay gap
- Their proportion of males receiving a bonus payment
- Their proportion of females receiving a bonus payment
- Their proportion of males and females in each quartile pay band
- A written statement, authorised by an appropriate senior person, which confirms the accuracy of their calculations. However, this requirement only applies to employers subject to the Equality Act 2010 (gender Pay Gap Information) Regulations 2017.

Most NHS trusts will fall into the above category and thus must comply. With this in mind, IBM suppliers of the 'Electronic Staff Record' have developed a report which uses the required calculations to produce the gender pay gap data.

3. Gender Profile across the Humber Teaching NHS Foundation Trust

78.3% of the Trust's staff are female, with 21.7% being male. This is largely in line with the national NHS figures where 77% of employees are female.

This is shown graphically below:



4. Humber NHS Foundation Trust - Gender Pay Gap Report 2020

Below are 4 tables outlining the Trust's Gender Pay Gap, in summary:

- The Trust's mean gender pay gap is 12.59%
- The Trust's median gender pay gap is 1.75%
- The Trust's mean bonus gender pay gap is 3.11%
- The Trust's median bonus gender pay gap is 59.92%
- The proportion of males receiving a bonus payment is 1.20%
- The proportion of females receiving a bonus payment is 0.25%

The proportion of males and females in each quartile pay band is:

- Quartile 1: 82.50% Female and 17.50% Male
- Quartile 2: 75.23% Female and 24.77% Male
- Quartile 3: 81.10% Female and 18.90% Male
- Quartile 4: 74.97% Female and 25.03% Male

Gender Pay Gap Data

Average & Median Hourly Rates

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	17.6405	14.0274
Female	15.4187	13.7819
Difference	2.2218	0.2455
Pay Gap %	12.5951	1.7500

Number of employees | Q1 = Low, Q4 = High

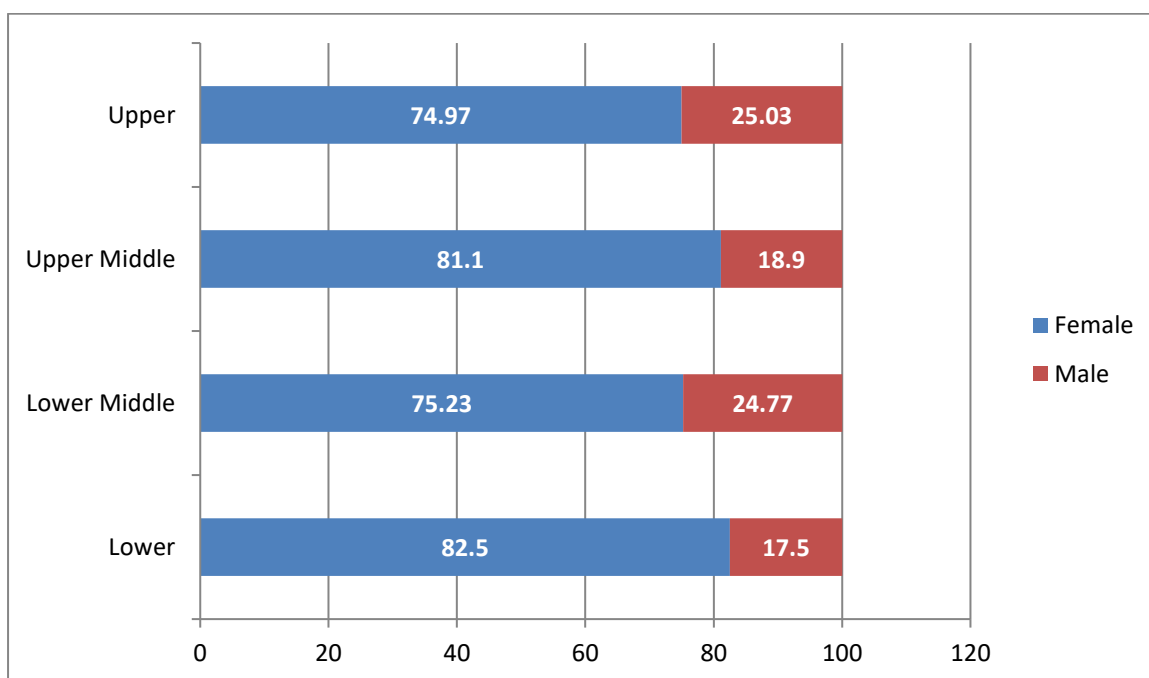
Quartile	Female	Male	Female %	Male %
1	575.00	122.00	82.50	17.50
2	568.00	187.00	75.23	24.77
3	562.00	131.00	81.10	18.90
4	569.00	190.00	74.97	25.03

Gender Pay Gap Bonus Data

Gender	Avg. Pay	Median Pay
Male	9,727.52	7,540.02
Female	9,425.39	3,021.75
Difference	302.13	4,518.27
Pay Gap %	3.11	59.92

Gender	Employees Paid Bonus	Total Relevant Employees	%
Female	6.00	2414.00	0.25
Male	8.00	667.00	1.20

Proportions of Genders in each Quartile



4.1 Mean Gender Pay Gap:

The calculation shows the difference between the mean average hourly rate of pay that male and female full-pay relevant employees receive. For all calculations full pay does not mean full time, it means that a person has received their full pay therefore people on maternity leave with half pay and those on sick leave with half pay are excluded.

The calculation is undertaken by subtracting the mean average hourly rate of pay of all female full-pay employees from the mean average hourly rate of pay of all male full-pay employees and dividing the result by the mean average hourly rate of pay of all male full-pay employees and multiplying it by 100.

- The Trust's mean gender pay gap is 12.59%

4.2 Median Gender Pay Gap:

The calculation shows the difference between the median hourly rate of pay that male and female full-pay relevant employees receive.

The calculation is undertaken by subtracting the median hourly rate of pay of all female full-pay employees from the median average hourly rate of pay of all male full-pay employees and dividing the result by the median average hourly rate of pay of all male full-pay employees and multiplying it by 100.

- The Trust's median gender pay gap is 1.75%

4.3 Mean Bonus Gender Pay Gap:

The calculation shows the difference between the mean average bonus pay that male and female full-pay relevant employees receive.

The calculation is undertaken by subtracting the mean average bonus pay of all female full-pay employees (who were paid bonus pay during the 12 month period ending with the snap shot date) from the mean average hourly rate of pay of all Caring Learning Growing male full-pay employees (who were paid bonus pay during the 12 month period ending with the snap shot date) and dividing the result by the mean average bonus pay of all male full-pay employees and multiplying it by 100.

- The Trust's mean bonus gender pay gap is 3.11%

The only people reported to have received bonus pay are Medical Staff who have received Clinical Excellence Awards. There are 14 people who received bonus pay (8 Males and 6 Females). Despite being less in number due to their seniority, longevity of service and experience the female's awards were higher than the males.

4.4 Median Bonus Gender Pay Gap:

The calculation shows the difference between the median bonus pay that male and female full-pay relevant employees receive.

The calculation is undertaken by subtracting the median bonus pay of all female full-pay employees from the median average bonus pay of all male full-pay employees and dividing the result by the median average bonus pay of all male full-pay employees and multiplying it by 100.

- The Trust's median bonus gender pay gap is 59.92%

4.5 The proportion of males and females receiving a bonus payment:

These two calculations show the proportion of male employees who were paid bonus pay and the proportion of female employees who were paid bonus pay.

Male-This calculation is undertaken by dividing the number of males who were paid bonus pay in the qualifying period by the total number of male employees and multiplying by 100.
Female- This calculation is undertaken by dividing the number of females who were paid bonus pay in the qualifying period by the total number of female employees and multiplying by 100.

- The proportion of males receiving a bonus payment is 1.20%
- The proportion of females receiving a bonus payment is 0.25%

The difference in the figures can be explained by the high proportion of females in the organisation, however the numbers of staff receiving bonuses is still very low.

4.6 The proportion of males and females in each quartile pay band:

This calculation shows the proportions of male and females in four quartile pay bands, the calculation is undertaken by dividing the workforce into four equal parts;

- firstly, all relevant employees are ranked from lowest hourly rate of pay to the highest hourly rate of pay
- Secondly, the list is divided into four sections called quartiles with an equal number of employees in each section

The proportion of males and females in each quartile pay band is:

- Quartile 1: 82.50% Female and 17.50% Male
- Quartile 2: 75.23% Female and 24.77% Male
- Quartile 3: 81.10% Female and 18.90% Male
- Quartile 4: 74.97% Female and 25.03% Male

The highest proportion of male employees per quartile is in the highest bracket whilst the lowest proportion is in the lowest bracket which results in the gender pay gap of 12.59%.

5. Conclusion

In 2019, the gender pay gap in the UK was 17.3%, which means that on average, women were paid approximately 83p for every £1 men were paid. Whilst the Trust has a Gender Pay Gap of 12.59%, which is significantly lower than the National average of 17.3%, it is worth remembering that the gender pay gap is not the same as unequal pay. At Humber Teaching NHS Foundation Trust, the gender pay gap is not because people doing the same jobs are being paid differently according to their gender - which would also be unlawful - instead, it is because there are more men than women in higher paid roles. Nationally, NHS consultants, for example, are predominately male with only 36% of NHS Consultants being female.

The Trust as a whole has a proportion of 78.30% Females and 21.70% Male and whilst the Trust has a high proportion of Female staff overall this is generally in line with National NHS Figures (77%). There are proportionately more female staff than male staff working at lower bands and adversely proportionately more male staff working at higher bands however the numbers involved in the Trusts data are relatively small but make a significant difference to the percentages. Nevertheless, this is in line with National NHS Figures where men make up 20% of Band 1 - 4, 18% of Band 5 – 7 and 31% of band 8a – 9.

The number of staff being paid bonuses is very low with a total of 14 people receiving additional benefits and these are all Clinical Excellence Awards to Medical Staff.

6. PROUD – Investing in You, Valuing You



Our **PR**ogramme of **O**rganisational **D**evelopment with **U** at the heart of it ensures we continue to invest and value our workforce. Incorporating the views from the 2017 and 2018 staff survey, the PROUD work will enhance leadership and management development, improve the quality of appraisals and establish ways to recognise and harness the talent here at Humber.

The aim of PROUD is to:

- recognise and enhance the skills of staff
- celebrate our strengths as individuals and teams
- work collaboratively
- be solution focussed

PROUD initiatives that will support gender equality across the Trust include:

- Offering over 200 places on the leadership development programmes so all managers and those aspiring to be managers can attend
- creating a Humber Talent Pool
- launched the ShinyMind app to help us all to be more resilient, connect with each other and share positivity
- started a Leadership Forum (for managers band 3 – 7)
- increased the Trust training budget allocation by £150,000
- Provided bespoke support to departments to improve working relationships
- Refreshed our Senior Leadership Forum
- Embed our behavioural standards into the way we recruit to ensure it is based upon our values

7. Action Plan – What is Humber Teaching NHS Trust Going to Do?

Actions to improve the Trust’s Gender Pay Gap align with the Trust’s wider organisational strategic goals, in particular Goal 04 - Developing an effective and empowered workforce.

To meet this goal the Trust has committed to:

- Develop a healthy organisational culture;
- Invest in teams to deliver clinically excellent and responsive services;
- Enable transformation and organisational development through shared leadership.

Nº	Action	When	Review
1	Monitor and review gender pay gaps	Annually	Apr 2021
2	Use Equality Impact Assessments to monitor and review recruitment and promotion policies and processes to ensure any barriers to recruitment or promotion are identified and removed	Annually	Apr 2021
3	Implement “Positive Action” measures where necessary and appropriate, particularly in senior appointments, to advance gender equality in senior roles	As required	Monthly
4	Continue to develop flexible working options and workforce strategies to improve recruitment and retention of staff, including supporting female staff to return to work following maternity or adoption leave	Ongoing	Monthly
5	Share Gender Pay Gap data with the Trust’s Equality & Diversity Steering Group, which will consider any further actions	Annually	Apr 2021
6	Implement Woman’s Career Development Group, a programme of coaching, mentoring and advice network from women of influence and position - work alongside Proud and talent development programme	Sept 2020	Apr 2021



Humber Teaching

NHS Foundation Trust

Workforce Race Equality Standard (WRES) Report 2020

Humber Teaching NHS Foundation Trust



Contents:

- 1. Introduction**
- 2. Workforce Race Equality Standard (WRES) Indicators**
 - 2.1 WRES Indicator 1 – Ethnicity Profiles**
 - 2.2 WRES Indicator 2 - Relative likelihood of colleagues being appointed from short listing**
 - 2.3 WRES Indicator 3 – Disciplinary Process**
 - 2.4 WRES Indicator 4 – Non-Mandatory Training and CPD**
 - 2.5 WRES Indicator 5 – Percentage of colleagues experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months**
 - 2.6 WRES Indicator 6 - Percentage of colleagues experiencing harassment, bullying or abuse from staff in the last 12 months**
 - 2.7 WRES Indicator 7 - Providing equal opportunities for career progression or promotion**
 - 2.8 WRES Indicator 8 - Percentage of staff experiencing discrimination at work from a manager, team leader or other colleagues**
 - 2.9 WRES Indicator 9 - Percentage difference between the organisations Board voting membership and its overall workforce**
- 3. Summary Analysis**
- 4. Recommendations**
- 5. Appendix 1 – Workforce Race Equality Standard (WRES) Submission at March 2020**
- 6. Appendix 2 - Workforce Race Equality Standard (WRES) Action Plan**

1. Introduction

The NHS Workforce Race Equality Standard (WRES) was made available to the NHS in April 2015. It was developed following sustained engagement and consultation with key stakeholders within NHS organisations across England and using expert advice on the factors that would provide measurable and meaningful indicators of equality performance on which organisations can develop and improve.

The main purpose of the WRES is:

- ✓ to help local, and national, NHS organisations (and other organisations providing NHS services) to review their data against the nine WRES indicators,
- ✓ to produce action plans to close the gaps in workplace experience between white and Black and Ethnic Minority (BAME) colleagues, and,
- ✓ to improve BAME representation at the Board level of the organisation.

Commissioned by the NHS Equality and Diversity Council (EDC) and NHS England, the design and development of the WRES is underpinned by engagement with, and contributions from, the NHS and national healthcare organisations, including the WRES Strategic Advisory Group.

There is considerable evidence that the less favourable treatment of BAME colleagues in the NHS, through poor treatment and opportunities, has a significant impact on colleague well-being, patient outcomes and on the efficient and effective running of the NHS and that the measures needed to address such discrimination will benefit patient care and organisational effectiveness.

Research and evidence show, for example, that white shortlisted applicants are on average much more likely to be appointed than BAME shortlisted applicants.

BAME colleagues are more likely than white colleagues to experience harassment, bullying or abuse from other colleagues; are more likely to experience discrimination at work from colleagues and their managers, and are much less likely to believe that their organisation provides equal opportunities for career progression.

In general, the proportion of NHS board members and senior managers who are of BAME origin is significantly smaller than the proportion within the total NHS workforce and the local communities served.

NHS Trusts, including ourselves, are committed to supporting the work on the WRES across the NHS. We also take seriously our responsibilities as an employer to review our own performance against the WRES, and we commit to publishing our data and action plans on our website and intranet, in addition to submitting our data to NHS England for them to publish as appropriate.

The following information provides insight into the Humber Teaching NHS Foundation Trust current position for the period 1 April 2019 to 31 March 2020 against WRES Indicators and offers a comparison to prior years in order to track progress over a sustained period.

2. Workforce Race Equality Standard (WRES) Indicators

There are nine WRES indicators. Four of the indicators focus on workforce data, four are based on data from the national NHS Staff Survey questions, and one indicator focuses upon BAME representation on Boards.

The WRES highlights any differences between the experience and treatment of White staff and BAME staff in the NHS with a view to closing those gaps through the development and implementation of action plans focused upon continuous improvement over time.

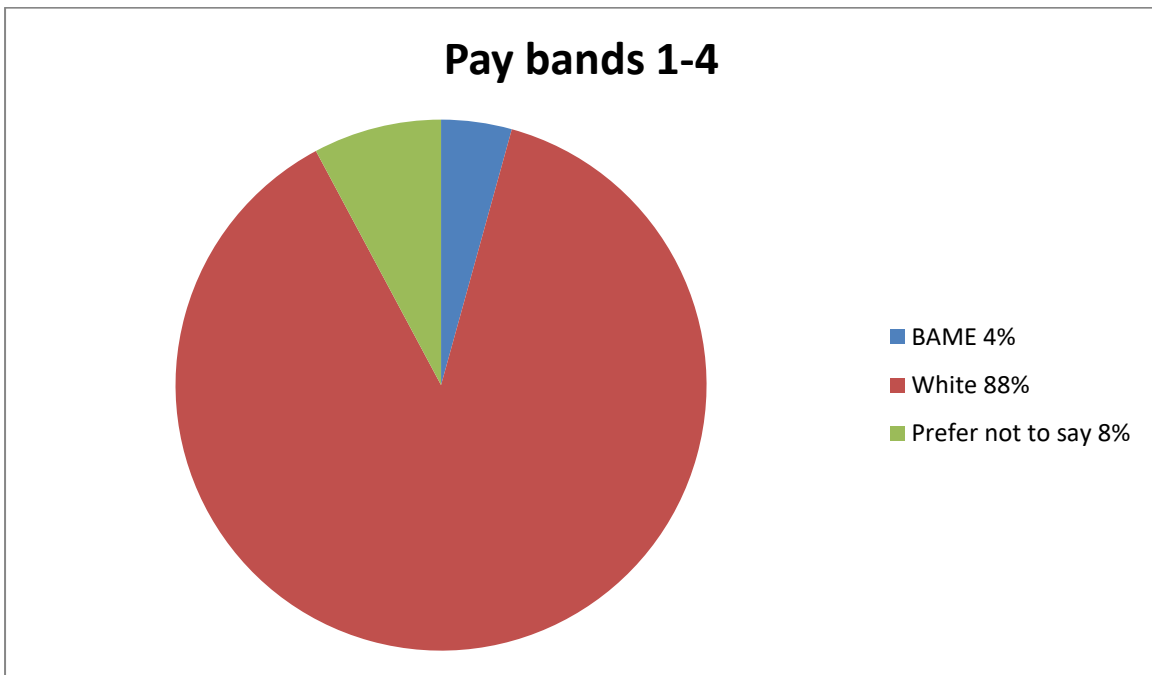
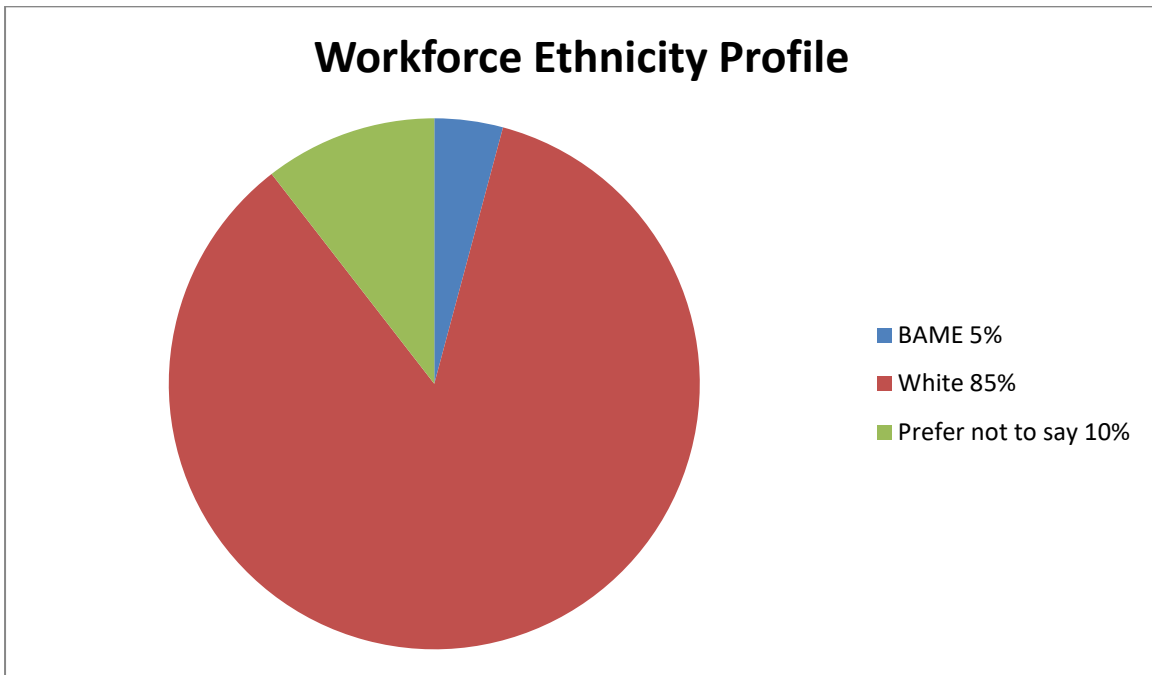
As a whole, the WRES Indicators have been chosen to be as simple and straightforward as possible and are based on existing data sources (Electronic Staff Records; NHS Staff Survey or local equivalent) and analysis requirements which good performing NHS organisations are already undertaking.

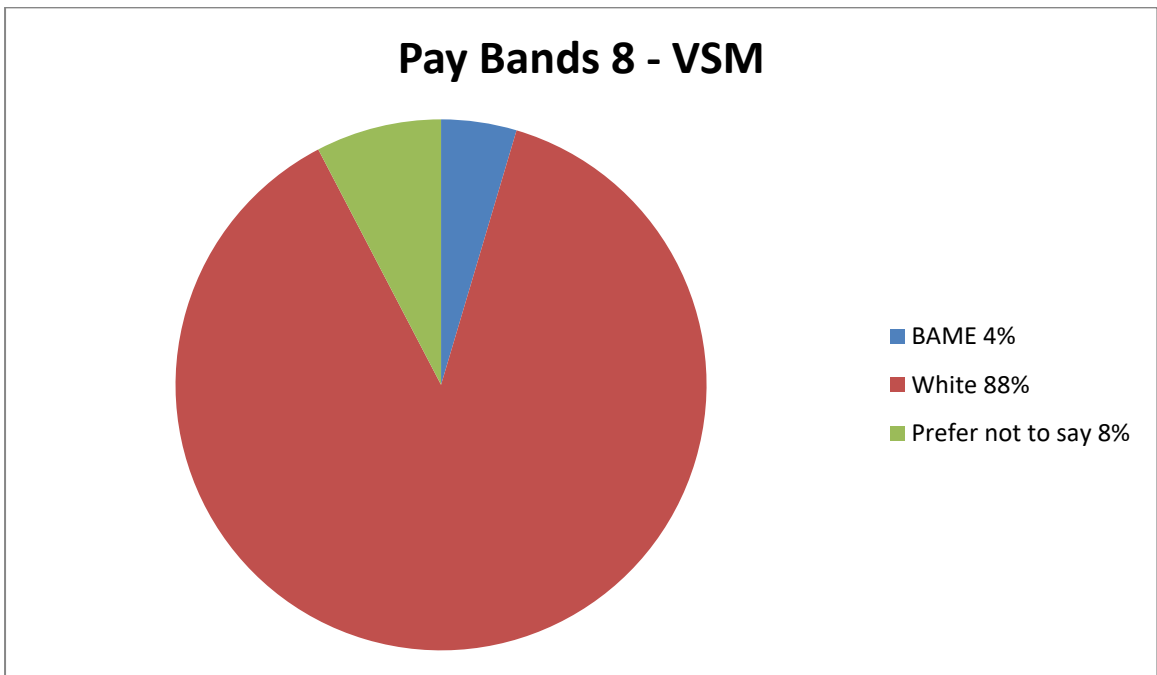
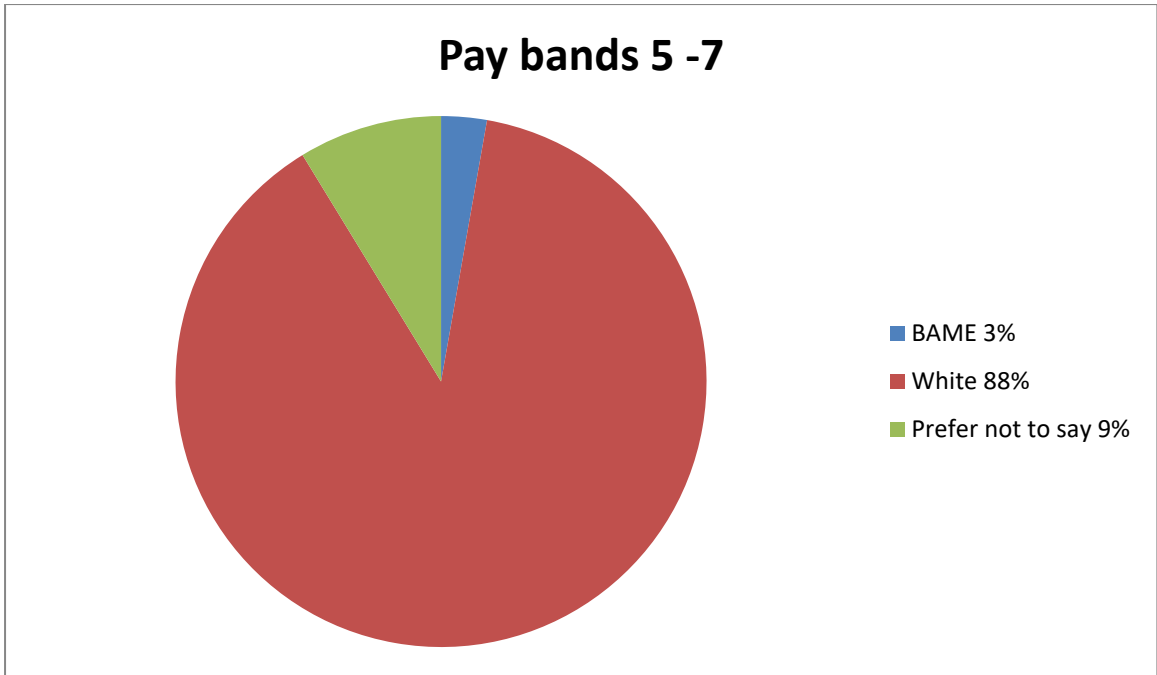
The development of the nine WRES indicators owes a great deal to consultation with and contributions from the NHS and key stakeholders.

The table below highlights the nine WRES indicators and where the information can be found.

Nº	WRES Indicator
Workforce Indicators (Source ESR)	
1	Percentage of BAME staff in each of the AfC bands 1 – 9 or medical and dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce
2	Relative likelihood of BAME staff being appointed from shortlisting compared to white staff
3	Relative likelihood of BAME staff entering the formal disciplinary process (as measured by entry into a formal disciplinary investigation) compared to white staff
4	Relative likelihood of BAME staff accessing non-mandatory training and CPD compared to white staff
Staff Survey Findings (Source NHS Staff Survey)	
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months
6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months
7	Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion
8	Percentage of staff experiencing discrimination at work from a manager, team leader or other colleagues
Board Representation (Source ESR)	
9	Percentage difference between the organisations Board voting membership and its overall workforce

2.1 WRES Indicator 1 - Percentage of BAME staff in each of the AfC bands 1 – 9 or medical and dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce.





Humber Teaching NHS Foundation Trust Analysis – WRES Indicator 1 - Strength

In our 2019/20 WRES submission 4.7% of staff are BAME (an increase of 1.7% on the 2018/19 figure). This compares to our geographical area, as shown in the table below:

Trust Geographical Area and Ethnicity as detailed by the ONS 2016 and Census 2011

Data Observatory	Population (ONS 2016)	Ethnicity (Census 2011)
East Riding	337,696	3.8% non-White,
Humber	260,200	5.1% non-White
North Yorkshire	604,900 (Whitby 13,213)	2.6% non-White

The information provided with the WRES Indicator 1 shows that whilst BAME staff are marginally underrepresented in pay bands 5, 6 and 7 their representation at pay bands 1 - 4 as well as 8 and above is in line with the BAME representation in the overall workforce.

2.2 WRES Indicator 2 - Relative likelihood of BAME staff being appointed from shortlisting compared to white staff.

	Total	White	BAME	Unknown
Shortlisted applicants	829	774	47	8
Appointed from shortlisting	268	248	17	3
Relative Likelihood of appointment from shortlisting	32%	32%	36%	37.5%

Humber Teaching NHS Foundation Trust Analysis – WRES Indicator 2 - Strength

The relative likelihood of white staff being appointed from shortlisting compared to BAME staff is 0.89 (where 1 indicates equal with BAME applicants) which compared to the national benchmark of 1.15 is showing a more positive position. Whilst this is a slight decline on last year, where the likelihood then was in favour of BAME staff at 0.83, any value near to 1 demonstrates equality of opportunity in shortlisting.

2.3 WRES Indicator 3 - Relative likelihood of BAME staff entering the formal disciplinary process (as measured by entry into a formal disciplinary investigation) compared to white staff.

	Total	White	BAME	Prefer not to say
Workforce	2843	2437	116	290
Number of staff entering the formal disciplinary process	18	14	0	4
Likelihood of staff entering the formal disciplinary process	0.0	0.57%	0%	1.38%

Humber Teaching NHS Foundation Trust Analysis – WRES Indicator 3 - Strength

The relative likelihood of BAME staff entering the formal disciplinary process (as measured by entry into a formal disciplinary investigation) compared to white staff is very low. This would suggest that across the Trust BAME staff are not disadvantaged by the disciplinary process or its application.

2.4 WRES Indicator 4 - Relative likelihood of BAME staff accessing non-mandatory training and CPD compared to white staff

	Total	White	BAME	Prefer not to say
Workforce	2843	2436	116	291
Number of staff accessing non-mandatory training and CPD	2470	2118	104	248
Likelihood of staff accessing non-mandatory training and CPD	0.97	87%	90%	85%

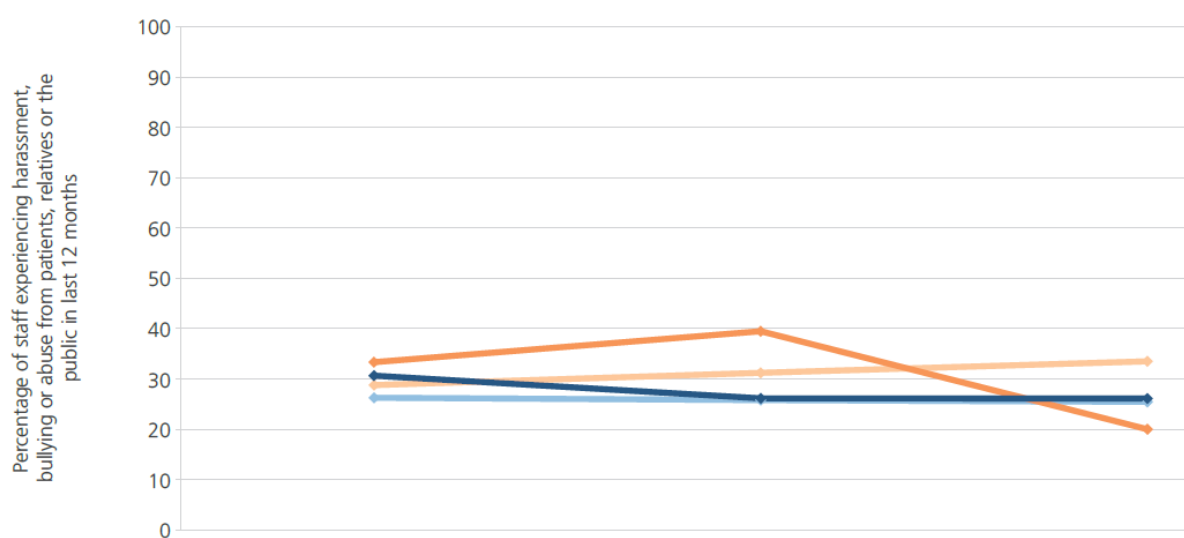
Humber Teaching NHS Foundation Trust Analysis – WRES Indicator 4 - Strength

The Relative likelihood of white staff accessing non-mandatory training and CPD compared to BAME staff is 0.97 which demonstrates equality of opportunity in accessing non-mandatory training and CPD between BAME and White staff.

2.5 WRES Indicator 5 - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

Survey
Coordination
Centre

2019 NHS Staff Survey Results > WRES > Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months



	2017	2018	2019
White: Your org	30.6%	26.1%	26.1%
BME: Your org	33.3%	39.5%	20.0%
White: Average	26.3%	25.8%	25.4%
BME: Average	28.8%	31.2%	33.5%
White: Responses	434	1,071	1,000
BME: Responses	21	38	35

Average calculated as the median for the benchmark group

Humber Teaching NHS Foundation Trust Analysis – WRES Indicator 5 - Strength

20% of BAME staff indicated that they experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months, this compares with 25.4% for white colleagues.

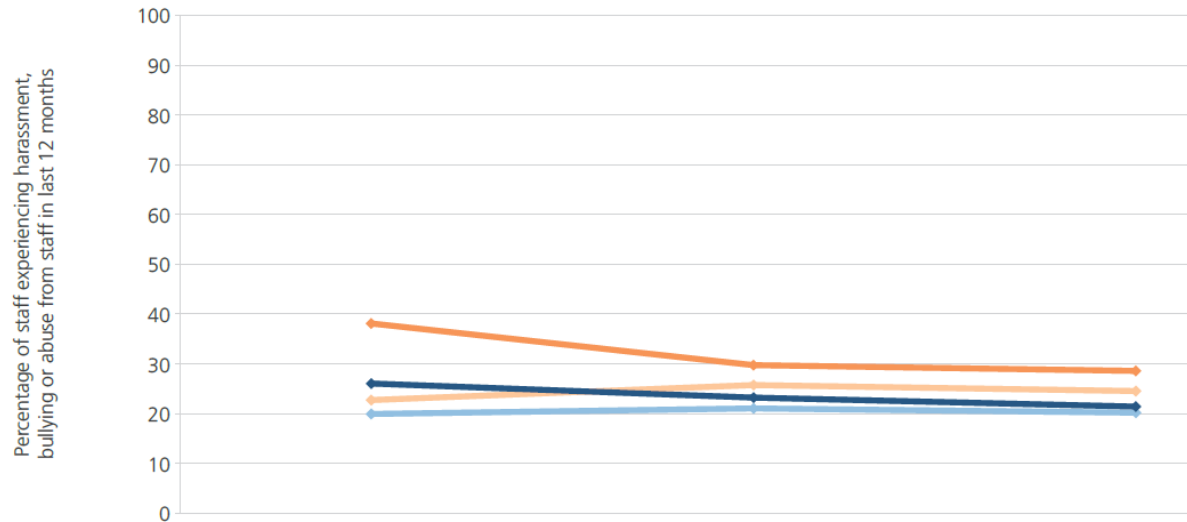
However, 20% is a significant drop of 19.5% on 2018 where 39.5% of BAME staff reported experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months. Significantly, the Trusts figure of 20% is considerably below the average for BAME staff which is 33% across the benchmark group.

It should be noted that the response to this question of 35 BAME staff is statistically very low.

2.6 WRES Indicator 6 - Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months



2019 NHS Staff Survey Results > WRES > Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months



	2017	2018	2019
White: Your org	26.0%	23.2%	21.4%
BME: Your org	38.1%	29.7%	28.6%
White: Average	19.9%	21.0%	20.2%
BME: Average	22.7%	25.7%	24.5%
White: Responses	434	1,073	1,000
BME: Responses	21	37	35

Average calculated as the median for the benchmark group

Humber Teaching NHS Foundation Trust Analysis – WRES Indicator 6 - Strength

Over the preceding three years the percentage of BAME staff who have reported experiencing harassment, bullying or abuse from staff in the last 12 months has declined from 38.1% in 2017 to 28.6% in 2019 which demonstrates the positive impact of initiatives to reduce harassment, bullying or abuse for BAME staff.

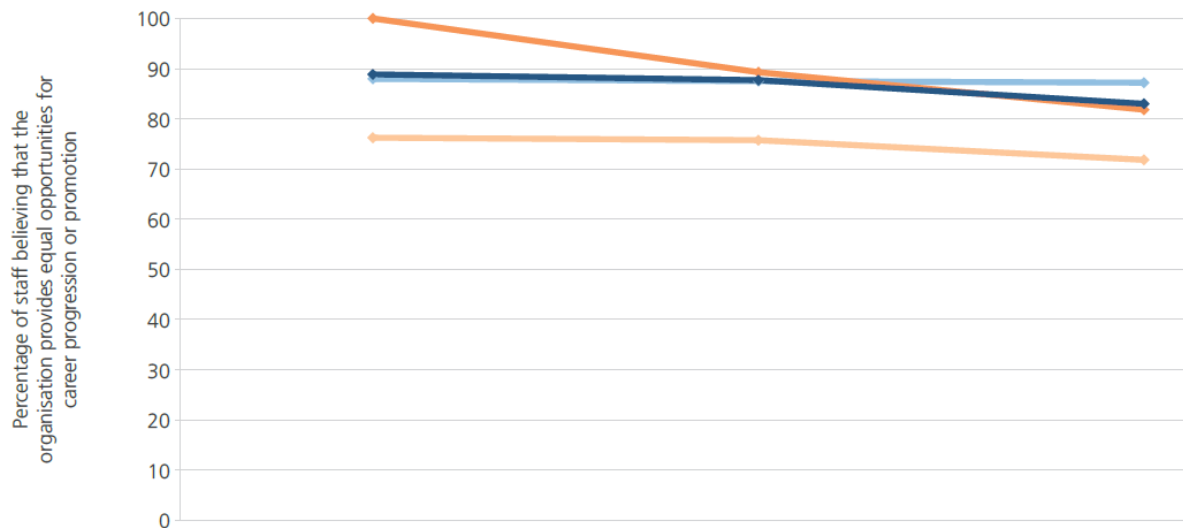
However, the results show 28.6% of BAME staff said they experienced harassment, bullying or abuse from staff in the last 12 months, which is above the average of the benchmark group of Trusts of 24.5%.

It should be noted that the response to this question of 35 BAME staff is statistically very low.

2.7 WRES Indicator 7 - Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion

Survey
Coordination
Centre

2019 NHS Staff Survey Results > WRES > Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion



	2017	2018	2019
White: Your org	88.8%	87.7%	83.0%
BME: Your org	100.0%	89.3%	81.8%
White: Average	88.0%	87.5%	87.2%
BME: Average	76.2%	75.7%	71.8%

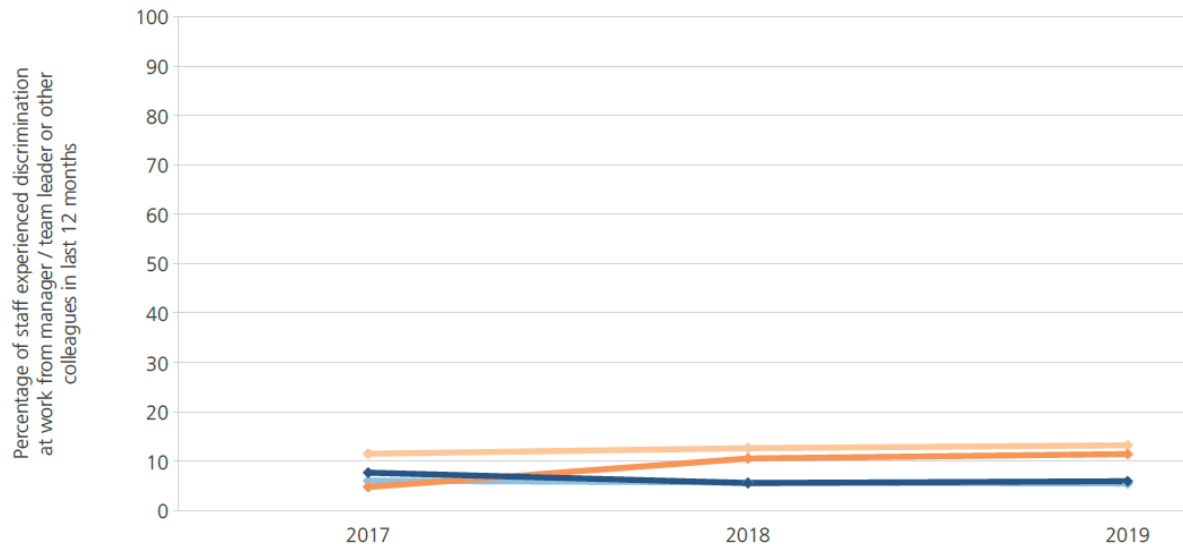
White: Responses 278 699 617
BME: Responses 15 28 22

Average calculated as the median for the benchmark group

Humber Teaching NHS Foundation Trust Analysis – WRES Indicator 7 - Strength

Whilst over the preceding three years the percentage of BAME staff who believe that the organisation provides equal opportunities for career progression or promotion has declined from 100% in 2017 to 81.8% in 2019, this remains 10% above the average of the benchmark group of Trusts of 71.8%.

2.8 WRES Indicator 8 - Percentage of staff experiencing discrimination at work from a manager, team leader or other colleagues



White: Your org	7.7%	5.6%	5.9%
BME: Your org	4.8%	10.5%	11.4%
White: Average	6.0%	5.7%	5.5%
BME: Average	11.5%	12.6%	13.2%
White: Responses	431	1,062	997
BME: Responses	21	38	35

Average calculated as the median for the benchmark group

Humber Teaching NHS Foundation Trust Analysis – WRES Indicator 8 - Concern

Over the preceding three years the percentage of BAME staff saying they experience discrimination at work from a manager, team leader or other colleagues has increased from 4.8% in 2017 to 11.4% in 2019 which compares with 5.5% for white colleagues.

However, the figure of 11.4% is below the average of the benchmark group of Trusts of 13.2% but the Trust recognises that further work is needed to reduce this figure further.

2.9 WRES Indicator 9 - Percentage difference between the organisations Board voting membership and its overall workforce

	White	BAME	Prefer not to say
Workforce	2436	116	291
Board Voting Members	11	0	0
Percentage	100%	0%	0%

Humber Teaching NHS Foundation Trust Analysis – WRES Indicator 9 - Concern

BAME representation on the Trust Board is 0% which compares unfavourably to the NHS average of 8.4%. However, recently the Trust worked with NHS Improvement when appointing its most recent non-executive director. Furthermore, the Trust has worked to ensure that the process for appointment of Executive and Non-Executive Director posts encourages applications from as diverse a pool of talent as possible and which demonstrates the Trusts commitment to diversity and inclusion. Similarly, the Trust has worked to ensure that all members of the recruitment panel for Executive and Non-Executive Directors have up to date training in diversity and inclusion.

3. Summary Analysis

Humber Teaching NHS Foundation Trust has demonstrated a number of key strengths in the past 12 months when compared to the median benchmark of Trusts relating to:

- BAME representation in the workforce
- the relative likelihood of BAME staff being appointed from shortlisting
- the relative likelihood of BAME staff entering the formal disciplinary process
- the relative likelihood of BAME staff accessing non-mandatory training and CPD
- the percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public
- the percentage of staff believing that the Trust provides equal opportunities for career progression or promotion.

However, this report also identifies further considerations relating to:

- the percentage of BAME staff experiencing harassment, bullying or abuse from staff
- the percentage of BAME staff experiencing discrimination at work from a manager, team leader or other colleagues.
- the percentage of BAME staff as part of the Trust Board representation.

4. Recommendations

The areas of concern highlighted in this report have been taken into account when identifying robust and effective actions for the equality, diversity and inclusion strategy for the next year. As such, the Trust's Equality, Diversity and Inclusion Annual Report for 2019/20 contain a strong set of actions to address the concerns contained in this report and can be found on the Trust website at the following address:

<https://www.humber.nhs.uk/downloads/Equality%20and%20Diversity/2020/Equality%20Diversity%20and%20Inclusion%20Annual%20Report%20201920.pdf>

5. Appendix 1 - Workforce Race Equality Standard (WRES) Annual Collection as at March 31 2020

INDICATOR	DATA ITEM	MEASURE	2019			2020			
			WHITE	BME	ETHNICITY UNKNOWN/NULL	WHITE	BME	ETHNICITY UNKNOWN/NULL	
1		1a) Non Clinical workforce	Verified figures	Verified figures	Verified figures	Verified figures	Verified figures	Verified figures	
	1	Under Band 1	Headcount	0	0	0	0	0	
	2	Band 1	Headcount	36	4	1	31	3	
	3	Band 2	Headcount	311	6	20	305	8	
	4	Band 3	Headcount	127	0	6	131	0	
	5	Band 4	Headcount	64	4	7	73	4	
	6	Band 5	Headcount	45	3	1	47	5	
	7	Band 6	Headcount	31	1	3	28	0	
	8	Band 7	Headcount	16	0	2	21	0	
	9	Band 8A	Headcount	20	0	0	20	0	
	10	Band 8B	Headcount	11	0	0	11	0	
	11	Band 8C	Headcount	4	0	0	3	0	
	12	Band 8D	Headcount	4	0	0	3	0	
	13	Band 9	Headcount	0	0	0	0	0	
	14	VSM	Headcount	6	0	1	5	0	
			1b) Clinical workforce of which Non Medical						
	15	Under Band 1	Headcount	0	0	0	0	0	
	16	Band 1	Headcount	1	0	0	0	0	
	17	Band 2	Headcount	54	8	19	52	10	
	18	Band 3	Headcount	390	25	30	412	23	
	19	Band 4	Headcount	85	3	4	104	3	
	20	Band 5	Headcount	295	9	40	286	11	
	21	Band 6	Headcount	416	13	32	463	15	
	22	Band 7	Headcount	215	4	9	237	3	
	23	Band 8A	Headcount	86	2	6	94	6	
	24	Band 8B	Headcount	17	3	1	14	2	
	25	Band 8C	Headcount	12	0	0	17	0	
	26	Band 8D	Headcount	2	0	0	1	0	
	27	Band 9	Headcount	1	1	0	1	1	
	28	VSM	Headcount	1	0	0	1	0	
			<i>Of which Medical & Dental</i>						
	29	Consultants	Headcount	17	15	7	14	13	
	30	<i>of which Senior medical manager</i>	Headcount	0	0	0	0	0	
31	Non-consultant career grade	Headcount	3	2	4	4	3		
32	Trainee grades	Headcount	5	3	4	5	3		
33	Other	Headcount	61	5	78	53	3		

2	Relative likelihood of staff being appointed from shortlisting across all posts	34	Number of shortlisted applicants	Headcount	721	54	10	774	47	8
		35	Number appointed from shortlisting	Headcount	200	18	2	248	17	3
		36	Relative likelihood of appointment from shortlisting	Auto calculated	27.74%	33.33%	20.00%	32.04%	36.17%	37.50%
		37	Relative likelihood of White staff being appointed from shortlisting compared to BME staff	Auto calculated	0.83			0.89		
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation Note: This indicator will be based on data from a two year rolling average of the current year and the previous year	38	Number of staff in workforce	Auto calculated	2336	111	275	2436	116	291
		39	Number of staff entering the formal disciplinary process	Headcount	25	0	0	14	0	4
		40	Likelihood of staff entering the formal disciplinary process	Auto calculated	1.07%	0.00%	0.00%	0.57%	0.00%	1.37%
		41	Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	Auto calculated		0.00			0.00	
4	Relative likelihood of staff accessing non-mandatory training and CPD	42	Number of staff in workforce	Auto calculated	2336	111	275	2436	116	291
		43	Number of staff accessing non-mandatory training and CPD:	Headcount	1926	89	239	2118	104	248
		44	Likelihood of staff accessing non-mandatory training and CPD	Auto calculated	82.45%	80.18%	86.91%	86.95%	89.66%	85.22%
		45	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	Auto calculated	1.03			0.97		

9	<p>Percentage difference between the organisations' Board voting membership and its overall workforce</p> <p>Note: Only voting members of the Board should be included when considering this indicator</p>	46	Total Board members	Headcount	12	0	0	12	0	0
		47	<i>of which: Voting Board members</i>	Headcount	11	0	0	11	0	0
		48	<i>: Non Voting Board members</i>	Auto calculated	1	0	0	1	0	0
		49	Total Board members	Auto calculated	12	0	0	12	0	0
		50	<i>of which: Exec Board members</i>	Headcount	6	0	0	6	0	0
		51	<i>: Non Executive Board members</i>	Auto calculated	6	0	0	6	0	0
		52	Number of staff in overall workforce	Auto calculated	2336	111	275	2436	116	291
		53	Total Board members - % by Ethnicity	Auto calculated	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
		54	Voting Board Member - % by Ethnicity	Auto calculated	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
		55	Non Voting Board Member - % by Ethnicity	Auto calculated	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
		56	Executive Board Member - % by Ethnicity	Auto calculated	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
		57	Non Executive Board Member - % by Ethnicity	Auto calculated	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
		58	Overall workforce - % by Ethnicity	Auto calculated	85.8%	4.1%	10.1%	85.7%	4.1%	10.2%
		59	Difference (Total Board -Overall workforce)	Auto calculated	14.2%	-4.1%	-10.1%	14.3%	-4.1%	-10.2%

6. Appendix 2 - Workforce Race Equality Standard (WRES) Action Plan 20/21

Metric	Objective	Action/s	Timescales	Lead/s	Why
1	Decrease in 'unspecified' Ethnicity on ESR	Review ethnicity monitoring information for staff and agree ESR updating processes.	Oct 2020	JD/JW	The Trust has a higher proportion of 'Unspecified' ethnicity declarations in ESR
1	Decrease in number of new BAME starters in the 'unspecified' categories.	Review OH paperwork for new starters to identify improvements that could encourage new starters to declare ethnicity status.	Dec 2020	JD/HM	
5	Reduce BAME staff experience of harassment, bullying or abuse from patients, relatives or public	Implement a new procedure for addressing verbal aggression towards staff by patients	Mar 2021	JD	A central procedure will provide consistency of approach and establish effective support for victims and provide confidence
3, 6, 8	Reduce BAME staff experience of discrimination at work from manager/team leader or other colleagues	Revise and implement new Bullying and Harassment training for managers	Mar 2021	KF	BAME staff experience of discrimination from managers/team leader or other colleagues is a concern
1, 2	Improved confidence in managers in dealing with recruitment of underrepresented groups	<ul style="list-style-type: none"> a) Review training for Recruitment and Selection b) Implement value based recruitment across the Trust 	Mar 2021	KF	To continue improvements to the relative likelihood of non-BAME staff being appointed from shortlisting compared to White staff
1, 2, 4, 7	Improve the number of BAME staff who believe that the organisation provides equal opportunities for career progression or promotion,	<ul style="list-style-type: none"> a) Introduction of the high potential development scheme b) Leadership development programmes to be signposted at the BAME Staff network. c) Support for regional Stepping Up Programme 	Mar 2021	KM/JD/JD	To identify and support the leadership development of future BAME leaders.
4, 7, 8	Improve engagement form BAME staff with equality planning and action planning	Involve BAME Staff Network on the Trusts approach to improving the working environment for BAME staff	Sept 2020	JD/MM	Improved feedback and wider discussion will allow the Trust to produce more relevant and effective action planning for BAME staff
1, 2, 3, 4, 5, 6, 7, 8, 9	Improve understanding of national WRES narratives at senior level	New Deputy COO to be nominated for the WRES expert scheme	Nov 2020	CJ	The WRES expert scheme will allow Trust engagement with the National WRES framework and initiatives



Humber Teaching
NHS Foundation Trust

NHS Workforce Disability Equality Standard (WDES)

Annual Report 2020

Humber Teaching NHS Foundation Trust

CONTENTS

1	Introduction
2	Executive summary
3	WDES progress in 2019/20
4	Conclusion and next steps
Appendix 1	WDES metrics report – 2019/20
Appendix 2	WDES action plan 2020/21

1 Introduction

The Workforce Disability Equality Standard (WDES) is mandated by the NHS Standard Contract and applies to all NHS Trusts and Foundation Trusts.

The WDES is a data-based standard that uses a series of ten measures (metrics) to improve the experiences of Disabled staff in the NHS.

All of the metrics draw from existing data sources (recruitment dataset, ESR, NHS Staff Survey, local HR data) with the exception of one; metric 9b asks for narrative evidence of actions taken, to be written into the trust's WDES annual report.

The metrics have been developed to capture information relating to the workplace and career experiences of Disabled staff in the NHS.

The national WDES 2019 Annual Report has shown that Disabled staff have poorer experiences in areas such as bullying and harassment and attending work when feeling unwell, when compared to non-disabled staff.

The ten metrics have been informed by research by Middlesex and Bedford Universities, conducted on behalf of NHS England/Improvement, and by Disability Rights UK on behalf of NHS Employers.

The annual collection of the WDES Metrics will allow trusts to better understand and improve the workplace and career experiences of Disabled staff in the NHS.

The WDES metrics have been designed to be as simple and straightforward as possible. The development of the WDES owes a great deal to the consultation and engagement with NHS key stakeholders, including Disabled staff, trade unions and senior leaders.

WDES metrics 2020

There have been three minor changes to the metrics this year:

- Metric 2 has been reworded for improved clarity.
- Metric 3 moves from a voluntary to a mandatory status.
- Metric 9a removes the requirement to compare the NHS Staff Survey staff engagement score between Disabled staff and the overall workforce.

The following information provides insight into the Humber Teaching NHS Foundation Trust current position against the Workforce Disability Equality Standard (WDES) Metrics.

2 Executive summary

The Humber Teaching NHS Foundation Trust has demonstrated a number of key strengths in the past 12 months when compared to other NHS Trusts, relating to:

- Disabled representation across the pay bands compared to overall workforce
- the relative likelihood of Disabled staff being appointed from shortlisting
- the relative likelihood of Disabled staff entering the formal disciplinary process
- the percentage of staff believing that the Trust provides equal opportunities for career progression or promotion.
- the percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

However, this report also identifies clear concerns relating to:

- the percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse
- the percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.
- The percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
- the percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.

3 WDES progress in 2019/20

- 34% of disabled staff reported experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months, this compares to 22.6% of non-disabled staff. However, 34% represents a small increase of 1.2% on 2018 33.7% of disabled staff reported experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.
- 20% of disabled staff reported experiencing harassment, bullying or abuse from a manager in the last 12 months, this compares to 10% of non-disabled staff. However, 20% is a decrease of 4.1% on 2018 24.1% of disabled staff reported experiencing harassment, bullying or abuse from a manager in the last 12 months.
- 18.3% of disabled staff reported experiencing harassment, bullying or abuse from other colleagues in the last 12 months, this compares to 13.3% of non-disabled staff. However, 18.3% demonstrates a decrease of 5.3% on 2018 23.6% of disabled staff reported experiencing harassment, bullying or abuse from other colleague in the last 12 months.
- 57% of disabled staff reported the last time they experienced harassment, bullying or abuse at work they or a colleague reported it, this compares 52.5% of non-disabled staff. However, 57% demonstrates 0.9% increase on 2018 56.1% of disabled staff reporting the last time they experienced harassment, bullying or abuse at work they or a colleague reported it.
- 79.5% of disabled staff believe that their organisation provides equal opportunity for career progression or promotion, this compares with 84.5% of non-disabled staff. However, 79.5% represents a decline of 5.3% on 2018 84.8% of disabled staff believe that their organisation provides equal opportunity for career progression or promotion.
- 25.2% of disabled staff have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties, this compares to 17.1% of non-disabled staff. However, 25.2% represents a decline of 3.2% on 2018 28.4% of disabled staff have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
- 36.4% of disabled staff were satisfied with the extent to which their organisation values their work, this compares to 45.7% of non-disabled staff. However, 36.4% represents a slight increase of 0.7% on 2018 35.7% of disabled staff reporting they were satisfied with the extent to which their organisation values their work.
- 79.4% of disabled staff say their employer has made adequate adjustments to enable them to carry out their work, this compares with 80.3% in 2018.

4 Conclusion and next steps

The Humber Teaching NHS Foundation Trust has demonstrated a number of key strengths in the past 12 months when compared to other NHS Trusts, relating to:

- Disabled representation across the pay bands compared to overall workforce
- the relative likelihood of Disabled staff being appointed from shortlisting
- the relative likelihood of Disabled staff entering the formal disciplinary process
- the percentage of staff believing that the Trust provides equal opportunities for career progression or promotion.
- the percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

However, this report also identifies clear concerns relating to:

- the percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse
- the percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.
- The percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
- the percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.

Next Steps

The areas of concern highlighted in this report have been taken into account when identifying robust and effective actions for the equality, diversity and inclusion strategy for the next year.

As such, the Trust's Equality, Diversity and Inclusion Annual Report for 2019/20 contain a strong set of actions to address the concerns contained in this report and can be found on the Trust website at the following address:

<https://www.humber.nhs.uk/downloads/Equality%20and%20Diversity/2020/Equality%20Diversity%20and%20Inclusion%20Annual%20Report%20201920.pdf>

Appendix 1 WDES metrics report

Detailed below is the organisation's WDES data which was submitted in August 2020 covering the period 1st April 2019 – 31st March 2020

Metric 1 Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including executive board members) compared with the percentage of staff in the overall workforce.

(Data source: ESR).

1a. Non-clinical workforce

	Disabled staff in 2019	Disabled staff in 2020	Disabled staff in 2019/2020	Non-disabled staff in 2019	Non-disabled staff in 2020	Non-disabled staff in 2019/2020	Unknown/null staff in 2019	Unknown/null staff in 2020	Unknown/null staff in 2019/2020	Total staff in 2019	Total staff in 2020
	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Headcount	Headcount
Cluster 1 (Bands 1 - 4)	6%	6.4%	+0.4%	73%	62%	-11%	21%	31.6%	+10.6%	706	595
Cluster 2 (Band 5 - 7)	3%	2.8%	-0.2%	72%	82.1%	+10.1%	25%	15.1%	-9.9%	101	106
Cluster 3 (Bands 8a - 8b)	7%	9.1%	+2.1%	67%	75.8%	+8.8%	26%	15.2%	10.8%	27	33
Cluster 4 (Bands 8c – 9 & VSM)	0%	0.0%	0%	65%	53.8%	-11.2%	35%	46.2%	+11.2%	17	13

1b. Clinical workforce

	Disabled staff in 2019	Disabled staff in 2020	Disabled staff in 2019/2020	Non-disabled staff in 2019	Non-disabled staff in 2020	Non-disabled staff in 2019/2020	Unknown/null staff in 2019	Unknown/null staff in 2020	Unknown/null staff in 2019/2020	Total staff in 2019	Total staff in 2020
	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Headcount	Headcount
Cluster 1 (Bands 1 - 4)	4%	5.13%	+1.13	75%	63.65%	-11.35%	21%	31.22%	+10.22%	625	633
Cluster 2 (Band 5 - 7)	17%	4.52%	-12.48%	52%	66.03%	+14.03%	30%	29.45%	-0.55%	1089	1107
Cluster 3 (Bands 8a - 8b)	0%	4.80%	+4.80	75%	73.60%	-1.4%	25%	21.60%	-3.4%	108	125
Cluster 4 (Bands 8c – 9 & VSM)	0%	0.0%	0%	80%	61.90%	-18.1%	20%	38.10%	+18.10%	19	21
Cluster 5 (Medical and Dental staff, Consultants)	3%	0.0%	-3%	47%	50%	+3%	50%	50%	0%	40	32
Cluster 6 (Medical and Dental staff, Non-consultant career grade)	8%	9.09%	+1.09	69%	54.55%	-14.45%	23%	36.36%	+13.36%	9	11
Cluster 7 (Medical and Dental staff, Medical and Dental trainee grades)	100%	27.27%	-72.73%	69%	54.55%	-14.45%	23%	18.18%	4.82%	13	11

Metric 2 – Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts

(Data source: Trust's recruitment data)

	Relative likelihood in 2019	Relative likelihood in 2020	Relative likelihood difference (+-)
Relative likelihood of non-disabled staff being appointed from shortlisting compared to Disabled staff	0.08	0.30	+0.22

Metric 3 – Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

(Data source: Trust's HR data)

	Relative likelihood in 2018/19	Relative likelihood in 2019/20	Relative likelihood difference (+-)
Relative likelihood of Disabled staff entering formal capability process compared to non-disabled staff	0.0	0.01	+0.01

Metric 4 – Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse.

(Data source: Question 13, NHS Staff Survey)

	Disabled staff responses to 2018 NHS Staff Survey	Non-disabled staff responses to 2018 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2018	Disabled staff responses to 2019 NHS Staff Survey	Non-disabled staff responses to 2019 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2019
	Percentage (%)	Percentage (%)		Percentage (%)	Percentage (%)	
4a) Staff experiencing harassment, bullying or abuse from patients/ service users, their relatives or other members of the public in the last 12 months	33.7%	24.1%	+9.6%	34.9%	22.6%	+12.3%
4b) Staff experiencing harassment, bullying or abuse from managers in the last 12 months	24.1%	11.1%	+13%	20%	10%	+10%
4c) Staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	23.6%	13.7%	+9.9	18.3%	13.3%	+5%
4d) Staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months	56.1%	55.9%	+0.2%	57%	52.5%	4.5%

Metrics 5 – 8

(Data source: Questions 14, 11, 5, 28b, NHS Staff Survey)

	Disabled staff responses to 2018 NHS Staff Survey	Non-disabled staff responses to 2018 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2018	Disabled staff responses to 2019 NHS Staff Survey	Non-disabled staff responses to 2019 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2019
	Percentage (%)	Percentage (%)		Percentage (%)	Percentage (%)	
Metric 5 - Percentage of Disabled staff compared to non-disabled staff believing that the trust provides equal opportunities for career progression or promotion.	84.8%	88.7%	-3.9%	79.5%	84.5%	-5%
Metric 6 - Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	28.4%	16.4%	+12%	25.2%	17.1%	+8.1%
Metric 7 - Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	35.7%	41.9%	-6.2%	36.4%	45.7%	-9.3%
Metric 8 - Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	80.3%	N/A	N/A	79.4%	N/A	N/A

Metric 9 – Disabled staff engagement

(Data source: NHS Staff Survey)

	Disabled staff engagement score for 2018 NHS Staff Survey	Non-disabled staff engagement score for 2018 NHS Staff Survey	Difference (+/-) between disabled staff and non-disabled staff engagement scores 2018	Disabled staff engagement score for 2019 NHS Staff Survey	Non-disabled staff engagement score for 2019 NHS Staff Survey	Difference (+/-) between Disabled staff and non-disabled staff engagement scores 2019
a) The staff engagement score for Disabled staff, compared to non-disabled staff.	6.4	6.8	-0.4	6.3	6.9	-0.6

b) Has your trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No) - Yes

Please provide at least one practical example of action taken in the last 12 months to engage with Disabled staff.

Example 1: In March 2020, the Trust held a setting equality priorities workshop for 90 staff, patients and carers to identify barriers/issues related to disability (as well as other protected characteristics) where a range of feedback was taken and entered into strategic improvement plans

Example 2: In July 2020, the Trust established Humber Ability, the Trusts disability staff network who in the future will advise the Trust on issues around disability as well as evaluate the Trusts actions in response to the Workforce Disability Equality Standard

Metric 10 – Percentage difference between the organisation’s board voting membership and its organisation’s overall workforce

(Data source: NHS ESR and/or trust’s local data)

	Disabled Board members in 2019	Non-disabled Board members in 2019	Board members with disability status unknown in 2019	% points difference (+/-) between Disabled Board members and Disabled staff in overall workforce	Disabled Board members in 2020	Non-disabled Board members in 2020	Board members with disability status unknown in 2020	% points difference (+/-) Between Disabled and non-disabled Board members in 2020
	Percentage (%)	Percentage (%)	Percentage (%)		Percentage (%)	Percentage (%)		
Percentage difference between the organisation’s Board voting membership and its organisation’s overall workforce, disaggregated by Exec/non-exec and Voting/non-voting.	Exec = 0	Exec = 6	Exec = 0	Total Board = 8.3%	Exec = 0	Exec = 6	Exec = 0	Total Board = 8.3%
	Non-exec = 1	Non-exec = 6	Non-exec = 0	Overall workforce = 4.7%	Non-exec = 1	Non-exec = 6	Non-exec = 0	Overall workforce = 5.1%
	Voting = 1	Voting = 11	Voting = 0	Difference = +3.6%	Voting = 1	Voting = 11	Voting = 0	Difference = +3.2% percentage points
	Non-voting = 0	Non-voting = 1	Non-voting = 0		Non-voting = 0	Non-voting = 1	Non-voting = 0	

APPENDIX 2 - WDES action plan 2020/21

Metric	Objective	Action/s	Timescales	Lead/s	Why
1,2	Increase in staff declaring disability status	Review disability monitoring information for staff and agree ESR updating processes.	Sept 2020	JD/JW	The Trust has a higher proportion of 'prefer not to say' disability declarations in ESR
1,2	Decrease in number of new starters in the 'undeclared' and 'prefer not to say' categories.	Review OH paperwork for new starters to identify any improvements that could encourage new starters to declare disability status.	Dec 2020	JD/HM	
1,2	Work towards Level 3 Disability Confident Scheme Accreditation	Explore Disability Confident Leader Programme	Apr 2021	JD/JeD	Becoming a disability confident leader will demonstrate the Trust is inclusive workplace and lead to improvements in recruitment and retention of disabled staff
1,2,3,6,7,8	Improved confidence in managers in dealing with employment disability issues (local survey). Improved satisfaction for disabled staff in NHS Staff Survey. Also monitor impact via HR employee relations issues for disabled staff.	Review management disability awareness training.	Mar 2021	JD	25.2% of disabled staff have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties, this compares to 17.1% of non-disabled staff.
1,2,3,4b,5,7,8	Improved satisfaction for disabled staff in NHS Staff Survey. Also monitor impact via HR employee relations issues for disabled staff.	Review staff disability awareness training.	Mar 2021	JD	
1	Improved confidence in managers in dealing with recruitment disability issues (local survey)	Review training for Recruitment and Selection	Mar 2021	JD	To continue improvements to the relative likelihood of non-disabled staff being appointed from shortlisting compared to Disabled staff
1,3,5	Improved satisfaction for disabled staff in NHS Staff Survey. Improved satisfaction for disabled staff regarding reasonable adjustments in NHS Staff Survey.	Promote internal and external structures which can support staff with disabilities	Mar 2021	JD/JR	79.4% of disabled staff say their employer has made adequate adjustments to enable them to carry out their work, this compares with 80.3% in 2018.
1	More effective actions to improve workplace for disabled staff	Involve Disability Staff Network on the Trusts approach to improving the working environment for staff with a disability	Sept 2020	JD/MM	
6	Improvement of disabled staff satisfaction specifically related to reasonable adjustments. Increase number of reasonable adjustments throughout the Trust.	Introduction of disability passports for reasonable adjustments	Nov 2020	JD/HM	
1, 4a, 7	Increased representation of disabled people in Trust communications and publications	Review how the Trust promotes disabled people in everyday communication, etc.	Nov 2020	JD/HW	36.4% of disabled staff were satisfied with the extent to which their organisation values their work, this compares to 45.7% of non-disabled staff
1	Improved declaration / representation of disabled staff in clinical roles	Deep dive into the underrepresentation of disabled staff in clinical role	Mar 2021	JD	61% of the Trusts disabled staff work in the lower pay bands.

7.6 Appendix 6 – Equality Delivery System (EDS2) Summary Report 2020

Equality Delivery System for the NHS

EDS2 Summary Report



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

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

NHS organisation name: Humber Teaching NHS Foundation Trust	Organisation's Equality Objectives (including duration period): Patient and Carer's Objectives: To improve access to digital technology in particular for hard to reach groups. To co-produce a variety of training packages with people from a diverse background so that it is representative of the protected characteristics. To continue to develop interpretation and translation services for people who speak English as their second language. To further develop systems and processes to better understand our data on people accessing our services with a protected characteristic.
Organisation's Board lead for EDS2: Director of Workforce and OD	
Organisation's EDS2 lead (name/email): steve.mcgowan@nhs.net	
Level of stakeholder involvement in EDS2 grading and subsequent actions: Patients Service Users Carers Staff (clinical and corporate) External stakeholders (Public, private, voluntary and third sector organisations) Involvement platforms include; workshops, forums, task and finish groups, meetings, surveys. All the above carried out virtually or face to face, with external and internal stakeholders attending Humber Teaching NHS Foundation Trust involvement	Headline good practice examples of EDS2 outcomes (for patients/community/workforce): - Annual co-produced EDI event to determine EDI priorities for patients, service users, carers and workforce for 2021. - Community mental health services transformation programme - Provider collaborative - Inpatient mental health services redesign - Social mediation and self help service (SMASH) - Interpreter on wheels - Browsealoud tool (making information accessible on website) - Safeguarding policies, procedures and service specifications - Mental health liaison services at acute Trust emergency department

Publication Gateway Reference Number: 03247

Date of EDS2 grading February 2021

Date of next EDS2 grading March 2022

Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective
Better health outcomes	1.1	<p>Services are commissioned, procured, designed and delivered to meet the health needs of local communities</p> <p>Grade: <input type="radio"/> Undeveloped <input type="radio"/> Developing <input checked="" type="radio"/> Achieving <input type="radio"/> Excelling</p> <p>Which protected characteristics fare well:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Disability <input checked="" type="checkbox"/> Gender reassignment <input checked="" type="checkbox"/> Marriage and civil partnership <input checked="" type="checkbox"/> Pregnancy and maternity <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Religion or belief <input checked="" type="checkbox"/> Sex <input checked="" type="checkbox"/> Sexual orientation <p>Evidence drawn upon for rating:</p> <ul style="list-style-type: none"> Co-produced EDI annual event CMH services transformation programme Provider collaborative SMASH Inpatient MH services redesign 	<input checked="" type="checkbox"/>
	1.2	<p>Individual people's health needs are assessed and met in appropriate and effective ways</p> <p>Grade: <input type="radio"/> Undeveloped <input type="radio"/> Developing <input checked="" type="radio"/> Achieving <input type="radio"/> Excelling</p> <p>Which protected characteristics fare well:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Disability <input checked="" type="checkbox"/> Gender reassignment <input checked="" type="checkbox"/> Marriage and civil partnership <input checked="" type="checkbox"/> Pregnancy and maternity <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Religion or belief <input checked="" type="checkbox"/> Sex <input checked="" type="checkbox"/> Sexual orientation <p>Evidence drawn upon for rating:</p> <ul style="list-style-type: none"> CMH services transformation programme Provider collaborative SMASH Browsealoud Interpreter on wheels 	<input checked="" type="checkbox"/>
	1.3	<p>Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed</p> <p>Grade: <input type="radio"/> Undeveloped <input type="radio"/> Developing <input checked="" type="radio"/> Achieving <input type="radio"/> Excelling</p> <p>Which protected characteristics fare well:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Disability <input checked="" type="checkbox"/> Gender reassignment <input checked="" type="checkbox"/> Marriage and civil partnership <input checked="" type="checkbox"/> Pregnancy and maternity <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Religion or belief <input checked="" type="checkbox"/> Sex <input checked="" type="checkbox"/> Sexual orientation <p>Evidence drawn upon for rating:</p> <ul style="list-style-type: none"> LD services have health action plans, positive behaviour support plans and accessible plans in paper format and electronic format LD services have the 'My Health Guide' on tablets for LD patients to allow them to share their own information LD services working closely with clinical commissioning group to support patient transition from inpatient unit to a independent living Patient electronic clinical systems for integrated use 	<input checked="" type="checkbox"/>

Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective
Better health outcomes, continued	1.4	<p>When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse</p> <p>Grade: <input type="radio"/> Undeveloped <input type="radio"/> Developing <input checked="" type="radio"/> Achieving <input type="radio"/> Excelling</p> <p>Which protected characteristics fare well:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Disability <input checked="" type="checkbox"/> Gender reassignment <input checked="" type="checkbox"/> Marriage and civil partnership <input checked="" type="checkbox"/> Pregnancy and maternity <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Religion or belief <input checked="" type="checkbox"/> Sex <input checked="" type="checkbox"/> Sexual orientation <p>Evidence drawn upon for rating:</p> <ul style="list-style-type: none"> White Ribbon accreditation Co-produced leaflet 'supporting families, carers and loved ones following a patient safety incident' Safeguarding adult and childrens policies, procedures and service specifications in place Mandatory safeguarding training compliance Freedom to speak up policy, campaign and guardians 	<input checked="" type="checkbox"/>
	1.5	<p>Screening, vaccination and other health promotion services reach and benefit all local communities</p> <p>Grade: <input type="radio"/> Undeveloped <input type="radio"/> Developing <input checked="" type="radio"/> Achieving <input type="radio"/> Excelling</p> <p>Which protected characteristics fare well:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Disability <input checked="" type="checkbox"/> Gender reassignment <input checked="" type="checkbox"/> Marriage and civil partnership <input checked="" type="checkbox"/> Pregnancy and maternity <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Religion or belief <input checked="" type="checkbox"/> Sex <input checked="" type="checkbox"/> Sexual orientation <p>Evidence drawn upon for rating:</p> <ul style="list-style-type: none"> Annual flu campaign Covid vaccination hub East Riding child health programme MH liaison service at acute Trust emergency services dept Virtual recovery college platform CMH transformation programme SMASH 	<input checked="" type="checkbox"/>

Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective
Improved patient access and experience	2.1	<p>People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds</p> <p>Grade: <input type="radio"/> Undeveloped <input type="radio"/> Developing <input checked="" type="radio"/> Achieving <input type="radio"/> Excelling</p> <p>Which protected characteristics fare well:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Disability <input checked="" type="checkbox"/> Gender reassignment <input checked="" type="checkbox"/> Marriage and civil partnership <input checked="" type="checkbox"/> Pregnancy and maternity <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Religion or belief <input checked="" type="checkbox"/> Sex <input checked="" type="checkbox"/> Sexual orientation <p>Evidence drawn upon for rating:</p> <ul style="list-style-type: none"> Trust meets statutory duty under equalities act for disabled groups Most properties have access and egress Covid related works carried out to comply with health and safety legislation 	<input checked="" type="checkbox"/>

Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective
Improved patient access and experience	2.2	<p>People are informed and supported to be as involved as they wish to be in decisions about their care</p> <p>Grade: Undeveloped</p> <p>Which protected characteristics fare well:</p> <ul style="list-style-type: none"> Age Disability Gender reassignment Marriage and civil partnership Pregnancy and maternity Race Religion or belief Sex Sexual orientation <p>Evidence drawn upon for rating:</p> <p>CMH transformation programme Provider collaborative Patient survey results (National community, MH service user survey and inpatient survey) Family induction meetings to support dementia patients Inpatient unit community meetings Patients asked who would they like their information shared with</p>	✓
	2.3	<p>People report positive experiences of the NHS</p> <p>Grade: Undeveloped</p> <p>Which protected characteristics fare well:</p> <ul style="list-style-type: none"> Age Disability Gender reassignment Marriage and civil partnership Pregnancy and maternity Race Religion or belief Sex Sexual orientation <p>Evidence drawn upon for rating:</p> <p>Overall, 88.5% of our patients were satisfied with the services they received. Over 98% score for friendliness/helpfulness. Over 98% score for "Were you given enough info?" Over 97% score for involvement. Patient and Carer Experience forums have continued throughout the year on a virtual basis</p>	✓
	2.4	<p>People's complaints about services are handled respectfully and efficiently</p> <p>Grade: Undeveloped</p> <p>Which protected characteristics fare well:</p> <ul style="list-style-type: none"> Age Disability Gender reassignment Marriage and civil partnership Pregnancy and maternity Race Religion or belief Sex Sexual orientation <p>Evidence drawn upon for rating:</p> <p>Introduced new complaints process for the triage of formal and informal complaints Complaints policy and procedure Information leaflets</p>	✓

Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective
A representative and supported workforce	3.1	<p>Fair NHS recruitment and selection processes lead to a more representative workforce at all levels</p> <p>Grade: Undeveloped</p> <p>Which protected characteristics fare well:</p> <ul style="list-style-type: none"> Age Disability Gender reassignment Marriage and civil partnership Pregnancy and maternity Race Religion or belief Sex Sexual orientation <p>Evidence drawn upon for rating:</p> <p>The Trust adheres to NHS Standards for recruitment and selection New recruitment and selection training Mindful employer Disability confident employment Operate a guaranteed scheme where candidates meet the minimum criteria Implemented an ESR project to ensure accurate and updated</p>	✓
	3.2	<p>The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations</p> <p>Grade: Undeveloped</p> <p>Which protected characteristics fare well:</p> <ul style="list-style-type: none"> Age Disability Gender reassignment Marriage and civil partnership Pregnancy and maternity Race Religion or belief Sex Sexual orientation <p>Evidence drawn upon for rating:</p> <p>Job evaluation process Training provided for the job evaluation process No equal pay claims to date Using standardised job descriptions where possible Full agenda pay gap report analysis carried out The Trusts mean gender pay gap is 12.59% which is slightly lower -0.31% on last year's figure of 12.9%.</p>	✓
	3.3	<p>Training and development opportunities are taken up and positively evaluated by all staff</p> <p>Grade: Undeveloped</p> <p>Which protected characteristics fare well:</p> <ul style="list-style-type: none"> Age Disability Gender reassignment Marriage and civil partnership Pregnancy and maternity Race Religion or belief Sex Sexual orientation <p>Evidence drawn upon for rating:</p> <p>NSS 2019 54% staff accessing right training and materials Evaluation and feedback process in place with 89% positive responses New appraisal document and structured appraisal window Proud programme Training compliance report through workforce insight reports</p>	✓

Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective
A representative and supported workforce	3.4	<p>When at work, staff are free from abuse, harassment, bullying and violence from any source</p> <p>Grade: Undeveloped</p> <p>Which protected characteristics fare well: <ul style="list-style-type: none"> Age Disability Gender reassignment Marriage and civil partnership Pregnancy and maternity Race Religion or belief Sex Sexual orientation </p> <p>Evidence drawn upon for rating: <ul style="list-style-type: none"> NSS results Bullying and Harassment policy Zero tolerance procedure Bullying and Harassment discussed as part of appraisal process Bullying and Harassment awareness training </p>	<input checked="" type="checkbox"/>
	3.5	<p>Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives</p> <p>Grade: Undeveloped</p> <p>Which protected characteristics fare well: <ul style="list-style-type: none"> Age Disability Gender reassignment Marriage and civil partnership Pregnancy and maternity Race Religion or belief Sex Sexual orientation </p> <p>Evidence drawn upon for rating: <ul style="list-style-type: none"> NSS results Flexible workforce policy Flexible working requests Retire and return process </p>	<input checked="" type="checkbox"/>
	3.6	<p>Staff report positive experiences of their membership of the workforce</p> <p>Grade: Achieving</p> <p>Which protected characteristics fare well: <ul style="list-style-type: none"> Age Disability Gender reassignment Marriage and civil partnership Pregnancy and maternity Race Religion or belief Sex Sexual orientation </p> <p>Evidence drawn upon for rating: <ul style="list-style-type: none"> NSS results Staff Friends and Family test Staff charter Staff awards Organisational values Inclusion and collaboration with hard to reach groups Protected characteristics staff network groups </p>	<input checked="" type="checkbox"/>

Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective
Inclusive leadership	4.1	<p>Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations</p> <p>Grade: Excelling</p> <p>Which protected characteristics fare well: <ul style="list-style-type: none"> Age Disability Gender reassignment Marriage and civil partnership Pregnancy and maternity Race Religion or belief Sex Sexual orientation </p> <p>Evidence drawn upon for rating: <ul style="list-style-type: none"> CQC report WRES initiatives Chief Executive links with protected characteristics networks Board members and senior leaders attend BAME staff network meetings Trust's Chair is appointed as Wellbeing Guardian Chief Executive attended Trust's EDI annual priority setting </p>	<input checked="" type="checkbox"/>
	4.2	<p>Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed</p> <p>Grade: Achieving</p> <p>Which protected characteristics fare well: <ul style="list-style-type: none"> Age Disability Gender reassignment Marriage and civil partnership Pregnancy and maternity Race Religion or belief Sex Sexual orientation </p> <p>Evidence drawn upon for rating: <ul style="list-style-type: none"> Evidence based tools </p>	<input checked="" type="checkbox"/>
	4.3	<p>Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination</p> <p>Grade: Achieving</p> <p>Which protected characteristics fare well: <ul style="list-style-type: none"> Age Disability Gender reassignment Marriage and civil partnership Pregnancy and maternity Race Religion or belief Sex Sexual orientation </p> <p>Evidence drawn upon for rating: <ul style="list-style-type: none"> EDI mandatory training (94.8% compliance) EDI training compliance levels reported through Workforce Insight report Proud programme Bullying and Harassment policy Bullying and Harassment discussed during appraisal process </p>	<input checked="" type="checkbox"/>

7.7 Appendix 7 – Glossary of Terms (Equality, Diversity & Inclusion)

Age

- Refers to a person belonging to a particular age (e.g. 32 years old) or range of ages (e.g. 20-24, 25-29 year olds).

Ally

- A (typically) straight and/or cis person who supports members of the LGBT community.

Anticipatory Duty

- For service providers, the duty to make reasonable adjustments is anticipatory; within reason, it is owed to all potential disabled customers and not just to those who are known to the service provider.

BAME (Black and Minority Ethnic Group)

- “Black and Minority Ethnic Group” is used in the UK to describe people from minority groups of non-white descent, particularly those who are viewed as having experienced racism, or are in the minority because of their skin colour and/or ethnicity. The comparison between white and BAME has been criticised for being bureaucratic and failing to differentiate between non UK white minorities, e.g. those from Eastern Europe, and other white ethnic minority groups. As such, in this report, BAME refers to those categories which are distinct from “UK White” and “Other White”. Refer to Other White and UK White for more details.

Bi

- Bi is an umbrella term used to describe a romantic and/or sexual orientation towards more than one gender. Bi people may describe themselves using one or more of a wide variety of terms, including, but not limited to, bisexual, pan, queer, and some other non-monosexual and non-monoromantic identities.

Bullying

- Offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means that undermine, humiliate, denigrate or injure the recipient.

Cisgender or Cis

- Someone whose gender identity is the same as the sex they were assigned at birth. Non-trans is also used by some people.

Coming out

- When a person first tells someone/others about their orientation and/or gender identity.

Deadnaming

- Calling someone by their birth name after they have changed their name. This term is often associated with trans people who have changed their name as part of their transition.

Disability

- A person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities. Remember, not all disabilities are physical or visible.

Discrimination

- Direct discrimination refers to discrimination because of a person's protected characteristic.
- Indirect discrimination occurs when a provision, criterion or practice is applied that creates disproportionate disadvantage for a person with a protected characteristic as compared to those who do not share that characteristic.
- Discrimination arising from disability occurs when a person is treated unfavourably because of something arising in consequence of their disability.
- Discrimination by perception occurs due to the belief that someone has a protected characteristic, whether or not they do have it.
- Discrimination by association occurs against a person who does not have a protected characteristic because of their association with someone who does.

Diversity

- Valuing everyone as a unique individual and celebrating this difference. Managing diversity successfully will help organisations to nurture creativity and innovation and thereby tap hidden capacity for growth and improved competitiveness.

Due Regard

- To 'have due regard' means that in carrying out all of its functions and day to day activities, a public authority subject to the duty must consciously consider the needs of the PSED as part of the decision-making process in any policy and practice. 'Due regard' comprises two linked elements: proportionality and relevance. The weight that public authorities give to equality should be proportionate to how relevant a particular function is to equality. The greater the relevance of a function to equality, the greater the regard that should be paid.

Equality

- Providing a level playing field for disadvantaged groups to ensure fairness. The approach is centred on: equality of opportunity (access); equality of process (experience and treatment); and equality of outcome (achievement).

Equality Act 2010

- The Equality Act 2010 replaces previous anti-discrimination laws with a single Act. It simplifies the law, removing inconsistencies and making it easier for people to understand and comply with. It also strengthens the law in important ways, to help tackle discrimination and inequality.

Equality Policy

- A statement of an organisation's commitment to the principle of equality in the workplace for staff, customers and stakeholders.

Gay

- Refers to a man who has a romantic and/or sexual orientation towards men. Also a generic term for lesbian and gay sexuality - some women define themselves as gay rather than lesbian. Some non-binary people may also identify with this term.

Gender

- Often expressed in terms of masculinity and femininity, gender is largely culturally determined and is assumed from the sex assigned at birth.

Gender dysphoria

- Used to describe when a person experiences discomfort or distress because there is a mismatch between their sex assigned at birth and their gender identity. This is also the clinical diagnosis for someone who doesn't feel comfortable with the sex they were assigned at birth.

Gender expression

- How a person chooses to outwardly express their gender, within the context of societal expectations of gender. A person who does not conform to societal expectations of gender may not, however, identify as trans.

Gender identity

- A person's innate sense of their own gender, whether male, female or something else (see non-binary below), which may or may not correspond to the sex assigned at birth.

Gender Reassignment

- The process of transitioning from one gender to another. The individual does not need to undergo any medical or hormonal treatment or change their appearance. As soon as they identify and present as a woman/man they should be treated as such, using toilets and changing facilities accordingly.

Harassment

- Unwanted conduct related to a relevant protected characteristic, which has the purpose or effect of violating an individual's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual.

Heterosexual/straight

- Refers to a man who has a romantic and/or sexual orientation towards women or to a woman who has a romantic and/or sexual orientation towards men.

Homophobia

- The fear or dislike of someone, based on prejudice or negative attitudes, beliefs or views about lesbian, gay or bi people. Homophobic bullying may be targeted at people who are, or who are perceived to be, lesbian, gay or bi.

Inclusion

- Inclusion in education is regarded as a process of addressing and responding to the diverse needs of all learners through increasing participation in learning, cultures and communities, and reducing exclusion. Social exclusion is the outcome of multiple deprivations, which prevents individuals or groups from participating fully in the social, economic, and political life of the society in which they live.

Intersex

- A term used to describe a person who may have the biological attributes of both sexes or whose biological attributes do not fit with societal assumptions about what constitutes male or female.

Lesbian

- Refers to a woman who has a romantic and/or sexual orientation towards women. Some non-binary people may also identify with this term.

Lesbophobia

- The fear or dislike of someone because they are or are perceived to be a lesbian.

LGBTQ+

- The acronym for lesbian, gay, bi, trans, queer and questioning.

Marriage & Civil Partnership

- Marriage is recognised in the form of both civil and religious unions between individuals. Civil partners must be treated the same as married couples on a wide range of legal matters. In employment, civil partners must be treated no less favourably than married couples.

Monitoring

- An analysis of equality data to examine if people with protected characteristics are being treated fairly, for example, monitoring the representation of women or disabled people in the workforce or at senior levels within organisations. The Trust remains committed to encouraging and supporting staff and students in self-declaration.

More Favourably

- To treat somebody better than someone else. This is unlawful under the Act if it is because of a protected characteristic, except in very limited circumstances e.g. the duty to make reasonable adjustments for a disabled person. The law can require pregnant workers to be treated more favourably in some circumstances.

Non-binary

- An umbrella term for people whose gender identity doesn't sit comfortably with 'man' or 'woman'. Non-binary identities are varied and can include people who identify with some aspects of binary identities, while others reject them entirely.

Other White

- Refers to those other white ethnicity categories not included within the "UK White" category, i.e. "Irish"; "Gypsy/Traveller"; "Polish"; and "Any other white ethnic group". Refer to BAME and UK White for more details.

Positive Action

- Refers to a range of lawful actions that seek to overcome or minimise disadvantages (e.g. in employment opportunities) that people who share a protected characteristic have experienced, or to meet their different needs.

Pregnancy & Maternity

- Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Pronoun

- Words we use to refer to people's gender in conversation - for example, 'he' or 'she'. Some people may prefer others to refer to them in gender neutral language and use pronouns such as they/their and ze/zir.

Proportionality

- Refers to measures or actions that are appropriate and necessary. Whether something is proportionate will be a question of fact and involve weighing up the discriminatory impact of the action against the reasons for it, and asking if there is any other way of achieving the aim. The more discriminatory a measure, the harder it will be to justify.

Protected Characteristic

- Grounds upon which discrimination is unlawful. The characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Public Sector Equality Duty (PSED)

- The duty on a public authority when carrying out its functions to have due regard to the need to eliminate unlawful discrimination and harassment, advance equality of opportunity and foster good relations. The Public Sector Equality Duty is also known as the "general duty".

Queer

- Queer is a term used by those wanting to reject specific labels of romantic orientation, sexual orientation and/or gender identity. It can also be a way of rejecting the perceived norms of the LGBT community (racism, sizeism, ableism etc). Although some LGBT people view the word as a slur, it was reclaimed in the late 80s by the queer community who have embraced it.

Questioning

- The process of exploring your own sexual orientation and/or gender identity.

Race

- Refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins. Refer to BME, Other White and UK White for more details.

Reasonable

- What is considered reasonable will depend on all the circumstances of the case including the size of an organisation and its resources, what is practicable, the effectiveness of what is being proposed and the likely disruption that would be caused by taking the measure in question as well as the availability of financial assistance.

Religion or Belief

- Religion is generally associated with beliefs, but belief includes philosophical beliefs including lack of belief (e.g. Atheism, environmentalism, vegetarianism, etc.). Generally, a belief should genuinely be held and affect your life choices or the way you live for it to be included in the definition.

Sex (Formerly referred to as gender)

- Generally refers to a man or a woman. For a variety of reasons, some people do not identify according to these definitions.

Sexual Orientation

- Whether a person's sexual orientation is towards their own sex (homosexual), the opposite sex (heterosexual) or to both sexes (bisexual). For a variety of reasons, some people do not identify according to these definitions.

Trans

- An umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth.

Transitioning

- The steps a trans person may take to live in the gender with which they identify. Each person's transition will involve different things. For some this involves medical intervention, such as hormone therapy and surgeries, but not all trans people want or are able to have this.

Transphobia

- The fear or dislike of someone based on the fact they are trans, including denying their gender identity or refusing to accept it. Transphobia may be targeted at people who are, or who are perceived to be, trans.

UK White

- Comprised of the following ethnic group categories: “Scottish”; “English”; “Welsh; and “Northern Irish”. This category is distinct from BAME and Other White. Refer to BAME and Other White for more details.

Sources:

CIPD (2020) Diversity in the Workplace: An Overview.

Equality and Human Rights Commission (2021)

Stonewall (2021)

Agenda Item 21

Title & Date of Meeting:	Trust Board Public Meeting - 28 July 2021			
Title of Report:	Workforce Race Equality Standard (WRES) Report – July 2021			
Author/s:	Name: John Duncan Title: EDI lead			
Recommendation:	To approve	✓	To receive & note	
	For information	✓	To ratify	
Purpose of Paper:	To report on data and progress for the Workforce Race Equality Standard (WRES) submission 2021.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	21/7/21
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	
Key Issues within the report: <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<p>The report identified the following areas to focus on:</p> <ol style="list-style-type: none"> 1. Improving BAME representation in AfC bands 6 and upwards in non-clinical roles 2. The gap between BAME colleagues who believe that they experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months (24%) compared with 22.4% for white colleagues. 3. The gap between BAME colleagues who believe the organisation provides equal opportunities for career progression or promotion (80%) compared to 89.8% of white colleagues. 4. The gap between BAME colleagues who believe they have experience discrimination at work from a manager, team leader or other colleague over the past 12 months (18.4%) compared to 3.8% of white colleagues. 			

	5. Improving BAME representation on the board.
--	--

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	

Workforce Race Equality Standard (WRES) Analysis and Action Plan

July 2021



Contents:

- 1. Foreword**
- 2. Introduction to the WRES**
- 3. Workforce Race Equality Standard (WRES) Indicators**
- 4. Inclusive Leadership**
 - 4.1 WRES Indicator 1 – Ethnicity Profiles**
 - 4.2 WRES Indicator 2 - Relative likelihood of colleagues being appointed from short listing**
 - 4.3 WRES Indicator 3 – Disciplinary Process**
 - 4.4 WRES Indicator 4 – Non-Mandatory Training and CPD**
 - 4.5 WRES Indicator 5 – Percentage of colleagues experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months**
 - 4.6 WRES Indicator 6 - Percentage of colleagues experiencing harassment, bullying or abuse from staff in the last 12 months**
 - 4.7 WRES Indicator 7 - Providing equal opportunities for career progression or promotion**
 - 4.8 WRES Indicator 8 - Percentage of staff experiencing discrimination at work from a manager, team leader or other colleagues**
 - 4.9 WRES Indicator 9 - Percentage difference between the organisations Board voting membership and its overall workforce**
- 5 Conclusion and Next Steps**
- 6 Race Equality Communications Strategy**
- 7 How our Data Impacts Race Equality in the NHS**
- 8 Appendix 1 - Progress against 2020/21 WRES Action Plan**
- 9 Appendix 2 – WRES Action Plan for 21/22**

1. Foreword



I am delighted to be able to introduce you to the Trusts Workforce Race Equality Standard (WRES) report for the year 20/21. It explores the make-up of our workforce and interrogates outcomes from the staff survey to help the organisation better understand what we can do to improve equality across the Trust.

4.7% of the Trust workforce, that is one in twenty, are from the Black, Asian and Minority Ethnic (BAME) community. Whilst it is important to the Trust that we provide our patients with the very best possible care, we also want our staff to feel highly valued, included and respected.

Over the past few years the Trust have invested time in listening to our staff, encouraging colleagues to get involved in making change for the better and improving staff health and well-being services. In the past year the Trust has introduced the BAME Staff network which has been instrumental at providing a voice for BAME staff in the organisation. In partnership with the BAME staff network we celebrated Black History Month last October and we supported our black colleagues during the Black Lives Matter events.

We know from our work with BAME colleagues, and by looking at our workforce race equality data that we can also make further improvements to the experience of our BAME colleagues. For example we are particularly keen to see a difference in the makeup of our leadership community and indeed Board membership where currently we do not reflect the diversity of the communities we serve. That said I am delighted to confirm in May 2021 the new position of Associate Non-Executive Director was recruited too and a BAME candidate successfully appointed. This demonstrates the board's ongoing commitment to building a diverse and representative leadership.

Common sense and decency, backed by research tells us that a representative and fully inclusive workforce will lead to higher staff satisfaction as well as quality patient care, patient satisfaction and patient safety.

Workforce race equality is championed at the highest levels within the Trust and our own Deputy Chief Operating Officer is enrolled on the national WRES Expert Programme. Our WRES expert will support the organisation and the wider health economy in our area to improve race equality and fairness in our patch and in so doing, as the evidence shows improve patient care, patient satisfaction and patient safety.

With this in mind the Trust will work with our BAME colleagues to give us their views on how we take this work forward and support our work on the NHS Workforce Race Equality Standard (WRES) to guide us on this very important journey.

This report highlights the work that has been done so far in helping us to achieve our strategic ambition.

**Steve McGowan, Director of Workforce and Organisational Development
Humber Teaching NHS Foundation Trust**

2. Introduction to the Workforce Race Equality Standard (WRES)



2. Introduction to the WRES



The NHS Workforce Race Equality Standard (WRES) was made available to the NHS in April 2015. It was developed following sustained engagement and consultation with key stakeholders within NHS organisations across England and using expert advice on the factors that would provide measurable and meaningful indicators of equality performance on which organisations can develop and improve.

The main purpose of the WRES is:

- ✓ to help local, and national, NHS organisations (and other organisations providing NHS services) to review their data against the nine WRES indicators,
- ✓ to produce action plans to close the gaps in workplace experience between white and Black and Ethnic Minority (BAME) colleagues, and,
- ✓ to improve BAME representation at the Board level of the organisation.

Commissioned by the NHS Equality and Diversity Council (EDC) and NHS England, the design and development of the WRES is underpinned by engagement with, and contributions from, the NHS and national healthcare organisations, including the WRES Strategic Advisory Group.

There is considerable evidence that the less favourable treatment of BAME colleagues in the NHS, through poor treatment and opportunities, has a significant impact on colleague well-being, patient outcomes and on the efficient and effective running of the NHS and that the measures needed to address such discrimination will benefit patient care and organisational effectiveness.

Research and evidence show, for example, that white shortlisted applicants are on average much more likely to be appointed than BAME shortlisted applicants.

BAME colleagues are more likely than white colleagues to experience harassment, bullying or abuse from other colleagues; are more likely to experience discrimination at work from colleagues and their managers, and are much less likely to believe that their organisation provides equal opportunities for career progression.

In general, the proportion of NHS board members and senior managers who are of BAME origin is significantly smaller than the proportion within the total NHS workforce and the local communities served.

NHS Trusts, including ourselves, are committed to supporting the work on the WRES across the NHS. We also take seriously our responsibilities as an employer to review our own performance against the WRES, and we commit to publishing our data and action plans on our website and intranet, in addition to submitting our data to NHS England for them to publish as appropriate.

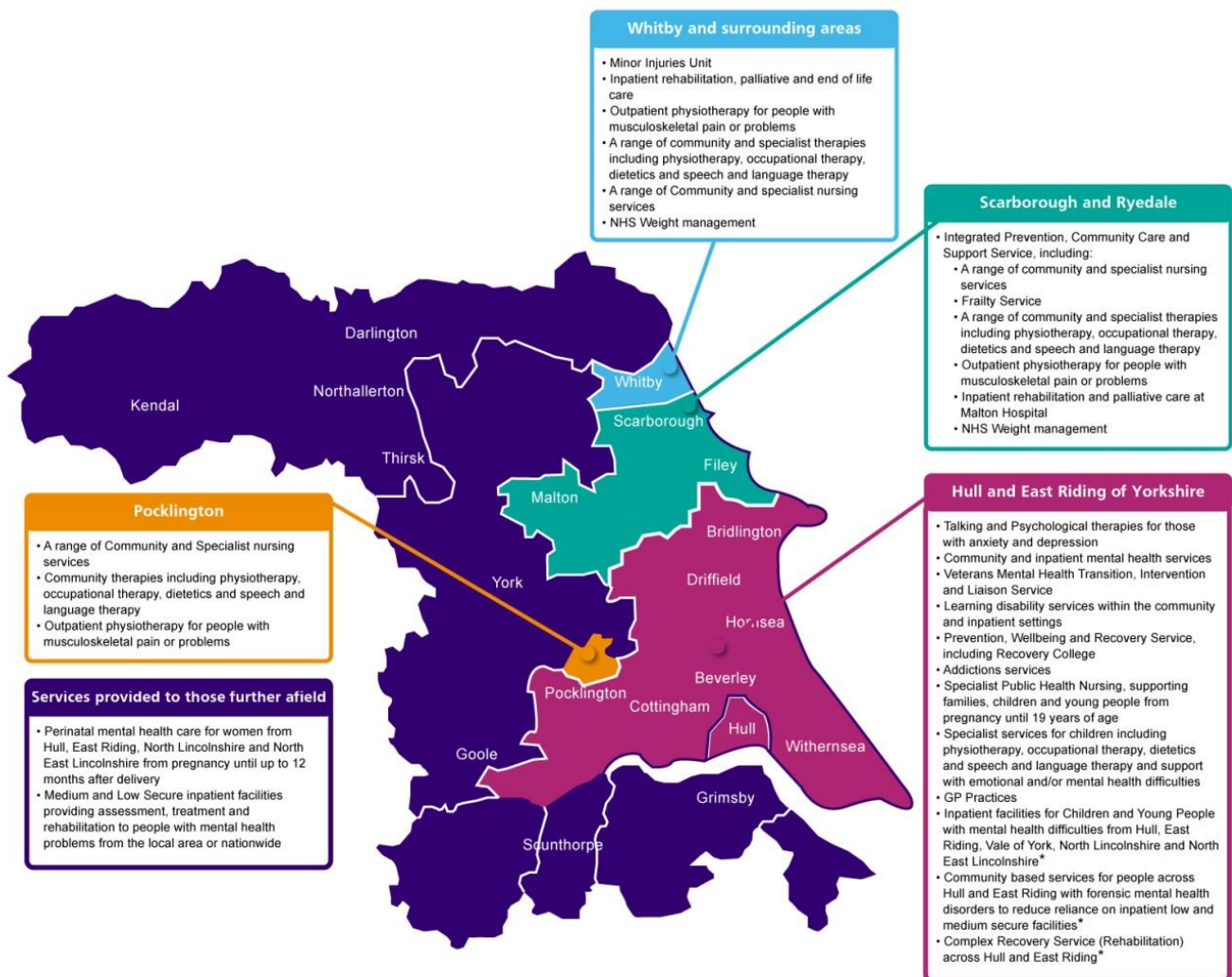
Our Locality

Humber Teaching NHS Foundation Trust provides a broad range of services across a wide geographical area.

We employ approximately 3,000 staff across more than 79 sites at locations throughout five geographical areas; Hull, the East Riding of Yorkshire, Whitby, Scarborough and Ryedale. We provide care to a population of 765 thousand people of all ages who live within an area of more than 4,700 square kilometres, which contains some areas of isolated rurality, dispersed major settlements and pockets of significant deprivation.

As a teaching Trust, we work closely with our major academic partners; Hull York Medical School and University of Hull and other educational establishments. This close working relationship enables us to nurture the future generation of doctors, nurses and other health care professionals.

Our workforce is paramount to delivering high quality care for our patients and the organisation strives to be an employer of choice locally and one which offers long term employment opportunities combined with structured personal and professional development. Our local populations have a BAME population of East Riding 3.8%, Humber 5.1% and North Yorkshire 2.6% and the Trusts workforce make up 4.7% BAME.



Services marked with an asterix * are new services for 2020/2021

3. Workforce Race Equality Standard (WRES) Indicators

There are nine WRES indicators. Four of the indicators focus on workforce data, four are based on data from the national NHS Staff Survey questions, and one indicator focuses upon BAME representation on Boards.

The WRES highlights any differences between the experience and treatment of White staff and BAME staff in the NHS with a view to closing those gaps through the development and implementation of action plans focused upon continuous improvement over time.

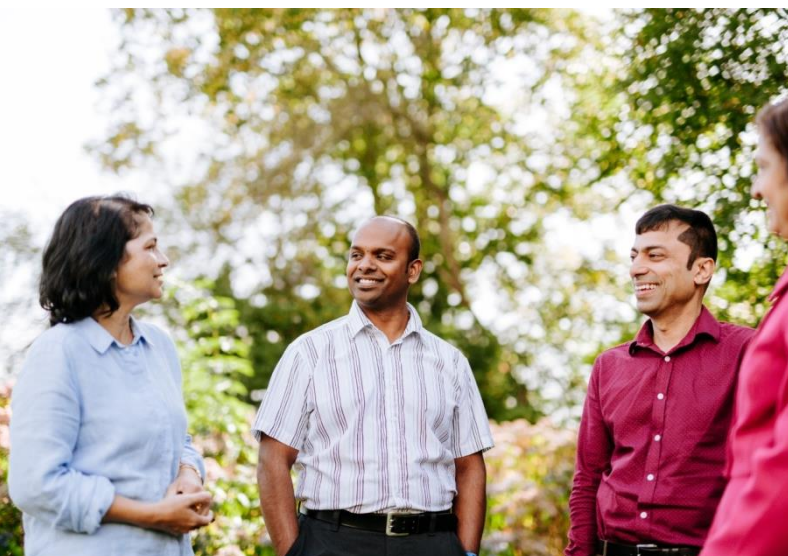
As a whole, the WRES Indicators have been chosen to be as simple and straightforward as possible and are based on existing data sources (Electronic Staff Records; NHS Staff Survey or local equivalent) and analysis requirements which good performing NHS organisations are already undertaking.

The development of the nine WRES indicators owes a great deal to consultation with and contributions from the NHS and key stakeholders.

The table below highlights the nine WRES indicators and where the information can be found.

Nº	WRES Indicator
Workforce Indicators (Source ESR)	
1	Percentage of BAME staff in each of the AfC bands 1 – 9 or medical and dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce
2	Relative likelihood of BAME staff being appointed from shortlisting compared to white staff
3	Relative likelihood of BAME staff entering the formal disciplinary process (as measured by entry into a formal disciplinary investigation) compared to white staff
4	Relative likelihood of BAME staff accessing non-mandatory training and CPD compared to white staff
Staff Survey Findings (Source NHS Staff Survey)	
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months
6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months
7	Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion
8	Percentage of staff experiencing discrimination at work from a manager, team leader or other colleagues
Board Representation (Source ESR)	
9	Percentage difference between the organisations Board voting membership and its overall workforce

4. Inclusive Leadership



Work on the WRES, and on the race equality agenda generally, will only make a difference when it is positioned within the mainstream business and governance of the organisation. The Humber Teaching NHS Foundation Trust is committed to ensuring that the Board and senior leaders of the organisation lead the way in what they do within, and beyond, the organisation. The WRES has helped the organisation encompass an evidence-based approach with good intentions to make a real impactful difference on this agenda.

We know that successful equality, diversity and inclusion work, including work to implement the WRES, requires specialist advice and support. It

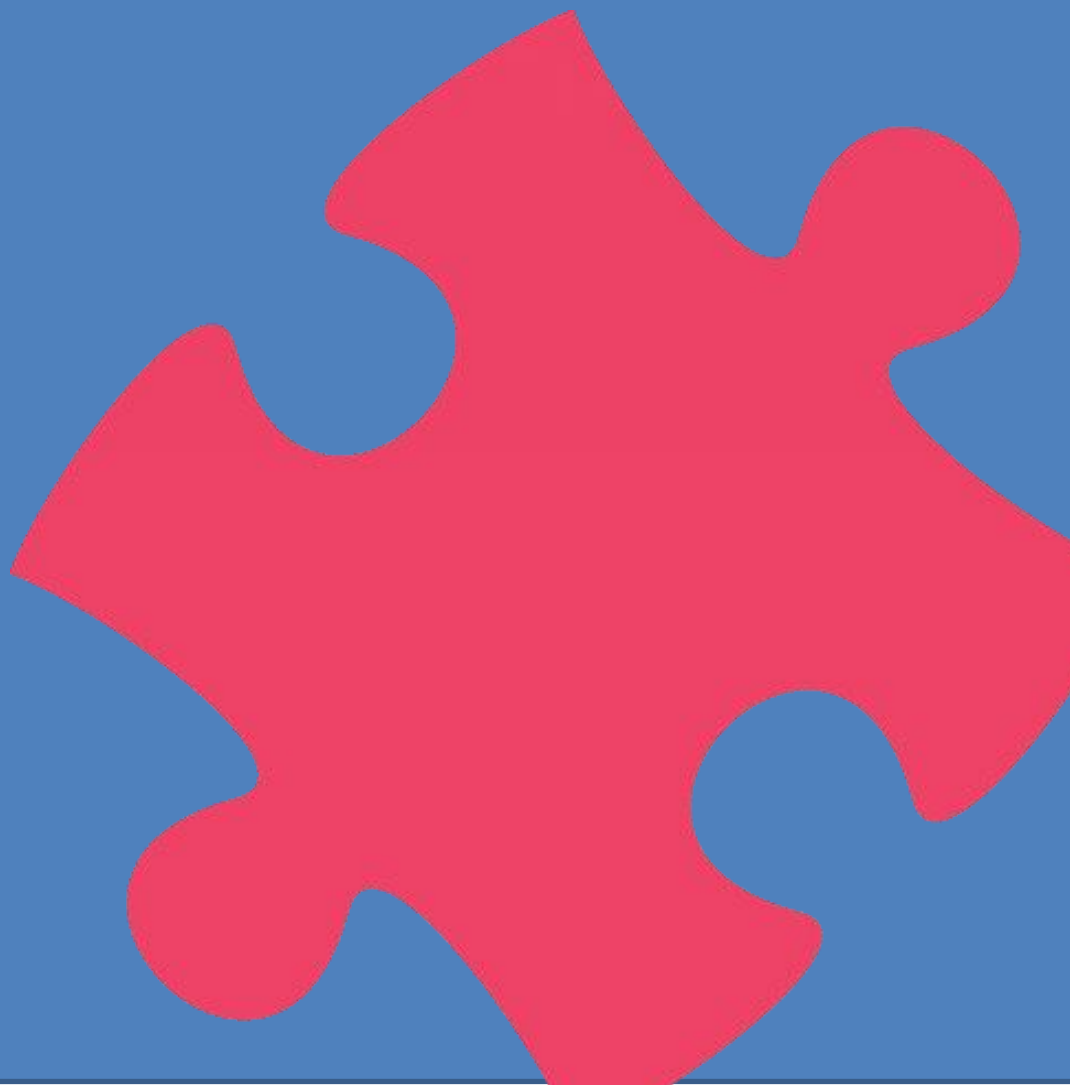
is increasingly recognised that without good leadership, work on this agenda is very often short-lived, or at best, has little organisation wide impact. This is particularly important as the WRES may well challenge the leadership of the organisation to positively demonstrate their own commitment to equality and inclusion, and in particular, to race equality.

Without a doubt, leadership and direction are the most important components when trying to make a positive impact on the culture in an organisation with regards to race equality. The effort and energy put into ensuring that senior leaders in an organisation are aware of the issues and the complexity of race equality is time well spent. Demonstrable and committed leadership on the issue of race is a key component for success of any implementation plan to improve race equality in an organisation, therefore the relationship between the equality and diversity lead in a Trust and the senior leadership of the organisation is a critical one.

The WRES data has enabled Humber NHS Teaching Foundation Trust to focus on what “good” looks like and on how “good” may be achieved and maintained. WRES data helps to point towards the direction of focus and attention required to make continuous improvements on the workforce race equality agenda. Implementing the WRES is not an academic or “tick-box” exercise at the Trust. Instead, the WRES action plan and strategy, strongly reliant on data underpin the operational focus for the organisation.

John Duncan
Equality, Diversity & Inclusion Workforce Lead
Humber Teaching NHS Foundation Trust

4. Our Data and Evidence



4.1 WRES Indicator 1 - Percentage of BAME staff in each of the AfC bands 1 – 9 or medical and dental subgroups and VSM (including executive Board members).

Table 1: Percentage of non-clinical staff by band at 31 March 2021 using a baseline of 4.7% (percentage of BAME staff employed by the Trust)

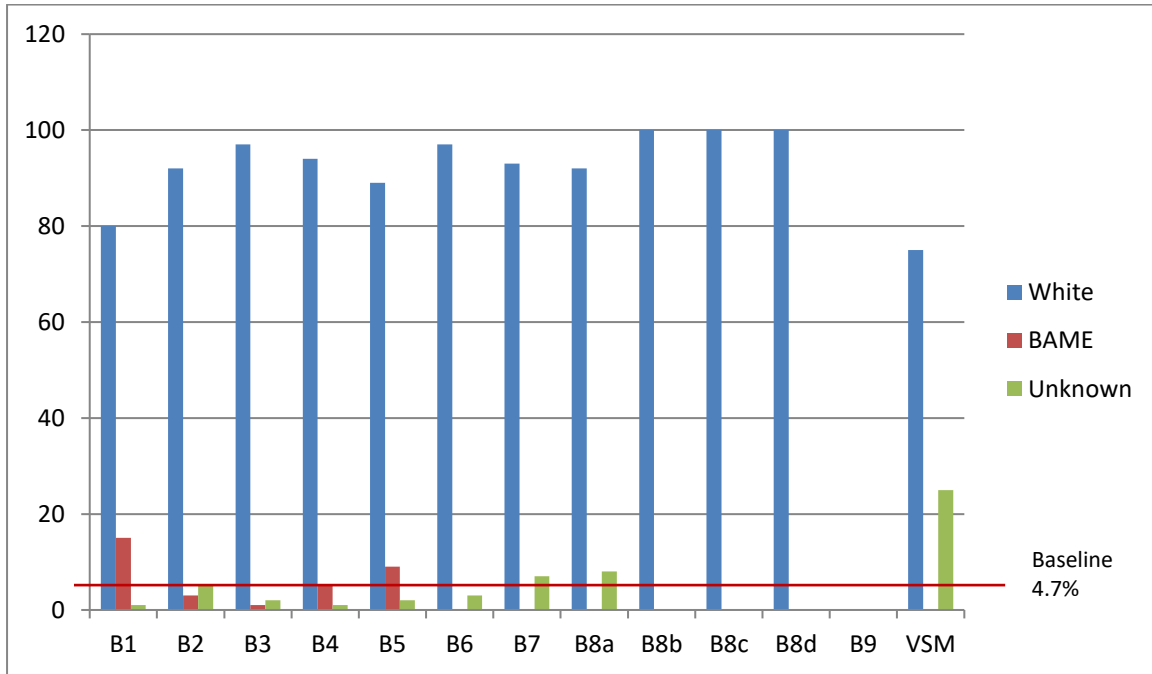
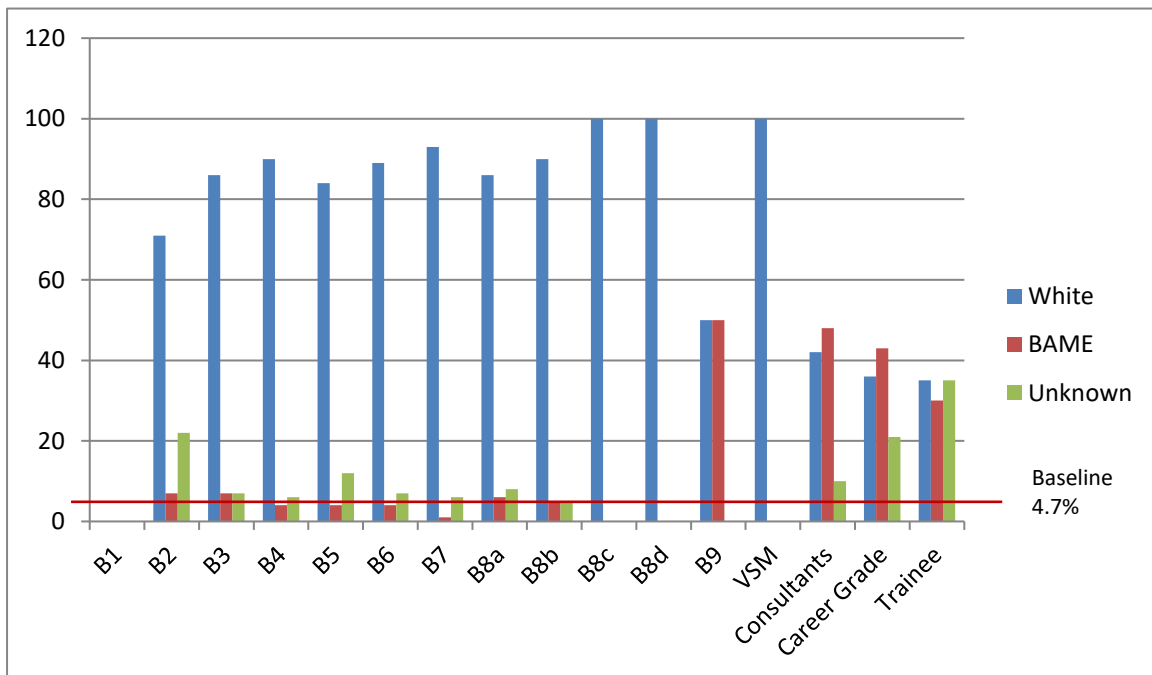


Table 2: Percentage of clinical staff by band at 31 March 2021 using a baseline of 4.7%



At the time of the WRES submission 4.7% of the workforce identified as BAME, the same as last year.

Table 3: Trust Geographical Area and Ethnicity as detailed by the ONS 2016 and Census 2011

Data Observatory	Population (ONS 2016)	Ethnicity (Census 2011)
East Riding	337,696	3.8% non-White,
Humber	260,200	5.1% non-White
North Yorkshire	604,900 (Whitby 13,213)	2.6% non-White

WRES Indicator 1 Key Findings

Table 1 and 2 highlight:

- Non-clinical roles BAME staff are underrepresented AfC bands B6 through to VSM
- Clinical roles BAME staff are underrepresented AfC bands B8c, 8b and VSM

The substantive BAME workforce totals 143, which represents 4.7% of the total workforce. 22 BAME colleagues work in non-clinical roles and 90 work in clinical roles whilst 31 work in medical or dental consultant roles.

This demonstrates that 44.13% of the BAME workforce work in bands 1 – 4, 27.27% work in bands 5 – 7, 6.99% work in bands 8a – VSM and 21.6% are medical and dental consultants.

The overall substantive BAME workforce has increased from 116 in 19/20 to 143 in 20/21, however the overall percentage of BAME colleagues in the workforce has remained at 4.7%. In the main this is representative of the communities the Trust serves, where East Riding and North Yorkshire have BAME communities below 3.8% and the Humber BAME community was 5.1% at the 2011 census.

However, the data shows that 6.99% of senior roles (8a – VSM) in the Trust are held by BAME colleagues and work is needed to support the leadership development of BAME colleagues in non-clinical roles between AfC bands 6 through to VSM.

4.2 WRES Indicator 2 - Relative likelihood of BAME staff being appointed from shortlisting compared to white staff.

	Total	White	BAME	Unknown
Shortlisted applicants	920	855	47	18
Appointed from shortlisting	220	198	17	5
Relative Likelihood of appointment from shortlisting	23.9%	23.16%	36.17%	27.78%

WRES Indicator 2 Key Findings

The relative likelihood of white staff being appointed from shortlisting compared to BAME staff is 1.64 (where 1 indicates equality with BAME applicants) which compared to the national benchmark of 1.15 is showing a better position for the Trust. The figure of 36.17% is slight rise on the previous year but the percentage of white applicants being shortlisted has dropped by 8.84%. However, a deep dive should be undertaken to look at the shortlisting of BAME candidates compared to the number of applicants to ensure Trust recruitment is inclusive and from as diverse a community as possible.

4.3 WRES Indicator 3 - Relative likelihood of BAME staff entering the formal disciplinary process (as measured by entry into a formal disciplinary investigation) compared to white staff.

	Total	White	BAME	Prefer not to say
Workforce	3029	2643	143	243
Number of staff entering the formal disciplinary process	19	17	1	1
Likelihood of staff entering the formal disciplinary process	0.62%	0.64%	0.70%	0.41%

WRES Indicator 3 Key Findings

The relative likelihood of BAME staff entering the formal disciplinary process (as measured by entry into a formal disciplinary investigation) compared to white staff is very low with parity to white colleagues. This would suggest that across the Trust BAME staff are not disadvantaged by the use of the disciplinary process or its application. Statistically the number of BAME colleagues entering the formal disciplinary process is extremely low.

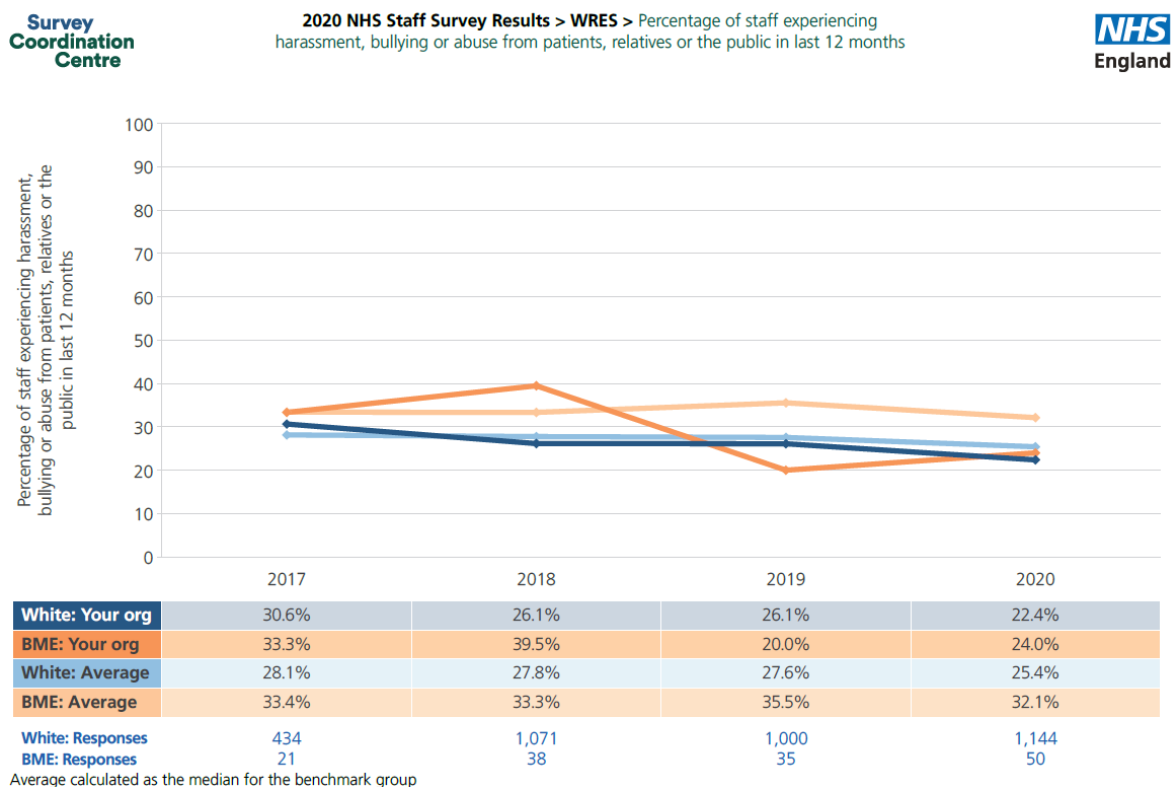
4.4 WRES Indicator 4 - Relative likelihood of BAME staff accessing non-mandatory training and CPD compared to white staff

	Total	White	BAME	Prefer not to say
Workforce	3029	2643	143	243
Number of staff accessing non-mandatory training and CPD	1900	1639	105	156
Likelihood of staff accessing non-mandatory training and CPD	62%	62%	73.43%	64%

WRES Indicator 4 Key Findings

The Relative likelihood of white staff accessing non-mandatory training and CPD compared to BAME colleagues is 1.18, an improvement from 0.97 last year. Furthermore, this demonstrates equality of opportunity in accessing non-mandatory training and CPD between BAME and White colleagues.

4.5 WRES Indicator 5 - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months



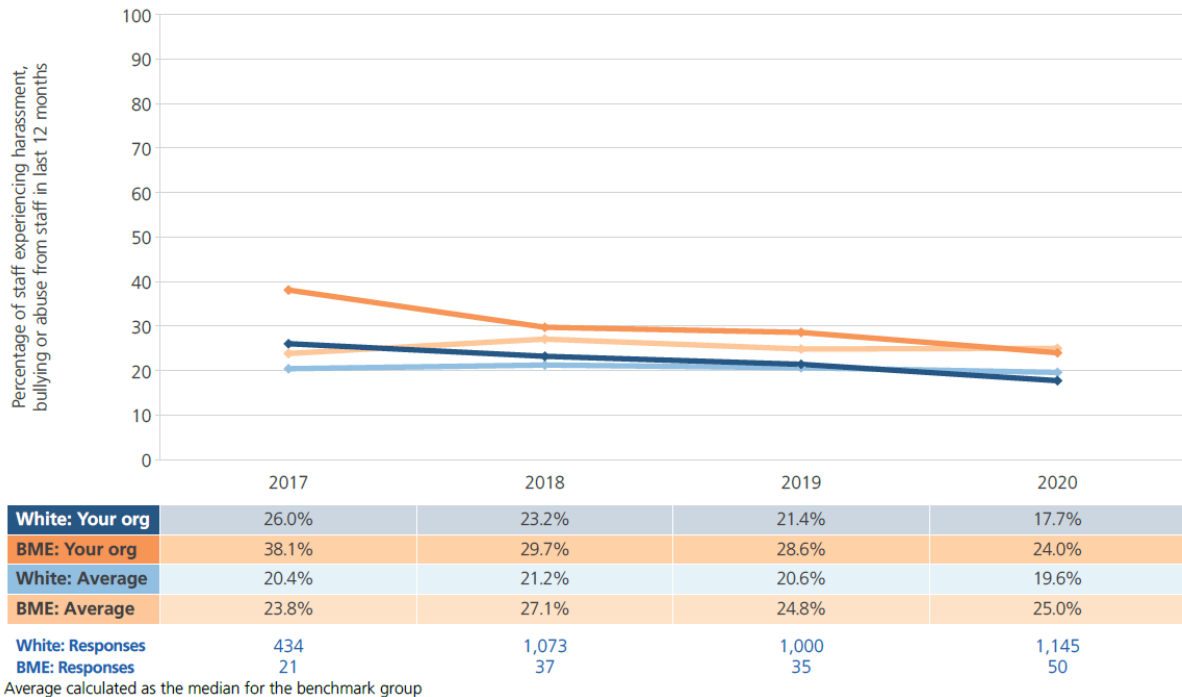
WRES Indicator 5 Key Findings

24% of BAME colleagues believe that they experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months, this compares with 22.4% for white colleagues.

However, 24% is a rise of 4% on 2019 where 20% of BAME staff reported experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months. Significantly, the Trusts figure of 20% is considerably below the average for BAME staff which is 32.1% across the benchmark group. Though, it is worth noting that despite a 4% rise on last year's figure the Trust has demonstrated a four year declining trend from 33.2% in 2017 to 24% in 2020 for this statistic.

It should be noted that the response to this question of 50 BAME staff is statistically very low but is an increase on the previous year.

4.6 WRES Indicator 6 - Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months



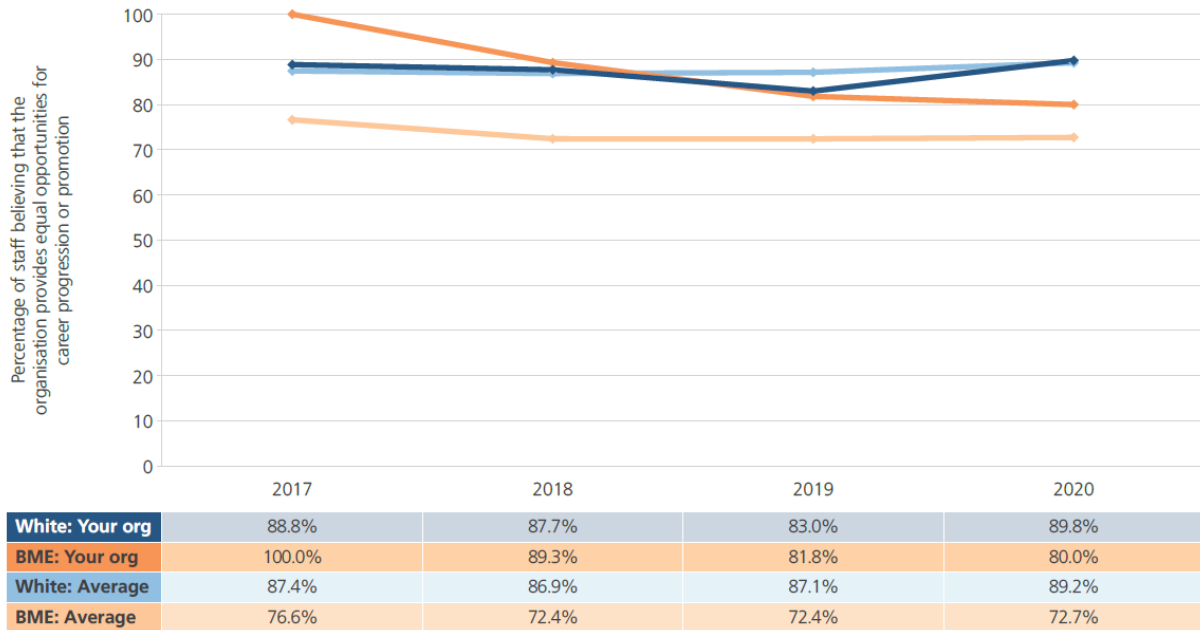
WRES Indicator 6 Key Findings

24% of BAME colleagues believe they experienced harassment, bullying or abuse from staff in the last 12 months, which compared to 17.7% of white colleagues. Still, over the preceding four years the percentage of BAME staff who believe they have experienced harassment, bullying or abuse from staff in the last 12 months has declined from 38.1% in 2017 to 24% in 2020 which demonstrates a four year positive trend as well as the affirmative impact of initiatives to reduce harassment, bullying or abuse for BAME colleagues.

However, the outcome of 24% of BAME staff said they experienced harassment, bullying or abuse from staff in the last 12 months, which is below the average of 25% for the benchmarked group of Trusts.

It should be noted that the response to this question of 50 BAME staff is statistically very low but is an increase on the previous year.

4.7 WRES Indicator 7 - Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion



White: Responses	278	699	617	713
BME: Responses	15	28	22	25

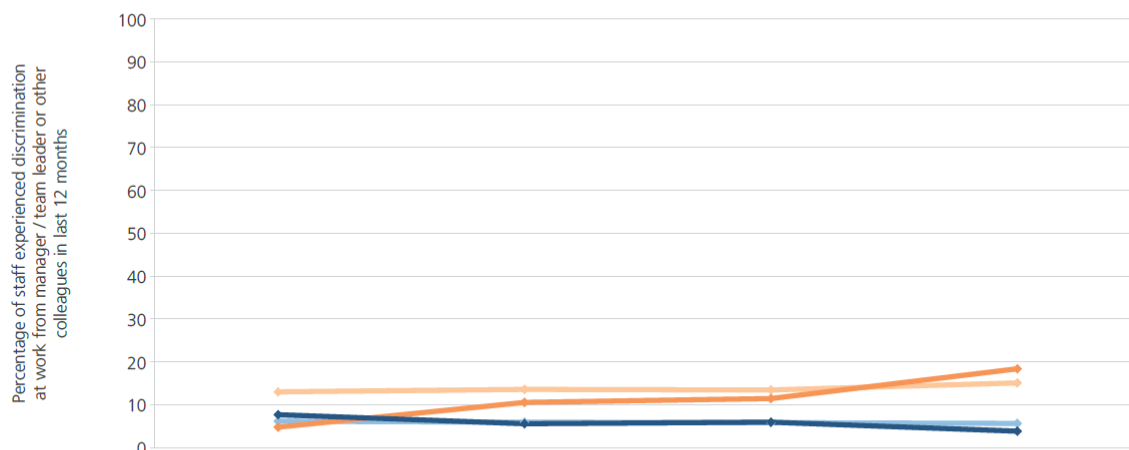
Average calculated as the median for the benchmark group

WRES Indicator 7 Key Findings

80% of BAME colleagues believe the organisation provides equal opportunities for career progression or promotion, this compares to 89.8% of white colleagues. Yet, the figure of 80% is 7.3% higher than the average of the benchmark group of Trusts of 72.7%. However, the Trusts figure of 80% for BAME colleagues who believe that the organisation provides equal opportunities for career progression or promotion demonstrates a four year declining trend while for white colleagues the figure has remained relatively static around 89% over the same time scale.

It should be noted that the response to this question of 25 BAME staff is statistically very low.

4.8 WRES Indicator 8 - Percentage of staff experiencing discrimination at work from a manager, team leader or other colleagues



	2017	2018	2019	2020
White: Your org	7.7%	5.6%	5.9%	3.8%
BME: Your org	4.8%	10.5%	11.4%	18.4%
White: Average	6.1%	5.9%	5.8%	5.6%
BME: Average	13.0%	13.6%	13.4%	15.1%

White: Responses

431

1,062

997

1,128

BME: Responses

21

38

35

49

Average calculated as the median for the benchmark group

WRES Indicator 8 Key Findings

18.4% of BAME colleagues believe they have experience discrimination at work from a manager, team leader or other colleague over the past 12 months, this compares to 3.8% of white colleagues. The figure of 18.4% represents a four year increasing trend from 4.8% in 2017 to 18.4% in 2020 which has seen the same statistic decline for white colleagues over the same time scale.

However, the figure of 18.4% is above the average of the benchmark group of Trusts of 15.1% but the Trust recognises that further work is needed to reduce this figure further.

It should be noted that the response to this question of 49 BAME staff is statistically very low but an increase on the previous year.

4.9 WRES Indicator 9 - Percentage difference between the organisations Board voting membership and its overall workforce

	White	BAME	Prefer not to say
Workforce	2643	143	243
Board Voting Members	11	0	0
Percentage	100%	0%	0%

WRES Indicator 9 Key Findings

BAME representation on the Trust Board is 0% which compares unfavourably to the NHS average of 8.4%. However, recently the Trust worked with NHS Improvement when appointing its most recent non-executive director. The Trust has worked to ensure that the process for appointment of Executive and Non-Executive Director posts encourages applications from as diverse a pool of talent as possible and which demonstrates the Trusts commitment to diversity and inclusion. Similarly, the Trust has worked to ensure that all members of the recruitment panel for Executive and Non-Executive Directors have up to date training in diversity and inclusion.

5. Conclusions and Next Steps

The Workforce Race Equality Standard (WRES) allows the Trust to hold up a mirror and evaluate the experiences of its BAME staff. The WRES is important to the Trust because we know that a motivated, included and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved patient safety.

By analysing our WRES data the Trust is able to better understand the experiences of BAME staff and support positive change by creating a more inclusive environment for ABME people working in the Trust as well as those seeking employment within the Trust.

This WRES report demonstrates clearly that Trust has made significant progress over the past 12 months, these include:

1. the relative likelihood of BAME staff being appointed from shortlisting;
2. the relative likelihood of BAME staff entering the formal disciplinary process;
3. the relative likelihood of BAME staff accessing non-mandatory training and CPD;
4. the percentage of BAME staff experiencing harassment, bullying or abuse from staff.

Next Steps

This report has identified a number of areas where the Trust can focus its work to ensure we make tangible and pragmatic improvements for disabled staff.

In particular the Trust needs to focus on:

6. Improving BAME representation in AfC bands 6 and upwards in non-clinical roles
7. The gap between BAME colleagues who believe that they experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months (24%) compared with 22.4% for white colleagues.
8. The gap between BAME colleagues who believe the organisation provides equal opportunities for career progression or promotion (80%) compared to 89.8% of white colleagues.
9. The gap between BAME colleagues who believe they have experience discrimination at work from a manager, team leader or other colleague over the past 12 months (18.4%) compared to 3.8% of white colleagues.
10. Improving BAME representation on the board.

Appendix 2 in this report provides an action plan for the Trust over the next 12 months which is designed to address these areas of focus.

6. Race Equality Communication Strategy

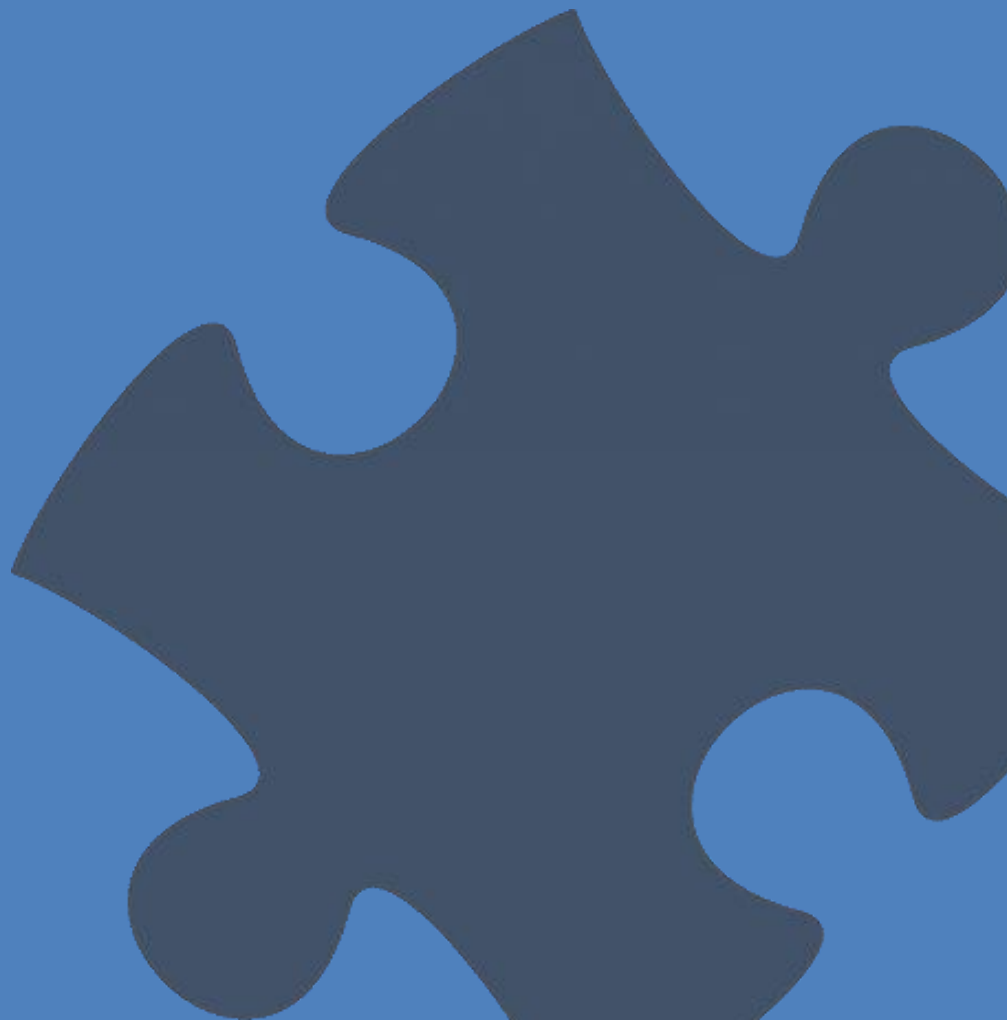


6.1 Communications Strategy

The workforce race equality communications strategy is designed to:

- **Raise awareness** - of the WRES, why the organisation wants to make positive change and the benefits of change for staff, patients and our local communities.
- **Give advice knowledge and guidance** - to provide the organisation with relevant guidance, information, tools and advice on the WRES and its implementation – tailored to the needs of departments and service units.
- **Engage** - Actively engage with senior leaders, the workforce and stakeholders. A tailored engagement approach can be in the form of team or divisional meetings, seminars, workshops case studies of colleague experiences or successes, social media messaging supported by open and frank staff forums where views can be shared.
- **Promote senior leadership on the issue** - Empower, encourage and enable senior leaders in the organisation to be confident about discussing race equality.
- **Build partnerships** - cohesive working and exchange of ideas across teams, departments and business units. Celebrate pacesetters and those leading by example, making progress, developing and sharing best practice. Work with external organisations and partners to train colleagues and learn from each other.
- **Help spark cultural and behavioural change on this agenda** - The vision for Humber Teaching NHS Foundation Trust is for equality not to be an objective to be achieved, but hardwired as business as usual.

7. How our data impacts race equality in the NHS



Improving race equality in the NHS

KEY FINDINGS FROM THE WORKFORCE RACE EQUALITY STANDARD (WRES) 2020 REPORT

21% of NHS staff are **BME** (273,359)



9.2% 9.2% of staff in pay bands 8C and above are **BME**.



This is significantly lower than the 21% of **BME** staff working in the NHS

56,715 more **BME** staff in the NHS in 2020 than 2017



BME staff are

1.16 times

more likely to enter a formal disciplinary process than **white** staff



10% of trust board members are **BME** (7% in 2019)



22.2% increase in **BME** board members since 2019



30.3% of **BME** staff reported experiencing harassment, bullying or abuse from the public (28.4% in 2016)



BME staff at very senior manager level increased by **41.7%** since 2017



White applicants are **1.61 times** more likely to be appointed from shortlisting than **BME** applicants (1.46 in 2019)



www.nhsemployers.org enquiries@nhsemployers.org [@nhsemployers](https://twitter.com/nhsemployers)

Source: [The Workforce Race Equality Standard Report 2020](#)

Published March 2021. © NHS Confederation 2021.



Taking action

ORGANISATIONS



Create an anti-racism strategy where racism is not tolerated. Respond quickly to complaints.



Tell your story. Explain why workforce race equality is so important for staff and patients.



Appoint a board lead for WRES and focus on equality of outcome.



Board lead to actively engage with staff groups such as BME networks.



Use positive action measures to encourage diverse shortlisting and diverse appointment panels.



Commit to developing leaders from under-represented groups and link your discussions with your regional talent boards.



Create an independent panel to review all disciplinary cases beyond a first written warning before processing.

INDIVIDUALS



Speak up and challenge inappropriate behaviours via HR, your manager, equality lead, or freedom to speak up guardians.



Improve understanding of unconscious bias, white privilege and diversity of thought.



Attend internal training on equality, diversity and inclusion.



Challenge leaders for transparency around WRES action plans.



Add race equality, diversity and inclusion issues to meeting agendas.



Request the WRES data for your department, compare it to the wider organisation and other NHS trusts in your organisation.



Participate in a reverse mentoring programme.



Be curious and ask questions.

Access further information

[NHS Workforce Race Equality Standard 2020 annual report](#)

[NHS Workforce Race Equality Standard resources](#)

[Join the BME Leadership Network](#)

8. Our Progress



8. Appendix 1 - Progress against 2019/20 WRES Action Plan

Metric	Objective	Action/s	Timescales	Lead/s	Progress
1	Decrease in 'unspecified' Ethnicity on ESR	Review ethnicity monitoring information for staff and agree ESR updating processes.	Oct 2020	JD/JW	Successfully reduced 'unspecified' entries in ESR for protected characteristics by 85.4%(June 2021)
1	Decrease in number of new BAME starters in the 'unspecified' categories.	Review OH paperwork for new starters to identify improvements that could encourage new starters to declare ethnicity status.	Dec 2020	JD/HM	Importance of accurate ESR information discussed at corporate induction for all new starters, recruitment tool Trac pulls in new starter protected characteristic information to reduced change for error
5	Reduce BAME staff experience of harassment, bullying or abuse from patients, relatives or public	Implement a new procedure for addressing verbal aggression towards staff by patients	Mar 2021	JD	New procedure for reducing aggression towards staff by patients developed and after consultation with clinical leads final version agreed and implemented. Taken on by senior clinical leads and safety huddle established.
3, 6, 8	Reduce BAME staff experience of discrimination at work from manager/team leader or other colleagues	Revise and implement new Bullying and Harassment training for managers	Mar 2021	KP	Learning outcomes agreed and training development completed by IMP Training. Delivery on hold until face to face training can commence.
1, 2	Improved confidence in managers in dealing with recruitment of underrepresented groups	<ul style="list-style-type: none"> a) Review training for Recruitment and Selection b) Implement value based recruitment across the Trust 	Mar 2021	KP	Learning outcomes agreed and training development completed by IMP Training. Delivery on hold until face to face training can commence
4, 7, 8	Improve engagement form BAME staff with equality planning and action planning	Involve BAME Staff Network on the Trusts approach to improving the working environment for BAME staff	Sept 2020	JD/MM	BAME Staff network working, in conjunction with other stakeholders to review the WRES data and coproduce action plan
1, 2, 3, 4, 5, 6, 7, 8, 9	Improve understanding of national WRES narratives at senior level	New Deputy COO to be nominated for the WRES expert scheme	Nov 2020	CJ	Deputy COO was successful in application to be Trust senior representative on WRES expert scheme and provides WRES updates to the executive team via NHS England training.

9. Appendix 2 – WRES Action Plan for 21/22

N°	Outcome	Action/s	WRES indicator	When	Lead/s
1	Improve BAME representation in AfC bands 6 and upwards in non-clinical roles	Monitor BAME representation on in house Leadership and Senior Leadership Development programmes as well as High Potential Development Programme	1	Quarterly	EDI Lead
2	Reduce the gap between BAME colleagues who believe the organisation provides equal opportunities for career progression or promotion (80%) compared to 89.8% of white colleagues.	Promote leadership development programmes to BAME staff across the Trust	7	Quarterly	L&D/OD
3	Reduce the gap between BAME colleagues who believe that they experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months (24%) compared with 22.4% for white colleagues.	Continue to signpost to the Reducing Aggression Towards Staff by Patients, Cares and Services Users procedure Continue to use Datix reports of aggression by Patients, Cares and Services Users to support the Zero Tolerance Safety Huddle Team	5	Quarterly	Zero Tolerance Safety Huddle Team/Deputy Director Nursing
4	Reduce the gap between BAME colleagues who believe they have experience discrimination at work from a manager, team leader or other colleague over the past 12 months (18.4%) compared to 3.8% of white colleagues.	Continue to rollout Bullying & Harassment Training for managers	8	As per needs of the business	L&D/HR Operations
5	Improve BAME representation on the board.	Continue to ensure that the process for appointment of Executive and Non-Executive Director posts encourages applications from as diverse a pool of talent as possible	9	As and when vacancies arise	Recruitment

Agenda Item 22

Title & Date of Meeting:	Trust Board Public Meeting - 28 th July 2021			
Title of Report:	Gender Pay Gap Report 2021			
Author/s:	Name: John Duncan Title: EDI Workforce lead			
Recommendation:	To approve	✓	To receive & note	
	For information	✓	To ratify	
Purpose of Paper:	This report outlines the approach taken by the Trust in assessing its gender pay gap and the agreed actions to reduce these gaps moving forward.			
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	21/7/21
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	
Key Issues within the report:	<ul style="list-style-type: none"> The Trust has a Gender Pay Gap of 12.91%, just 0.32% up on the previous year, which is significantly lower than the national average of 15.9%; The Trust workforce comprised 78.29% Female and 21.71% Male and whilst the Trust has a high proportion of Female staff overall this is generally in line with National NHS Figures (77%); Women occupy 75.06% of the highest paid jobs and 80.84% of the lowest paid jobs; There are proportionately more female staff than male staff working at lower bands and therefore, adversely proportionately more male staff working at higher bands; The Trust has a median bonus gender pay gap of 60%; The Trusts PROUD Leadership/Senior Leadership Development programmes and the High Potential Development Scheme will support gender equality across the Trust. 			

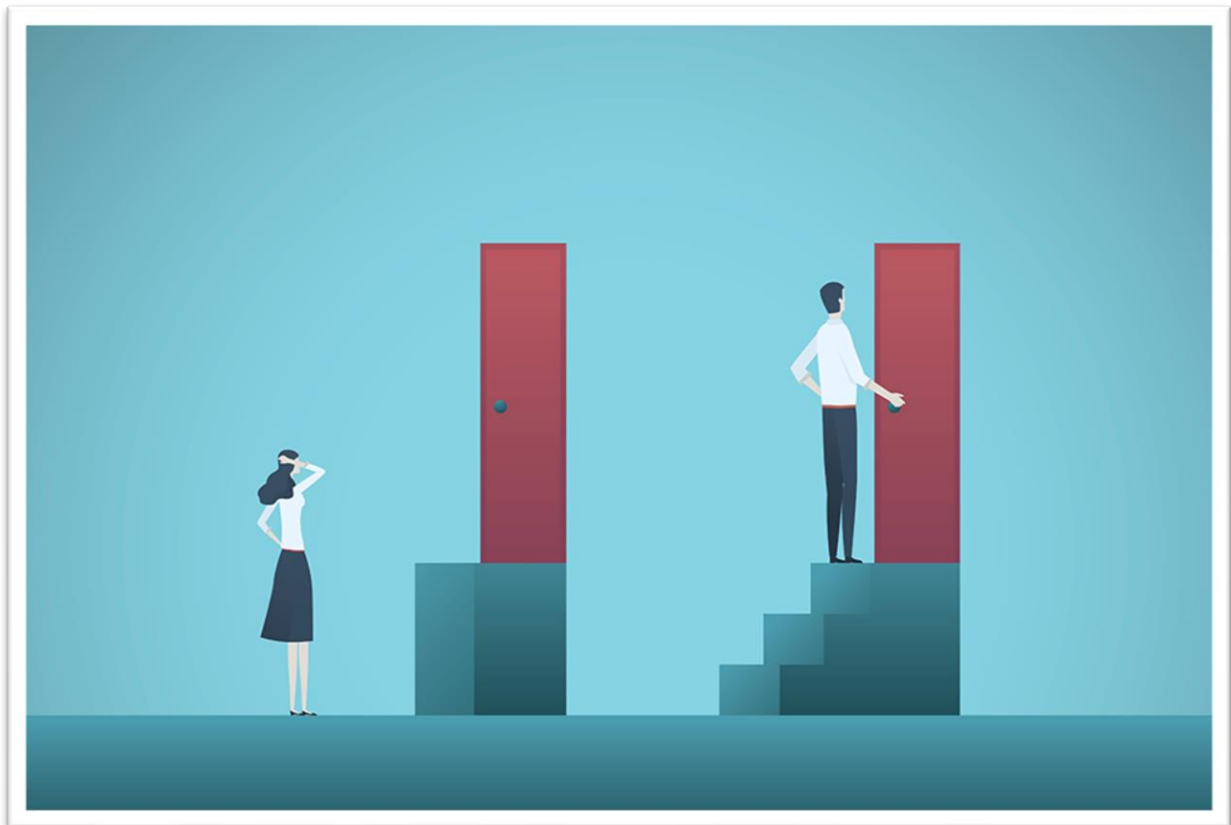
Monitoring and assurance framework summary:

Links to Strategic Goals <i>(please indicate which strategic goal/s this paper relates to)</i>	
✓ Tick those that apply	
	Innovating Quality and Patient Safety

	Enhancing prevention, wellbeing and recovery			
√	Fostering integration, partnership and alliances			
√	Developing an effective and empowered workforce			
√	Maximising an efficient and sustainable organisation			
√	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			To be advised of any future implications as and when required 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	

Gender Pay Gap Report

2021



- 1. Executive Summary**
- 2. Introduction**
- 3. What is the Gender Pay Gap?**
- 4. Gender Profile across the Humber Teaching NHS Foundation Trust**
- 5. Humber Teaching NHS Foundation Trust - Gender Pay Gap Report 2021**
 - 5.1 Mean Gender Pay Gap**
 - 5.2 Median Gender Pay Gap**
 - 5.3 Mean Bonus Gender Pay Gap**
 - 5.4 Median Bonus Gender Pay Gap**
 - 5.5 The proportion of males and females receiving a bonus payment**
 - 5.6 The proportion of males and females in each quartile pay band**
- 6. Conclusion**
- 7. PROUD – Investing in You, Valuing You**
- 8. Action Plan – Review of previous 12 months**
- 9. Action Plan 21/22– Next Steps**

1. Executive Summary

This report outlines the approach taken by the Trust in assessing its gender pay gap and how it will tackle making improvements to reduce these gaps moving forward.

The key points to note:

- The Trust has a Gender Pay Gap of 12.91%, just 0.32% up on the previous year, which is significantly lower than the national average of 15.9%;
- The Trust workforce comprised 78.29% Female and 21.71% Male and whilst the Trust has a high proportion of Female staff overall this is generally in line with National NHS Figures (77%);
- Women occupy 75.06% of the highest paid jobs and 80.84% of the lowest paid jobs;
- There are proportionately more female staff than male staff working at lower bands and therefore, adversely proportionately more male staff working at higher bands;
- The Trust has a median bonus gender pay gap of 60%;
- The Trusts PROUD Leadership/Senior Leadership Development programmes and the High Potential Development Scheme will support gender equality across the Trust. This will help enhance the skills of staff, giving them opportunities to develop and empower themselves.







Actions generated from this annual report will support the Trust's wider organisational strategic goals, specifically goal four - Developing an Effective and Empowered Workforce. The specific actions are outlined in section 9 of this report (see summary below):

- Complete and submit annual gender pay gap return;
- Adopt the gender pay gap action plan. EDI Steering group to monitor actions, compliance and update the action plan accordingly, to be published with the gender pay gap report;
- Undertake an equality analysis of the workforce profile and organisational leadership, compared with our population;
- Benchmark Trusts gender pay gap performance with other Mental Health and Community Trusts;
- Continue to develop flexible working options and workforce strategies to improve recruitment and retention of staff, including supporting female staff to return to work following maternity or adoption leave;
- Review key findings from the NHS national staff survey to be reviewed in relation to the gender pay gap indicators;
- Embed principles of unconscious bias in recruitment and selection training to be delivered during the year;
- Support the development our own female leaders through the 2021 cohorts of the Senior Leadership Development Programme.

2. Introduction

Humber Teaching NHS Foundation Trust – Gender Pay Gap Report

The Humber Teaching NHS Foundation Trust has three core values which are Caring, Learning and Growing and the following six strategic goals:

-  Goal One: Innovating Quality and Patient Safety
-  Goal Two: Enhancing Prevention, Wellbeing and Recovery
-  Goal Three: Fostering Integration, Partnerships and Alliances
-  Goal Four: Developing an Effective and Empowered Workforce
-  Goal Five: Maximising and Efficient and Sustainable Organisation
-  Goal Six: Promoting People, Communities and Social Values

Having given consideration to the Trust strategy, the NHS People Plan and local ICS plan, the Trust People Strategy has nine strategic aims to help achieve our goals. In particular strategic goal four - Developing an Effective and Empowered Workforce.

1. Attract, recruit and retain the best
2. Help our workforce to do their job productively
3. Build excellent teams and demonstrate exceptional leadership
4. Have an equal, diverse and inclusive workplace
5. Support the health and wellbeing of our staff
6. Learning for the future
7. Develop talent
8. Reward and recognise our staff
9. Culture, improvement and engagement

Our fourth priority: Have an equal, diverse and inclusive workplace includes promoting equality and valuing diversity. As an organisation we score higher than the national average in the staff survey for the percentage of staff believing that the organisation provides equal opportunities for career progression or promotion and lower than the national average for the percentage of staff experiencing discrimination at work.

Although we have achieved much in creating an environment where people feel we provide equal opportunities and take action against any discrimination we are not complacent and set annual priorities around our Public Sector Equality Duties.

We can use the results of this Gender Pay Gap report to assess:

- the levels of gender equality in our workplace
- the balance of male and female employees at different levels
- how effectively talent is being maximised and rewarded

Through analysis of the report's findings the challenge in our organisation and across Great Britain is to eliminate any gender pay gap. However, the gender pay gap should not be confused with equal pay.

Equal pay deals with the pay differences between male and females who carry out the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because of their gender. Humber Teaching NHS Foundation Trust supports the fair treatment and reward of all staff irrespective of gender or any other protected characteristic.

In producing this report we recognise that we have more to do to reduce the gender pay gap and we remain committed to a workplace that respects and harnesses equality and diversity. We will work to improve the gender pay gap by undertaking the actions set out at the end of this report.

3. What is the Gender Pay Gap?

The gender pay gap shows the difference between the average (mean or median) earnings of men and women. This is expressed as a percentage of men's earnings e.g. women earn 15% less than men. Used to its full potential, gender pay gap reporting is a valuable tool for assessing levels of equality in the workplace, female and male participation, and how effectively talent is being maximised.

What is the difference between the gender pay gap and equal pay?

The gender pay gap differs from equal pay. Equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because they are a man or a woman.

The gender pay gap shows the differences in the average pay between men and women. If a workplace has a particularly high gender pay gap, this can indicate there may be a number of issues to deal with, and the individual calculations may help to identify what those issues are. In some cases, the gender pay gap may include unlawful inequality in pay but this is not necessarily the case.

Guidance: Managing Gender Pay Reporting. ACAS

It is a legal requirement for all relevant employers to publish their gender pay report within one year of the 'snapshot' date: this year's date being 23th April 2021. All employers must comply with the reporting regulations for any year where they had a headcount of 250 or more employees on the 'snapshot' date.

Relevant employers must follow the rules in the regulations to calculate the following information:

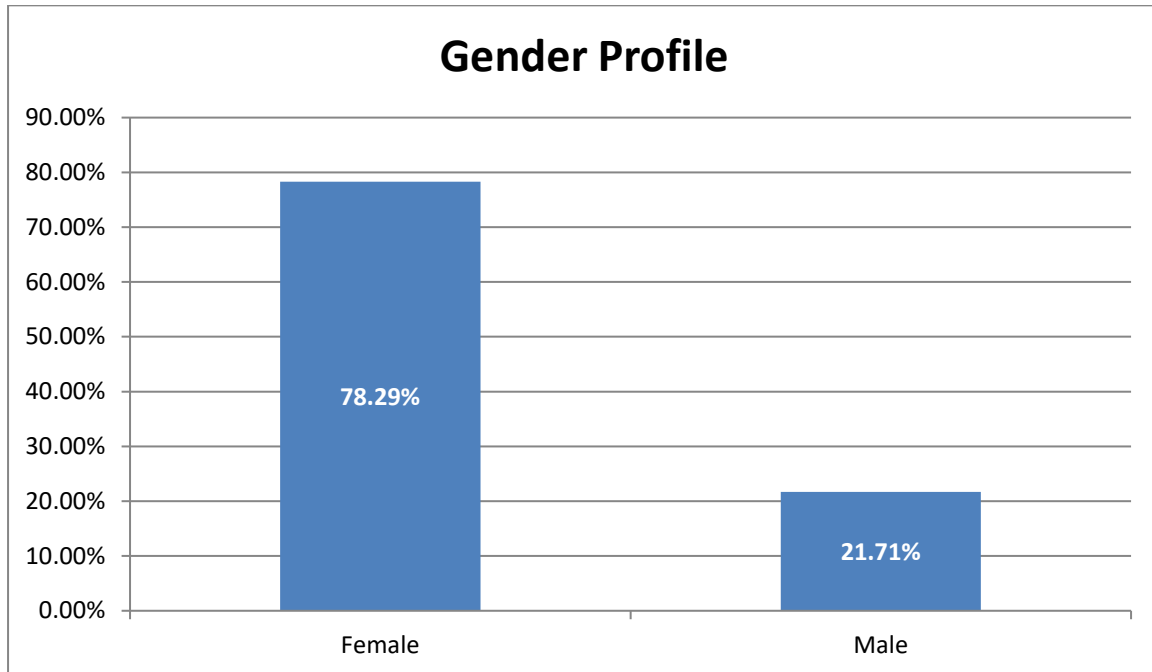
- Their mean gender pay gap
- Their median gender pay gap
- Their mean bonus gender pay gap
- Their median bonus gender pay gap
- Their proportion of males receiving a bonus payment
- Their proportion of females receiving a bonus payment
- Their proportion of males and females in each quartile pay band
- A written statement, authorised by an appropriate senior person, which confirms the accuracy of their calculations. However, this requirement only applies to employers subject to the Equality Act 2010 (gender Pay Gap Information) Regulations 2017.

Most NHS trusts will fall into the above category and thus must comply. With this in mind, IBM suppliers of the 'Electronic Staff Record' have developed a report which uses the required calculations to produce the gender pay gap data.

4. Gender Profile across the Humber Teaching NHS Foundation Trust

78.29% of the Trust's staff are female, with 21.71% being male. This is largely in line with the national NHS figures where 77% of employees are female.

This is shown graphically below:



5. Humber NHS Foundation Trust - Gender Pay Gap Report 2021

Below are 4 tables outlining the Trust's Gender Pay Gap, in summary:

- The Trust's mean gender pay gap is 12.91%
- The Trust's median gender pay gap is 4.95%
- The Trust's mean bonus gender pay gap is -9.21%
- The Trust's median bonus gender pay gap is 60%
- The proportion of males receiving a bonus payment is 0.19%
- The proportion of females receiving a bonus payment is 1.12%

The proportion of males and females in each quartile pay band is:

- Quartile 1: 80.40% Female and 19.16% Male
- Quartile 2: 77.46% Female and 22.54% Male
- Quartile 3: 80.93% Female and 19.07% Male
- Quartile 4: 75.06% Female and 24.94% Male

Gender Pay Gap Data

Average & Median Hourly Rates

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	18.4090	14.8872
Female	16.0321	14.1496
Difference	2.3769	0.7376
Pay Gap %	12.9118	4.9544

Number of employees | Q1 = Low, Q4 = High

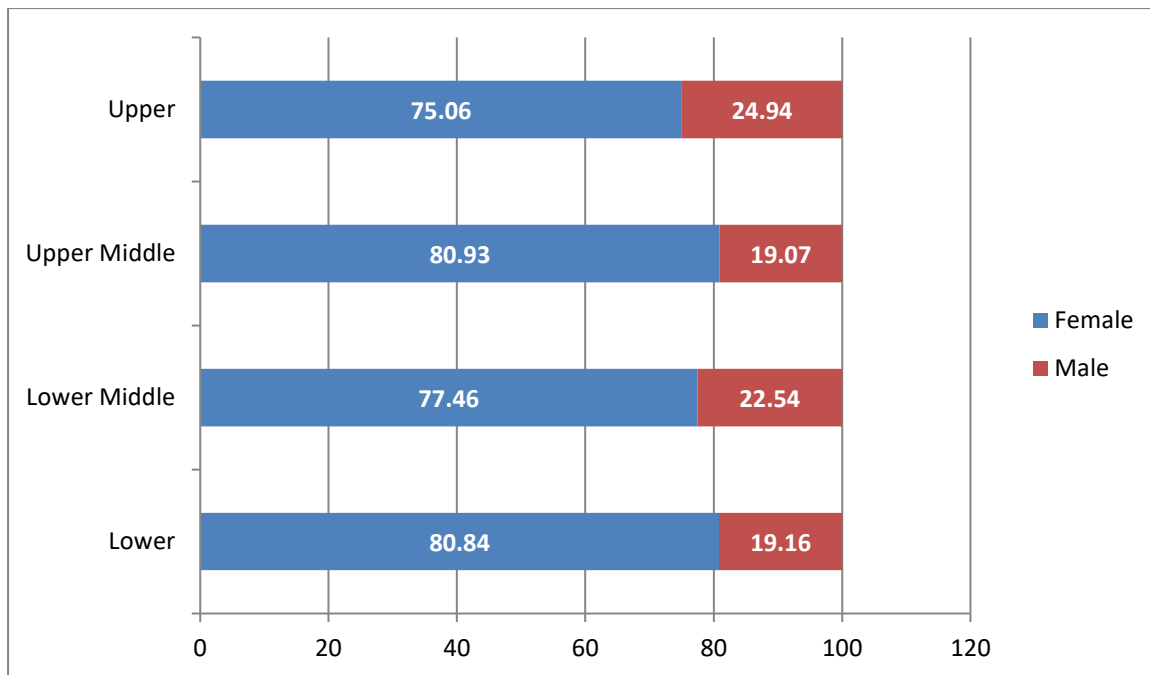
Quartile	Female	Male	Female %	Male %
1	578.00	137.00	80.84	19.16
2	670.00	195.00	77.46	22.54
3	556.00	131.00	80.93	19.07
4	671.00	223.00	75.06	24.94

Gender Pay Gap Bonus Data

Gender	Avg. Pay	Median Pay
Male	9,802.01	7,540.02
Female	10,704.96	3,015.97
Difference	-902.96	4,524.05
Pay Gap %	-9.21	60.00

Gender	Employees Paid Bonus	Total Relevant Employees	%
Female	5.00	2629.00	0.1
Male	8.00	715.00	1.1

Proportions of Genders in each Quartile



5.1 Mean Gender Pay Gap:

The calculation shows the difference between the mean average hourly rate of pay that male and female full-pay relevant employees receive. For all calculations full pay does not mean full time, it means that a person has received their full pay therefore people on maternity leave with half pay and those on sick leave with half pay are excluded.

The calculation is undertaken by subtracting the mean average hourly rate of pay of all female full-pay employees from the mean average hourly rate of pay of all male full-pay employees and dividing the result by the mean average hourly rate of pay of all male full-pay employees and multiplying it by 100.

- The Trust's mean gender pay gap is 12.91%

5.2 Median Gender Pay Gap:

The calculation shows the difference between the median hourly rate of pay that male and female full-pay relevant employees receive.

The calculation is undertaken by subtracting the median hourly rate of pay of all female full-pay employees from the median average hourly rate of pay of all male full-pay employees and dividing the result by the median average hourly rate of pay of all male full-pay employees and multiplying it by 100.

- The Trust's median gender pay gap is 4.95%

5.3 Mean Bonus Gender Pay Gap:

The calculation shows the difference between the mean average bonus pay that male and female full-pay relevant employees receive.

The calculation is undertaken by subtracting the mean average bonus pay of all female full-pay employees (who were paid bonus pay during the 12 month period ending with the snapshot date) from the mean average hourly rate of pay of all male full-pay employees (who were paid bonus pay during the 12 month period ending with the snapshot date) and dividing the result by the mean average bonus pay of all male full-pay employees and multiplying it by 100.

- The Trust's mean bonus gender pay gap is -9.21%

The only people reported to have received bonus pay are Medical Staff who have received Clinical Excellence Awards. There are 13 people who received bonus pay (8 Males and 5 Females). The negative bonus pay gap here indicates female staff are receiving more.

5.4 Median Bonus Gender Pay Gap:

The calculation shows the difference between the median bonus pay that male and female full-pay relevant employees receive.

The calculation is undertaken by subtracting the median bonus pay of all female full-pay employees from the median average bonus pay of all male full-pay employees and dividing the result by the median average bonus pay of all male full-pay employees and multiplying it by 100.

- The Trust's median bonus gender pay gap is 60%

5.5 The proportion of males and females receiving a bonus payment:

These two calculations show the proportion of male employees who were paid bonus pay and the proportion of female employees who were paid bonus pay.

Male-This calculation is undertaken by dividing the number of males who were paid bonus pay in the qualifying period by the total number of male employees and multiplying by 100.

Female- This calculation is undertaken by dividing the number of females who were paid bonus pay in the qualifying period by the total number of female employees and multiplying by 100.

- The proportion of males receiving a bonus payment is 1.12%
- The proportion of females receiving a bonus payment is 0.19%

The difference in the figures can be explained by the high proportion of females in the organisation, however the numbers of staff receiving bonuses is still very low.

5.6 The proportion of males and females in each quartile pay band:

This calculation shows the proportions of male and females in four quartile pay bands, the calculation is undertaken by dividing the workforce into four equal parts;

- firstly, all relevant employees are ranked from lowest hourly rate of pay to the highest hourly rate of pay
- Secondly, the list is divided into four sections called quartiles with an equal number of employees in each section

The proportion of males and females in each quartile pay band is:

- Quartile 1: 80.84% Female and 19.16% Male
- Quartile 2: 77.46% Female and 22.54% Male
- Quartile 3: 80.93% Female and 19.07% Male
- Quartile 4: 75.06% Female and 24.94% Male

The highest proportion of male employees per quartile is in the highest bracket whilst the second lowest proportion is in the lowest bracket which results in the gender pay gap of 12.91%.

6. Conclusion

In 2020, the national mean gender pay gap (the difference between men's and women's average hourly pay) is 6.5% and the median gender pay gap is 15.9%. In monetary terms, the mean hourly difference in ordinary pay is £1.65 and the median hourly difference is £4.04. Whilst the Trust has a Gender Pay Gap of 12.91%, just 0.32% up on the previous year, which is significantly lower than the National average of 15.9%, it is worth remembering that the gender pay gap is not the same as unequal pay. At Humber Teaching NHS Foundation Trust, the gender pay gap is not because people doing the same jobs are being paid differently according to their gender - which would also be unlawful - instead, it is because there are more men than women in higher paid roles. Nationally, NHS consultants, for example, are predominately male with only 36% of NHS Consultants being female.

The Trust as a whole has a proportion of 78.29% Females and 21.71% Male and whilst the Trust has a high proportion of Female staff overall this is generally in line with National NHS Figures (77%). There are proportionately more female staff than male staff working at lower bands and adversely proportionately more male staff working at higher bands however the numbers involved in the Trusts data are relatively small but make a significant difference to the percentages. Nevertheless, this is in line with National NHS Figures where men make up 20% of Band 1 - 4, 18% of Band 5 – 7 and 31% of band 8a – 9.

The number of staff being paid bonuses is very low with a total of 13 people receiving additional benefits and the majority of these are Clinical Excellence Awards to Medical Staff.

7. PROUD – Investing in You, Valuing You



PROUD is our internal 'Programme of Organisational Development with U at the heart of it.' This programme was developed following feedback from the National Staff Survey, which told us what was important to our workforce and how it feels working at Humber Teaching NHS Foundation Trust.

The Trusts commitment to growing our own female leaders is evident in the Senior Leadership Development Programme where 83% of the candidates are female.

We are committed to **investing in you** and **valuing you** and during 2020/21 we have:

- EMT and SMT Performance Coaching
- Action Learning Sets
- Humber High Potential Scheme
- Nye Bevin Funding
- Business Partnering Programme
- EMT and board development
- Proud Working Group
- Appraisal process and support
- CMHT Hull West OD Support
- Leadership and Senior Leadership Development Programme
- Staff Health, Wellbeing and Engagement

Next Steps:

- Staff Charter Review
- Values Based Recruitment
- Behavioural Standards Workshop
- In house Coaching and Mentoring
- Impact Analysis
- Winning Awards

8. Action Plan – Review of the previous 12 months

The table highlights the progress made on the previous year’s gender equality action plan

Nº	Action	When	Progress
1	Monitor and review gender pay gaps	Annually	Reported in EDI Annual Report and Gender Pay Gap Report
2	Use Equality Impact Assessments to monitor and review recruitment and promotion policies and processes to ensure any barriers to recruitment or promotion are identified and removed	Annually	Evidence based tools, such as Equality Impact Assessments (EIA) undertaken in order to consider the likely impact of policy, procedure, strategy or service transformations on different groups of people with protected characteristics.
3	Implement “Positive Action” measures where necessary and appropriate, particularly in senior appointments, to advance gender equality in senior roles	As required	Recruitment and Selection training for recruitment managers highlights where positive action can be applied to under representation
4	Continue to develop flexible working options and workforce strategies to improve recruitment and retention of staff, including supporting female staff to return to work following maternity or adoption leave	Ongoing	The 2020 staff survey reports that 69% of staff surveyed were satisfied with the opportunities available for flexible working patterns which is an improvement of +6% on the previous year. HRBP provide advice/support to ensure consistently applied framework and manager ownership of process.
5	Share Gender Pay Gap data with the Trust’s Equality & Diversity Steering Group, which will consider any further actions	Annually	Gender Pay Gap report presented to the EDI Steering group and Workforce Committee for consideration and further actions
6	Implement Woman’s Career Development Group, a programme of coaching, mentoring and advice network from women of influence and position - work alongside Proud and talent development programme	Sept 2020	Organisational Development and L&D PROUD Leadership and senior leadership development programmes, along with High Potential Development Schemes ensure gender diversity and inclusion in programmes of coaching, mentoring and advice for aspiring woman

9. Action Plan 21/22 – Next Steps

Actions to improve the Trust’s Gender Pay Gap align with the Trust’s wider organisational strategic goals, in particular strategic goal four - Developing an Effective and Empowered Workforce. To meet this goal the Trust has committed to:

1. Attract, recruit and retain the best
2. Help our workforce to do their job productively
3. Build excellent teams and demonstrate exceptional leadership
4. Have an equal, diverse and inclusive workplace
5. Support the health and wellbeing of our staff
6. Learning for the future
7. Develop talent
8. Reward and recognise our staff
9. Culture, improvement and engagement

Nº	Actions	When	Review
1	Complete and submit annual gender pay gap return. Return to be published on Humber Teaching NHS Foundation Trust website with accompanying information.	Snapshot date after 31.03.21	July 2021
2	Adoption of the gender pay gap action plan. EDI Steering group to monitor actions, compliance and update the action plan accordingly, to be published with the gender pay gap report.	Quarterly	Apr 2022
3	Continue to offer development and grow our own female leaders through the 2021 cohorts of the Senior Leadership Development Programme.	Annually	Apr 2022

Agenda Item 23

Title & Date of Meeting:	Trust Board Public Meeting - 28 July 2021			
Title of Report:	Workforce Disability Equality Standard (WDES) Report – July 2021			
Author/s:	Name: John Duncan Title: EDI lead			
Recommendation:	To approve	✓	To receive & note	
	For information	✓	To ratify	
Purpose of Paper:	To report on data and progress for the Workforce Disability Equality Standard (WDES) submission 2021.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	21/7/21
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	
Key Issues within the report: <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<p>The report identifies the following areas to focus on:</p> <ol style="list-style-type: none"> 1. The increasing gap between disabled staff (29%) and non-disabled staff (20.1%) who believe they have experienced harassment, bullying or abuse from patients, relatives or the public. 2. The low number (0.5%) of disabled staff who are represented in senior pay bands 8c to VSM, compared to a disabled workforce of 6.7%. 3. The gap between disabled staff (24.6%) and non-disabled staff (15.2) who believe they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties 4. The declining likelihood of disabled staff being appointed from shortlisting compared to non-disabled staff. 			

Monitoring and assurance framework summary:

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



Humber Teaching
NHS Foundation Trust

NHS Workforce Disability Equality Standard (WDES)

Annual Report 2021

Humber Teaching NHS Foundation Trust

CONTENTS

1	Introduction
2	Executive summary
3	WDES progress in 2020/21
4	Conclusion and next steps
Appendix 1	WDES metrics report – 2020/21
Appendix 2	Progress review against WDES action plan 2020/21
Appendix 3	WDES action plan 2021/22

1 Introduction

The Workforce Disability Equality Standard (WDES) is mandated by the NHS Standard Contract and applies to all NHS Trusts and Foundation Trusts.

The WDES is a data-based standard that uses a series of ten measures (metrics) to improve the experiences of Disabled staff in the NHS.

All of the metrics draw from existing data sources (recruitment dataset, ESR, NHS Staff Survey, local HR data) with the exception of one; metric 9b asks for narrative evidence of actions taken, to be written into the trust's WDES annual report.

The metrics have been developed to capture information relating to the workplace and career experiences of Disabled staff in the NHS.

The national WDES 2019 Annual Report has shown that Disabled staff have poorer experiences in areas such as bullying and harassment and attending work when feeling unwell, when compared to non-disabled staff.

The ten metrics have been informed by research by Middlesex and Bedford Universities, conducted on behalf of NHS England/Improvement, and by Disability Rights UK on behalf of NHS Employers.

The annual collection of the WDES Metrics will allow trusts to better understand and improve the workplace and career experiences of Disabled staff in the NHS.

The WDES metrics have been designed to be as simple and straightforward as possible. The development of the WDES owes a great deal to the consultation and engagement with NHS key stakeholders, including Disabled staff, trade unions and senior leaders.

Three minor changes to the metrics were introduced in 2020:

- Metric 2 was reworded for improved clarity.
- Metric 3 moved from a voluntary to a mandatory status.
- Metric 9a removed the requirement to compare the NHS Staff Survey staff engagement score between Disabled staff and the overall workforce.

The following information provides insight into the Humber Teaching NHS Foundation Trust current position against the Workforce Disability Equality Standard (WDES) Metrics.

2 Executive summary

The Humber Teaching NHS Foundation Trust has demonstrated a number of key improvements in the past 12 months when compared to other NHS Trusts, relating to:

- 81.2% of disabled staff believe the Trust provides equal opportunities for career progression or promotion, this compares to 92.3% of non-disabled staff. The Trust figure is slightly lower than the national figure of 81.6%. However, whilst the figure is up on last year's figure of 79.5% it does represent a three year declining trend.
- 80.5% of disabled staff believe that their employer has made adequate adjustment(s) to enable them to carry out their work. This is lower than the national figure of 81.4% but is an improvement on the previous year's 79.4%.
- 49.3% of disabled staff compared to 54% non-disabled staff believe they are satisfied with the extent to which their organisation values their work. This is a significant improvement on the previous year's 36.4% and is above the national figure of 44.6%. This represents a three year improving trend.
- 'unknown/null' ESR declarations for disability have fallen significantly which as seen ESR declarations for disability rise from 4.8% last year to 6.7% this year.
- the relative likelihood of disabled staff entering the formal disciplinary process is extremely low and demonstrates disabled staff are not disadvantaged by the formal disciplinary process.

However, this report also identifies clear opportunities for improvement relating to:

- 29% of disabled staff compared to 20.1% non-disabled staff experiencing harassment, bullying or abuse from patients, relatives or the public but these have decreased in the past 12 months by 5.9%. However, 29% is lower the national figure of 31.8%. This is also a declining trend over three years.
- 0.5% of disabled staff are represented across pay bands 8c - VSM, this compares with an ESR disability declaration rate of 6.7%, however Staff Survey would suggest the number of disabled staff in the organisation is nearer 20%, work to reduced unspecified disability entries in ESR is ongoing.
- 24.6% of disabled staff compared to 15.2% non-disabled staff believe they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties. This compares to the national figure of 24.1%, however 24.6% represents a declining trend over three years.
- the relative likelihood of disabled staff being appointed from shortlisting is 1.38 which is a decline on the previous years which was 1.08, however a figure below 1 indicates that disabled staff are more likely than non-disabled staff to be appointed from shortlisting.

3 WDES progress in 2020/21

- 29% of disabled staff reported experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months, this compares to 20.1% of non-disabled staff. However, 29% represents a decrease of 5.9% on 2019 figure of 34.9% of disabled staff reported experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.
- 16.1% of disabled staff reported experiencing harassment, bullying or abuse from a manager in the last 12 months, this compares to 6.8% of non-disabled staff. However, 16.1% is a decrease of 9.1% on 2019 figure of 20% of disabled staff reporting experiencing harassment, bullying or abuse from a manager in the last 12 months. This is a three year declining trend.
- 15.7% of disabled staff reported experiencing harassment, bullying or abuse from other colleagues in the last 12 months, this compares to 11.2% of non-disabled staff. However, 15.7% demonstrates a decrease of 2.6% on 2019 figure 18.3% of disabled staff reporting experiencing harassment, bullying or abuse from other colleague in the last 12 months. This is a three year declining trend.
- 56.3% of disabled staff reported the last time they experienced harassment, bullying or abuse at work they or a colleague reported it, this compares 54.9% of non-disabled staff. However, 56.3% demonstrates 0.7% decrease on 2019 figure of 57%% of disabled staff reporting the last time they experienced harassment, bullying or abuse at work they or a colleague reported it.
- 81.2% of disabled staff believe that their organisation provides equal opportunity for career progression or promotion, this compares with 92.3% of non-disabled staff. However, 81.2% represents an improvement of 1.7% on 2019 figure of 79.5% of disabled staff believe that their organisation provides equal opportunity for career progression or promotion.
- 24.6% of disabled staff believe they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties, this compares to 15.2% of non-disabled staff. However, 24.6% represents a decline of 0.8% on 2019 figure of 25.2% of disabled staff have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
- 49.3% of disabled staff were satisfied with the extent to which their organisation values their work, this compares to 54% of non-disabled staff. However, 49.3% represents a significant increase of 21.9% on 2019 figure of 36.4% of disabled staff reporting they were satisfied with the extent to which their organisation values their work. This is a three year improving trend.
- 80.5% of disabled staff say their employer has made adequate adjustments to enable them to carry out their work, this compares with 79.4% in 2019.

4 Conclusion and next steps

The Workforce Disability Equality Standard (WDES) allows the Trust to hold up a mirror and evaluate the experiences of its disabled staff. The WDES is important to the Trust because we know that a motivated, included and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved patient safety.

By analysing our WDES data the Trust is able to better understand the experiences of disabled staff and support positive change by creating a more inclusive environment for disabled people working in the Trust as well as those seeking employment within the Trust.

This WDES report demonstrates clearly that Trust has made significant progress over the past 12 months, these include:

1. An increase in the number of disabled staff who believe the Trust provides equal opportunities for career progression or promotion.
2. More disabled staff now believe that the Trust has made adequate adjustment(s) to enable them to carry out their work.
3. Significantly more disabled staff are satisfied with the extent to which the Trust values their work.
4. The relative likelihood of disabled staff entering the formal disciplinary process continues to fall and remain extremely low.
5. Workforce disability representation improving significantly where 6.7% of the workforce has identified as disabled, this compares to 4.8% last year.

Next Steps

This report has identified a number of areas where the Trust can focus its work to ensure we make tangible and pragmatic improvements for disabled staff.

In particular the Trust needs to focus on:

1. The increasing gap between disabled staff (29%) and non-disabled staff (20.1%) who believe they have experienced harassment, bullying or abuse from patients, relatives or the public.
2. The low number (0.5%) of disabled staff who are represented in senior pay bands 8c to VSM, compared to a disabled workforce of 6.7%.
3. The gap between disabled staff (24.6%) and non-disabled staff (15.2) who believe they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties
4. The declining likelihood of disabled staff being appointed from shortlisting compared to non-disabled staff.

Appendix 3 in this report provides an action plan for the Trust over the next 12 months which is designed to address these areas of focus.

Appendix 1 WDES metrics report

Detailed below is the organisation's WDES data which was submitted in July 2021 covering the period 1st April 2020 – 31st March 2021

Metric 1 Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including executive board members) compared with the percentage of staff in the overall workforce.

(Data source: ESR).

1a. Non-clinical workforce

	Disabled staff in 2020	Disabled staff in 2021	Disabled staff in 2020/2021	Non-disabled staff in 2020	Non-disabled staff in 2021	Non-disabled staff in 2020/2021	Unknown/null staff in 2020	Unknown/null staff in 2021	Unknown/null staff in 2020/2021	Total staff in 2020	Total staff in 2021
	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Headcount	Headcount
Cluster 1 (Bands 1 - 4)	6.4%	6.8%	+0.4%	62%	71.1%	+9.1%	31.6%	21.2%	-10.4%	595	584
Cluster 2 (Band 5 - 7)	2.8%	5.2%	+2.4%	82.1%	89.6%	+7.5%	15.1%	5.2%	-9.9%	106	115
Cluster 3 (Bands 8a - 8b)	9.1%	13.9%	+4.8%	75.8%	77.8%	+2.0%	15.2%	8.3%	-6.9%	33	36
Cluster 4 (Bands 8c – 9 & VSM)	0.0%	0.0%	0.0%	53.8%	91.7%	+37.9%	46.2%	8.3%	-37.9%	13	12

1b. Clinical workforce

	Disabled staff in 2020	Disabled staff in 2021	Disabled staff in 2020/2021	Non-disabled staff in 2020	Non-disabled staff in 2021	Non-disabled staff in 2020/2021	Unknown/null staff in 2020	Unknown/null staff in 2021	Unknown/null staff in 2020/2021	Total staff in 2020	Total staff in 2021
	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Headcount	Headcount
Cluster 1 (Bands 1 - 4)	5.13%	6.48%	+1.35%	63.65%	68.96%	+5.32%	31.22%	24.56%	-6.66%	633	741
Cluster 2 (Band 5 - 7)	4.52%	6.98%	+2.46%	66.03%	74.98%	+8.95%	29.45%	18.04%	-11.41%	1107	1175
Cluster 3 (Bands 8a - 8b)	4.80%	6.76%	+1.96%	73.60%	83.78%	+10.18%	21.60%	9.46%	-12.14%	125	148
Cluster 4 (Bands 8c – 9 & VSM)	0.0%	3.7%	+3.7%	61.90%	85.19%	+23.29%	38.10%	11.11%	-26.99%	21	27
Cluster 5 (Medical and Dental staff, Consultants)	0.0%	3.23%	+3.23%	50%	87.10%	+37.1%	50%	9.68%	-40.32%	32	31
Cluster 6 (Medical and Dental staff, Non-consultant career grade)	9.09%	7.14%	-1.95%	54.55%	71.43%	+16.88%	36.36%	21.43%	-14.93%	11	14
Cluster 7 (Medical and Dental staff, Medical and Dental trainee grades)	27.27%	17.65%	-9.62%	54.55%	64.71%	+10.16%	18.18%	17.65%	-0.53%	11	17

1) 6.7% of the workforce identifies as being disabled which is an increase on the previous year's figure of 4.7%, however 0.5% of disabled staff are represented across pay bands 8c – VSM.

Metric 2 – Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts

(Data source: Trust's recruitment data)

	Relative likelihood in 2020	Relative likelihood in 2021	Relative likelihood difference (+-)
Relative likelihood of non-disabled staff being appointed from shortlisting compared to Disabled staff	0.30	0.18	-0.12

2) The relative likelihood of disabled staff being appointed from shortlisting is 1.38 which is a decline on the previous years which was 1.08, however a figure below 1 indicates that disabled staff are more likely than non-disabled staff to be appointed from shortlisting.

Metric 3 – Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

(Data source: Trust's HR data)

	Relative likelihood in 2019/20	Relative likelihood in 2020/21	Relative likelihood difference (+-)
Relative likelihood of Disabled staff entering formal capability process compared to non-disabled staff	0.01	0.0	-0.01

3) The relative likelihood of disabled staff entering the formal disciplinary process is extremely low and demonstrates disabled staff are not disadvantaged by the formal disciplinary process.

Metric 4 – Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse.

(Data source: Question 13, NHS Staff Survey)

	Disabled staff responses to 2019 NHS Staff Survey	Non-disabled staff responses to 2019 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2019	Disabled staff responses to 2020 NHS Staff Survey	Non-disabled staff responses to 2020 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2020
	Percentage (%)	Percentage (%)		Percentage (%)	Percentage (%)	
4a) Staff experiencing harassment, bullying or abuse from patients/ service users, their relatives or other members of the public in the last 12 months	34.9%	22.6%	+12.3%	29%	20.1%	+8.9%
4b) Staff experiencing harassment, bullying or abuse from managers in the last 12 months	20%	10%	+10%	16.1%	6.8%	+9.3%
4c) Staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	18.3%	13.3%	+5%	15.7%	11.2%	+4.5%
4d) Staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months	57%	52.7%	+4.3%	56.3%	54.9%	+1.4%

4a) 29% of disabled staff reported experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months, this compares to 20.1% of non-disabled staff. However, 29% represents a decrease of 5.9% on 2019 figure of 34.9% of disabled staff reported experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.

4b) 16.1% of disabled staff reported experiencing harassment, bullying or abuse from a manager in the last 12 months, this compares to 6.8% of non-disabled staff. However, 16.1% is a decrease of 9.1% on 2019 figure of 20% of disabled staff reporting experiencing harassment, bullying or abuse from a manager in the last 12 months. This is a three year declining trend.

4c) 15.7% of disabled staff reported experiencing harassment, bullying or abuse from other colleagues in the last 12 months, this compares to 11.2% of non-disabled staff. However, 15.7% demonstrates a decrease of 2.6% on 2019 figure 18.3% of disabled staff reporting experiencing harassment, bullying or abuse from other colleague in the last 12 months. This is a three year declining trend.

4d) 56.3% of disabled staff reported the last time they experienced harassment, bullying or abuse at work they or a colleague reported it, this compares 54.9% of non-disabled staff. However, 56.3% demonstrates 0.7% decrease on 2019 figure of 57% of disabled staff reporting the last time they experienced harassment, bullying or abuse at work they or a colleague reported it.

Metrics 5 – 8

(Data source: Questions 14, 11, 5, 28b, NHS Staff Survey)

	Disabled staff responses to 2019 NHS Staff Survey	Non-disabled staff responses to 2019 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2019	Disabled staff responses to 2020 NHS Staff Survey	Non-disabled staff responses to 2020 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2020
	Percentage (%)	Percentage (%)		Percentage (%)	Percentage (%)	
Metric 5 - Percentage of Disabled staff compared to non-disabled staff believing that the trust provides equal opportunities for career progression or promotion.	79.5%	84.5%	-5%	81.2%	92.3%	-11.1%
Metric 6 - Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	25.2%	17.1%	+8.1%	24.6%	15.2%	+9.4%
Metric 7 - Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	36.4%	45.7%	-9.3%	49.3%	54%	-4.7%
Metric 8 - Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	79.4%	N/A	N/A	80.5%	N/A	N/A

5) 81.2% of disabled staff believe the Trust provides equal opportunity for career progression or promotion, this compares with 92.3% of non-disabled staff. However, 81.2% represents an improvement of 1.7% on 2019 figure of 79.5% of disabled staff believe that their organisation provides equal opportunity for career progression or promotion.

6) 24.6% of disabled staff believe they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties, this compares to 15.2% of non-disabled staff. However, 24.6% represents a decline of 0.8% on 2019 figure of 25.2% of disabled staff have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

7) 49.3% of disabled staff were satisfied with the extent to which the Trust values their work, this compares to 54% of non-disabled staff. However, 49.3% represents a significant increase of 21.9% on 2019 figure of 36.4% of disabled staff reporting they were satisfied with the extent to which their organisation values their work. This is a three year improving trend.

8) 80.5% of disabled staff believe the Trust has made adequate adjustments to enable them to carry out their work, this compares with 79.4% in 2019.

Metric 9 – Disabled staff engagement

(Data source: NHS Staff Survey)

	Disabled staff engagement score for 2019 NHS Staff Survey	Non-disabled staff engagement score for 2019 NHS Staff Survey	Difference (+/-) between disabled staff and non-disabled staff engagement scores 2019	Disabled staff engagement score for 2020 NHS Staff Survey	Non-disabled staff engagement score for 2020 NHS Staff Survey	Difference (+/-) between Disabled staff and non-disabled staff engagement scores 2019
a) The staff engagement score for Disabled staff, compared to non-disabled staff.	6.3	6.9	-0.6	6.8	7.2	-0.4

b) Has your trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No) - Yes

Please provide at least one practical example of action taken in the last 12 months to engage with Disabled staff.

In May 2021, the Trusts disability staff network consulted on the Workforce Disability Equality Standard action plan to ensure the key drivers for change were the experiences of our disabled staff

9) The engagement of disabled staff (6.8) has increased on the previous year (6.3) and the gap between disabled staff and non-disabled staff has reduced to 0.4 from 0.6 the previous year.

Metric 10 – Percentage difference between the organisation’s board voting membership and its organisation’s overall workforce

(Data source: NHS ESR and/or trust’s local data)

	Disabled Board members in 2020	Non-disabled Board members in 2020	Board members with disability status unknown in 2020	% points difference (+/-) between Disabled Board members and Disabled staff in overall workforce	Disabled Board members in 2021	Non-disabled Board members in 2021	Board members with disability status unknown in 2021	% points difference (+/-) Between Disabled and non-disabled Board members in 2020
	Percentage (%)	Percentage (%)	Percentage (%)		Percentage (%)	Percentage (%)		
Percentage difference between the organisation’s Board voting membership and its organisation’s overall workforce, disaggregated by Exec/non-exec and Voting/non-voting.	Exec = 0 Non-exec = 1 Voting = 1 Non-voting = 0	Exec = 6 Non-exec = 6 Voting = 11 Non-voting = 1	Exec = 0 Non-exec = 0 Voting = 0 Non-voting = 0	Total Board = 8.3% Overall workforce = 4.7% Difference = +3.6%	Exec = 0 Non-exec = 1 Voting = 1 Non-voting = 0	Exec = 6 Non-exec = 6 Voting = 11 Non-voting = 1	Exec = 0 Non-exec = 0 Voting = 0 Non-voting = 0	Total Board = 8.3% Overall workforce = 6.7% Difference = +1.6% percentage points

10) Disability representation on the board (8.3%) has remained the same as it was during the previous year and still remains representative of the disabled workforce, despite that figure improving to 6.7%.

APPENDIX 2 – Progress review against WDES action plan 2020/21

Metric	Objective	Action/s	Timescales	Lead/s	Review
1,2	Increase in staff declaring disability status	Review disability monitoring information for staff and agree ESR updating processes.	Sept 2020	JD/JW	Disability declarations on ESR have increased from 4.12% to 6.7%
1,2	Decrease in number of new starters in the 'undeclared' and 'prefer not to say' categories.	Review OH paperwork for new starters to identify any improvements that could encourage new starters to declare disability status.	Dec 2020	JD/HM	
1,2	Work towards Level 3 Disability Confident Scheme Accreditation	Explore Disability Confident Leader Programme	Apr 2021	JD/JeD	Disability Confident Leader paperwork complete. Local charity partner sourced to verify Trust Disability Confident Leader application.
1,2,3,6,7,8	Improved confidence in managers in dealing with employment disability issues (local survey). Improved satisfaction for disabled staff in NHS Staff Survey. Also monitor impact via HR employee relations issues for disabled staff.	Review management disability awareness training.	Mar 2021	JD	Disability awareness raised through the development of new Reasonable Adjustments guidance for managers and staff.
1,2,3,4b,5,7,8	Improved satisfaction for disabled staff in NHS Staff Survey. Also monitor impact via HR employee relations issues for disabled staff.	Review staff disability awareness training.	Mar 2021	JD	
1	Improved confidence in managers in dealing with recruitment disability issues (local survey)	Review training for Recruitment and Selection	Mar 2021	JD	Training developed in partnership with external organisation and to be rolled out when face to face training can commence
1,3,5	Improved satisfaction for disabled staff in NHS Staff Survey. Improved satisfaction for disabled staff regarding reasonable adjustments in NHS Staff Survey.	Promote internal and external structures which can support staff with disabilities	Mar 2021	JD/JR	Disability staff network consulted on the Workforce Disability Equality Standard (WRES) action plan to ensure the key drivers for change were the experiences of our disabled staff.
1	More effective actions to improve workplace for disabled staff	Involve Disability Staff Network on the Trusts approach to improving the working environment for staff with a disability	Sept 2020	JD/MM	
6	Improvement of disabled staff satisfaction specifically related to reasonable adjustments. Increase number of reasonable adjustments throughout the Trust.	Introduction of disability passports for reasonable adjustments	Nov 2020	JD/HM	Introduced new Reasonable Adjustments guidance for managers and staff to improve RA uptake and understanding
1, 4a, 7	Increased representation of disabled people in Trust communications and publications	Review how the Trust promotes disabled people in everyday communication, etc.	Nov 2020	JD/HW	Diverse imagery is in use for all new reporting and branded documents.
1	Improved declaration / representation of disabled staff in clinical roles	Deep dive into the underrepresentation of disabled staff in clinical role	Mar 2021	JD	Deep dive published – Quarterly EDI Insight Report Accountability via EDI steering group

APPENDIX 3 – WDES action plan for 2021/22

N°	Outcome	Action/s	WDES Metric	Timescales	Lead/s	NHS People Plan Theme
1	Improve disabled staff representation at bands 8C to 9 VSM	Monitor disability representation on in house Leadership and Senior Leadership development programs as well as High Potential Development Programme	1	Quarterly	L&D/EDI Lead	Equality and Diversity (6) Refresh the evidence base for action, to ensure senior leadership represents the diversity of the NHS, spanning all protected characteristics.
2	Reduce gap in perception between disabled staff compared to non-disabled staff for equality of opportunity to career progression	Promote leadership development programmes to disabled staff across the Trust	5			
3	Reduce gap in perception of disabled staff compared to non-disabled staff of bullying by patients	Signpost to the Reducing Aggression Towards Staff by Patients, Cares and Services Users procedure	4	Quarterly	Zero Tolerance Safety Huddle Team/Deputy Director Nursing	Health and Wellbeing (7) Prevent and tackle bullying, harassment and abuse against staff, and create a culture of civility and respect.
4		Datix reports of aggression by Patients, Cares and Services Users to be supported by Zero Tolerance Safety Huddle Team				
5	Reduce gap in perception of disabled staff compared to non-disabled staff of bullying by managers Reduce gap in perception of disabled staff compared to non-disabled staff of bullying from other colleagues	Continue to rollout Bullying & Harassment Training for managers	4 4	As required	L&D/HR Operations	Health and Wellbeing (7) Prevent and tackle bullying, harassment and abuse against staff, and create a culture of civility and respect.
6	Reduce gap in perception between disabled staff compared to non-disabled staff for coming to work when not well enough to do so	Encourage conversations between staff and managers around the reasonable adjustment guidance in annual appraisal	6	Quarterly	EDI Lead/Health and Wellbeing Committee	Health and Wellbeing (16) Identify and proactively support staff when they go off sick and support their return to work.
7	Reduce gap in perception between disabled staff compared to non-disabled staff for the organisation values their work	Celebrate Disability History Month (22nd Nov to 22nd Dec). This includes International Day of People with Disabilities (3rd Dec.) and International Human Rights Day (10th Dec).	7	Nov 21	EDI Lead/Marketing/Patient and Carer experience	Culture and Leadership (11) Place increasing emphasis on whether organisations have made real and measurable progress on equality, diversity and inclusion, as part of the well-led assessment.