Trust Board Meeting 29 November 2023
Agenda - Public Meeting

For a meeting to be held at 9.30am Wednesday 29 November 2023, via Microsoft Teams

		Lead	Action	Report Format
	Standing Items			
1.	Apologies for Absence	CF	Note	verbal
2.	Declarations of Interest	CF	Note	√
3.	Minutes of the Meeting held on 27 September 2023	CF	Approve	√
4.	Action Log and Matters Arising	CF	Discuss	√
5.	Annual Members Meeting 18 October 2023 Minutes	CF	Approve	√
6.	Staff Story – Safeguarding Staff story- Making a Difference	HG	Note	√
7.	Chair's Report	CF	Note	√
8.	Chief Executives Report	MM	Note	√
9.	Publications and Highlights Report	MM	Note	√
	Patient Safety, Strategy and Delivery			
10.	Safeguarding Annual Report 2022/23– Rosie O'Connell, Head of Safeguarding attending	HG	Ratify	√
11.	Freedom to Speak Up (FTSU) Report - Alison Flack, FTSU Guardian attending	MM	Discuss	√
	Trust Strategic Goals Assurance			
12.	Finance Report	PB	Discuss	√
13.	Performance Report	PB	Discuss	√
	Corporate			
14.	Humber and North Yorkshire Integrated Care System – Mental Health and Learning Disabilities Collaborative Programme Update – Alison Flack,	MM	Note	√

	Programme Director attending			
15.	Emergency Preparedness Resilience and Response (EPRR) Assurance Process 2022-23	LP	Approve	√
16.	BeDigital update - November 2023	PB	Note	√
	Assurance Committee Reports			
17.	Finance & Investment Committee Assurance Report	FP	Note	√
18.	Quality Committee Assurance Report	PE	Note	√
19.	Workforce & Organisational Development Committee Assurance Report	DR	Note	√
20.	Mental Health Legislation Committee Assurance Report	MS	Note	√
21.	Audit Committee Assurance Report	SMcKE	Note	√
22.	Charitable Funds Committee Assurance Report*	SMcKE	Note	√
23.	Collaborative Committee Report	SMcKE	Note	√
24.	December Board Strategic Development Agenda	CF	Note	√
25.	Items to Escalate including to the High Level Risk Register & for Communication	CF	Note	verbal
26.	Any Other Urgent Business	CF	Note	verbal
27.	Review of Meeting – Being Humber	CF	Note	verbal
28.	**Exclusion of Members of the Public from the Part II Meeting**			
29.	**Date, Time and Venue of Next Meeting** Wednesday 31 January 2024, 9.30am via Microsoft Teams			

*Presented to Board as Corporate Trustee

Title & Date of Meeting:	Trust Board Public Meeting – 29 November 2023			
Title of Report:	Declarations of Interest			
Author/s:	Caroline Flint Chair			
Recommendation:	To approve		To discuss	
	To note	✓	To ratify	
	For assurance			

Purpose of Paper:	The report provides the Board with a list of current Executive Directors and Non-Executive Directors interests. Changes are: • Additions of Declarations for Priyanka Perera and David Smith, Associate Non-Executive Directors • Removal of declarations for Hanif Malik, Associate Non-Executive Director who left at the end of September 2023. • Updated declaration for Dean Royles, Non-Executive Director to include Non-Executive Director Sheffield Teaching Hospitals NHS Trust • Removal of RSPCA declaration for Michele Moran • Updated declarations for Phillip Earnshaw to include Five Towns PCN Clinical Director and Board Member of Wakefield District Health & Care Partnership. Removal of declarations for Phillip Earnshaw Ltd – Director & Majority Shareholder, Vice Chair of Wakefield District Housing and FMC Health Solutions Ltd – Director and Shareholder

Key Issues within the report:

Positive Assurances to Provide: • Updated declarations	**Key Actions Commissioned/Work Underway:** • N/A
Key Risks/Areas of Focus: • No issues to note	**Decisions Made:** • N/A

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations	

				Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Monthly Board report	✓ 27.9.23

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to)*					
√ *Tick those that apply*					
✓	Innovating Quality and Patient Safety				
	Enhancing prevention, wellbeing and recovery				
✓	Fostering integration, partnership and alliances				
	Developing an effective and empowered workforce				
	Maximising an efficient and sustainable organisation				
✓	Promoting people, communities and social values				
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment	
Patient Safety	√				
Quality Impact	√				
Risk	√			To be advised of any future implications as and when required by the author	
Legal	√				
Compliance	√				
Communication	√				
Financial	√				
Human Resources	√				
IM&T	√				
Users and Carers	√				
Inequalities	√				
Collaboration (system working)	√				
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)	• Chair of Yorkshire & Humber Clinical Research Network • SRO Mental Health/Learning Disabilities Collaborative Programme. • HCV CEO lead for Provider Collaboratives • IMAS partner • Humber and North Yorkshire ICB Board Member • Non-Executive Director DHU Healthcare (a Social Enterprise organisation) from 2/11/22
Mr Peter Beckwith, Director of Finance (Voting Member)	• 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 Kwame Opoku-Fofie, Medical Director (Voting member)	• Director of Bluewaters Healthcare Limited, (not actively trading) • Spouse Mrs Marian Opoku-Fofie is the Deputy Chief Pharmacist of Humber Teaching NHS Foundation Trust
Mrs Lynn Parkinson, Chief Operating Officer (Voting Member)	Husband works for HMRC
Mr Steve McGowan, Director of Workforce and Organisational Development (Non-Voting member)	No interests declared
Non Executive Directors	
Rt Hon Caroline Flint – Chair (Voting Member)	• Husband is a member of Doncaster MBC Councillor and Cabinet member • Brother-in-law is a Senior Consultant and Professor for Ophthalmology in the West Midlands • Chair of the Committee on Fuel Poverty which is an advisory non-departmental public body sponsored by the Department for Business, Energy and Industrial Strategy
Mr Mike Smith, Non-Executive Director (Voting Member)	• Director Magna Trust • Director, Magna Enterprises Ltd • Associate Hospital Manager RDaSH • Associate Hospital Manager John Munroe Group, Leek • Trustee - The Rotherham Minster Development Trust
Mr Francis Patton, Non-Executive Director (Voting Member)	• Non-Executive Chair, The Cask Marque Trust • Treasurer, All Party Parliamentary Beer Group • Managing Director, Patton Consultancy • Non Executive Director of SIBA and Chair of SIBA Commercial, The Society of Independent Brewers • Trustee Director, the Baxi Partnership Limited

Trust Board Meeting
Minutes of the Public Trust Board Meeting held on Wednesday 27 September 2023 via Microsoft Teams

Present:	Rt Hon Caroline Flint, Chair
	Mrs Michele Moran, Chief Executive
	Dr Phillip Earnshaw, Non-Executive Director
	Mr Hanif Malik OBE, Associate Non-Executive Director
	Mr Francis Patton, Non-Executive Director
	Mr Dean Royles, Non-Executive Director
	Mr Mike Smith, Non-Executive Director
	Mr Peter Beckwith, Director of Finance
	Dr Kwame Fofie, Medical Director
	Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals
In Attendance:	Mrs Stella Jackson, Head of Corporate Affairs
	Mrs Karen Phillips, Deputy Director of Workforce & Organisational Development
	Mrs Claire Jenkinson, Deputy Chief Operating Officer
	Kirsty Dent Clinical Lead, Homeless Mental Health Service (for item 124/23)
	Mrs Mandy Dawley, Assistant Director of Patient and Carer Experience and Co-production (for items 124/23, 29/23 & 130/23)
	Debbie Davies, Lead Nurse Infection Prevention and Control (for items 132/23 &133/23)
	Mr Oliver Sims, Corporate Risk & Incident Manager (for items 138/23 & 139/23)
	Mr John Duncan, Equality, Diversity and Inclusion Partner (for items 145/23, 146/23 & 147/23)
	Dr Mo Qadri, Guardian of Safe Working (for item 148/23)
	Mrs Jenny Jones, Trust Secretary (Minutes)
Apologies:	Mr Stuart McKinnon-Evans, Non-Executive Director
	Mr Steve McGowan, Director of Workforce and Organisational Development
	Mrs Lynn Parkinson, Chief Operating Officer

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.

121/23	**Declarations of Interest** The declarations were noted. Any further changes to declarations should be notified to

Caring, Learning & Growing Together

	the Trust Secretary. The Chair requested that if any items on the agenda presented anyone with a potential conflict of interest, they declare their interest and remove themselves from the meeting for that item. The Chief Executive; Director of Finance; Mike Smith, Non-Executive Director; and Stuart McKinnon-Evans, Non-Executive Director have a standing declaration of interest regarding items relating to the Collaborative Committee.
122/23	**Minutes of the Meeting held 26 July 2023** The minutes of the meeting held on 26 July were agreed as a correct record.
123/23	**Matters Arising and Actions Log** The action log and work plans were noted.
124/23	**Patient Story – Experiences of Homelessness, Engagement and Co-production** The patient story was presented by Kirsty Dent and was about how the Trust was listening to patient experiences to improve the care provided to those who had experiences of homelessness. A film was shown highlighting key messages from our homeless community. The story demonstrated the ways partners were working together to support homeless people including housing and tenancy support. An area of challenge was in relation to homeless people attending appointments. If they did not attend they could be discharged without other services knowing the circumstances. This would be reviewed to see if any changes could be made to the process. The Chair thanked everyone for attending and sharing the story.
125/23	**Chair's Report** The Chair presented her report which was taken as read. Areas of focus included the Countess of Chester and Lucy Letby updates which were provided for information. The Chair emphasised that the Trust took patient and staff safety seriously and processes were in place to allow concerns to be raised with the assurance those raising the concerns would be listened to. A recruitment process had taken place for two Associate Non-Executive Directors. David Smith and Priyanka Perera had been appointed. Hanif Malik had come to the end of his term of office and on behalf of the Board, the Chair thanked him for his support, advice and contribution over the last two years. Governor elections were underway and nominations open until 17 October 2023. It was noted that under the Governor Development update, the session on Mental Health Legislation had been postponed and would take place at a future meeting. **Resolved:** The report was noted.
126/23	**Chief Executive's Report** The Chief Executive introduced her report and reiterated key points regarding: • Shortlisted for an HSJ Award for Right Care Right Person • Sexual Safety Charter updated

- Flu and Covid vaccination programmes.
- PSIRF (the Chief Executive thanked Hilary Gledhill and the team for their work leading to go live on 1 October 2023).
- Respect Campaign work had started
- Rainbow Bridge and Occupational Health accreditations
- Wagestream
- Updated Fit and proper persons test process
- Annual Members Meeting
- Communications Team and Health Starts Updates

Hilary Gledhill reported that in the HSJ Patient Safety awards the Trust had three nominations.

The Trust had taken delivery of fully electric fleet vehicles with more detail in the Director of Finance update.

Claire Jenkinson provided an update on industrial action reporting that the first joint strikes with consultants and junior doctors had no adverse impact on the Trust.

Mike Smith noted the quality improvement pilot scheme for the Mental Health Act and asked to be involved from an assurance point of view; a meeting would be arranged.

The signing of the sexual safety charter was supported by the Board. Dean Royles suggested that when a lead was identified, an action plan to review policies etc would be helpful for the Board. The Chair supported this as the organisation needed to make sure that people felt confident that they could speak up and the message was clear that this behaviour was not acceptable.

Karen Phillips explained that the conferences referred to in the report were being planned with the first taking place after Christmas.

Resolved: The Board ratified the policies identified in the report and the Sexual Safety Charter.
Sexual safety action plan to be produced for the Board **Action HG**

127/23	**Publications and Highlights Report** The report provided an update on recent publications and policy. **Resolved:** The report was noted.
128/23	**Patient Safety:** **Countess of Chester Update** Following on from the initial findings following the trial of Lucy Letby who was employed as a neonatal nurse by The Countess of Chester Hospital Trust, all Trusts had been requested to review their Freedom to Speak up processes and Board oversight. The report outlined the steps being taken to strengthen the approach to patient safety monitoring. Francis Patton asked why there was no specific reference to patients in the Speaking Up section of the report. It was highlighted that work undertaken by the Patient and Carer Experience Team focussed on patients. The Chief Executive felt this was a

	good report regarding safety cultures. **Edenfield Closed Cultures Update** The report built on the progress update given to the Board in March 2023 and was taken as read. Reduction of restrictive intervention work was being undertaken and data triangulated. The safe wards work was becoming embedded in practice and visibility improved. Mike Smith welcomed the report and believed it complimented the work being done on reducing restrictive interventions. He was assured that systems and processes were in place and any issues were highlighted. Francis Patton supported the comments made. It was clarified that when on visits, quality improvement plans could be requested so that Board members could see them. **Resolved:** The reports were noted.
129/23	**Patient and Carer Experience Five Year Forward Plan 2023 – 2028.** The five year plan identified three outcomes aligned to the Trust Strategy's six organisational goals and highlighted what would be achieved over the next five years across patient and carer experience, involvement, engagement, equality, diversity and inclusion. A video was played to highlight the key areas of focus and this and the following report were covered as one item. The plan and annual report had been presented at the Quality Committee and Marilyn Foster, Patient and Carer Governor had been involved. The work with the GP practices was going well and regular meetings with the relevant teams had taken place. **Resolved:** The Board ratified the plan
130/23	**Patient and Carer Experience Annual Report 2022/23 including Complaints and Feedback** The annual report was presented to the Board and taken as read. Good discussions were held at the Quality Committee around when formal complaints were not upheld and how this was communicated to the patient. The Chair was pleased to see more issues being resolved through the informal route which showed staff were responding well when patients raised concerns. **Resolved:** The annual report was ratified by the Board
131/23	**Suicide and Self-harm Strategic Plan** Kwame Fofie presented the report that outlined the key findings and clinical messages of the National Confidential Inquiry into Suicide and Safety in Mental Health annual report 2023. Work was taking place in collaboration with the Integrated Care Service and Place. The report had been discussed at the Quality Committee meeting. Mike Smith noted that much work had been undertaken including moving from a seven day to three day follow up after discharge. **Resolved:** The report was noted.

132/23	**Infection Prevention Control Annual Report** The report provided an overview of the key work undertaken regarding infection prevention and control (IPC) for the reporting period 1 April 2022-31 March 2023, highlighting the progress and achievements made against the Trust Infection Prevention and Control Strategy 2021-23. IPC had been at a high standard during the year. Ventilation and hygiene facilities issues were outstanding in some areas with improvement plans in place. **Resolved:** The annual report was ratified.
133/23	**Infection Prevention and Control Plan 2023-2028** Debbie Davis presented the report and sought Board ratification for the proposed Infection Prevention and Control Plan for 2023-2028 following approval by EMT and the Quality Committee. Work was still to be done to ensure that patient expectation and views were captured from the pandemic in preparation for any future pandemics. Hilary Gledhill asked for the co-production stamp to be added to the report. Other areas raised were: • The current variant of Covid was highly transmissible and promotion of the vaccine booster was being encouraged. • IPC team had been asked to produce a briefing on mask wearing in case it was required • No new learning from Covid outbreaks. A Board vaccination session was being planned for 25 October to coincide with the Strategic Board Development meeting. **Resolved:** The five year plan was ratified by the Board.
134/23	**Patient Safety Incident Response Plan and Patient Incident Response Policy** The Patient Safety Incident Response Policy and supporting plan were presented for ratification in order that full implementation could be commenced on 1 October 2023. The plan and policy had been signed off by the Integrated Care Board (ICB). Patient safety partners were in place as well as a six month transition plan. **Resolved:** The Incident Response Plan and Policy were ratified by the Board.
135/23	**Finance Report** The finance report as at the end of August was presented. It showed that the financial target for the month was not achieved due to an increase in property services costs for Whitby and Malton. Discussions were taking place at Integrated Care Board (ICB) level around financial support. Dean Royles asked about any adjustments for industrial action. Pete Beckwith reported that this was not material to the organisation and there was an expectation that a level of support to flow through for this. **Resolved:** The Board noted the Finance report
136/23	**Performance Report**

	The report showed the current levels of performance as at the end of August 2023. New indicators as agreed by the Board were incorporated into the report.
	Mandatory Training compliance overall remained high. Improvement was noted in the neurodiversity trajectories as a result of non-recurrent funding. If recurrent funding was not secured this would have a detrimental impact on performance. An update would be provided at the Sub Committees and be brought to the Board when appropriate.
	Resolved: <u>The report was noted</u>
137/23	**Risk Register Update** Oliver Sims presented the report that provided an update on the Trust-wide risk register (15+ risks) since last reported to Trust Board in July 2023. Risks had been reviewed by Board sub committees and EMT. Francis Patton asked whether completion rates had any effect on the risks. An update would be included in the next report **Resolved**: <u>The report was noted.</u> <u>Update on the effect of completion rates on risks to be included in the next report</u> **Action OS/HG**
138/23	**Board Assurance Framework Update** The Quarter 2 version of the Board Assurance Framework was presented in the revised 2023/24 template approved by EMT in June 2023. **Resolved**: <u>The report was noted</u>
139/23	**Compliance with the New Provider Licence** The report provided the Board with a summary of the annual declarations, evidence of how the Trust met these declarations and advised how the views of Governors would be taken into consideration. The report had been reviewed by the Executive Management Team (EMT). **Resolved:** <u>The report was noted.</u>
140/23	**A Framework of Quality Assurance for Responsible Officers and Revalidation, Annex D – Annual Board Report and Statement of Compliance** Kwame Fofie presented the report which summarised activity relating to appraisal and revalidation processes for 2022/23. The report would be shared with the Tier 2 Responsible Officer, NHS England and the Statement of Compliance confirmed that the Trust, as a Designated Body, was in compliance with the regulations. If approved, it would be signed by the Chief Executive as required by NHS England. Dean Royles noted the report for Responsible Officers (RO's) and asked how fit to practise for agency doctors was processed. Kwame reported that all agency doctors were assigned a Responsible Officer who was involved with their job plans and linked in with other relevant RO's. **Resolved:** <u>The report was approved for the Chief Executive to sign</u>

141/23	**Operating Pressure Escalation Level (OPEL) Framework and PRN00572 - System Co-ordination**
	The report outlined the role of the System Coordination Centre and updated OPEL Framework 2023/24.
	Phillip Earnshaw asked if primary care was included. Claire Jenkinson explained the report mainly related to mental health and reported the primary care position. The Chair felt that as a multi-service provider with three primary care practices it would be beneficial to be able to provide support for practices. Claire would make sure that sit rep reporting would be broken down into more detail to see where help could be given locally and to the wider system.
	Resolved: The report was noted
142/23	**Patient Led Assessment of the Care Environment (PLACE) Update**
	The results from the 2022 Patient Led Assessment of the Care Environment (PLACE) Assessment and a summary of the actions being taken were provided in the report.
	£200k of resource had been set aside in 2023/24 capital plan to address PLACE priorities.
	Resolved: The report was noted
143/23	**2022 Staff Survey Progress Report**
	The report gave a a summary of the 2022 staff survey scores, Trust progress and actions. The 2023 survey was due to be published and would run for eight weeks. Incentives had been agreed to drive response rates.
	A Staff Survey discussion had also been held at the August Strategic Board Development meeting.
	Resolved: the report was noted
144/23	**Workforce Disability Equality Scheme (WDES) Annual Report**
	John Duncan presented the report which set out the outcome of this year's analysis of the Trusts Workforce Disability Equality Standard (WDES) data in the 12 months between 1st April 2022 and 31st March 2023. This and the following two reports were taken as one item and reports taken as read. The Trust had performed better than the national figure in all metrics.
	Resolved: The report was ratified.
145/23	**Workforce Race Equality Scheme (WRES) Annual Report**
	The report provided an update on the outcome of this year's analysis of the Trust's Workforce Race Equality Standard (WRES) data in the 12 months between 1st April 2022 and 31st March 2023, and included the new requirement to report on the Medical Workforce Race Equality Standard (MWRES).
	Resolved: The Board ratified the report
146/23	**Equality Diversion and Inclusion (EDI) Annual Report**
	The annual report set out the analysis of this year's EDI Annual Report, examining equality reporting such as the Workforce Race Equality Standard (WRES), the

	Workforce Disability Equality Standard (WDES), the Gender Pay Gap and Staff Survey in the 12 months between 1st April 2022 and 31st March 2023. The report was taken as read. This was a positive report and one the Chief Executive felt should be promoted. She suggested that John Duncan liaise with Communications to determine the best way to do this. The Chair suggested that the key points from John's presentation should be shared with the Board for information. **Resolved:** The report was ratified by the Board. Key points from the presentation to be shared with the Board **Action JD/KP**
147/23	**Trust Winter Plan 2023/24** The Trust Winter Plan for 2023/24 provided an overview of the winter planning process undertaken, the key issues that were likely to impact on our operational response and the plans developed to mitigate the service pressures and risks anticipated for this winter. A detailed operational plan for Winter 2023/24 had been reviewed and approved by the Executive Management Team. Areas highlighted included: • Funding for step up and step down beds • Piece of work with NHS 111 for calls to be diverted to the crisis teams • Children and young people – focus on reducing long waits. Significant increase in beds. • Vaccination programme was the key to a healthy workforce • Adverse weather plan • Working with the system to ensure collaborative working and provide support where needed. **Resolved**: The report was noted.
148/23	**Rotational Report on Safe Working** Dr Mo Qadri presented the report which gave details of the safe working of junior doctors. The report was taken as read. Glitches with the Allocate Software had been identified. Work was taking place with the company to get issues resolved quicker. The Chair asked if junior doctors felt confident in raising any concerns. Dr Qadri responded that the new Junior Doctor Committee chair was encouraging concerns to be raised. Discussions took place at the Quality Committee too. Kwame Fofie explained there was triangulation from the GMC junior doctors survey and face to face meetings where feedback was given. This information was triangulated with the Trust's data. Hilary Gledhill informed the Board that she had been invited by HYMS to speak about patient safety in the NHS. **Resolved:** The report was noted.

149/23	**Quality Committee Assurance Report and 1 June 2023 Minutes** The report from the latest meeting and the June minutes were presented and taken as read. A deep dive into Hull CMHT complaints was undertaken to gain assurance. **Resolved**: The report and minutes were noted.
150/23	**Mental Health Legislation Committee Assurance Report** Dean Royles chaired the last meeting. Good discussions were held. An issue for the risk register was escalated to the Executive team. **Resolved: T**he report was noted
151/23	**Audit Committee Assurance Report** The report was presented by Pete Beckwith and taken as read. Audit reports provided high or significant assurance. Strong Information Governance training was highlighted as was the increase in the CNST premium **Resolved:** The report was noted.
152/23	**Collaborative Committee Report** The report provided an update on the last meeting and was taken as read. **Resolved:** The report was noted
153/23	**Charitable Funds Committee Assurance Report and 16 May 2023 Minutes** The report was presented to the Board as Corporate Trustee. It provided details of the last meeting and the minutes from the May meeting were provided for information. Mixed performance against Key Performance Indicators (KPIs) was reported. Inspire garden funding was available and would be progressed. **Resolved:** The report was noted.
154/23	**Workforce and Organisational Development Committee Assurance Report and 17 May 2023 Minutes** The report and the minutes from the May meeting were presented for information. Areas discussed: • Countess of Chester report • Report from Freedom to Speak Up Guardian and discussion on how people can proceed if they feel concerns not taken seriously • Focus on DBS checks that had lapsed • Monitored shifts and over time **Resolved:** The report was noted.
155/23	**Reporting of Committee Business** The report outlined the proposed actions for future reporting to the Board. The recommendations in the report were supported and would be taken forward. **Resolved:** The Board agreed to the actions recommended in the report.

156/23	**October Board Strategic Development Agenda** The agenda for the Strategic Development meeting in October was provided for information. The agenda had been updated to remove the Trust strategy and Board Assurance Framework items and time had been allocated for clinicians to attend to give their perceptions on the Board and its work. **Resolved:** The agenda was noted.
157/23	**Items to Escalate including to the High-Level Risk Register and for Communication** No items were raised.
158/23	**Any Other Urgent Business** No other business was raised.
159/23	**Review of the Meeting – Being Humber** The meeting had been held in the Being Humber style. There was discussion about items coming to the Board that had been previously discussed by Sub Committees. It was reported that some items were required to come to the Board. The Board workplan would be reviewed to see if any items could be delegated to Committees **Action SJ/MM**
160/23	**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.
161/23	**Date and Time of Next Meeting** Wednesday 29 November 2023, 9.30am via Microsoft Teams

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

Agenda Item 4

Action Log:
Actions Arising from Public Trust Board Meetings

Summary of actions from September 2023 Board meeting and update report on earlier actions due for delivery in November 2023 *Rows greyed out indicate action closed and update provided here*						
Date of Board	**Minute No**	**Agenda Item**	**Action**	**Lead**	**Timescale**	**Update Report**
27.9.23	126/23	Chief Executive's Report	Sexual safety action plan to be produced for the Board	Director of Nursing, Allied Health and Social Care Professionals	January 2024	Item not yet due
27.9.23	137/23	Risk Register Update	Update on the effect of completion rates on risks to be included in the next report	Director of Nursing, Allied Health and Social Care Professionals/Corporate Risk & Incident Manager	November 2023	The report template has been updated so this information will be included in the next Board report
27.9.23	146/23	Equality Diversion and Inclusion (EDI) Annual Report	Key points from the presentation to be shared with the Board	Deputy Director of Workforce & Organisational Development/ Equality, Diversity and Inclusion Partner	September 2023	Complete. JD shared the detail post meeting
27.9.23	159/23	Review of the Meeting – Being Humber	The Board workplan would be reviewed to see if any items can be	Head of Corporate Affairs/Chief Executive	October 2023	Review undertaken by the Head of Corporate Affairs and Chief

Date of Board	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
			delegated to Committees			Executive. Results shared with the Trust Chair for consideration.

Date of Board	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
26.10.22	200/22	Chief Executive's Report	Speech and Language Therapists, Ruth Edwards and Siobhan Ward to be invited to a future meeting	Chief Operating Officer	April 2023 revised to a future Board meeting – date to be arranged	Patient/Staff story to be provided on Speech and Language
29.3.23	39/23(b)	2022 Staff Survey Results	Protected Characteristics report to be shared with the Board	Director of Workforce and Organisational Development	October 2023	This will form part of the Workforce Race Equality Scheme (WRES) and Workforce Disability Workforce Scheme (WDES) reports which are due later in the year. Complete WRES/WDES/ Gender Pay Gap and EDI annual report reviewed and approved at board in September 2023
29.3.23	39/23(c)	2022 Staff Survey Results	Workforce and Organisational Development Committee	Director of Workforce and Organisational Development	May 2023	**Sept 2023 update** Patient safety being our top priority was

			to review the internal messages sent to staff to try to improve the score around the patient question			discussed in the Quality Committee at its meeting in June when the Quality accounts were presented. The discussion resulted in a revision to the narrative in the Quality priorities. Report on the Staff Survey presented and considered by Workforce Committee. At the Board time out, it was suggested that other Committee's need to be looking at aspects of the Staff Survey which relate to their remit e.g. the quality committee to focus on the questions relating to patient safety. Complete and NSS now underway for 2023.

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

Board Public Workplan April 2023/March 2024 *(v6z)*

Chair of Board: ___Caroline Flint_____
Executive Lead: _____Michele Moran_____

Board Dates:- Reports:	Strategic Headings	LEAD	31 May 2023	26 Jul 2023	27 Sep 2023	29 Nov 2023	31 Jan 2024	27 Mar 2024
Standing Items - monthly								
Minutes of the Last Meeting	Corporate	CF	x	x	x	x	x	x
Actions Log	Corporate	CF	x	x	x	x	x	x
Chair's Report	Corporate	CF	x	x	x	x	x	x
Chief Executives Report includes:- Policy ratification, Comms Update, Health Stars Update, Directors updates	Corporate	MM	x	x	x	x	x	x
Publications and Highlights Report	Corporate	MM	x	x	x	x	x	x
Performance Report	Perf & Fin	PB	x	x	x	x	x	x
Finance Report	Perf & Fin	PB	x	x	x	x	x	x
Quarterly Items								
Finance & Investment Committee Assurance Report	Assur Comm	FP	x	x		x	x	
Charitable Funds Committee Assurance Report	Assur Comm	SMcKE	x		x	x		x
Workforce & Organisational Development Committee	Assur Comm	DR	x	x		x	x	
Quality Committee Assurance Report	Assur Comm	PE	x		x	x		x
Mental Health Legislation Committee Assurance Report	Assur Comm	MS	x		x	x		x
Audit Committee Assurance Report	Assur Comm	SMcKE	x		x	x		x
Collaborative Committee Report	Assur Comm	SMcKE	x	x	x	x	x	
Board Assurance Framework	Corporate	MM		x	x		x	
Risk Register	Corporate	HG		x	x		x	x
Humber and North Yorkshire Integrated Care System – Mental Health and Learning Disabilities Collaborative Programme Update Update	Corporate	MM		x		x		x
6 Monthly items								
Trust Strategy Delivery Report not needed due to BAF revision June 23	Strategy	PB		x		x		
Freedom to Speak Up Report	Corporate	MM	x			x		
MAPPA Strategic Management Board Report (inc in CE report)	Strategy	LP			x			x
Safer Staffing 6 Monthly Report	Corporate	HG		x			x	
Research & Development Report	Corporate	KF		x			x	
Annual Agenda Items								
Suicide and Self-harm Strategic Plan (next due 2025)	Strategy	KF			x			
Recovery (Enabling) Strategy Update (due 2026)	Strategy	LP		x				
Mental Health Managers Annual Progress Report (inc in Assurance Report)	Assur Comm	LP	x					
Patient and Carer Experience Forward Plan (2023 to 2028 (due 2023)	Strategy	KF			x			
Presentation of Annual Community Survey	Corporate	KF						x
Guardian of Safeworking Annual Report	Corporate	KF			x			
Patient & Carer Experience (incl Complaints and PALs) Annual Report	Corporate	KF			x			

Reports:	Strategic Headings	LEAD	31 May 2023	26 Jul 2023	27 Sep 2023	29 Nov 2023	31 Jan 2024	27 Mar 2024
Quality Accounts moved to June Strategic Meeting	Quality	HG	x def					
Infection Control (Enabling) Plan moved to Sept with Annual report	Strategy	HG		X def	x			
Infection Prevention Control Annual Report	Quality	HG			x			
Safeguarding Annual Report	Quality	HG			X def	x		
Annual EPRR Assurance Report	Quality	LP	x					
EPRR Core Standards (moved to Nov due to new req)	Corporate	LP				x		
Patient Led Assessment of the Care Environment (PLACE) Update	Quality	LP			x			
Health Stars Strategy Annual Review	Assur Comm	SMcG	x					
Health Stars Operations Plan Update	Assur Comm	SMcG	x					
Annual Operating Plan	Strategy	MM						x
Freedom to Speak Up Annual Report	Corporate	MM			x			
Report on the Use of the Trust Seal	Corporate	MM	x					
Review of Standing Orders, Scheme of Delegation and Standing Financial Instructions	Corporate	SJ	x					
Annual Non-Clinical Safety Report	Corporate	PB		x				
Annual Declarations Report	Corporate	SJ	x					
Charitable Funds Annual Accounts	Corporate	PB					x	
A Framework of Quality Assurance for Responsible Officers and Revalidation, Annex D – Annual Board Report and Statement of Compliance	Corporate	KF			x			
Gender Pay Gap	Corporate	SMcG		x				
WDES Report — reports into Workforce & Organisational Development Committee, but separate report to the Board	Corporate	SMcG			x			
WRES Report reports into Workforce Committee with report to Board	Corporate	SMcG			x			
Equality Diversity and Inclusion Annual Report	Corporate	SMcG			x			
Annual National Staff Survey Results	Corporate	SMcG						x
Board Terms of Reference Review (inc in Effectiveness review)	Corporate	CF	x					
Committee Chair Report	Corporate	CF						x
Annual Committee Effectiveness Reviews & Terms of Reference (one paper)	Corporate	SJ	x					
Reaffirmation of Slavery and Human Trafficking Policy Statement in Chief Executive report	Corporate	MM					X	
Fit and Proper Person Compliance	Corporate	CF	x					
Winter Plan	Corporate	LP			x			
Workplan for 2023/24: To agree	Corporate	CF/MM	x					
AD Hoc Items								
Items to Escalate including to the High Level Risk Register	Corporate	CF	x	x	x	x	x	x
Potential Items for Consideration at Future Strategy meetings	Corporate	CF	x	x	x	x	x	x
Estates Strategy – March 23	Corporate	PB						
Edenfield Update	Corporate	HG			x			x
Provider Licence	Corporate	SJ	x					

Reports: Board Dates:-	Strategic Headings	LEAD	31 May 2023	26 Jul 2023	27 Sep 2023	29 Nov 2023	31 Jan 2024	27 Mar 2024
Staff Survey Progress Report	Corporate	SMcG			x			
Health Inequalities to a Strategic Board Development Meeting	Corporate	KF						
Board Assurance Framework Assessment	Corporate	MM			x			
Community Mental Health Presentation Survey Update	Corporate	KF			x			
Compliance with the New Provider License	Corporate	SJ/PB			x			
EDI – date to be confirmed after September	Corporate	SMcG						
Review of the Constitution	Corporate	SJ		x				
EPR Contract Update	Corporate	PB				x	x	x
Deleted /Removed Items								
Review of Disciplinary Policy and Procedure	Corporate	SMcG						
Risk Management Strategy Update –moved to a Strategic Board item	Strategy	HG						
Equality Delivery Scheme Self Assessment – to go to Workforce Committee	Corporate	SMcG						

Trust Board Meeting
Minutes of the Annual Members Meeting/Annual General Meeting held on Wednesday 18 October 2023 in the Lecture Theatre, Humber Teaching NHS Foundation Trust

Present:	Rt Hon Caroline Flint, Chair
	Mrs Michele Moran, Chief Executive
	Dr Phillip Earnshaw, Non-Executive Director
	Mr Francis Patton, Non-Executive Director
	Mr Stuart McKinnon-Evans, Non-Executive Director
	Mr Dean Royles, Non-Executive Director
	Mr Peter Beckwith, Director of Finance
	Dr Kwame Fofie, Medical Director
	Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals
	Mrs Lynn Parkinson, Chief Operating Officer
	Cllr Linda Chambers, Appointed Governor, Hull City Council
	Mr John Cunnington, Public Governor, East Riding of Yorkshire
	Mr Tony Douglas, Public Governor, East Riding of Yorkshire
	Mr Tim Durkin, Public Governor, Rest of England
	Mrs Marilyn Foster, Service User and Carer Governor
	Mr Tom Nicklin, Staff Governor
	Mrs Doff Pollard, Lead Governor and Public Governor, Whitby, Scarborough and Ryedale
In Attendance:	Mrs Stella Jackson, Head of Corporate Affairs (Minutes)
	Mrs Karen Phillips, Deputy Director of Workforce & Organisational Development
	Mrs Jenny Jones, Trust Secretary (Minutes)
	63 members of staff
	6 members of the public
Apologies:	Sue Cooper, Public Governor of East Riding of Yorkshire; Paul French, Appointed Governor of Humberside Police; Joanne Gardner, Staff Governor; Patrick Hargreaves, Public Governor of Hull; Jonathan Henderson, Appointment Governor of Humberside Fire and Rescue; Anthony Houfe, Service User and Carer Governor; Dominic Kelly, Public Governor of East Riding of Yorkshire; Steve McGowan, Director of Workforce and Organisational Development; Ruth Marsden, Public Governor of East Riding of Yorkshire; John Morton, Public Governor of East Riding of Yorkshire; Sharon Nobbs, Staff Governor; Mike Smith, Non-Executive Director; Public Governor of East Riding of Yorkshire; Brian Swallow, Public Governor of Hull; William Taylor, Staff Governor; David Tucker, Appointed Governor of East Riding of Yorkshire Council; Jacqui White, Appointed Governor of the University of Hull

01/23	**Welcome and Keynote Speaker**
	The Chair welcomed everyone to the combined Annual Members Meeting and Annual General Meeting.
	She briefly outlined the role of the Trust before introducing the Keynote Speaker, Lizzie Simmonds.
	Lizzie gave an interesting and informative account of her journey to becoming an elite swimmer that had won medals and represented the country at various international sporting events. She highlighted the highs and lows of her journey and the importance of remaining resilient as well as mentally and physically fit and healthy.
02/23	**Review of the Year: 2022-2023**
	The Chief Executive gave a presentation containing key facts and figures about the Trust and key highlights, achievements and challenges during the 2022-23 financial year. A video was played at the end of the presentation which emphasised a number of the key points made.
03/23	**Financial Review: 2022-2023**
	The Director of Finance gave a presentation regarding the Trust's financial performance during 2022-23. He reported the audit of the accounts would be finalised once the local government pension scheme audit had concluded and the audited accounts would be presented to a General meeting of the Council of Governors.
	The presentation also contained information regarding the Trust's income and expenditure and highlighted the financial outlook for 2023-2024.
04/23	**Lead Governor Presentation**
	The Lead Governor gave a presentation regarding the role and work of the Council of Governors during the financial year. She thanked all governors that had stood down since the last Annual Members Meeting and welcomed those appointed during 2022-23.
05/23	**Looking Ahead: 2023-24**
	The Chief Executive gave a presentation regarding the key areas of work being undertaken and planned during 2023-24.
	She finished the presentation by showing a video regarding the Patient and Carer Experience Five Year Forward Plan and a further video regarding the role of the Trust.
06/23	**Questions and Answers**
	The Director of Nursing, Allied Health and Social Care Professionals and the Medical Director were asked about their key highlights during the year.
	The Director of Nursing, Allied Health and Social Care Professionals thanked all the staff for the work they did to improve patient care. She reported her key highlight had been the success of the nurse recruitment campaign which, due to the hard work of

| | staff and initiatives undertaken at the Trust, had resulted in the Trust achieving its best nurse recruitment position.

The Medical Director reported key highlights for him were his appointment as the Trust Medical Director, the work being undertaken by staff to improve patient care and the recognition of the good work being undertaken at the Trust which resulted in a larger trust wanting to learn about this.

The Chief Operating Officer was asked whether any positive change for staff and/or patients had occurred post pandemic. She believed the most impactful change had been as a consequence of work undertaken on health and wellbeing which was having a positive impact on staff (and therefore patients).

The Lead Governor was asked how members might utilise their membership effectively to make a difference. In response, the Lead Governor encouraged members to read the monthly newsletters containing information about engagement opportunities at the Trust. She urged those wanting to get more involved to join a Patient and Carer Experience Group, or to consider becoming a volunteer or research participant. She also encouraged members to share with Governors their views regarding the Trust's services and plans. |
|---|---|
| 07/23 | **Any Other Business**

There were no other items of business and the meeting concluded at 16.10. |

Signed ……………………………………………………… Date ……………….
<div align="center">Chair</div>

Title & Date of Meeting:	Trust Board Public Meeting - 29th November 2023		
Title of Report:	Safeguarding Staff Story – Making a Difference		
Author/s:	Rosie O'Connell – Head of Safeguarding and Named Professional for Adult Safeguarding Chloe Greechan – Safeguarding Practitioner		
Recommendation:	To approve		To discuss	X
	To note		To ratify	
	For assurance			
Purpose of Paper:	To present to the Public Trust Board meeting the journey into becoming a safeguarding practitioner, what it is like to work in the Trust Safeguarding Team and how the team is making a difference for staff and patients. Whilst the work of the safeguarding team supports delivery of most of the Trust strategic goals it is particularly relevant in supporting delivery of Innovating Quality and Patient Safety, enhancing prevention, wellbeing and recovery, fostering integration, partnership and alliances, developing an effective and empowered workforce and promoting people, communities and social values.		

Key Issues within the report:

Positive Assurances to Provide:	**Key Actions Commissioned/Work Underway:**
• This story highlights a positive outcome for a patient and her child as a result of a safeguarding practitioner`s work within the Trust • There are opportunities for all staff in the Safeguarding Team to access specialist training and development opportunities.	• To continue work through the delivery of the Trust Safeguarding Plan 2023-2026 in particular the roll out of safeguarding champions to maximise capacity to embed safeguarding best practices in our services.

Key Risks/Areas of Focus:	**Decisions Made:**
• A victim of our own success – increasing demand on a small team	• N/A

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	

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		Charitable Funds Committee		Collaborative Committee	
				Other (please detail) Report produced for the Board	29.11.23

Monitoring and assurance framework summary:

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

Title & Date of Meeting:	Trust Board Public Meeting – 29 November 2023				
Title of Report:	Chair's Report				
Author/s:	Rt Hon Caroline Flint Trust Chair				
Recommendation:	To approve		To discuss		
	To note	✓	To ratify		
	For assurance				
Purpose of Paper:	To provide updates on the Chair, Non-Executive and Governor activities since the last Board meeting. Approval of changes to the Non-Executive Director champions				

Key Issues within the report:

Positive Assurances to Provide:	Key Actions Commissioned/Work Underway:
• Staff Celebration Awards and other awards • New Associate Non-Executive Directors • Non-Executive Director champion roles • Governor updates	• Outlined in the report

Key Risks/Areas of Focus:	Decisions Made:
• No matters to escalate	• Approval of changes to the Non-Executive Director champions

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation		Operational Delivery Group	

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	Committee			
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Board report	29.11.23

Monitoring and assurance framework summary:

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

Trust Chair's Board Report – 29 November 2023

It was great to get together at the Staff Celebration Evening on 10 November. The first since 2019. We received a record number of nominations proving the amazing work happening across our Trust every day. The Chair and Chief Exec's Special Recognition Award went to our Estates Team who play an invaluable role creating and maintaining an environment positive for patient care and safety and enabling staff to do their work which is also mindful of their well being too. The event was widely praised by everyone there and thanks to our Communications and Events team with a special mention for Anita Green.

Congratulations to Humber for receiving a Highly Commended for Right Care Right Person in Hull and East Riding in the category Place-based Partnership Integrated Care at the Health Service Journal Awards. Also, congrats to our colleagues at Hull University Teaching Hospital for winning the Patient Safety Award.

Special mention for Kirsten Bingham who was awarded the Gold award for National AMHP of the Year 2023.

The Annual Members' Meeting (AMM) on 18 October was buzzing with lots of people at the Willerby site Lecture Theatre. Alongside the formal reports, the Marketplace provided an opportunity to meet a variety of our services and we had an excellent guest speaker former Olympic swimmer Lizzie Simmonds.

Welcome to David Smith and Priyanka Perera who joined us as Associate Non-Executive Directors on 5 October 2023. This is a development role and we look forward to working with them both.

On a personal note I am very honoured to have been confirmed as a Fellow of the Royal College of General Practitioners (RCGP) for my work as Public Health Minister, especially with regard to the Smoke-Free legislation and delivery.

1.Non-Executive Director (NED CHAMPION ROLES AND TRAINING REQUIREMENTS

Reviewing the NED Champion roles and speaking with Francis Patton, Michele Moran and Stella Jackson I propose two changes:

1. **Amalgamate the Cyber Security Champion role held by Francis Patton with the statutory Security Management Champion.**
2. **Rename Flu NED Champion with Vaccination NED Champion which will still have a focus on flu vaccination take up.**

Below is a revised table of NED Champion roles and training requirements including the requirement that at least half of NEDs should be trained as Associate Hospital Managers.

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NED Champions:

The table below highlights those roles which NHS England/Improvement recommend should still be assigned a NED champion (NHSE guidance dated December 2021):

Role	Legal Basis	Status/Proposal
Wellbeing Guardian	Recommended	Dean Royles undertakes this role
Freedom To Speak Up NED Champion	Recommended	Dean Royles undertakes this role
Doctors Disciplinary NED Champion/ Independent Member	Statutory	Phillip Earnshaw undertakes this role
Security Management NED Champion	Statutory	Francis Patton undertakes this and the role has been extended to include Cyber Security.

Other NED Champion roles within the Trust (these are not mandatory/recommended):

Role	Status
Vaccination NED Champion (formerly Flu NED Champion)	NHSE Guidance does not identify this as an area requiring specific oversight at NED or Committee level. Francis Patton is the NED Champion.
Emergency Preparedness	NHSE Guidance states responsibility for EPRR sits with the whole board and all NEDs should assure themselves that requirements are being met. EPRR should be included on appropriate committee forward plans (i.e Audit Committee) and EPRR Board reports, including EPRR annual assurance, should be taken to the Board at least annually. Mike Smith is the NED Champion.
Associate Hospital Managers	Recommendation 5 of the Rapid Review into Mental Health Data on Mental Health Inpatient Settings states at least half of the NEDs should be trained as Associate Hospital Managers. Mike Smith is an Associate Hospital Manager. Two additional NEDs will receive training in 2023/24 (potentially Dean Royles and Phillip Earnshaw who sit on the Mental Health Legislation Committee).

Non-Executive Director (NED) Mandatory Training Requirements:

Fire Safety (every 2 years)	Equality and Diversity (every 3 years)	Health, Safety and Welfare (every 3 years)
Infection Control (every 3 years)	IG and Data Security (annual)	Mental Capacity Act (every 3 years)
Moving and Handling (required to undertake once)	Basic Prevent Awareness (every 3 years)	Safeguarding Adults (every 3 years)
Safeguarding Children (every 3 years)	Oliver McGowan (required to undertake once)	Patient Safety Level 1 (every 3 years)

2. Trust Board Strategic Development Meeting, 25 October 2023
These meetings include a small number of key items on the agenda which enables Board members to have a detailed discussion regarding matters of strategic importance. Time is also allocated, as appropriate, for the Board to work on its own development. The Board focussed its attention on the following areas at the August meeting:

- **Quality Improvement Training -** An action from the rapid review into mental health inpatient pathways published June 2023, includes ensuring that board membership has the skills to understand and interpret data about mental health inpatient pathways and ensure that a responsive quality improvement methodology is embedded across their organisations. Dr Kwame Fome and Cath Hunter (QI Manager) delivered Level 1 bitesize Quality Improvement training to us.

- **Capital Programme Update (including six-month Digital update) -** Rob Atkinson (Deputy Director of Estates and Hotel Services) presented to the Board details of how the Capital and Operational plans are aligned and link to the Trust and Estates strategy and outlined major capital schemes with timescales for delivery and progress to date as well as general maintenance work including the backlog. Pete Beckwith updated on the digital summary advising that work has started on the EPR and now that procurement has been completed, next calendar year will see the Trust move into the design and testing phase.

- **Engaging Clinicians -** Dr Laura Voss, Dr Iqbal Hussain, Dr Syed (Murtaza) Naqvi, and Dr Sathya Vishwanath joined us as part of an ongoing intention for the Board to hear from more voices and professions in the organisation to better understand the areas, experience and professions clinicians represent and hear how it can improve.

- **PROUD Strategy –** Karen Phillips updated on the proposals for the 'future of PROUD'. The programme would now enter a phase of consolidation and embedding, as it seeks to drive up engagement with some of the programmes

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that remain underutilised such as the reverse mentoring scheme. It was agreed to widen the Trust induction to incorporate a leadership induction for those in band seven and above.

- **NHS IMPACT (Improving Patient Care Together**) – the Board reviewed, discussed, and approved the final response to NHS England and agreed we would consider how the NSH Impact assessment themes can fit into the EMT and Board agenda. Work to continue to progress from 'spreading to embedding' in key areas.

3. Chair's Activities Round Up

I attended the following Board Sub Committees Finance and Investment (31/10); Mental Health Legislation (2/11) and Workforce, Organisation and Development (22/11). A Health Inequalities session was also provided for Board.

My quarterly Freedom to Speak Up meeting with Alison Flack, Dean Royles and Michele Moran continued the discussion on learning from the Countess of Chester.

Michele Moran, Hilary Gledhill, Karen Phillips and I met to discuss Women in the NHS and the issues of sexual safety and career progression.
I took part in the **Humber Remembrance Service** and my contribution reflected on the oft forgotten contribution of black and Asian men and women who served in WWI and WWII. It was pleasing to meet up again with Steve Bentham who has done a huge amount to support veterans and who I worked with as an MP to resolve problems for serving military personnel, veterans and their families in Doncaster.

4.Visits (in person and virtual)

I was pleased to meet up with Dr Jaisa George, who has recently joined us as part of our International Recruitment programme; Eloise Nicholson – GMTS trainee and Kirsten Bingham who was awarded the Gold award for National AMHP of the Year 2023 to discuss social work at Humber.

We held the Quarterly Staff Awards in Scarborough and as always it was great to hear everyone's stories of their careers in the NHS and at Humber.

I visited Malton Hospital and was introduced to our staff and services there by our Services Manager Rishi Sookraj. Also bumped into Public Governor Tony Douglas who works there too.

External meetings included:
- HNY Provider Chairs
- Chairs ICS Briefings
- NHS Confederation Chairs meeting
- Helen Phillips NHS Professionals

4. Governors

I have met with Public and Staff Governors.

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The Council of Governors (CoG) met on the 19 October and following an update in relation to the External Auditors and seek support to continue with the current External Auditors (Mazars) for a further 3 years utilising a single tender waiver to extend the contract. As agreed with governors, exit interviews are being arranged for Governors Doff Pollard, John Cunnington and Sue Cooper who will be leaving the Council in January 2024. I have enjoyed working with all three and appreciate the collaboration and engagement with Lead Governor Doff Pollard and Appointments, Terms and Conditions Committee (ATC) Chair Sue Cooper. Our thanks to all three for their service and wish them the best.

At time of writing the Appointment, Terms and Conditions Committee (ATC) is due to meet on the 21 November 2023. It will be ATC Chair Sue Cooper's last meeting and our thanks for her commitment to this role and interest.

Governor Elections 2023 are underway in East Riding and for Staff. Arrangements are being made for new Governor training in the new year.

Governor Development Day (14.12.23) – it will focus on the work of the Board Committees Collaborative and Charitable Funds. Followed by joining the Humber Carol Concert.

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Title & Date of Meeting:	Trust Board Public Meeting – 29 November 2023			
Title of Report:	Chief Executive's Report			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve	✓	To discuss	
	To note	✓	To ratify	✓
	For assurance			

Purpose of Paper:	To provide the Board with an update on local, regional and national issues.
	Areas of note:
	• Change to Responsible Officer
	• Ratification of policies for
	
	    • Engaging and Involving Patients, Families and Staff Following a Patient Safety Incident Policy
	    • Equality, Diversity and Inclusion Policy			

Key Issues within the report:

Positive Assurances to Provide: • Work contained within the report • Responsible Officer Change	**Key Actions Commissioned/Work Underway:** • Contained within the paper
Key Risks/Areas of Focus: • Nothing to escalate	**Decisions Made:** • Ratification of Policies

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Monthly report to Board	29.11.23

Monitoring and assurance framework summary:

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

Chief Executive's Report

1.1 Policies for Approval

The policies in the table below are presented for ratification. Assurance was provided to the Executive Management Team (EMT) as the approving body for policies that the correct procedure has been followed and that the policies conform to the required expectations and standards in order for Board to ratify these.

Policy Name	Date Approved	Lead Director	Key Changes to the Policy
Engaging and Involving Patients, Families and Staff Following a Patient Safety Incident Policy	25/9/2023	Director of Nursing, Allied Health and Social Care Professionals	This new policy outlines how patients, their families and carers will be involved in learning lessons from patient safety incidents. The policy has been developed in line with national guidance and the template guidance from NHS England. V:\Corporate\Quality Governance & Compliance\Public\Policies for Board ratification\Engaging patient families carers and staff policy and procedure- Board ratification.pdf
Equality, Diversity and Inclusion Policy	13/11/2023	Director of Workforce and Organisational Development (ID)	The Transitioning at Work policy has been incorporated into this policy which will contribute towards our Rainbow Badge accreditation assessment. Workforce and OD, TCNC staff side, EDI Networks and the LGTBQ Foundation were consulted regarding the policy. V:\Corporate\Quality Governance & Compliance\Public\Policies for Board ratification\Equality Diversity and Inclusion Policy HR-026 V3.02 (Nov-23).pdf

1.2 Around the Trust

1.2.1 Visits

I have done many service visits and had conversations over the past few weeks including those with Hotel Services, Volunteers alongside spending some clinical time with the Beverley community CAMHS team, eating disorders team, perinatal services team and Occupational Health alongside visiting staff and service users in our new Emergency Streaming Facilities at Hull Royal Infirmary.

All have been positive about working in the organisation but are conscious of the growing pressures and increasing acuity – issues which the Executives, Collaborative and system are debating.

1.2.2 Responsible Officer (RO)
I would like to take this opportunity to inform the Board that Dr Kwame Opoku-Fofie, Executive Medical Director, has taken over the RO responsibility for Humber Teaching NHS Trust with effect from 1st November 2023.

Dr Fofie has completed all the required training for this important statutory role in medical regulation such as making recommendations to the GMC regarding revalidation of doctors. Other duties include evaluating a doctor's fitness to practise in the trust and liaising with the GMC over relevant procedures.

I would like to thank Dr Michael Dasari for all his hard work as RO and for his support over the last year.

1.2.3 NHS Providers
I was asked to chair a key session at this year's NHS Providers Conference which took place in Liverpool debating and leading on collaboration. This builds on the national and regional work I continue to lead in this area. Due to family circumstances, Lynn Parkinson stood in for me at the conference, thank you to Lynn.

1.2.4 Right Care – Right Person
The Board of Directors received and discussed our work working with the police and I continue to advice many areas including the London Metropolitan Police. The team have also developed a national tool kit which is beginning to be circulated.

1.2.5 Social Worker of the Year
I am pleased to let you know that Kirsten Bingham was the Gold Winner at the Social Worker of the Year Awards for the Approved Mental Health Professional (AMHP) of the Year. Well done to Kirsten, well deserved.

1.2.6 Staff Awards
The following staff were successful at this year's Staff Awards, which was a great success with over 300 staff attending. Thanks to Anita Green and the communications team for making the evening the success that it was.

Award	Winner
Being Humber Award	Joanne Howard and Rachel Johnson
Wellbeing	Helen Courtney and the Humber Centre Team
Humbelievable Award	ERP Addictions Service
Humbelievable Award	Daniel Tonks
Innovation Award	Humber Centre Catering Team
Innovation Award	Scarborough and Ryedale Urgent Community Response Team
Outstanding Care Award	Health and Wellbeing Advisor Connector Service
Patient and Care Experience Award	KUF Training Project
Patient Safety Award	Kathy Hobman
Patient Safety Award	Derwent Ward, Humber Centre

Volunteer of the Year Award	Shaun Atkinson
Chair and Chief Executive Special Recognition Award	Estates Team

1.2.7 Breastfeeding Service Award

Hull's 0-19 service has recently been though a detailed and complex assessment process in order to start to attain the Unicef Breast Feeding accreditation award and the service has passed with flying colours. The team were commended as a team for the 'mothered' centred service that they are providing to families. Unicef also commented on the commitment from staff and how it was clear to see how much our staff care about their clients. Therefore, the service has the green light to progress to the Gold award. Well done to the team.

2 Around the System

2.1 Humber and North Yorkshire Health Care Partnership
Mental Health, Learning Disabilities and Autism Collaborative – 5th Annual International Conference

The Mental Health, Learning Disabilities and Autism Collaborative Programme held their fifth annual international conference on 9th November 2023. Titled 'Let's Talk Autism', the event was attended by nearly 400 people from across Humber and North Yorkshire and beyond, with attendees from health and social care, the ICB, local authority, VCSE, and carers and individuals with lived experience.

Professor Sheila Baroness Hollins gave the keynote speech on Autism and Mental Health, and Brent Kilmurray, Chair of Humber and North Yorkshire Health and Care Partnership, Mental Health, Learning Disabilities and Autism Collaborative gave an update on the progress of the Programme. As part of the local showcase we heard from Jill Corbyn, Director of Neurodiverse Connections; Lynsey Webster and Anne-marie Marin, Senior Keyworkers from the Humber and North Yorkshire Keyworker service; and Gill Poole, Chief Executive of Matthew's Hub. The second session of the conference heard presentations from Claire Murdoch, National Director for Mental Health, NHSE, Tom Cahill, National Director for Learning Disabilities and Autism, NHSE, and Gavin Harding, Lived Experience Advisor for the NHSE Learning Disabilities and Autism programme. The event was recorded and can be viewed on our Youtube channel here https://youtu.be/99kGuSF183s.

2.2 NE Lincolnshire

At the November ICB Board meeting we approved the North East Lincolnshire Health and Care Partnership request to set up a Joint Committee for the £162m Health Budget and £55m Care budget, this partnership will be led by a Committee in Common structure and Section 75 agreement.

2.3 Hull Children's Service Review

In July 2023, a DfE appointed Adviser, Caroline O'Neill, who undertook a review of the Children's Services in Hull. Her subsequent report was positive. In the report it:

• described the service as having a culture of supportive challenge and that the child's voice is firmly at the centre of Hull's service delivery
• commended the leadership in the city and commented on the corporate, political and partnership commitment to improving Children's Services

• highlighted the focus on performance and quality and the continuing investment in the workforce.

As a result, it was recommended that the Improvement Notice be removed.

3 National News

3.1 Kings Speech
There was no mention or announcement of any of the changes that have been discussed on a revision to the Mental Health Act/Bill.

3.2 NHS IMPACT
More guidance and detail has been published following the Boards discussion at the last Strategic Board meeting, namely:

The 5 components of NHS IMPACT:

1.   Developing a shared purpose and vision
2.   Investing in people and building an improvement focussed culture.
3.   Developing leadership behaviours
4.   Building improvement capability and capacity
5.   Embedding improvement into management processes so that it becomes the way in which we run our organisations and systems.

The National Improvement Board has been established to oversee the development and spread of these 5 components through NHS IMPACT. It is made up of ICB and Trust chief executives, clinicians, improvement experts, and key national leaders. At our first meeting, in September 2023, NHS IMPACT reflected on the tangible results that they expect this to deliver over the next five years. The National Improvement Board discussed these in terms of the "quadruple aim"….delivering better health outcomes and reduced inequalities, better quality of care for patients, a more effective use of resources and increasing numbers of colleagues who are able to find joy and pride in their work.

The National Improvement Board also agreed the following short-term priorities for the coming months. These are:

1) Promote NHS IMPACT vision, aims and framework. Using a wide range of forums and networks to raise awareness and gather ideas.
2) Inspire and encourage Trusts, places, systems to progress on their improvement journeys. There is a co-designed a self-assessment tool and a maturity matrix in relation to the five components of NHS IMPACT. NHS IMPACT strongly urged all Boards and Chief Executives to engage directly with this, to reflect honestly on where we were currently, and to develop a plan to move forward.
3) Strengthen delivery of key priorities, including safety, using an improvement led approach. These priorities include urgent and emergency care, elective recovery, primary care access, the delivery of mental health services and patient safety. All of these will benefit from a stronger improvement focus both locally and nationally.
4) Mobilise a network of support partners.

The NHSE executive group have committed to moving ahead on this journey, undertaking the self-assessment process and seeking advice and support as they move forward.

3.3 Minister Appointments

Two new ministers have been appointed to the Department of Health and Social Care in the Prime Minsters reshuffle:

Andrew Stephenson has been named health minister and Dame Andrea Leadsom has become junior health minister.

4 Director Updates

4.1 Chief Operating Officer Update

4.1.1 Leadership Visibility

The Chief Operating Officer and Director of Nursing are currently undertaking a series of visits to in patient units, unannounced and out of hours (please see Executive Director of Nursing, AHP and Social Care Professionals section for details). In addition, the Chief Operating Officer has met with the team at Psypher (early intervention in psychosis service). Current operational challenges were discussed, areas of transformational change work were considered and any barriers to making progress were picked up and addressed. Overall staff were motivated, committed to improvement and had a good focus on implementing measures to support staff health and wellbeing.

4.1.2 Operational, Winter Planning, Industrial Action and Covid Update

This update provides an overview of the operational, winter planning, industrial action and covid position across our clinical services and the arrangements and continuing work in place in the Trust and with partner organisations to manage these concurrent pressures.

The Trust has continued to be prepared for industrial action so that there is minimal disruption to patient care and service provision. The Emergency Preparedness Resilience and Response (EPRR) Team coordinate the completion of assessment checklists developed to support the trusts preparations for any action. This planning continues to consider the potential and planned strike action by other services and sectors.

Our emergency planning arrangements have and will continue to be stood up to coordinate and implement our plan to manage the impact of any further strike action, this has occurred during recent action taken by the British Medical Association (BMA) in relation to junior doctors and by consultants. Silver command will continue to meet regularly during any action and report to gold command via sitrep reports. Our preparation work has so far been effective and fortunately we have seen no significant adverse impact on our services.

Our operational pressures continue to be monitored through our daily sitrep reporting processes to identify and respond to pressures quickly across services, ensuring we are clear what our level of pressures are, allowing us to communicate these to the wider system effectively and either respond with or receive mutual aid as necessary.

Our **winter plan for 2023/24** has been reviewed and approved by the Executive Management Team. Additional winter pressures funding is not confirmed, but in anticipation of this, a number of operational schemes have been developed and will be submitted when required. Through our EPRR team we have undertaken an organisational review of our plan and response which we are feeding into the wider system work.

Operational service pressures have been stable in the Trust in October and early November. The highest pressures were seen in our community services in Scarborough

and Ryedale due to continued high demand and the ongoing pressures seen by the acute hospital. The Trusts overall operational pressures in the last two months has remained reduced to (OPEL) 2 (moderate pressure) from an escalation level (OPEL) 3 (severe pressure) in the summer. Mental health pressures have reduced due to an improved position on acute pathways demands and a reduction in the use of out of area beds.

Child and Adolescent Mental Health (CAMHS) services are continuing to experience high demand, it remains at a plateau in October and November for core services but with ongoing increase in referrals for Neurodiversity services. Presenting needs continue to be of high levels of acuity and complexity. High demand for young people experiencing complex eating disorders has plateaued and a new eating disorder community treatment service has been operationalised by the service to support this. Focus continues on reducing waiting times in these services, particularly in relation to autism and attention deficit hyperactivity disorder diagnosis. Occupancy and patient flow in our CAMHS inpatient service remains improved and whilst delayed transfers of care have risen slightly this has not impeded admission when this has been required.

Nationally requirements are in place to eradicate the use of out of area mental health beds and our services are implementing plans to achieve this. Our out of area bed use has reduced in October and November, it is impacted by our overall bed occupancy which has reduced slightly with daily occupancy between 74.0 – 81.1%. Where we have utilised out of area beds this has been for older people predominantly with functional disorders. Work is underway to improve this position with plans developed to expand the use of the Older Peoples Acute Community Service (intensive community support) and to consider the use of step up/step down community-based beds.

Delayed transfers of care (DTOC) from our mental health beds have continued to reduce during the last two months, overall there is improvement in the last quarter and some of the longer delays have been resolved due to the escalation measures in place. Patients are waiting predominantly for specialised hospital placements with other NHS providers or local authority provided residential placements. Escalation mechanisms are in place with partner agencies to take action to resolve the delayed transfers and discharges that our patients are experiencing. Focus is being maintained on improving this position further to achieve the best outcomes for our patients and to ensure it does not continue to adversely impact on the improved position we have achieved in reducing out of area placements. The escalation measures have had a positive impact on achieving discharge for some of our longest delayed patients.

System pressures have seen some improvement in the Humber areas more recently for both health and social care., pressures have remained high in York and North Yorkshire. Whilst Acute hospital partners in all parts of our area have reported pressures at OPEL 4 during the last two months, periods of de-escalation to OPEL 3 (and occasionally OPEL 2) are occurring frequently. Local authorities and the Ambulance services have also experienced some improvement in pressures. The combined impact of these ongoing pressures has however seen system pressures remain at overall OPEL 3. System work has continued to focus on reducing the number of patients in the acute hospitals who do not meet the criteria to reside in order to improve patient flow, reduce ambulance handover times and to recover elective activity. New initiatives have been developed supported by new national discharge funding to improve patient flow. Progress has been made to develop space identified by Hull University Teaching Hospitals NHS Trust to provide a new facility, adjacent to the Emergency Department, to stream mental health service users to. The new provision opened on 26th June and provides an enhanced environment to assess the needs of those presenting with mental health issues and is staffed by our expanded

hospital mental health liaison team. Early data demonstrates that the service is continuing to successfully divert patients away from the emergency department, it is being monitored closely and early information about the patients experience of the new facility is extremely positive.

Ongoing work has been taking place by our recruitment team to increase the number of staff available to us on our bank, recruitment campaigns focussed on specific clinical areas have had success and bank fill rates are improved. Continuing effort is taking place to reduce the number of health care assistant vacancies to decrease reliance on agency use and a rolling advert and recruitment process is in place.

The Trust has seen low numbers of cases of **Covid-19** positive inpatients during October and early November.

When combined with non-covid related sickness the overall staff absence position is currently at 6.63%.
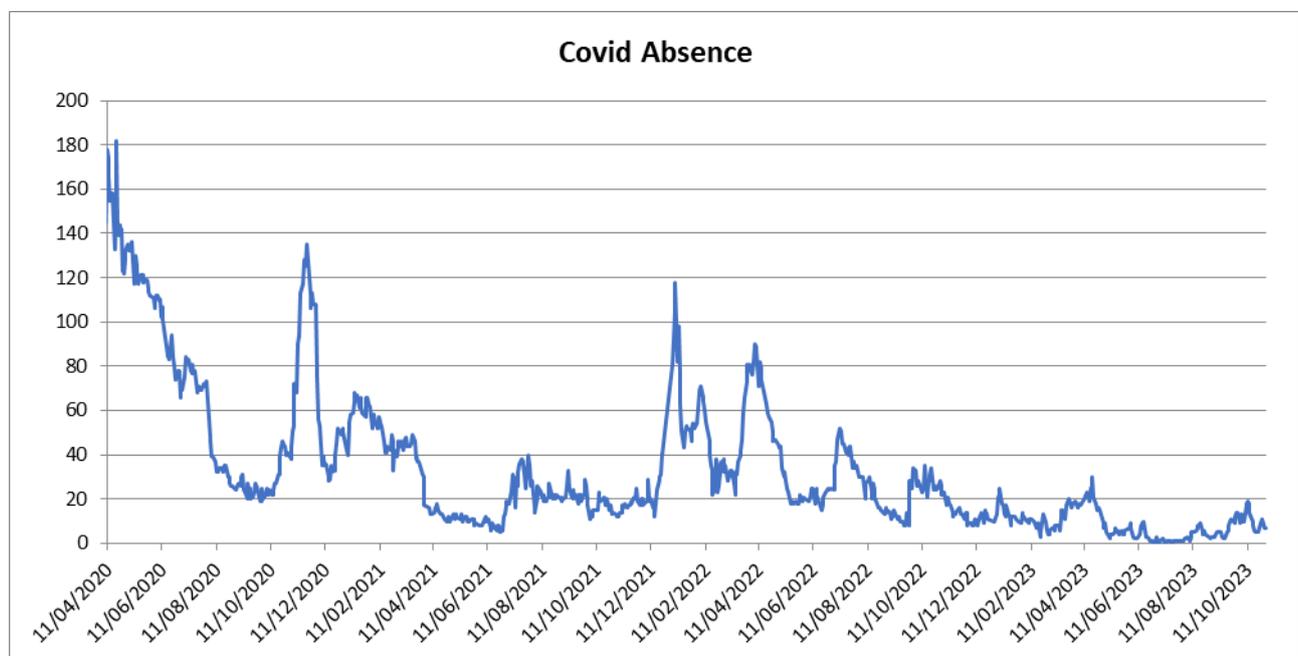
The Trust continues to effectively manage the impact of high system pressures and industrial action within its ongoing arrangements. Reducing delayed transfers of care/patients with no criteria to reside (NCTR) and further reducing out of area placements remains a key operational priority in relation patient flow and access to inpatient mental health beds.

Operational focus remains on recovering access/waiting times where these continue to be a challenge. Divisions are currently pursuing a range of service change and transformation programmes which are set out in their service plans, these are reported via the Operational Delivery Group to the Executive Management Team. They demonstrate that they are underpinned by capacity and demand modelling work, respond to external benchmarking data and are supported by a Quality Improvement (QI) approach where this is applicable to improve outcomes for our patients.

4.2 Director of Nursing, Allied Health and Social Care Professionals

4.2.1 Leadership Visibility
Over the last couple of months, the Director of Nursing, Allied Health & Social Care Professionals has visited Market Weighton Surgery to meet with staff, Millview Lodge to meet the new service manager and Townend Court to support staff regarding the acuity and complexity on the unit. They have also attended the Multidisciplinary Team meeting for the Home-Based Treatment and Crisis Team to see how patient information is discussed in the team to promote a shared understanding across the team of individual patient needs.

The Chief Operating Officer and the Director of Nursing are currently undertaking a series of visits to in patient units, unannounced and out of hours. To date they have visited Townend Court, Westlands, Humber Centre and Pine View. Staff appear to welcome the visits and are keen to talk about their services, showcasing the great work they do whilst also discussing where they feel further quality improvements could be made. A general theme raised by staff on all visits is in relation to the environment, which given the age of our estate is not surprising. It was pleasing to see that on the whole staff and patients make the most of the environments with artwork and displays regarding safe wards. The staff in the Humber Centre were reminded of the schedule of works that were currently being undertaken to address the areas raised however they were asked to escalate some issues which although reported neither the COO nor the DON felt could wait. As part of all the visits a focus is on visibility to the teams of their senior operational and clinical leaders and the depth of engagement and coproduction with service users in both daily and service improvement activities.

The Director of Nursing also met with a number of staff as part of a review of staff uniforms. National work has been ongoing to agree a national uniform for staff working in the NHS. This work has now concluded, led by the CNO for England and her team. We are currently gaining views on the national uniform from our staff which if positive we will look to start the switch next year following EMT agreement. The Trust uniform policy will also be updated.

4.2.2 Care Quality Commission State of Care Report 2022/23
The CQC published its annual State of Care report on the October 20th 2023. The State of Care is CQCs annual assessment of health care and social care in England.

Access to Care- Key points
Getting access to services remains a fundamental problem, particularly for people with protected equality characteristics. Along the health and care journey, people are struggling to get the care they need when they need it.

Record numbers of people are waiting for planned care and treatment, with over 7 million people on elective care waiting lists at June 2023. But the true number of people could be much higher, as some people who need treatment are struggling to get a referral from their GP.

In the community, people are facing ongoing struggles with getting GP and dental appointments. As a result, some people are using urgent and emergency care services as the first point of contact, or not seeking help until their condition has worsened.

Once at hospital, people are facing longer delays in getting the care they need. In 2022, over half (51%) of respondents to our urgent and emergency care survey said they waited more than an hour before being examined by a nurse or doctor, up from 28% in 2020.

Insufficient capacity in adult social care is continuing to contribute to delays in discharging people from hospital. Ongoing staffing and financial pressures in residential and community services are having an impact on the quality of people's care, with some at greater risk of not receiving the care they need.

Quality of Care- Key Points
Increasing demand and pressures on staff are taking a toll on their mental health and wellbeing. Staff have told us how, without the appropriate support, this is affecting the quality of care they deliver.

Many people are still not receiving the safe, good quality maternity care that they deserve, with issues around leadership, staffing and communication. Ingrained inequality and the impact on people from ethnic minority groups remains a key concern.

The quality of mental health services is an ongoing area of concern, with recruitment and retention of staff still one of the biggest challenges for this sector.

Innovation and improvement varies, but the use of artificial intelligence (AI) in health care has the potential to bring huge improvements for people. Given the speed of growth of AI, it is important to ensure that new innovations do not entrench existing inequalities.

Inequalities
Midwives from ethnic minority groups say that care for people using maternity services is affected by racial stereotypes and a lack of cultural awareness among staff.

Midwives from ethnic minority groups described a 'normalised' culture where staff tolerate discrimination from colleagues, and say they are less likely to be represented in leadership and managerial roles.

Patients from ethnic minority groups who have a long-term condition were more than 2.5 times more likely to say that staff in the emergency department talked as if they were not there, compared with patients in White ethnic groups who did not have a long-term condition.

People from ethnic minority groups who have a long-term condition felt they were talked down to about their treatment and were not treated as individuals. They also said a lack of cultural competency was a barrier to receiving good quality care.

Failures in the system and a lack of funding can mean that budgets are prioritised above truly person-centred approaches to support in supported living services.

The health and care workforce
Staff regularly fed back to the CQC of being overworked, exhausted and stressed, sometimes to the point of becoming ill, injured or leaving their job altogether. They say low staffing levels can affect their ability to provide safe and effective care to people.

Just over a quarter (26%) of NHS staff were satisfied with their level of pay. This is 12 percentage points lower than before the pandemic. Dissatisfaction with pay is linked to industrial action by healthcare staff during 2023.

Some adult social care providers are struggling to pay their staff a wage in line with inflation.

Over half of respondents to the CQC survey of adult social care providers in England said they were having challenges recruiting new staff and 31% said they were having challenges in retaining them.

There has been a steady decrease in staff vacancy rates for care homes, from 11% in January to March 2022 to 7% in April to June 2023.

In 2022/23, approximately 70,000 people arriving to work in the UK from overseas started direct care roles in the independent adult social care sector, compared with around 20,000 in 2021/22.

Providers of adult social care services have told us that recruiting staff from overseas has enhanced the diversity and skills of their team and helped resolve staffing issues.
In 2022/23, we made 37 referrals for concerns regarding modern slavery, labour exploitation and international visas – more than 4 times the number made in 2021/22.

Deprivation of Liberty Safeguards
Ongoing problems with the current system have left many people who are in vulnerable circumstances without legal protection for extended periods.

In 2022/23, the number of applications to deprive a person of their liberty increased to over 300,000, with only 19% of standard applications completed within the statutory 21-day timeframe.

Delays in implementing the Liberty Protection Safeguards mean these challenges are likely to continue.

Systems
Local systems must implement plans to address unwarranted variations in population health and disparities in people's access, outcomes, and experience of health and social care.

Local authorities are tackling workforce problems in adult social care and trying to address gaps in care as they plan for the future, but they will need to demonstrate an understanding and preparedness for the changing and complex needs of local populations.

Assessing carers' needs is vital. Carers, including many unpaid carers, are a critical part of all local care systems and they are not always getting the support they need – there is variation across the country and many carers are facing financial problems.

People's experience in urgent and emergency care continues to be poor and the problems are pointing to issues that require a local system level response.

Summary
Ian Trenholm, CQC Chief Executive and Ian Dilks CQC Chair sum up by saying:

Many of the challenges described in this year's State of Care are to some degree caused by a lack of joined-up planning, investment, and delivery of care. Integrated care systems

present the opportunity of bringing together local health and care leaders with the populations they support to understand, plan, and deliver care at a local level. This would, in time, move some of the focus of care away from big institutions and towards local and self-care provision, with autonomy to act on the needs of a local population and an increased focus on preventing poor health – not just treating it.

However, in our first look across local care systems, we found that while all systems have some equality and health inequalities objectives, not all these plans have timeframes and measures. All systems need clear and realistic goals, and support to achieve these, that reflect how they will address unwarranted variations in population health and disparities in access, outcomes, and experience of health and social care.

This opportunity must be grasped to ensure fairer care for everyone – so people get the care they need, not just the care they can afford.

Next Steps
It is of note that the new CQC inspection regime now includes integrated care systems. Assessing local systems is one of the CQC core strategic ambitions to enable CQC to provide independent assurance to the public of the quality of care in their area.

CQC have a new responsibility to provide a meaningful and independent assessment of care in a local area. They will want to know if different parts of a system are working together and meeting the needs of their local populations. Their work involves a review of local authorities in some aspects of their duties, as well as a review of the provision of health care and adult social care within an ICB's area – and to assess how well the ICS functions.

As a result, CQC aim to present a more in-depth and holistic view of health and adult social care services by assessing how well local systems perform against the important things that matter to the people in that community.

Moving forward, CQC will be looking at how services are working together within an integrated care system, as well as how systems are performing overall against the 4 key aims of: improving outcomes, tackling inequalities, enhancing productivity and value for money, and helping the NHS to support broader social and economic development. CQC also has a new role in looking at how local authorities meet their duties under the Care Act (2014).

4.3 Director of Workforce & Organisational Development (OD) Updates

4.3.1 Visits - Homelessness Team
Karen Phillips, Deputy Director of Workforce & OD, visited the Homelessness Team in October and valued the opportunity to better understand the patient, service user interaction and experience. The team were highly engaging and provided some real-life examples of the service user journey and the impact of social stigma on their client group.

4.3.2 Rainbow Badge Scheme Accreditation
The Trust has engaged in a process to become accredited with the rainbow badge scheme in recognition of our inclusion work in support of LGBTQ+ colleagues. The Trust was proud to be awarded initial stage accreditation in September 2023, which acknowledges progress with current initiatives and enables us to shape the support to our LGBTQ+ colleagues going forward.

4.3.3 Carers
On 2nd October, EMT agreed proposals to advance a campaign of support for Carers in the workplace. Essentially this will deliver upon a programme of targeted support, management resources and communications to ensure carers in the workplace are able to meet their caring demands and enjoy a positive and supportive working environment.

4.3.4 Pulse Survey
The People Plan 2020/21 made a commitment to introduce a National Quarterly Pulse Survey (NQPS). The survey supports the People Promise: "We each have a voice that counts". This also incorporated (replaced) the Staff, Friends and Family Test.

All NHS trusts are mandated to take part and are required to provide all staff the opportunity to feedback their views on their organisation every quarter other than Q3 when the National Staff Survey (NSS) is being undertaken.

EMT agreed proposals to move away from the current provider in May 2024 (upon contract expiry), implementing alternative measures that are not only more cost effective but give us more flexibility to ask the most important questions. Additional measures were approved in terms of how the organisation uses this data to inform solutions and improvements, outside of the annual survey.

4.3.5 Exit Interviews
An exit interview takes place to gain understanding of what can be improved upon to retain top talent. Exit interviews are an important tool for:

- Providing intelligence to reduce turnover: understanding the common reasons for leaving can inform our strategies and work plans for improving retention.

- Revealing organisational/cultural issues: employees leaving are typically more willing to discuss problems. They no longer need to worry about their criticism impacting their careers. Exit interview questions offer an opportunity to gain deeper insights into organisational and leadership culture, thereby identifying potential problems from within.

- Maintaining a positive reputation: exit interviews are often the last chance for leaving a good impression. An open dialogue shows that an organisation can accept criticism and demonstrate a willingness to improve. If a departing employee is listened to and appreciated, they will remember the organisation more positively, may recommend the organisation to others and could even return in the future.

EMT reflected on the current engagement with exit interviews/questionnaires and approved proposals to drive up engagement as well as to target those leaving harder to recruit roles to better understand employee experience and reasons for leaving.

4.3.6 Staff Survey 2023
The National Staff survey launched at the Trust on 2nd October 2023, concluding on 24th November 2023.

Incentives were introduced this year in an attempt to drive up completion rates as well as a targeted programme of communications and divisional efforts. At the point of writing, completion rate was reported at 50%.

4.3.7 Flu Campaign 2023
The flu campaign commenced on 1st October 2023, initially kick started with a number of flu and covid co-administration clinics. At the time of writing Frontline uptake is 44.20% and total trust wide uptake 58.60%.

Occupational Health administered flu vaccines continue throughout November with Peer Vaccinators hosting sessions in Divisions until the end of the programme.

4.3.8 Act Against Racism
The Royal College of Psychiatrists have launched their *Act Against Racism* campaign, alongside new guidance to help mental health employers tackle racism in the workplace.

Working with their members, and in consultation with NHS MWRES leads, NHS Race and Health Observatory, Medical Directors and others, the Royal College of Psychiatrists have developed new guidance on *Tackling Racism in the Workplace*. This includes a step-by-step guide to implement practical change and will help the Trust to meet CQC requirements and achieve the recently published NHSE EDI Improvement plan targets.

The campaign has 15 actions (See appendix 1 for a list of actions) and a suite of resources designed to make meaningful change at a strategic and systemic level, the Royal College of Psychiatrists anticipate their guidance can support the Trust to go further.

In October 2023 the Trust signed to the Act Against Racism campaign signalling its commitment to using the Royal College of Psychiatrists Tackling racism in the workplace guidance, 15 actions and Maturity Matrix and will form part of our 'Being Humber' standards which are being reviewed.

4.3.9 Appraisal Quality Sampling
In 2020 the Trust introduced an appraisal window in order to achieve two key ambitions. Firstly, to improve compliance and ensure all employees had the benefit of an annual appraisal and secondly to drive up the quality of the appraisal experience. Since then, the Trust has reported significant compliance year on year, delivering upon a compliance rate of above 97% in 2023.

Whilst celebrating excellent take up is important, the Trust is committed to ensuring that the appraisal experience is a positive one for all and to that end has agreed an internal quality sampling approach to be concluded by 31st December 2023. This intelligence, along with that from the National Staff Survey will enable us to shape our approach and manager support going forward, ensuring a valuable experience.

4.3.10 Black History Month
Every October, we mark Black History Month to celebrate and honour the all too often forgotten and undervalued contribution of Black Britons across the UK and throughout history. This year's theme is 'Saluting Our Sisters'.

In addition to celebrating the invaluable contributions of black people to British society, Black History Month should serve as an opportunity to inspire and empower future generations. This year, Black History Month will highlight the achievements of black women, often forgotten heroines, to challenge the systems that oppress them, we want to amplify their voices.

A full programme of BHM activities and engagement events took place throughout October with the first ever face to face Race Equality Network Meeting taking place on Wednesday 15th November 2023.

https://intranet.humber.nhs.uk/downloads/Global%20Files/BHM%20activities%20and%20engagment%20opportunities.pdf

4.3.11 Local Clinical Excellence Awards Process
EMT approved proposals for the new arrangements for the award of Local Clinical Excellence Awards from April 2024. This included review of a new process and criteria in accordance with the policy approved and ratified in September 2023.

4.3.12 Recruitment Time to Hire
NHS England have started time to hire benchmark that reflects on 52 trusts over a 3-month period The national time to hire average is 72.5 calendar days. The Trust is reporting a 52 day average, which is significantly below the national average.

4.4 Medical Director Updates

4.4.1 Leadership Viability
Since the last Board, I have visited and spent time with the team at Inspire Unit and at Miranda House engaging with the Mental Health Crisis Intervention Team and AMHP team on duty.

I continue to be blown away by the dedication from the staff and the team despite the pressure of the work and increasing demand.

4.4.2 Quality Improvement
QI Week 6-10 November – celebrated QI activities with over 100 attendees and included the following presentations Mental Health Legislation - A Guide for Inpatient and Community Mental Health Teams, Trauma Informed Approach at Walker Street, Using QI to address Health Inequalities and Sensory Activity at Westlands.

4.4.3 Medical Education Department
- 'Celebrating Excellence in Mental Health & Addictions' Conference took place on 11th October 2023, over 100 delegates took part in this full day event. Feedback/evaluation was excellent.

- Medical Education Team was delighted to have been shortlisted for a Humber Staff Award, members of the team attended the Staff Celebration Evening on the 10th November.

- The Medical Education Team will be welcoming the President of the Royal College of Psychiatrists, Dr Lade Smith, to the Trust on the 12th March 2024 for a 'Spotlight on the President of the RCPsych' and Q&A session.

- Hosted the Higher Trainee Committee at Humber on the 1st November 2023, this brought General Adult trainees to the Trust from across the region.

- Director of Medical Education, Executive Medical Director, and Consultants of the Trust will be attending a regional Higher Trainee 'Speed Dating' event in Leeds on the 6th December 2023, this is an excellent opportunity for prospective consultant networking and to showcase Humber as an employer of choice.

4.4.4 Mental Health Act

The team presented a QI Story: Mental Health Legislation - A Guide for Inpatient and Community Mental Health on 07 November - as part of Quality Improvement (QI) week. This is a guide for all staff working within mental health inpatient and community teams to increase their knowledge and understanding of mental health legislation processes. We are also offering training on this to any unit / team that requests it.

Also we are part of the national MHA Reforms QI Programme, however given the fact that the MH Bill wasn't included in the King's speech we are not sure if this will continue. If it doesn't, we have discussed continuing the programme with PICU in some format as a Humber QI strategy.

Also looking at S136 process, paperwork, and reducing numbers, with the Approved Mental Health Professionals (AMHPs) and MHCIT.

4.4.5 Pharmacy

Following the success our first cohort of Apprentice Pharmacy Technicians, we submitted a funding application to HEE for two Apprentice Pharmacy Technicians to start in the February 2024 cohort. We are pleased to report that our application was successful. The panel was impressed with the training we can (and do) provide to apprentice pharmacy technicians as well as the diversity of the role we have for our Medicines Optimisation Technicians. From this application, we have been asked to produce a presentation with the title "The Benefits of Having Highly Trained Pharmacy Technicians in the Workplace" at a regional HEE event later this month.

The Self Administrations of Medicines (SAM) Procedure was updated and re-launched in March 2023. Through focus groups it was identified that the previous procedure was too rigid and that the use of the procedure was not always consistent. Suggestions and ideas were invited and discussed that included creating forms for electronic use, user guides and training.

The documents for assessment, patient consent, recording, and compliance monitoring were adapted for electronic use and made available on our EPR systems with a plan to digitise all the documents in the future. Training was offered to all in-patient units which was tailored to the requirements of individual wards and a meeting was arranged with all the SAM leads to provide support, answer questions and resolve any difficulties. A re-audit was completed in July 2023 and shows an increase in compliance with the SAM Procedures - average trust wide score of 84.1% (cf. 70.4% in January 2023). To further increase compliance and confidence, training sessions will continue to be offered as well as regular contact between the pharmacy team and the SAM leads. The audit will be completed again in July 2024.

4.5 Director of Finance Updates

4.5.1 Leadership Visibility

Since September the Director of Finance has visited Whitby to discuss and finalise the artworks project, attended Stockton Hall with the Lead Provider Collaborative, visited the Scarborough and Ryedale Community Service Team to discuss capacity and demand modelling and also met the contractor at inspire to see the start of the long awaited garden improvement works. The Director of Finance has also had the privilege to participate/observe the Patient Led Care of the Environment assessments at the Humber Centre and Townend Court (STARS Ward).

4.5.2 Finance and Planning Updates

H2 Financial Reset
NHS England wrote to the Trust on the 8th of November to provide clarity on funding and actions required to achieve financial balance in the second half of the year.
The Trust has been working with partners across the Integrated Care Board to support this piece of work.

Cyber Security Updated
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

The Trust are using software to track that status of its digital estate which provides the data included in this section of the report.

In terms of CareCerts
- CareCERT notices issued during 2023: 160 (*Incl 15 in October*)
  - High Priority CareCERT notices Issued during 2023: 10 (*Incl 2 in October*)

In terms of number of Active Workstations
- Total active workstations detected by Lansweeper 3,578 (*47 of which are servers*)
- Workstations no seen in the last 60 days – 296 (*241 of which not seen for 90 days*)

There were no Distributed Denial of Service (DDoS) attacks against the Trusts internet connections during September or October 2023.

4.5.3 Digital Updates

Electronic Patient Record (EPR)
NHS England have issued the EPR investment agreement (approved by Board in July), now signed this enables the Trust to drawdown the 2023/24 revenue and capital funding.

NHSE Future Connectivity Programme
The Trust has been successful in a application to the NHSE England Future Connectivity Programme and has been awarded £0.554m to replace/renew network equipment which supports the increased need for bandwith.

A separate BeDigital update appears elsewhere on the Trust Public Agenda

4.5.4 Estates and Hotel Services Updates

Granville Court
An options paper has been developed for consideration at Executive Management Team in support of the planned capital works at Granville Court.

Subject to approve works will be prioritised as part of the 24/25 capital programme with works potentially scheduled to commence in the summer of 2024.

En Suite Door
A programme of works has been developed to remove ensuite doors from identified sites across the Trusts inpatient estate *(priority sites are Avondale, Newbridges, Westlands, Millview Court and STaRS)*, works planned to commence on the 4th December.

Seclusion Work – En-Suite Provision
The Tender process for the seclusion suites at Newbridges, Westlands and Avondale has concluded.   A preferred bidder has been selected and works and planned to commence in January 2024.

Trust HQ Demolition
Tender for the removal of Asbestos has been completed and a contractor appointed, this works enables the demolition of the former Trust Headquarters to be completed this financial year.

4.5.5 Contracts Update

Atamis
Atamis provides onboarded organisations with a single location to manage procurement, tendering, contracts, suppliers and procurement value and savings the expectation is this will create efficiencies not only within the NHS but also the supplier side.

The Atamis system is freely available to NHS trusts, foundation trusts and ICBs under a central deal with the Department of Health and Social Care

The Trust's contracting team are making progress towards implementing the new system

Provider Selection Regime
Subject to parliamentary scrutiny and agreement, the Department of Health and Social Care intends for the Provider Selection Regime (PSR) to come into force on 1 January 2024.

The PSR is set out in the Health Care Services (Provider Selection Regime) Regulations 2023, which the Department of Health and Social Care introduced into Parliament on 19 October 2023

This legislation replaces the existing rules which set the expectation that competitive tendering is used to award contracts for health care services.

5 Communications Update

Service Support

The team are managing a service communications plan to support change and development.

Division	Campaigns/Projects this month
Mental Health (Planned/Unplanned)	• CLEAR project (CAMHS)
Community & Primary Care	• Recruitment campaign (now complete) • Single Point Contact • Toothbrush issues (ISPNS)
Children's and Learning Disabilities	• Divisional website development • Parentline (Chat Health) • Mental Health Support Teams (MHST)
Forensic	

Mental Health Support Teams

This service has funded a dedicated role in the Communications Team to support the requirement for an enhanced level of communication with stakeholders, parents and young people. Since the role began in September excellent progress has been made on establishing a professional, credible and shared brand with partners in the service, including;

- Refreshed service brand developed with commissioners and partners to support East Riding and Primary School launch.
- Website reviewed and improvement plan created to enhance design, content, improve search engine ranking, improve accessibility, increase traffic and improve user experience.
- Newsletter send to 35 schools and mailing list signed up to by 57% of recipients.

General Practice Website Developments

Our three general practices each have their own websites which have over 9,000 visits per week. Since the new Digital Communications Officer joined in August work has taken place in partnership with practice teams to improve sites content and structures as well as identifying and fixing errors. For patients, this has made the sites easier to find on search engines, improved navigation and reduced dead-ends in the user journey.

The 'site-health' of all sites is now at about 85% - the 'excellent' industry standard stands at above 80%.

Following a patient survey, we are now working with practice managers, to redesign the home pages and review and rewrite content in response to patient feedback.

Theme 1: Promoting people, communities, and social values

- **Annual Members Meeting (AMM)**

The AMM took place on Wednesday 18 October at the Lecture Theatre. The event was well attended online and in-person - 80 people attended in the room, 42 joined on teams and 207 have now viewed the live stream on youtube – a total of 329.

A review is underway to bring together feedback from staff, marketplace exhibitors, attendees, and the wider communications team to develop a plan for 2024.

- **Brand Updates**

The brand platform continues to perform well and ahead of target to grow visitors by 20%. A key part of this is to continually develop the resource in line with staff feedback and raise awareness through six weekly brand workshops.

New developments of the period include a reorganisation of the platform to include defined sections for clinical, corporate and communications resources.

Over 100 new images have been added to the online photo library over the period. The platform has now achieved over 700 photo downloads since showing it's quickly become a valuable asset for staff to access images themselves as well as saving time for the team. The photo library was used as an essential resource for the Staff Celebration Evening with staff able to view and download images in real time.

- **Social Media Content**

Social media content has supported the Staff Celebration Evening, with the Trust's Instagram account re-launched to share photos from the evening.

Our coverage of the event was published on all of our platforms, with an engagement rate of 8% and a reach of over 20,000.

The team have used social media channels to support critical messaging, such as the withdrawal of the Brushing for Life dental packs that were identified as a potential choking hazard. Posts were shared alongside a web article within 24 hours of being notified of this potential issue.

Paid activity continued to support the Humbelievable work stream. Posts for the return to nursing campaign targeted those who are qualified in nursing that may have taken time away from the profession. Advertising reached 55,000 people sending 380 potential candidates to the Join Humber website.

- **Media Coverage**

A total of 10 positive stories were published this month. The top three performing stories over the period were:

1. Veteran Peer Support Worker
2. Kirsten Bingham – Social Worker of the Year award
3. World Mental Health Day – Bunting competition

In total, we have seen 15 media publications in total across local, regional and national press (10 positive, 3 neutral, and 2 negative).

- **Awareness Days**

Key dates of note this month were:

10 September: World Suicide Prevention Day
13 September: World Sepsis Day

Our messaging for World Suicide Prevention Day encouraged people to reach out and talk to friends, and signposted people who were suffering to local services.

Theme 2: Enhancing prevention, wellbeing and recovery

- **Stakeholder Newsletter (Humber Happenings)**

Following an audience building campaign the stakeholder newsletter has seen a significant increase of subscribers, up 257.14% year on year.

With this increase in subscribers, the Humber Happenings newsletter has been further enhanced by being published on a new newsletters section on our LinkedIn. Within the first month the account gained 1,080 newsletter subscribers.

- **Electronic Patient Record Project**

11 – 15 December 2023 will be the first, BeDigital Week. The aim of the week is to raise awareness of digital workstreams and activities, to encourage members of staff across the Trust to get involved in what the Digital Team has to offer.

Each day of the week will bring a different topic of conversation through MS Teams Lunch and Learn sessions including a session on the Future of Tech, with a special guest from Google.

The events programme including competitions and activities will encourage attendance and engagement.

Theme 3: Developing an effective and empowered workforce

- **Staff Celebration Evening 2023**

The 2023 event was held on the 10th November. It was attended by over 270 guests who enjoyed a two-course meal, awards presentation, and entertainment. Feedback from sponsors has been excellent with the main event sponsor and others already committing to supporting the 2024 event. A review will provide recommendations for 2024 including

moving to a larger venue to accommodate more staff who wish to use the celebration as a festive night out for their teams.

- **Humbelievable**

Our annual New Year, New Job campaign will relaunch in December. It builds on last year's successful campaign and includes media partnerships, Google advertising, on street advertising in Hull, Facebook and LinkedIn advertising, radio advertising with Viking FM/Greatest Hits radio, and Spotify and YouTube advertising.

- **NHS Staff Survey 2023**

We continue to work with the Workforce and OD team to communicate the importance and opportunity of completing the NHS Staff Survey. We are responding to weekly released statistics by connecting with lower performing areas to develop targeted communications including letters from senior leadership, email communications and incentives.

- **Dignity and Respect Campaign**

A creative marketing campaign has now launched to encourage reporting of staff harassment and abuse. A communications campaign encourages reporting in a simple, anonymous way. https://intranet.humber.nhs.uk/report-it.htm

- **Media Training**

Media training sessions were held with on-call directors and the Executive Management team on 20th and 30th October.

Theme 4: Fostering integration, partnerships, and alliances

Healthcare Support Worker Week

We worked with NHSE media team to share a media case study for Healthcaer Support Worker week in October. Jo Inglis, Charge Nurse, Maister Lodge shared her career journey to inspire others to think about this career through the HCSW programme. Her profile was uploaded to the regional website and shared on our regional social media channels. Read Jo's story https://www.england.nhs.uk/north-east-yorkshire/healthcare-support-workers/jo-inglis/

Theme 5: Innovating for quality and patient safety

- **Awards**

HSJ Awards 2023 is the final awards of the season.

We have been shortlisted for the HSJ Place-based Partnership and Integrated Care Award with Right Care Right Person. The awards ceremony is taking place on 16th November 2023.

Theme 6: Optimising an efficient and sustainable organisation

- **Interweave**

The team continues to support the Interweave and wider Yorkshire and Humber Care Record team with a variety of communications activities. The current focus is improving their external facing website, ensuring plain English is supported and that a bespoke 'members area' is developed to support a positive user experience for customers and suppliers. We are also generating an enhanced brand pack for the team, complete with flyers and other materials which can be used when attending events and conferences.

The team are also supporting with the advertisement of the Shared Care Record Summit event, which is being held in Birmingham next April and is expected to have hundreds of attendees from across the national NHS and beyond.

Measures of Success

Theme 1: Promoting people, communities, and social values			
KPI	**Measure of success by 2025**	**Benchmark**	**This month**
Positive Media Stories published	Positive vs negative coverage maintained at 5:1	5 stories covered by media per month	10 positive stories covered by media 2 negative stories covered by media
Visits to Brand Portal	Up 20% to 696 sessions	415	355
Facebook engagement rate	2%	2.69%	5.22%
Twitter engagement rate	2%	4%	5.23%
LinkedIn follower growth	+ 4.3%	Target 2872 followers	167 new followers 3,868 total total

Theme 2: Enhancing prevention, wellbeing and recovery			
KPI	**Measure of success by 2025**	**Benchmark**	**This month**
Stakeholder newsletter open rate	20%	40%	46.16%
Increase subscribers	Increase by 30% p/a	20	92

Theme 3: Developing an effective and empowered workforce			
KPI	**Measure of success by 2025**	**Benchmark**	**This month**
Intranet bounce rate reduced	< 50%	58.12%	56.7%
Intranet visits maintain at current level	7,300 visits p/m	7,720	6,800
Global click through rate (CTR) increase	7%	15%	7%
Staff engagement event programme	Engage 10% of staff in each event (2023/24) 20% (24/25)	First staff engagement event attracted 10% of staff (360)	Nothing to measure in period.
	Post event satisfaction survey results in upper quartile (73%+)	Industry standards used for benchmark	First survey will take place following Staff Awards

Theme 5: Innovating for quality and patient safety		
KPI	**Measure of success**	**Progress to date**
Awards nominations	4 national/2 local shortlists annually	Supported 29 nominations So far, 12 of these entries have been shortlisted

Theme 6: Optimising an efficient and sustainable organisation			
KPI	**Measure of success by 2025**	**Benchmark**	**This month**
Reduce homepage bounce rate	Below 50%	66.42%	70.4%
Increase average page visits/views per session	+ 2 per visitor	1.97	2
Increase average	+ one	1m32s	1m35s

session duration	minute		

6 Health Stars Update

Whitby Bricks

Estates department has confirmed their support in installation of the brick slips as part of

the Whiby Garden. Final engraving information being confirmed with supporters and order will be placed by Health Stars

Once the first phase is installed, Health Stars believe it will enable more publicity to take place and hopefully encourage others to purchase a brick as they will be able to see how their brick would look in-situ.

We will work with the Communications team to ensure publicity is maximised.

Fundraising Appeals

Three bigger ticket fundraising appeals are now live, each with a dedicated Just Giving Page. We are using differing fundraising streams to maximise income, as the current fundraising landscape is very un-predictable.

Each appeal will have its own marketing campaign which will be publicised on social media, via trusts comms and though Smile's communication networks.

National figures show that traditional charitable giving in England is down, as individuals and households grapple with rising costs for essential needs like housing, food, and energy, they reportedly have less disposable income to contribute to charitable causes.

This economic strain also affects the willingness of donors to make charitable donations, leading to a drop in fundraising revenues for many organisations. To mitigate shortfalls in fundraising targets, Health Stars is adopting the following strategies: diversifying fundraising efforts to include online campaigns, greater emphasis on grant and philanthropic trust fundraising, devising a legacy camping, encouraging in memory and tribute donations, exploring partnerships and collaborations with local businesses and other nonprofits, focusing on donor retention and stewardship to maximise the value of existing supporters, and enhancing communications to highlight that contributions are being used effectively to address the critical issues our donors and supporters care about.

Circle of Wishes

So far this year, 115 wishes have been submitted to Health Stars through the Circle of wishes.   All wishes have been acknowledged, and those that have not yet been granted are in progress. Some require additional funding or information requested/outstanding from the wish maker, fund guardian, health & safety, estates and/or infection control. Some of the wishes we have funded include gardening and allotment equipment, sensory Toys, wellbeing packs, waiting room enhancements a new pool table, resources for volunteers. We worked with WISHH charity to help fund equipment and resources for the Mental Health Liaison Service - Humber Suite. Wishes we are working on at the moment include team building events for staff teams and Christmas craft packs.

Other fundraising activities include re-launching the Pennies from Heaven Scheme across the Trust for existing staff and new starters as well as re-vitalising the communications around the Health Stars lottery and creating a real buzz for staff. This will also include

reaching out to local organisations for then to support us via membership and selling charity scratch cards.

Several events have also taken place including a Bingo night which realised almost £1000 and staff at Miranda House took part in a sponsored walk.

Give a Gift Campaign
We aim to provide every inpatient spending who will be looked after by the Trust this Christmas a present for the festive period. We are busy collecting and sourcing suitable gifts which will be distributed in person to the units by the CEO and Chair during the first week of December. Gifts can be left at Trust HQ reception.

Christmas Jumper Day
7th December is Christmas Jumper Day, we will promote this as an opportunity to raise money for **Health Stars**.

Christmas Raffle
The raffle will be drawn at the Trust Carol Concert on 14th December 2023.

Inspire Garden
The last phase of the Inspire project is now underway. Work on the project commenced on 19/10/23 and is likely to last 7 weeks. We have been supported by two very generous funders who between them have pledged £130k towards the scheme.

Michele Moran
Chief Executive

Title & Date of Meeting:	Trust Board Public Meeting – 29 November 2023
Title of Report:	Publications and Policy Highlights
Author/s:	Name: Michele Moran Title: Chief Executive

Recommendation:				
	To approve		To discuss	
	To note	/	To ratify	
	For assurance			

Purpose of Paper:	To inform and update the Trust Board on recent key publications and policy since the September Board (detailed below): • Cost savings • Consultants' Strike • Guidance for disciplinary proceedings • Patients offered the opportunity to travel for treatment • Care Quality Commission State of Care Report • Best practice for improving staff wellbeing • Community waiting lists • ICS finances • 20% nursing gap

Key Issues within the report:

Positive Assurances to Provide: • n/a	**Key Actions Commissioned/Work Underway:** • n/a
Matters of Concern or Key Risks: • n/a	**Decisions Made:** • n/a

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Board	27.9.23

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to)*
√ *Tick those that apply*

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

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

Publications and Policy Highlights

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

1. **Cost savings**

NHS Providers has recommended NHS trusts should consider making targeted interventions to tackle child health inequalities which are being exacerbated by current pressures on the system.

The report, *Reducing health inequalities faced by children and young people*, said the focus on reducing health inequalities in the NHS has largely been targeted at older age groups. It urged trusts to shift their attention to children and young people, given the evidence of growing health inequalities in this age group.

The report says: "The inequalities that develop in early years can become embedded across the life course, potentially storing up problems for individuals and for NHS services. Providing high quality services for children and young people can prevent ill health in later life, creating healthier societies and reducing demand for services."

Lead: Medical Director

The trust inequality work includes plans to reduce health inequalities faced by children and young people. This is an important part of the strategy as Hull ranks as the 4th most deprived local authority under the Index of Multiple Deprivation. The focus of the work is through our 0-19 service. Examples include high intensity and targeted support to young and vulnerable new mothers who require a higher level of intervention, open to all clients aged 19 or under. Families receive an increased number of visits that are client focused and therefore meet their individual needs. More vulnerable families will be seen by a professional who can assess their needs and signpost families to relevant services. Other initiatives include: The Youth Recovery and Wellbeing College, health levelling, working with Children with special educational needs and disabilities (SEND) in the 0-19 service and the peri-natal mental health.

2. Consultants' Strike Extension

The HSJ reports medical consultants in England are being re-balloted on extending their mandate for industrial action, even as the British Medical Association (BMA) remains in talks with the government over resolving the dispute. The BMA said the ballot was open, and will close on 18 December. If successful, the new mandate would last until 17 June 2024. Consultants' current industrial action mandate expires on Boxing Day.

Lead: Medical Director

As an NHS trust we would like to see resolution of the dispute to avoid future strike as industrial actions can negatively impact on patient care. However, during the previous strikes, we had robust plans to maintain safe patient care and services. These plans were monitored through our silver and gold command structures.

3. Guidance for Disciplinary Procedures

NHS Providers has produced a guide for trust leaders, in collaboration with Hempsons, to tackle racial discrimination in disciplinary procedures.

The guide includes case studies showcasing strategies and practical interventions that some trust

leaders have used successfully to narrow the disciplinary gap and improve the workplace experience for staff.

Lead: Deputy Director of Workforce and OD

The Trust is committed to ensuring a fair experience for all and regularly assesses progress against EDI priorities to ensure those with protected characteristics are not disadvantaged.

From the WRES report 2023, the relative likelihood of BME staff entering the formal disciplinary process compared to White staff is 0.94, which is an improvement on last year's figure of 1.08, which means BME staff are not overly represented in the formal disciplinary process. The Trust remains better than the nationally reported figure 1.14 for this indicator.

Whilst the Trust performs well nationally, a bi-annual thematic review of employee relations cases, and the quarterly People Insight report, explores this data in more depth with necessary actions put in place dependant on the analysis.

4. Patients to be offered the opportunity to travel for treatment

NHS England has announced that NHS patients who have been waiting the longest for treatment will be offered the opportunity to travel to a different trust, if it means they could be seen sooner.

Any patient who has been waiting longer than 40 weeks and does not have an appointment within the next eight weeks will be contacted by their trust via letter, text, or email, as announced by the NHS and government earlier this year. Further details are available via this link: https://www.england.nhs.uk/2023/10/hundreds-of-thousands-of-nhs-patients-to-be-offered-the-chance-to-travel-for-treatment/

.
Lead: Chief Operating Officer
This information has been considered in the work the Trust is undertaking to reduce waiting times especially for the neurodiversity services where the numbers waiting are the highest but have significantly reduced. Impact of this national approach will be monitored closely.

5. Care Quality Commission (CQC) State of Care Report

NHS Providers has published a briefing summarising CQC's new State of Care report.

In its assessment of health and adult social care in England in 2022/23, the Care Quality Commission (CQC) highlights the impact that ongoing challenges in health and social care are having on the quality and safety of care and on patient and user access to services.

The report explores issues around access to care, quality of care, inequalities in health and care, and Deprivation of Liberty Safeguards. It also focuses on the wellbeing and satisfaction of health and care staff and considers the opportunities presented by integrated care systems (ICSs).

Lead: Director of Nursing/Medical Director

 Report reviewed and executive summary is provided in the November Chief Executive report to the Board.

6. Best Practice for Improving Staff Wellbeing

NHS Providers has published a report which highlights steps taken by trusts that have positively impacted staff wellbeing and therefore supported patient care.

The report, *Providers Deliver: Enabling wellbeing within trust*, shows how NHS trusts have taken onboard national data, local circumstances, and staff feedback to introduce targeted interventions for the workforce.
It concludes that adequate funding, buy-in from senior leaders and continuous monitoring of progress are the key enablers of the initiatives featured.

Lead: Deputy Director of Workforce and OD

The Trust recognises the ongoing benefits of promoting and supporting its staff to achieve positive health and wellbeing and has invested significantly in the provision over the course of the last two years. This has seen the implementation of an in-house Health and Wellbeing Team who deliver physical and emotional Health MOTs as well as delivering a range of workforce wellbeing initiatives, resources and schemes. The draft People Strategy places emphasis on 'culture, wellbeing and inclusivity' to effectively address workforce health inequalities and whilst there is still work to do, the Trust currently positions above national and benchmark group averages in the staff survey for the theme 'we are safe and healthy.'

7. Community waiting list surges back above 1 million

The HSJ reports new NHS England data has revealed the community services waiting list has risen sharply to more than 1 million, with children suffering the longest waits. The figures show the adult community waiting list increased from 704,000 to 781,000 between October 2022 – the first published data available – and August. The children and young people's list rose from 207,000 to 221,000.

Lead: Chief Operating Officer

Information on all Trust waiting times for services is overseen operationally and reported to the executive management team and the board. Improvement works continues to be supported by rigorous capacity and demand analysis. Access to services for diagnosis for autism spectrum disorder and attention deficit hyperactivity disorder remains the most challenged area for children with continuing plans in place to achieve improvement.

8. No reset for ICS finances

The HSJ reports any hopes of a financial reset under the new integrated care system (ICS) regime appear to have vanished: all 42 ICSs had fallen behind their financial plans, less than halfway into the financial year.

The key factor determining the scale of this year's overspends is whether – and how much – the Treasury provides extra funding to cover the costs of strike action.

Lead: Director of Finance

Finance across the NHS is challenging, since the publication of this report £800m of funding has been made available by NHS England with a strong expectation that systems return to their original approved financial plans.

At the time of writing this work is in progress across the Humber and North Yorkshire ICS and the Trust is actively working with partners on resetting financial forecasts for the second half of the year.

9. 20% nursing gap

The HSJ reports NHS England's national mental health director Claire Murdoch admitted she was "concerned" that 20% of mental health nurse roles were unfilled and about the impact this could have on a nationwide push to improve safety and tackle closed cultures.

Lead: Director of Nursing

We have been successful in recruiting 50 newly registered nurses and 7 newly registered nurse associates who commenced with us in October, many of whom are working in our mental health services. This recruitment is an over recruitment as we anticipate natural attrition in future months. We continue to maintain a keen focus on nurse recruitment across all of our services through the work of our Hard to Recruit Group which in addition to focussing on recruitment will now also focus on further retention initiatives.

Our current recruitment and retention initiatives which we keep under constant review, are proving popular with staff and are available for viewing on our internet under 'staff benefits`.

Title & Date of Meeting:	Trust Board Public Meeting - Wednesday 29th November 2023			
Title of Report:	Safeguarding Annual Report 2022/23			
Author/s:	Hilary Gledhill, Executive Director of Nursing, Allied Health & Social Care Professionals. Rosie O'Connell, Head of Safeguarding and Named Professional for Adult Safeguarding Kerry Boughen, Named Nurse for Safeguarding Children			
Recommendation:	To approve		To discuss	
	To note		To ratify	X
	For assurance			
Purpose of Paper:	To seek the ratification of the Safeguarding Annual Report 2022/23 which presents the annual work of the safeguarding team and safeguarding activity across the Trust, including performance, key achievements and priorities for 2023/24. The Report was approved by the Quality Committee on 28th September 2023.			

Key Issues within the report:

Positive Assurances to Provide:	**Key Actions Commissioned/Work Underway:**
- Trust is meeting statutory safeguarding requirements for both adults and children - Training compliance for safeguarding, including Level 3, now above 85% set target following full review and focus on improving compliance - First co-produced piece of work achieved with plans to increase work with patients and individuals with lived experience over the next 3 years	- Introduction of the Humber Teaching NHS Foundation Trust Safeguarding Plan 2023-2026 with 8 key priorities - Reapplication for White Ribbon Accreditation - Audit on referrals/concerns submitted to Local Authority to identify possible reasons for reduction in numbers
Key Risks/Areas of Focus:	**Decisions Made:**
- Increasing demand on safeguarding team (duty, meetings) including attendance at child protection strategy meetings now Humber commission the Hull 0-19 service - Reduction in adult concerns being referred to Local Authority	N/A

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee	28.09.23	Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	11.09.23
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) QPAS	7.09.23

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to)*
√ *Tick those that apply*

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

Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			
Risk	√			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	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Humber Teaching
NHS Foundation Trust

Humber Safeguarding

Annual Report 2022/23

Contents

1. Foreword by the Director of Nursing, Allied Health and Social Care Professionals.

 Welcome to the Humber Safeguarding Annual Report 2022-2023.

During 2022-23 there has been a continued strengthened focus on safeguarding children and vulnerable adults, as we are aware that COVID 19 has exacerbated the health inequalities people experience and together with the economic downturn has increased the pressure on families and individuals. Many people have been affected by loss, financial instability, and isolation, in response we have ensured that the focus on supporting people to stay safe has remained our highest priority. Safeguarding children, vulnerable adults and our staff is at the heart of patient safety and quality in the Trust.

This report provides an overview of how we continue to meet our statutory responsibilities in respect of safeguarding children and vulnerable adults. The report also provides an analysis of the effectiveness of the arrangements we have in place, as well as how we contribute to the multi-agency safeguarding arrangements.

The report also provides progress against our agreed priorities which include embedding a 'Think Family', as well as a trauma informed care approach across all our services.

Our Mission
Humber Teaching NHS Foundation Trust is committed to safeguarding all children, young people and adults who access our services from harm, abuse or neglect.

Our Vision
- **Safe and effective** safeguarding services for children, young people and adults will be delivered by staff who feel empowered and supported to work in collaboration with our patients and their families to achieve the best outcomes.
- **An organisational wide approach** will be taken to safeguard and promote the welfare of our patients. Safeguarding responsibilities will be embedded at all levels and across all staff groups in accordance with our statutory responsibilities.
- **Senior leaders and the Trust Safeguarding Team will be visible** to both our patient and staff groups, promoting a positive culture where open conversations about safeguarding are encouraged, patients, carers and families are listened to, suspected abuse or neglect is readily reported and ensuring that when mistakes are made, we learn from them.

I would like to thank all our dedicated staff, our supportive partners, the Executive Team and Trust Board who continue to work positively together to ensure safeguarding is everybody's business.

Hilary Gledhill, Director of Nursing, Allied Health & Social Care Professionals

2. Introduction

Humber Teaching NHS Foundation Trust is a leading provider of integrated healthcare services across Hull East Riding of Yorkshire, Whitby, Scarborough, and Ryedale. It delivers healthcare to a population of 765,000 people of all ages and provides:

- Community and therapy services (child and adult)
- Primary care services
- Community and inpatient mental health services
- Learning disability services
- Children's universal healthcare services
- Addictions services
- Health lifestyle support services
- Forensic services
- Child and adolescent mental health services
- Community hospital services in Whitby and Malton

The Trust employs approximately 3,600 staff and works across 3 local authority areas:

- Hull City Council
- East Riding of Yorkshire Council
- North Yorkshire council

The Trust is an active member of the three local authority Safeguarding Adult Boards and Safeguarding Children Partnerships, attending and contributing to safeguarding activity across each local authority.

The Humber Safeguarding Plan 2023-2026 is aligned to the organisations six goals and these are the 8 priorities that we want to achieve over the next 3 years:

1. Domestic Abuse
2. Child Neglect

3. Liberty Protection Safeguards
4. Self-Neglect

5. Think Family

6. Increased Visiblity of Safeguarding Team

7. A Safeguarding Empowered Workforce

8. Improving Efficiency and Effectiveness Across Safeguarding Systems

2.1 The Safeguarding Team at Humber Teaching NHS Foundation Trust

The Humber Safeguarding Team is an integrated service that provides advice and support to Trust staff on both adult and child safeguarding issues. The team consists of the Named Professional for Adult Safeguarding, Mental Capacity Act and Prevent Lead (who has overall management responsibility for the team), the Named Nurse for Safeguarding Children, 4 Specialist Safeguarding Practitioners, 4 Safeguarding Practitioners and 4 Safeguarding Administration Assistants. The team works closely with the Named Doctor for the Trust and the Named Nurse for Children Looked After. The Named Professional, Named Nurse and Practitioners within the team come from a mix of different professional backgrounds and include social work, learning disability nursing, health visiting/school nursing and midwifery.
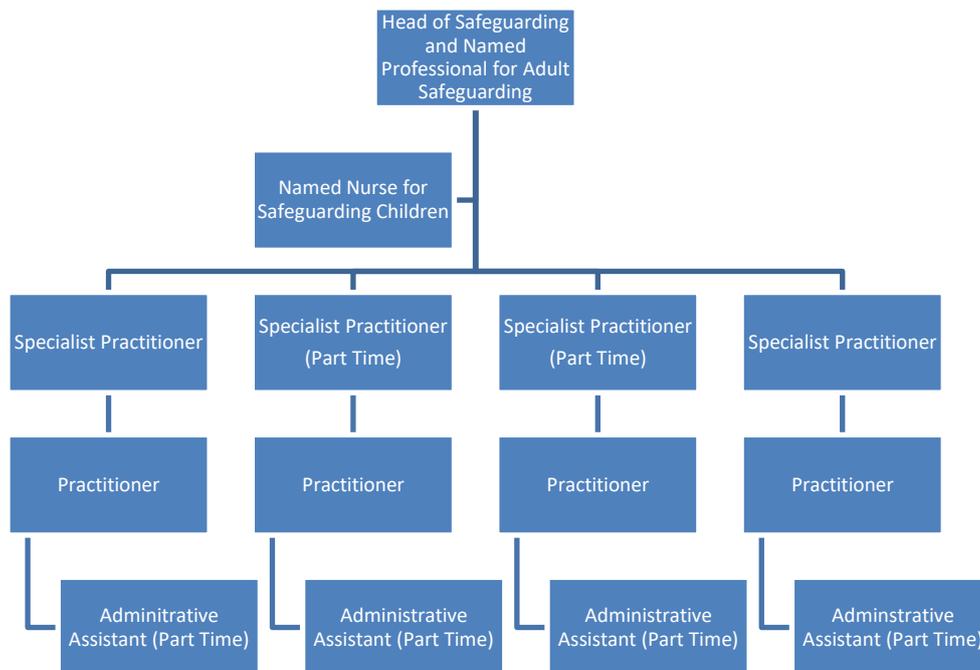
The teams core functions include:

- Providing advice and support on safeguarding matters on a day-to-day basis via a duty desk
- Providing clinical leadership as an expert in matters relating to safeguarding practice to support the provision of high-quality safeguarding practice for both children and adults
- Providing safeguarding training to support safeguarding practice development and compliance with statutory and mandatory training requirements
- Providing bespoke training where a learning need has been identified, and support multi agency training on behalf of Safeguarding Boards and Partnerships
- Sharing learning from both internal and external reviews of cases and best practice
- Supporting internal investigations where safeguarding issues are identified
- Participating in Trust governance processes to provide safeguarding expertise and oversight when reviewing incidents, investigations and the development of Trust policies and procedures
- Providing safeguarding supervision on complex cases
- Carrying out independent reviews on individuals in seclusion, long term segregation and care away from other arrangements
- Providing assurance to the Trust Board, external Safeguarding Boards and Partnerships, and the ICB in relation to how the Trust meets both statutory and contractual safeguarding arrangements
- Development and leading on the implementation of the Trusts Safeguarding Plan

- Participating in external statutory review processes such as child death reviews and safeguarding adult reviews
- \Providing support to staff, and coordination of the training offer, on Mental Capacity Act 2005
- Promoting and raising awareness of key safeguarding issues and national awareness campaigns across the Trust

2.2 Safeguarding Governance Arrangements

Safeguarding is firmly embedded within the core duties of Humber Teaching NHS Foundation Trust. Responsibilities for safeguarding are enshrined in legislation and guidance which the Trust must adhere to, including the Children Act 2004, Working Together to Safeguard Children 2018, the Mental Capacity (Amendment) Act 2019, the Prevent Strategy 2011, the Mental Health Act 2007, the Care Act 2014, Care and Support Statutory Guidance 2016 and the Accountability and Assurance Framework 2022.

The statutory function for the Trust is held by the Director of Nursing, Allied Health, and Social Care Professionals, who is the executive member for the Trust at the Hull and East Riding Safeguarding Boards and Partnerships. The Trust actively participates in the Boards, Partnerships and Subgroups to ensure safeguards are in place across all our services.

Safeguarding activity is reported to the Trust Board through several processes, represented below.

Corporate Safety Huddle/Duty/Response to Datix Incidents	Safeguarding Business Meeting	Safeguarding Learning and Development Forum	Clinical Risk Management Group	Quality and Patient Safety Group	Quality Committee	Trust Board

The safeguarding governance structure is rooted throughout the Trust with safeguarding matters being core agenda items on all Divisional Clinical Governance Groups.

Under the requirements of Section 11 of the Children Act 2004 the Trust completes annual Section 11 audits and submits them to the local safeguarding children's partnerships to provide assurances on how we are meeting the duties.

As part of their active role in patient safety the Safeguarding Team attend
- The Clinical Risk Management Group (CRMG) which takes place weekly, this ensures that safeguarding processes are reviewed in Trust patient safety and risk management process. All safeguarding investigations and enquiries are monitored using an investigation tracker, this is reviewed at CRMG and any actions from the investigations are monitored in the quarterly Safeguarding Learning and Development Forum, during this meeting actions are monitored, and divisional leads provide updates on the actions and completion date. The team has an Audit Monitoring Plan in place which identifies audits that are planned over a 3-year period and monitors the progress and outcomes of these, as well as a Policies and Guidelines Log which records all the policies and guidance documents the team are responsible for across the Trust and when they have, or require, a review. There is also a Safeguarding Development Plan in place which records the progress made against the Trusts Safeguarding Plan 2023-2026.

- The daily Corporate Safety Huddle, having oversight of all patient safety incidents that occur across the Trust and attending the CRMG, the Clinical Advisory Group (CAG) and the

Pressure Ulcer and Review Learning (PURL) group. The Named Professional for Adult Safeguarding and Named Nurse for Safeguarding Children are routinely involved in Trust investigation processes such as Serious Incident investigations, and each investigation is reviewed by either the Named Professional or Named Nurse before being signed off, to ensure any safeguarding issues have been addressed appropriately. The team are currently supporting the implementation of the Patient Safety Incident Response Framework in 2023.

- Monthly Division Clinical Network/Governance meetings to share service updates and any learning from recent safeguarding cases. This also allows members of the division to raise any queries they have with regards to safeguarding adults, children, or mental capacity issues.

- As part of the Trusts work on ensuring that we do not have closed cultures the safeguarding team participate in independent reviews for patients who are in extended seclusion, Long Term Segregation (LTS) or in a Care Away from Others (CAFO) arrangement. This provides independent oversight of patients who have been placed in restrictive conditions under the Mental Health Act 1983, focussing on the rights of the patient, what their views and wishes are, whether there are any safeguarding concerns and how the patient can be re-integrated back onto the main ward. The Team are visible in clinical areas, but this is a priority for the coming year, to further enhance that visibility through offering drop in sessions.

3. Partnership Working

The Director for Nursing, Allied Health and Social Care Professionals is the executive member for the Trust at the Hull and East Riding Safeguarding Boards and Partnerships. The safeguarding team regularly represent the Trust at subgroups across all three local authority areas, Hull, East Riding and North Yorkshire, and contribute to national and local safeguarding activity within these.

This section details some of the key multi-agency partnership arrangements that the Trust contributes to and highlights any changes, themes or patterns noted over 2022/23.

3.1 Multi agency risk assessment conference (MARAC)

MARAC is a multi-agency meeting where information is shared on high-risk domestic abuse cases and safety plans are put into place, to increase the safety of victims of domestic abuse.

The Trust has representatives at both Hull and East Riding MARAC, and contributes to information sharing and safety planning in line with statutory guidance. Over the last year there has been a 6% increase in cases discussed in Hull, which equated to 1346 victims and 1783 children also affected by domestic abuse.

		Total
Hull	2021/22	1264
	2022/23	1346 (increase of 6%)
East Riding	2021/22	581
	2022/23	445 (decrease of 23%)

However, in the East Riding there is a slightly different picture as the number of cases discussed in 2022/23 decreased every month other than December. In 2021/22 the East Riding MARAC introduced a pre-meeting to review repeat cases and remove lower risk cases (such as breach of

injunction). This has led to a reduction in cases being discussed and the MARAC panel being able to use the meeting to discuss initial cases and high risk repeat cases in greater depth.

In December 71 cases were discussed; this reflects the Christmas period but also the winter football World Cup that took place in November where incidents of domestic abuse are observed to increase (38% when England lose, 26% when England win [Can the FIFA World Cup Football (Soccer) Tournament Be Associated with an Increase in Domestic Abuse? - Stuart Kirby, Brian Francis, Rosalie O'Flaherty, 2014 (sagepub.com)](#)).

## 3.2 Multi agency tasking and coordination (MATAC)

MATAC focusses on perpetrators of domestic abuse and how to reduce the risk of harm to victims – adults and their children. The safeguarding team attend this meeting monthly; numbers of referrals remain low however it is hoped that with increased awareness this will increase. At this time, it is too early to understand the impact of MATAC in this area due to the meeting only being introduced for the 2021/22 year and not in use across all local authority areas yet, the Safeguarding Team continue to attend and support the process.

3.3 Multi Agency Child Exploitation (MACE)

Humber Teaching NHS Foundation Trust attend both the Hull and East Riding MACE meetings following the Hull 0-19 Service transferring to the Trust in May 2022. MACE meetings bring together professionals to discuss suspected or actual child exploitation cases, consider the child/young person's experiences and identify appropriate safeguarding interventions.

In 2022/23 the number of children and young people's cases in East Riding reduced from 144 to 111 reflecting the work undertaken at the earlier Vulnerable Adult Risk Panels (VARP) to identify cases that can be managed outside of the MACE meetings, allowing a more robust and effective multi-agency review of the highest risk cases within the MACE meetings.

Children and young people face a range of complex threats both on and offline including sexual abuse and exploitation and criminal exploitation (including trafficking). In 2022/23 Hull MACE reviewed a total of 37 cases involving Child Sexual Exploitation (CSE) and 116 involving Child Criminal Exploitation (CCE). In the East Riding, the MACE group reviewed a total of 44 cases involving CSE, and 66 involving CCE.

CSE and CCE cases discussed in Hull and East Riding MACE 2022/23
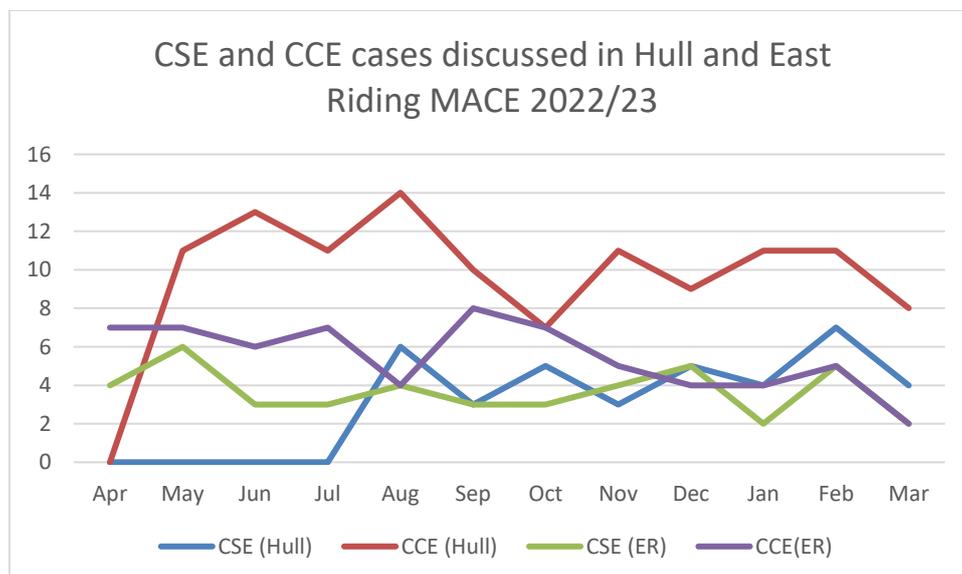
Due to the secretive and hidden nature of exploitation it is difficult to get a picture of the scale of CCE and CSE taking place in the UK however in 2022 the National Referral Mechanism (framework for identifying and referring victims of modern slavery and trafficking) received 7019 referrals for children and young people with the majority, 43%, being referred for CCE (Modern Slavery: National Referral Mechanism and Duty to Notify statistics UK, end of year summary 2022 - GOV.UK (www.gov.uk)). Both Hull and East Riding MACE meetings have recorded a higher number of CCE cases compared to CSE, reflecting trends nationally.

Because of the services commissioned by the Trust (particularly Universal Childrens Services and CAMHS) the children and young people discussed at both MACE meetings are all known to us. The support commonly provided to these children and young people where a health intervention is required includes:

- Universal health assessment and support
- Child mental health support
- Autism and ADHD assessment and support
- Mental health and wellbeing interventions in the school setting
- Learning disability support
- Support for parents/carers of children and young people open to service

3.4 Prevent

The Prevent Duty 2015 was introduced through the Counterterrorism and Security Act 2015 and requires health bodies (as well as other bodies) to consider the need to safeguard individuals from being drawn into terrorism, these duties sit alongside long established duties to protect individuals from exploitation from a range of other harms such as criminal and sexual exploitation and modern slavery/human trafficking.

The Prevent and Channel Panel process adopts a multi-agency approach to identify and support individuals who are at risk of being drawn into terrorism. The Trust safeguarding team provides information, liaises with partners, supports Trust staff, and shares appropriate information to support the Prevent program. A specialist safeguarding practitioner attends both the Hull and East Riding Channel Panel meetings, and the Named Professional for Adult Safeguarding continues to be a member of both areas Prevent Boards. During Channel Panel meetings individuals are discussed who may be open to a Trust service, if that is the case not only is information shared about the individual to support the discussion around assessment of risk and vulnerability, but a health intervention may be requested to reduce the individual's vulnerability to radicalisation. An example of this would be requesting an Autism or ADHD assessment if the Panel felt there was an unmet need that could be making the individual more vulnerable to exploitation or radicalisation. The Specialist Practitioners role would be to liaise with the appropriate service in the Trust to facilitate this assessment, provide specialist support to the clinician with regards to Prevent, and provide assurance and feedback to the next Channel Panel.

In 2022/23 there were 34 contacts made to the duty desk regarding Prevent and Humber Teaching NHS Foundation Trust made 1 referral to Prevent. The number of cases discussed and contributed to across both Hull and East Riding Channel Panels has increased by 12.8% to 132, with the majority being discussed at Hull. This is in line with other multi agency meetings such as MACE and MARAC. Hull is ranked the fourth most deprived local authority in England (The English Indices of Deprivation 2019 (publishing.service.gov.uk).

3.5 Modern Slavery

The Trust is a member of the Humberside Modern Slavery Partnership and contributes to the production of a Slavery and Human Trafficking Annual Policy Statement pursuant to s.54(1) of the Modern Slavery Act 2015. A dedicated safeguarding practitioner attends this panel meeting, shares ensures that pertinent information is shared across the Trust.

3.6 Multi Agency Public Protection Arrangements (MAPPA)

MAPPA is a statutory arrangement for managing sexual and violent offenders. Humber Teaching NHS Foundation Trust is a Duty to Co-operate (DTC) agency and has a crucial role in reducing risk and protecting the public. The Trust is represented at the MAPPA Strategic Management Board and Humberside Criminal Justice Board by the CEO or delegate, and the Associate Director of Psychology as MAPPA Lead, and Head of Safeguarding, provide senior representation at relevant panel meetings (alongside clinicians) and other system meetings. The Trust continues to fulfil its responsibilities as a DTC agency, achieving 100% attendance across all required meetings.

Recent work includes:
- Introducing of MAPPA section on the Trust Global newsletter
- Training provided to Doctors in the Trust to increase understanding of their commitments to MAPPA
- Single Points of Contact (SPOCs) developed within the Divisions supported by the MAPPA Lead, so MAPPA issues are well coordinated and communicated
- Introducing of SPOC in Older Peoples Mental Health due to offenders living longer and offending into older age
- New link for Youth Offending so cases can be picked up over the transitional period

3.7 Safeguarding Investigations and Reviews

The Trust works alongside 3 local authorities and the safeguarding team participate in statutory investigation/review processes that take place. This can include:

- Safeguarding Practice Reviews
- Safeguarding Adults Enquiries
- Domestic Homicide Reviews
- Safeguarding Adult Reviews
- S42 Safeguarding Enquiries
- Learning the Lessons Reviews

Both the Named Professional for Adult Safeguarding and Named Nurse for Safeguarding Children are members of the decision-making panels that consider whether a statutory investigation is required. The Trust fully participate in reviews and will ensure the learning from reviews is shared across the Trust and appropriately built into training.

As well as contribution to external review the Safeguarding Team, also provide expert advice and guidance on internal reviews to ensure safeguarding issues are identified and learning put into place.

In 2022/23 the safeguarding team participated in 24 statutory safeguarding investigations or reviews, and 11 internal incident investigations or reviews such as Serious Incident and Significant Event Analyses:

Safeguarding Investigations 2022/23

Legend: SAR | S42 | LLR | SPR | DHR | SI | SEA

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The number of statutory safeguarding investigations participated in during 2022/23 has doubled when compared to 2021/22, this reflects the increase in safeguarding activity across the 3 local authorities and the strength of the multi-agency partnership arrangements in place which look to identify where there is a need for a review to identify and lessons learned and ways to improve practice.

Most of the statutory investigations were carried out by the Safeguarding Team working closely with the person and professionals around them. It is identified in the Trusts Safeguarding Plan 2023-2026 that investigation training and support will be provided to staff in clinical teams who know the person best, so that they are able to complete investigations and reviews where appropriate. This will bring safeguarding investigations and reviews in line with other Trust investigation processes.

Learning themes from investigations and reviews across 2022/23 include:

Theme	Action Taken
Support for young people as they transition into adulthood and services	Complex Emotional Needs Service (CENS) have undertaken a review of Guidelines 'Transition of Young People into Adult Services' following recommendations made around this Ongoing work and consultation provided by CENS on young people transitioning into adulthood, including children looked after Review of safeguarding training package to highlight impact of trauma on children and young people and how this can impact them going into adulthood
Effective communication and information sharing between services	Inclusion of information sharing within safeguarding training Participation in multi-agency learning reviews following incidents

	Support of complex case discussions to involve safeguarding and professional colleagues from other services, to support better multi agency working and collaboration
Application of Mental Capacity Act 2005	Review of both Mental Capacity Act policies across the Trust Ongoing review of MCA and Best Interest templates being used by staff Bespoke sessions provided following specific incidents where learning around use and application of MCA 2005 has been identified
Use of multi-agency protocols when a person is declining services and is at significant risk of harm or death	Bespoke sessions provided on Vulnerable Adult Risk Management meetings across Hull & East Riding, attendance at VARM meetings to support staff with process Contribution to review of VARM meetings across Hull & East Riding, and equivalent in North Yorkshire Promotion of the management of self-neglect and hoarding via safeguarding training package Support provided to staff who contact the duty desk in relation to self-neglect and hoarding, providing advice and signposting to local authority protocols and our safeguarding responsibilities
Meeting the needs of parents/carers/Think Family	Providing support on the duty desk and through meeting attendance around Think Family and importance of considering who else is in the individuals life and how they can be supported Carers Champion training offered by Trust Clinical template on Lorenzo to record a carer or patient which then allows for recording and reporting via dashboard as to how many have been offered an assessment and if they need additional support in their role

Once the investigation / review is complete lessons learned and good practice is shared across the Trust in a variety of ways through:

- Individual team Multi-Disciplinary Team meetings
- Divisional network or governance meetings
- Training
- Supervision
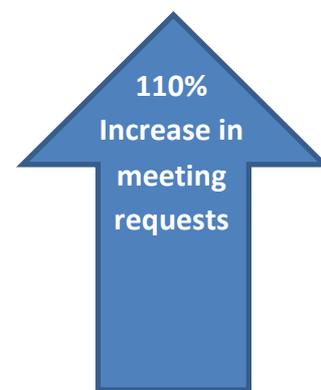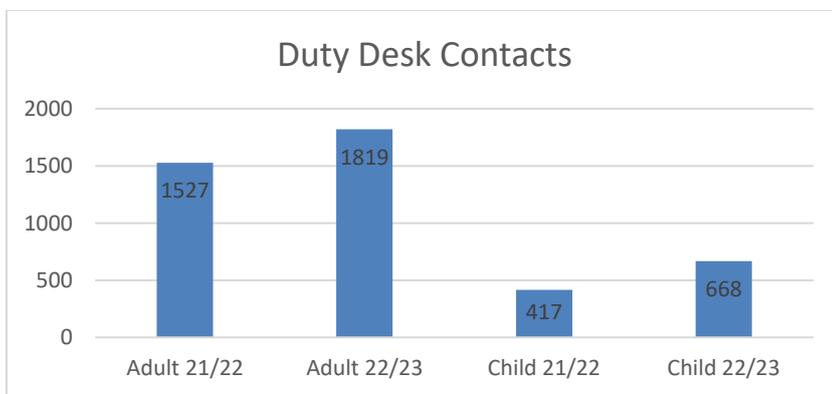- 'Five-minute focus' bulletins

- 'Lunch and learn' sessions.

Learning is also shared in the quarterly Safeguarding Learning and Development Forum which is attended by representatives from each division. There is also strong oversight and monitoring of recommendations and actions arising from reviews, to ensure that they are implemented.

4. Activity and Referrals

4.1 Contacts to the Safeguarding Team

The safeguarding team offer a 'duty' function, which means that they are available to provide advice and guidance to staff across the organisation between Monday – Friday 09:00 to 17:00. The table below outlines the number of contacts received over the last year from staff across the Trust and how these have increased from the year before.

Duty Desk Contacts chart showing: Adult 21/22 = 1527, Adult 22/23 = 1819, Child 21/22 = 417, Child 22/23 = 668.
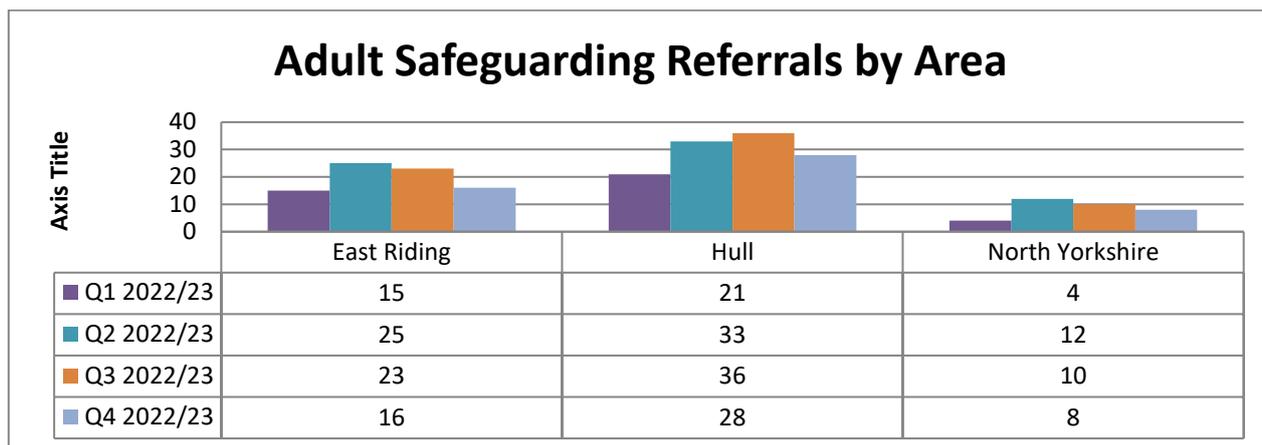
110% Increase in meeting requests

In 2022/23 a total of 2487 contacts were received, which was a 27% increase from the year before. It is positive that more people are contacting the team to discuss safeguarding issues and accessing specialist help and advice.

The Safeguarding Team is a hub that partner agencies can contact and the team are often requested to attend statutory meetings. In 2022/23 the Team were asked to attend 566 meetings, a 110% increase from the year before. The increased demand is from Hull and has resulted from the 0-19 service being transferred over to Humber Teaching NHS Foundation Trust. The Team is working closely with the 0-19 service and the development of link workers who will have specialist training to support teams as a way of managing this increased demand. Of note contacts from partner agencies regarding adult safeguarding have also increased as have requests to participate in Vulnerable Adult Risk Management (VARM) meetings, strategy meetings for adults, and case reviews/MDTS for patients with safeguarding issues where staff need advice.

For 2023/24 a safeguarding performance report has been developed to show the categories of abuse or neglect for each contact, this will allow a deeper analysis of the themes staff are being supported with via the duty desk, whereas in 2022/23 this level of analysis was only available for referrals or concerns raised to the local authority, detailed further below.

4.2 Safeguarding Adults Referrals

Adult Safeguarding Referrals by Area

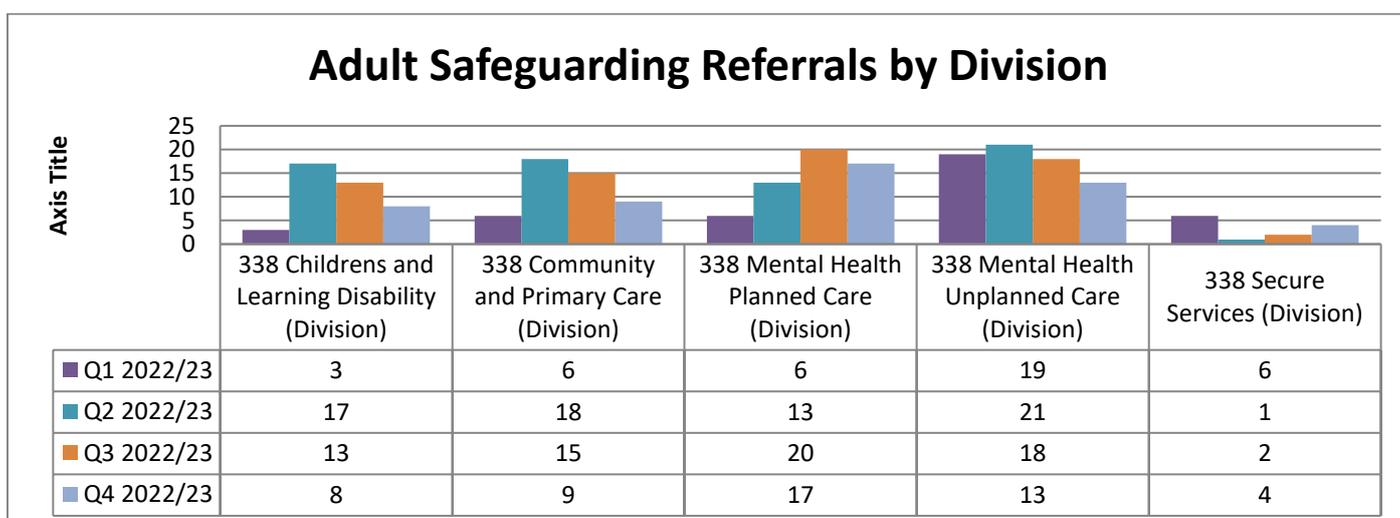|	East Riding	Hull	North Yorkshire
Q1 2022/23	15	21	4
Q2 2022/23	25	33	12
Q3 2022/23	23	36	10
Q4 2022/23	16	28	8

In 2022/23 231 safeguarding adult concerns were referred to the Local Authority, this is a reduction of 128 (35%) from the previous year. 12.6% of duty contacts resulted in a referral being made to the Local Authority.

Both Hull and East Riding, to whom most of the Trust's referrals are made , have revised the referral process and have requested that professionals contact the service first before making a referral. The purpose of this conversation is to seek advice and explore whether a referral is required, thus ensuring that inappropriate referrals are screened out early which probably accounts for the reduction. However, this will be an area the Safeguarding Team will monitor further via an audit.
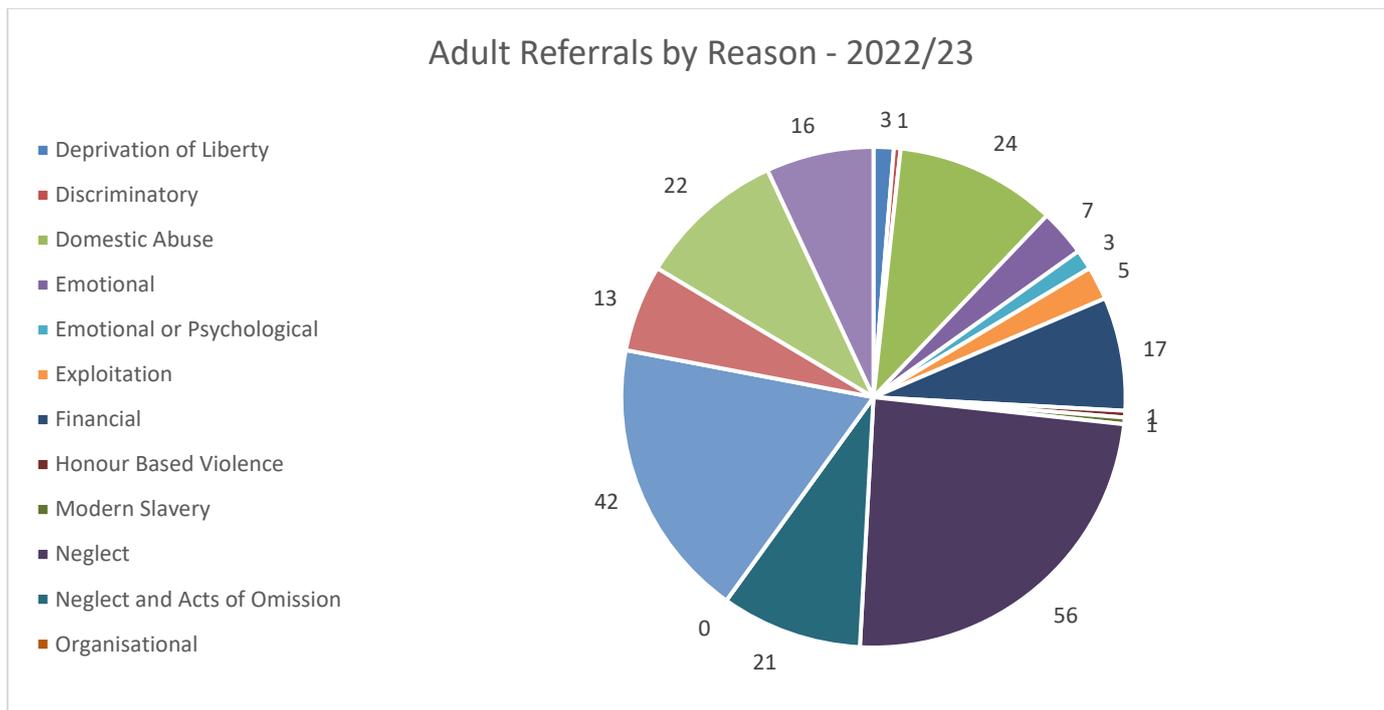
Ongoing monitoring of safeguarding referral activity takes place via the monthly Quality Dashboard, reviewed at the Quality and Patient Safety Group. Any deviations or fluctuations in referral activity are scrutinised and assurance sought.

The Trust has a notification process in place through the Datix systems which also reports when a referral has been made regarding an adult safeguarding concern. This ensure the Team through the daily Huddle have information on safeguarding issues being raised externally. This process also enables the team to liaise with services and ensure appropriate support is in place for the person for whom the concern relates to.

Adult Safeguarding Referrals by Division

	338 Childrens and Learning Disability (Division)	338 Community and Primary Care (Division)	338 Mental Health Planned Care (Division)	338 Mental Health Unplanned Care (Division)	338 Secure Services (Division)
Q1 2022/23	3	6	6	19	6
Q2 2022/23	17	18	13	21	1
Q3 2022/23	13	15	20	18	2
Q4 2022/23	8	9	17	13	4

The chart above shows the number of adult referrals made by each division. The Mental Health Division continues to submit the most referrals, this is expected and in line with data from previous years. Given the number and range of adult services the Division covers, particularly in the unplanned care part of the Division which covers services such as adult inpatient units and the
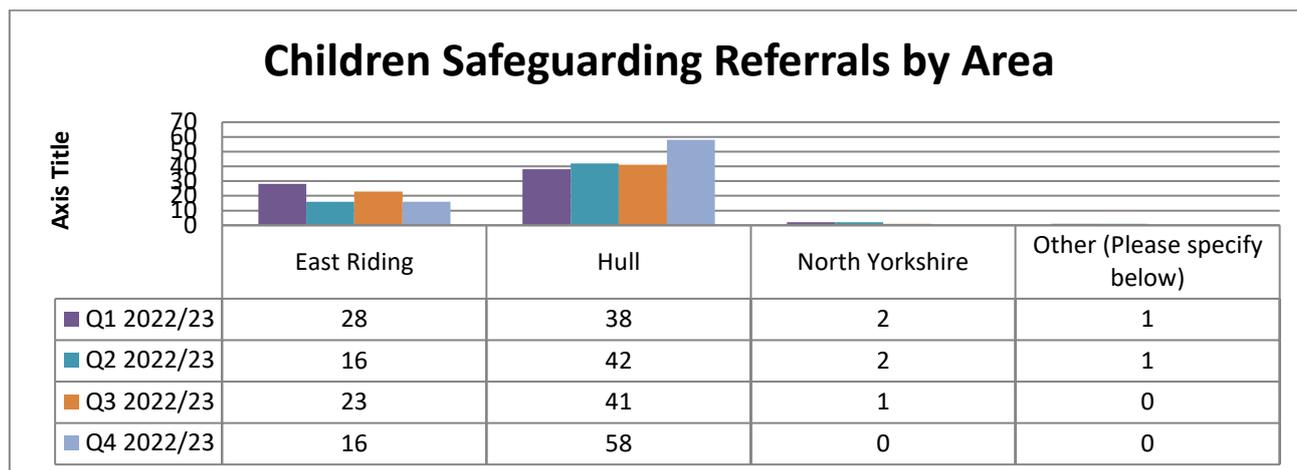
mental health crisis intervention team who often support adults at a time of crisis and where an intervention is required to keep that individual safe. The chart reflects the overall reduction in referrals being made, as all Divisions have submitted fewer adult concerns to the local authority than the year previously. This has been addressed in another part of the report.

Adult Referrals by Reason - 2022/23

Legend:
- Deprivation of Liberty
- Discriminatory
- Domestic Abuse
- Emotional
- Emotional or Psychological
- Exploitation
- Financial
- Honour Based Violence
- Modern Slavery
- Neglect
- Neglect and Acts of Omission
- Organisational

Values shown on chart: 3 1 24 7 3 5 17 1 1 56 21 0 42 13 22 16

Of the adult referrals made, neglect and acts of omission is the most common category of abuse reported by Trust staff about patients with a total of 77 referred to the Local Authority in 2022/23. This is where staff are identifying concerns about patients they are caring through, maybe in the community, a care home of in hospital. The other categories of abuse most reported is physical (42), domestic abuse (24) and self-neglect (22).

Nationally in 2021/22 (this year's data set not yet available: Safeguarding Adults, England, 2021-22 - NDRS (digital.nhs.uk)) Local Authorities reported the most common category of abuse leading to a S42 enquiry was neglect and acts of omission followed by physical, which is reflected in Trust data above. However, our data differs when looking at the third and fourth most commonly S42 category; nationally this is Psychological and Financial/Material but our third and fourth most commonly reported categories are domestic abuse and self-neglect. There is no nationwide data on categories referred and type of organisation which would allow comparison against other Trusts with a large mental health provision, however given the prevalence of deprivation where the majority of our unplanned mental health services are and the fact that individuals experiencing mental health problems are more likely to be abused (30-60% of women with mental health problems have experienced domestic violence Domestic violence and severe psychiatric disorders: prevalence and interventions - PubMed (nih.gov)) and struggle to maintain their physical and mental wellbeing, these reporting statistics are not surprising.

4.3 Safeguarding Children's Performance

Children Safeguarding Referrals by Area

	East Riding	Hull	North Yorkshire	Other (Please specify below)
Q1 2022/23	28	38	2	1
Q2 2022/23	16	42	2	1
Q3 2022/23	23	41	1	0
Q4 2022/23	16	58	0	0

In 2022/23 there were 269 referrals made about safeguarding children to the Local Authority, an 11.6% increase from the previous year of 241.
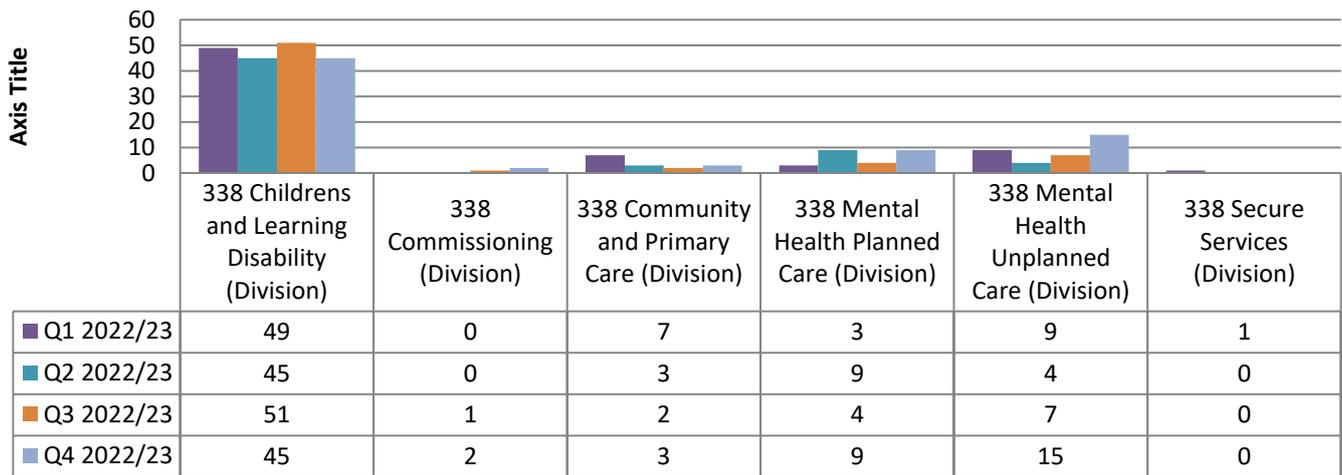
40.2% of duty desk contacts resulted in a referral being made, which is just over three times the rate at which adult contacts were converted into referrals.

The population of Hull is greater, compared to other local partnership areas; it is also ranked the fourth most deprived local authority in England (The English Indices of Deprivation 2019 (publishing.service.gov.uk)). The link between deprivation and safeguarding children is well known and so higher levels of referrals are not surprising. The Trust made 179 referrals to Hull in 2022/23, this is an increase of 35% from the previous year and this coincides with the transfer of the Hull 0-19 Universal Childrens Service to Humber Teaching NHS Foundation Trust in May 2022. However the Trust will continue to monitor the activity as there may be other complicating factors such as the impact of COVID 19 on families.

Referrals submitted to East Riding reduced to 83 from 103, this is due to the established early help process in the East Riding which filters out early help referrals from child protection cases.

Trust Services in North Yorkshire are adult based services, however in line with a Think Family approach we have worked hard with services there to train staff in safeguarding children and adults and compliance for Scarborough and Ryedale safeguarding children was 95.9% at the end of the year compared to 61.9% in February 2022. Compliance for Whitby services has also improved in respect of safeguarding children from 74.2% to 96.1%.

Children Safeguarding Referrals by Division

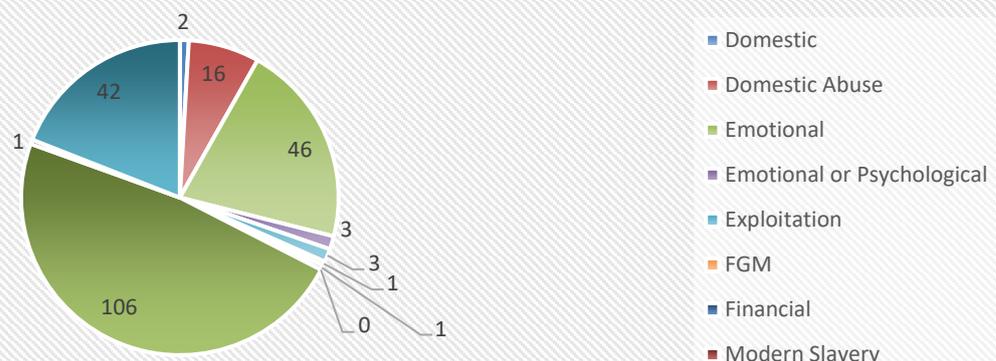|	338 Childrens and Learning Disability (Division)	338 Commissioning (Division)	338 Community and Primary Care (Division)	338 Mental Health Planned Care (Division)	338 Mental Health Unplanned Care (Division)	338 Secure Services (Division)
Q1 2022/23	49	0	7	3	9	1
Q2 2022/23	45	0	3	9	4	0
Q3 2022/23	51	1	2	4	7	0
Q4 2022/23	45	2	3	9	15	0

The Children's & Learning Disability division continues to make the most referrals, with the CAMHS service making the majority of these, followed by the East Riding and Hull 0-19 services.

Referral numbers for other Divisions remain similar to the previous year, though the Commissioning Division are also reporting children's referrals, due to the Humber and North Yorkshire Keyworker Service, now provided by Humber Teaching NHS Foundation Trust via the Provider Collaborative. This service supports children and young people who have a learning disability and/or autism and have the most complex needs or are at risk of being in or currently in an inpatient unit.

When considering the referral reason, neglect is the most common (39.4% of all referrals made) and the number of referrals made by the Trust to Local Authorities has increased from 57 to 106, an increase of 85%. This in line with national data; in 2022 neglect was the most commonly reported initial abuse for children`s social care referrals and accounted for 47.9% of all referrals made (Characteristics of children in need, Reporting year 2022 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk)).

Children Referrals by Reason - 2022/23

Legend:
- Domestic
- Domestic Abuse
- Emotional
- Emotional or Psychological
- Exploitation
- FGM
- Financial
- Modern Slavery

Values shown on chart: 2, 16, 42, 1, 46, 106, 3, 3, 1, 0, 1

The Trust has undertaken a lot of work to raise awareness and appropriate support for children who are experiencing neglect, through the introduction and training on the child neglect tool kit. Nationally we are aware that neglect continues to be the highest category of harm reported for children and so ongoing work to ensure early intervention and support for children and their families is crucial.

When a child is admitted onto an adult ward a datix must be completed and the CQC notified where the admission lasts for a continuous period of longer than 48 hours. The Trust Safeguarding Team must also be informed. The Team contacts the unit and (if appropriate) the young person; and offer to visit that person. The team will ensure that the child is being protected in line with statutory safeguarding requirements and are receiving support by the CAMHS specialist service whilst in the adult unit. The table below shows the number of children and young people who were admitted to adult units in 2022/23.

	Admissions	
	Q1 2022/23	2
Children & Young People admitted to adult units	Q2 2022/23	3
	Q3 2022/23	1
	Q4 2022/23	1

In 2021/22 the number of children admitted to adults increased by 5, and this level has been maintained going into 22/23. There continues to be a national lack of bed availability for Tier 4 units and an increasing number of children and young people experiencing acute mental health problems (53% increase in CAMHS referrals since 2019 53% rise in yearly referrals to CAMHS | YoungMinds). The admission of a young person under the age of 18 years to an adult in patient area is an exceptional circumstance, carefully considered and risk assessed.

4.4 Child Looked After (CLA) Health Team

In 2022/23 the number of children in the East Riding looked after by the Local Authority increased from 357 to 379, in the year alone there were 162 new referrals to the CLA health team. Each child referred should have an initial health assessment completed within 20 days however due to the increasing numbers and limited clinical appointments for the Specialist GP to complete them, initial health assessment performance dropped to 18% for the year. This was escalated by the Named Nurse for Children Looked After to the Designated Nurse for Children Looked After and the ICB, with a request made for additional funding for specialist GPs and more clinic time. From January 2023 a second Specialist GP has been supporting the completion of the initial health assessments, and alongside increasing the number of clinic appointments available performance is now increasing.

A total of 40 Unaccompanied Asylum-Seeking Children (UASC) became looked after in the year. This compares to 8 in 2021/22 and reflects in the increase in UASC becoming looked after national. Regionally UASC arriving in the East Riding were either moved to the area through the Migration Yorkshire Scheme or housed in local hotels initially as adults who then presented themselves as being under 18. Whilst age assessments are ongoing the local authority has a legal obligation to treat them as a child looked after until the conclusion of the assessment. All young people are referred by the CLA health team to the TB clinic and there have been added issues with some communicable diseases including diphtheria. Most have many unmet health needs requiring more time spent to ensure these needs become met; they all need to commence the UK immunisation schedule, need to be registered and seen by a dentist, have bloods to rule out blood borne viruses and anaemia, and most have needed treatment for scabies.

The CLA health team completed 196 review health assessments with East Riding children and young people. Children and young people aged 5-18 are required (statutory) to have an annual health assessment and these have all been offered as face-to-face assessments. To ensure that there is no drift in the child's health care plan the CLA health team complete a report for the child or young person's statutory review meetings and continue to attend strategy meetings and complete reports for the Vulnerable Adolescent Risk Panel.

Performance for review health assessments remains high at 95%. Children and young people aged 5-18 are required (statutory) to have an annual health assessment and these have all been offered as face-to-face assessments. The CLA health team completed 196 review health assessments with East Riding children and young people. To ensure that there is no drift in the child's health care plan the CLA health team complete a report for the child or young person's statutory review meetings and continue to attend safeguarding meetings for those under their care.

The Named Nurse for Children Looked After Children is an active member of the East Riding Foster Panel, Commissioning Team for external foster placements and Supported Lodgings Panel and contributes to various forums to support the wellbeing of children who are looked after by the Local Authority. The Making a Change Team nurse sits within the CLA health team and works as an integral member of the Local Authority team working intensely with families in crisis. The person in this post left their secondment in May 2022 however the post has now been funded by the ICB and as such the vacancy is hoped to be filled soon.

5. Key Achievements

5.1 Domestic Abuse and the White Ribbon Action Plan
This year saw the Trust move into its third year of White Ribbon accreditation status, and with that significant progress made with the safeguarding team's domestic abuse workstream.

The third year workstream for the White Ribbon action plan continued to look at how the Trust supports employees of Humber who may be victims or perpetrators of domestic abuse, which reflects recommendations within the Department of Health Responding to Domestic Abuse: a resource for health professionals' document. The guidance developed for managers has now been implemented within HR processes, and HR and the Safeguarding Team have worked closely over the year on several cases involving staff who were experiencing domestic abuse.

Alongside this there was a focus on co-producing Domestic Abuse resources with patients, carers and volunteers. One piece of co-production work that was started towards the end of the year was the production of Domestic Abuse posters with the Humber Youth Action Group. Members of the group felt that resources available currently did not use gender inclusive language and referred to he/she instead, meaning that those who do not use those pronouns may not identify or engage

with the resource. Together with the Youth Action Group the safeguarding team developed 5 posters to be displayed. There is further work planned with a focus on systemic issues around BAME/LGBT issues and domestic abuse.

For 2023/24 the Trust is renewing its White Ribbon Accreditation and a new three-year plan will be developed. There is a White Ribbon roadshow planned for November 2023 which will bring together domestic abuse and wellbeing services across the locality, this road show will also travel to other areas of the Trust patch such as North Yorkshire and Scarborough in December 2023.

5.2 Child Neglect

As detailed in the performance section of this report, child neglect continues to be the most common category of initial abuse for the referrals made by Trust staff to Local Authority safeguarding teams. In 2022/23 work has been undertaken to continue to raise awareness of child neglect, how to respond and how to report:

- Member of safeguarding team has visited childrens teams and services within the Trust to raise awareness of child neglect tools and how staff can access training
- Bespoke lunch and learn training session on the use of neglect assessment tools in November 2022
- Co-facilitation of child neglect training with Safeguarding Childrens Partnerships and access to this training for Trust staff
- Training of 32 Health Visitors/School Nurses in the Graded Care Profile 2 tool (East Riding)
- Regular attendance at the Childrens & Learning Disability Network and Governance meetings to raise profile

In 2023/24 it is recognised that child neglect will continue to be a common theme within referrals and those children and young people on child protection plans, as families continue to face economic pressures and poverty due to increased living costs. The Safeguarding Plan 2023-2026 identifies this area of work as a priority for the Trust and there is work planned to embed this, including understanding, and including trauma informed approaches to safeguarding, expanding the training and use of child neglect assessment tools, delivering a neglect roadshow across the Trust and ensuring that all staff have a basic awareness of child neglect and abuse through training.

5.3 Safeguarding Supervision

Work has been undertaken to embed safeguarding supervision into the Trusts main clinical supervision policy rather than as a stand-alone supervision task. The safeguarding supervision training has also been integrated into the clinical supervision training course and as a result all

staff who deliver clinical supervision will now have the training and skills to deliver safeguarding supervision.

In 2022/23 the number of safeguarding supervision sessions taking place within the East Riding ISPHN service increased from 300 to 760, with 54 members of the service accessing the supervision on multiple occasions. This is an increase of 153% and shows the improved use and the recording of safeguarding supervision within the service.

In 2021/22 the number of supervisions within the CAMHS and childrens therapy services were low. Following that the Named Nurse for Safeguarding Children worked with the Division to determine why this may be. It was determined that supervision was taking place however not always captured on the appropriate documentation and therefore could not be identified within performance data. Further discussion at MDTs and within division governance meetings has since helped staff and managers understand the required process. In 2022/23 the supervisions for CAMHS and childrens therapy services were 136 for CAMHS and 23 for childrens therapy. The Safeguarding Plan 2023-2026 identifies work around safeguarding supervision and systems to better record the safeguarding discussions taking place within clinical supervisions.

5.4 Training

In March 2022 a review of the level 3 safeguarding training package took place, this was in response to feedback from training participants and a continued lower than expected compliance level. As a result, the level 3 training package is no longer integrated meaning that staff can be assigned different levels for Adult and Child safeguarding training competencies, in line with their role and responsibilities. The course continues to be delivered with a blended approach of MS Teams and online e-learning modules. All roles within the Trust were also reviewed to make sure that the correct level of safeguarding training was applied. In 2022/23 the compliance for safeguarding training increase significantly following these changes and a push by all Divisions.

5.4.1 Safeguarding Children Training
Trust wide safeguarding children training compliance at the end of 2021/22 was 82.3%; over the course of 2022/23 this has increased to 92.7% meaning the Trust is now performing above the set target of 85%. This continues to increase into 2023/24.

Trust Position (%)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	89.0	89.5	77.2	77.8	78.1	79.1	78.8	78.9	80.0	79.1	80.1	82.3
2022-23	84.6	87.1	88.8	89.1	89.7	89.9	89.3	90.3	91.8	90.6	92.1	92.7

5.4.2 Safeguarding Adults Training
Trust wide safeguarding adults training compliance in 2021/22 was 81.7%; over the course of 2022/23 this has increased to 90.1% meaning the Trust is now performing above the set target of 85%. This continues to increase into 2023/24.

Trust Position (%)	Ap	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	88	88.4	76.3	76.8	77	77.8	77.9	78.3	79.3	79.2	80.2	81.7
2022-23	83.5	84.7	84.0	86.8	85.6	86.9	86.5	87	88.7	88.8	89.4	90.1

5.4.3 MCA Training
Mental Capacity Act (MCA) 2005 training Trust wide at the end of 2022/23 was 92.5%.

5.3.4 Prevent Training
Prevent training Trust wide at the end of 2022/23 reduced to 81.4% from 93.9%. Work has been undertaken to address this and in 2023/24 compliance increased to 95.9% in April 2023.

6. Safeguarding Priorities

6.1 How Did We Do?

What We Said in 2021/22	What We Did	Next Steps
To involve patients, carers and families in the work that we do	• Launch of the Humber Safeguarding Plan 2023-2026, consulting patient, carers, staff and volunteers in the creation of it • Achieved our first co-production stamp for domestic abuse work alongside the Youth Action Group	Focus on co-production within the Humber Safeguarding Plan 2023-2026 including further work with Youth Action Group, staff and patients in the Learning Disability service and female patients experiencing domestic abuse
To promote and embed the use of child neglect tools across the Trust	• Member of safeguarding team has visited childrens teams and services within the Trust to raise awareness of child neglect tools and how staff can access training • Bespoke lunch and learn training session on the use of neglect assessment tools in November 2022 • Co-facilitation of child neglect training with Safeguarding Childrens Partnerships and access to this training for Trust staff • Training of 32 Health Visitors/School Nurses in the Graded Care Profile 2 tool (East Riding) • Regular attendance at the Childrens & Learning Disability Network and Governance meetings to raise profile •	Focus on child neglect within the Humber Safeguarding Plan 2023-2026 including a child neglect roadshow across the Trust and expansion of partnership training availability to Trust staff
To support the implementation of the Liberty Protection Safeguards	• Implementation delayed by the Government until the next General Election	Continue to work to the current legislative framework and prepare for the proposed changes
To create and promote the Trusts Safeguarding Strategy for 2022 onwards	• The Humber Safeguarding Plan for 2023-2026 has been launched	Develop the role of link works in clinical areas
To relfect the transition needs of all children and young people in safeguarding training, policy and process	• The safeguarding team is a member and regular attender of the Hull wide	Engage with trauma informed work ongoing within the Trust

	• transitional safeguarding group • Increased engagement and support of child and adult mental health teams where a young person is transitioning into adulthood • Focus on neglect in child safeguarding package and how that can impact a child through their life into adulthood	
To improve and maintain safeguarding training compliance	• Both child and adult safeguarding training compliance has improved and is now above the 85% target set by the Trust	Continue to ensure training is revised, delivered and accessible to all groups of staff
To promote Think Family and in particular working with fathers	• Training delivered on Think Family across Divisions • Focus on learning in relation to Think Family when supporting Trust investigations into incidents	The integrated nature of the team will also promote a think family approach
Continued profession in the domestic abuse workstream and Trust White Ribbon program	• Completion of the third year of the White Ribbon action plan • Reapplication for White Ribbon Accreditation after three year program • Co-production of domestic abuse reources with young people • Support for staff who are victims of domestic abuse • Awareness campaigns across the Trust •	Focus on Domestic Abuse and White Ribbon in Humber Safeguarding Plan 2023-2026, including White Ribbon Roadshow which has been planned for November 2023 and will travel across Trust locations
To support safeguarding functions within the new Hull 0-19 service	• Service joined the Trust in May 2022 • Presence at staff introduction sessions to introduce team to new staff and cover key information for the transition to Humber Teaching NHS Foundation Trust • Safeguarding booklet and key contacts produced • Regular meetings with 0-19 service and implementation meetings during and after transition	Continue to support and empower the workforce in safeguarding, offering specialist supervision and practice forums

	• Presence at team offices to offer safeguarding support and supervision	

6.1 Our priorities for 2023/24

Our priorities for the coming year are:

Domestic Abuse We will recognise and respond appropriately to those who are at risk of or are experiencing or perpetrating domestic violence and abuse

Child Neglect We will recognise and respond appropriately to children and young people who are at risk of or are experiencing child neglect and abuse

Liberty Protection Safeguards We will understand our responsibilities when a person is deprived of their liberty, and empower and protect service users who may lack the capacity to make decisions for themselves

Self-Neglect We will recognise signs of self-neglect and respond appropriately, whilst adopting a preventative approach to reduce the risk of self-neglect occurring with service users

Think Family We will think about the whole family when working with a service user. We will understand how trauma can impact families, and work with our partners to safeguard our service users and their families from harm and abuse

Increased Visibility of Safeguarding Team We will increase our visibility across our patient and staff group and reach out to diverse groups and people who experience health inequalities. We will become a more regular presence for patients and staff to seek support.

Ensuring a safeguarding empowered workforce We will empower our workforce to prevent, recognise and respond to safeguarding issues confidently and with our patients at the heart of this process

Improving efficiency and effectiveness across safeguarding systems We will provide a way for safeguarding information to be recorded and shared in an efficient and effective way across the Trust to ensure staff have access to information when they need it.

These priorities are reflected in the Humber Teaching NHS Foundation Trust Safeguarding Plan for 2023-2026, alongside a refreshed Safeguarding Development Plan with progress reported through the existing governance arrangements with updates to the Board via the Quality Committee.

7. References

1. Department for Education (2022). Reporting year 2022, *Characteristics of children in need.*
2. Home Office (2023). *Modern Slavery: National Referral Mechanism and Duty to Notify Statistics UK, end of year summary 2022.*
3. Howard, L.M., Trevillion, K., Khalifeh, H., Woodall, A., Agnew Davies, R., & Feder, G. (2009). *Domestic violence and severe psychiatric disorders: Prevalence and interventions.* Psychological Medicine, 40(6).

4. Kirby, S., Francies, B., O'Flaherty, R. (2013). *Can the FIFA World Cup (Soccer) Tournament Be Associated with an Increase in Domestic Abuse*?. Journal of Research in Crime and Delinquency, 51(3).
5. Ministry of Housing, Communities and Local Government (2019). *The English Inidices of Deprivation 2019 (IoD2019).*
6. NHS Digital (2022). *Safeguarding Adults, England, 2021-22.*
7. Young Minds (2023). *Yearly referrals to young people's mental health services have risen by 53% since 2019.*

Title & Date of Meeting:	Trust Board Public Meeting – 29 November 2023			
Title of Report:	Freedom to Speak Up Update			
Author/s:	Alison Flack, Freedom to Speak Up Guardian			
Recommendation:	To approve	Yes	To discuss	
	To note	Yes	To ratify	
	For assurance			
Purpose of Paper:	To provide an update on speaking up and the number of concerns raised through the speak up Guardian. To approve the revised policy and procedure.			

Key Issues within the report:

Positive Assurances to Provide:

- Completion of well led review recommendations.
- Level 1 Speak Up Training now a mandatory requirement for all staff to complete.
- Speak up month activities.

Key Actions Commissioned/Work Underway:

- Ambassador selection process
- Strategy development for completion in January 2024.
- Revised policy and procedure in line with National Guardian's Office recommendations for Board to approve.
- Revised evaluation survey now in place to include monitoring of ethnicity, disability and age.

Key Risks/Areas of Focus:

- Strategy development in line with NGO guidance to be completed.
- Reporting of ethnicity, age and disability will be included in future board reports.

Decisions Made:

The Trust Board are asked to approve the draft revised speak up policy and procedure.

		Date		Date
	Audit Committee		Remuneration & Nominations Committee	

Caring, Learning & Growing Together

Governance: *Please indicate which committee or group this paper has previously been presented to:*	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	Draft Policy - October 2023
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

Monitoring and assurance framework summary:

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

Freedom to Speak up Guardian Update Report – November 2023

The following report provides an update on the activities undertaken as part of the Freedom to Speak Up processes and the role of the Guardian.

National Guardians Office (NGO)

The National Guardians Office Annual Report (2022/23) was laid before Parliament on 16th November, 2023. During this period over 25,000 concerns were raised through Freedom to Speak Up Guardians.

We will be reviewing the report and the case studies to adopt any learning and best practice.

Freedom to Speak Up Policy and Procedure

Our Freedom to Speak up Policy and Procedure has recently been reviewed in light of the National Guardian's Office updates. The Executive Management Team have reviewed this and it is attached to this report for approval by the Trust Board.

Well Led Review Recommendations Update

All actions have now been completed from the Well Led Review.

Freedom to Speak Up Trust Strategy (2024-2027)

We are currently drafting our new speak up strategy which will support the overall Trust's strategy. The draft strategy will be shared with the Executive Management Team and Workforce Committee early 2024.

Training for Staff

All new staff joining the Trust now undertake Level 1 NGO Speak Up training as part of their induction programme and the training is now mandatory for all staff and is available via ESR.

The Guardian will be meeting with consultants in the New Year to raise the awareness and importance of speaking up. The Guardian continues to meet with the Guardian of safeworking on a quarterly basis.

Caring, Learning and Growing

Number of Speak Up Concerns Received from 1 April 2023 until 31 October 2023

During the period 1 April 2023 – 31 October 2023 we have received 23 concerns through Freedom to Speak Up.

It is important to note that if more than one staff member raises the concern this is counted by the number of staff raising the concern.

Number of concerns received:-

2018/19   42
2019/20   58
2020/21   24
2021/22   27
2022/23   23

Types of Concerns

During 2022/23 the speak up concerns raised included:-

- Human resource processes i.e. grievances, signposting.
- Allegations of bullying and harassment
- Lack of team working
- Risk assessment and reporting of safeguarding concerns.
- Delays in patient pathways.
- Relationships with managers.
- Low Staffing

During this period there has been one independent investigation commissioned which is currently still open.

Speak Up Month – October 2023

During October, we have participated in the annual national Speak Up Month initiative the theme being "Breaking the Barriers" that is supported by the National Guardian's office.   We held a number of virtual events to meet staff and talk about the role of speaking up in the Trust and what prevents people speaking up and raising concerns.   Over 50 staff joined the virtual sessions.   We also held a communication campaign during this period to raise awareness and to recruit more ambassadors.

We also continue to work closely with our colleagues in HR, operational services and patient safety. We have supported the Trust's Respect campaign which provides another channel for staff to report concerns regarding bullying, harassment and discrimination.

Freedom to Speak Up Ambassador Campaign

During speak up month, we ran a campaign to recruit more ambassadors from service areas. The NGO has recently published an ambassador role description. We have received a number of expression of interests from across the Trust and will be meeting informally with potential ambassadors as part of a robust selection process. It is expected that by the end of 2023 we will have a number of ambassadors working across the Trust.

Freedom to Speak Up: Raising Concerns

Policy and Procedure (N-040)

Version Number:	3.0
Author (name & job title)	Alison Flack, Freedom to Speak Up Guardian
Executive Lead (name & job title):	Chief Executive (Michele Moran)
Name of approving body:	Executive Management Team
Date full policy approved:	
Date Ratified at Trust Board:	
Next Full Review date:	

Minor amendments made prior to full review date above (see appended document control sheet for details)	
Date approved by Lead Director:	
Date EMT as approving body notified for information:	

Policies should be accessed via the Trust intranet to ensure the current version is used

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1. Equality and Health Inequalities Statement

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and

- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

2. Our Vision

We will 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.

3. Our Values

Our Freedom to Speak Up procedure supports our Trust Strategy (2023) and is underpinned by our core Trust values: "Caring, Learning and Growing".

4. Speak up – we will listen

We welcome speaking up and we will listen. By speaking up at work you will be playing a vital role in helping us to keep improving our services for all patients and the working environment for our staff.

This policy is for all our workers. The NHS People Promise commits to ensuring that "we each have a voice that counts, that we all feel safe and confident to speak up, and take the time to really listen to understand the hopes and fears that lie behind the words".

We want to hear about any concerns you have, whichever part of the organisation you work in. We know some groups in our workforce feel they are seldom heard or are reluctant to speak up. You could be an agency worker, bank worker, locum or student. We also know that workers with disabilities, or from a minority ethnic background or the LGBTQ+ community do not always feel able to speak up. **This policy is for all workers and we want to hear all our workers' concerns.**

We ask all our workers to complete the online training on speaking up. The online module on listening up is specifically for managers to complete and the module on following up is for senior leaders to complete.

You can find our more about what Freedom to Speak Up (FTSU) is in these videos.

5. This Policy

All NHS organisations and others providing NHS healthcare services in primary and secondary care in England are required to adopt this national policy as a minimum standard to help normalise speaking up for the benefit of patients and workers. Its aim is to ensure all matters raised are captured and considered appropriately.

6. What can I speak up about?

You can speak up about anything that gets in the way of patient care or affects your working life. That could be something which doesn't feel right to you: for example, a way of working or a process that isn't being followed; you feel you are being discriminated against; or you feel the behaviours of others is affecting your wellbeing, or that of your colleagues or patients.

Speaking up is about all of these things.

Remember that if you are a healthcare professional you may have a professional duty to report a concern. **If in doubt, please raise it.**

Don't wait for proof. We would like you to raise the matter whilst it is still a concern. It doesn't matter if you turn out to be mistaken as long as you are genuinely troubled.

This policy is not for people with concerns about their employment that affect only them – that type of concern is better suited to our Grievance Resolution Policy.

Speaking up, therefore, captures a range of issues, some of which may be appropriate for other existing processes (for example, HR or patient safety or quality. As an organisation, we will listen and work with you to identify the most appropriate way of responding to the issue you raise.

7. We want you to feel safe to speak up

Your speaking up to us is a gift because it helps us identify opportunities for improvement that we might not otherwise know about.

We will not tolerate anyone being prevented or deterred from speaking up or being mistreated because they have spoken up.

8. Who can speak up?

Anyone who works in NHS healthcare, including pharmacy, optometry and dentistry. This encompasses any healthcare professionals, non-clinical workers, receptionists, directors, managers, contractors, volunteers, students, trainees, junior doctors, locum, bank and agency workers and former workers.

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Caring, Learning & Growing Together

9. Who can I speak up to?

9a. Speaking up internally

Most speaking up happens through conversations with supervisors and line managers where challenges are raised and resolved quickly. We strive for a culture where that is normal, everyday practice and encourage you to explore this option – it may well be the easiest and simplest way of resolving matters.

However, you have other options in terms of who you can speak up to, depending on what feels most appropriate to you and depending on the size of the organisation you work in (some of the options set out below will only be available in larger organisations).

- Senior manager, partner or director with responsibility for the subject matter you are speaking up about.

- The patient safety team or clinical governance team (where concerns relate to patient safety or wider quality), tel: 01482 301725 or email hnf-tr.governanceandpatientsafety@nhs.net

- Local counter fraud team (where concerns relate to fraud) – Nikki Cooper, nikki.cooper1@nhs.net / 07872 988939

- Our Freedom to Speak Up Guardian – Alison Flack, hnf-tr.speakup@nhs.net / 07555 380584 or Deputy Freedom to Speak Up Guardian, Nikki Titchener, hnf-tr.speakup@nhs.net / 07919 545272, who can support you to speak up if you feel unable to do so by other routes. The guardian will ensure that people who speak up are thanked for doing so, that the issues they raise are responded to, and that the person speaking up receives feedback on the actions taken. You can find out more about the guardian role here.

- Our HR Team – 01482 389213.

- Our senior lead responsible for Freedom to Speak Up – Michele Moran, michele.moran@nhs.net – they provide senior support for our speaking up guardian and are responsible for reviewing the effectiveness of our FTSU arrangements.

- Our non-executive director responsible for Freedom to Speak Up – Dean Royles, dean.royles1@nhs.net – this role is specific to organisations with boards and can provide more independent support for the guardian; provide a fresh pair of eyes to ensure that investigations are conducted with rigor; and help escalate issues where needed.

9b. Speaking up externally

If you do not want to speak up to someone within your organisation, you can speak up externally to:

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- Care Quality Commission (CQC) for quality and safety concerns about the services it regulates – you can find out more about how the CQC handles concerns here.

- NHS England for concerns about:
  - GP surgeries
  - Dental practices
  - Optometrists
  - Pharmacies
  - How NHS Trusts and Foundation Trusts are being run (this includes Ambulance Trusts and Community and Mental Health Trusts)
  - NHS Procurement and patient choice
  - The national tariff

NHS England may decide to investigate your concern themselves, ask your employer or another appropriate organisation to investigate (usually with their oversight) and/or use the information you provide to inform their oversight of the relevant organisation. The precise action they take will depend on the nature of your concern and how it relates to their various roles.

Please note that neither the Care Quality Commission nor NHS England can get involved in individual employment matters, such as a concern from an individual about feeling bullied.

- NHS Counter Fraud Authority for concerns about fraud and corruption, using their online reporting form or calling their freephone line **0800 028 4060**.

If you would like to speak up about the conduct of a professionally registered member of staff, you can do this by contacting the relevant professional body such as the General Medical Council, Nursing and Midwifery Council, Health & Care Professions Council, General Dental Council, General Optical Council or General Pharmaceutical Council.

Appendix B contains information about making a 'protected disclosure'.

10.   How should I speak up?

Step One
If you have a concern about a risk, malpractice, or wrongdoing at work, we hope you will feel able to raise it first with your line manager, lead clinician or tutor (for students). This may be done orally or in writing. A Datix should also be filled in if the concern is related to a patient safety concern. This could be completed by yourself or the person you are reporting your concern to if you wish to remain anonymous.

Step Two
If you feel unable to raise the matter with your line manager, lead clinician or tutor, for whatever reason, please raise the matter with:
- Our Freedom to Speak Up Guardian, Alison Flack, hnf-tr.speakup@nhs.net / 07555 380584.

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- Our Deputy Freedom to Speak Up Guardian, Nikki Titchener, hnf-tr.speakup@nhs.net / 07919 545272.

If you want to raise the matter in confidence, please say so at the outset so that appropriate arrangements can be made.

The Guardian and Deputy have been given special responsibility and training in dealing with concerns. They will:

- Support you to determine whether you are raising the concern informally or wish to raise a formal concern either internally or externally.

- Treat your concern confidentially unless otherwise agreed.

- If **informal** – ensure you receive timely support to progress your concern.

- If **formal** – ensure that your concern is allocated to an independent investigator in liaison with the relevant Executive Director or if requested, direct you to the appropriate external body to raise formally (point 4 below).

- Ensure you receive a report on the outcome of the investigation in a timely manner.

- Escalate to the board, any indications that you are being subjected to detriment for raising your concern.

- Remind the organisation of the need to give you timely feedback on how your concern is being dealt with.

- Ensure you have access to personal support since raising your concern may be stressful.

Step Three
If these channels have been followed and you still have concerns, or if you feel that the matter is so serious that you cannot discuss it with the Guardian or Deputy, please contact any of the following:

- Our Chief Executive, Michele Moran, michele.moran@nhs.net, 01482 389107 and executive lead for speaking up.

- Our Executive Director with responsibility for safeguarding, Executive Director of Nursing, Allied Health and Social Care Professionals, Hilary Gledhill, hilarygledhill@nhs.net, 01482 301757.

- Our Senior Independent Director with responsibility for speaking up - Dean Royles, dean.royles1@nhs.net

Step Four

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Whilst we would always welcome the opportunity to investigate
your concerns internally, you can also raise concerns formally with external bodies:

- NHS Improvement for concerns about:
  - How NHS Trusts and Foundation Trusts are being run
  - Other providers with an NHS provider licence
  - NHS procurement, choice and competition
  - The national tariff

- Care Quality Commission for quality and safety concerns

- NHS England for concerns about:
  - Primary medical services (general practice)
  - Primary dental services
  - Primary ophthalmic services
  - Local pharmaceutical services

- Health Education England for education and training in the NHS

- NHS Counter Fraud Authority for concerns about fraud and corruption

11.   Confidentiality

The most important aspect of your speaking up is the information you can provide, not your identity.

You have a choice about how you speak up:

- **Openly:** you are happy that the person you speak up to knows your identity and that they can share this with anyone else involved in responding.

- **Confidentially:** you are happy to reveal your identity to the person you choose to speak up to, on the condition that they will not share this without your consent.

- **Anonymously:** you do not want to reveal your identity to anyone. This can make it difficult for others to ask you for further information about the matter and may make it more complicated to act to resolve the issue. It also means that you might not be able to access any extra support you need and receive any feedback on the outcome.

In all circumstances, please be ready to explain as fully as you can, the information about circumstances that prompted you to speak up.

12.   Advice and Support

You can find out about the local support available to you at Humber. Your local staff networks can be a valuable source of support.

You can access a range of health and wellbeing support via NHS England:

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- [Support available for our NHS people](#)

- [Looking after you: free confidential coaching and support for the primary care workforce](#)

- NHS England has a [Speaking Up support scheme](#) that you can apply to for support. You can also contact the following organisations:

- [Speak Up Direct](#) provides free, independent, confidential advice on the speaking up process.

- The Charity [Protect](#) provides confidential and legal advice on speaking up.

- The [Trades Union Congress](#) provides information on how to join a trade union.

- [The Law Society](#) may be able to point you to other sources of advice and support.

- [The Advisory, Conciliation and Arbitration Service](#) gives advice and assistance, including on early conciliation regarding employment disputes.

13.   What will we do?

The matter you are speaking up about may be best considered under a specific existing policy / process; for example, our process for dealing with bullying and harassment. If so, we will discuss that with you. If you speak up about something that does not fall into an HR or patient safety incident process, this policy ensure that the matter is still addressed.

What you can expect to happen after speaking up is shown in Appendix B.

14.   Resolution and Investigation

We support our managers / supervisors to listen to the issue you raise and take action to resolve it wherever possible. In most cases, it's important that this opportunity is fully explored, which may be with facilitated conversations and/or mediation.

Where an investigation is needed, this will be objective and conducted by someone who is suitably independent (this might be someone outside your organisation or from a different part of the organisation) and trained in investigations. It will reach a conclusion within a reasonable timescale (which we will notify you of), and a report will be produced that identifies any issues to prevent problems recurring.

Any employment issues that have implications for you/your capability or conduct identified during the investigation will be considered separately.

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15. Communicating with you

We will always treat you with respect and will thank you for speaking up. We will discuss the issues with you to ensure we understand exactly what you are worried about. If we decide to investigate, we will tell you how long we expect the investigation to take and agree with you how to keep you up to date with its progress. Wherever possible, we will share the full investigation report with you (while respecting the confidentiality of others and recognising that some matters may be strictly confidential; as such it may be that we cannot even share the outcome with you).

16. How we learn from your speaking up

We want speaking up to improve the services we provide for patients and the environment our staff work in. Where it identifies improvements that can be made, we will ensure necessary changes are made, and are working effectively. Lessons will be shared with teams across the organisation, or more widely, as appropriate.

17. Board oversight

The Board is given anonymous information about all concerns raised by our staff through this process and what we are doing to address any problems. We will also include this information in our annual report. The Board supports staff raising concerns and wants you to feel free to speak up.
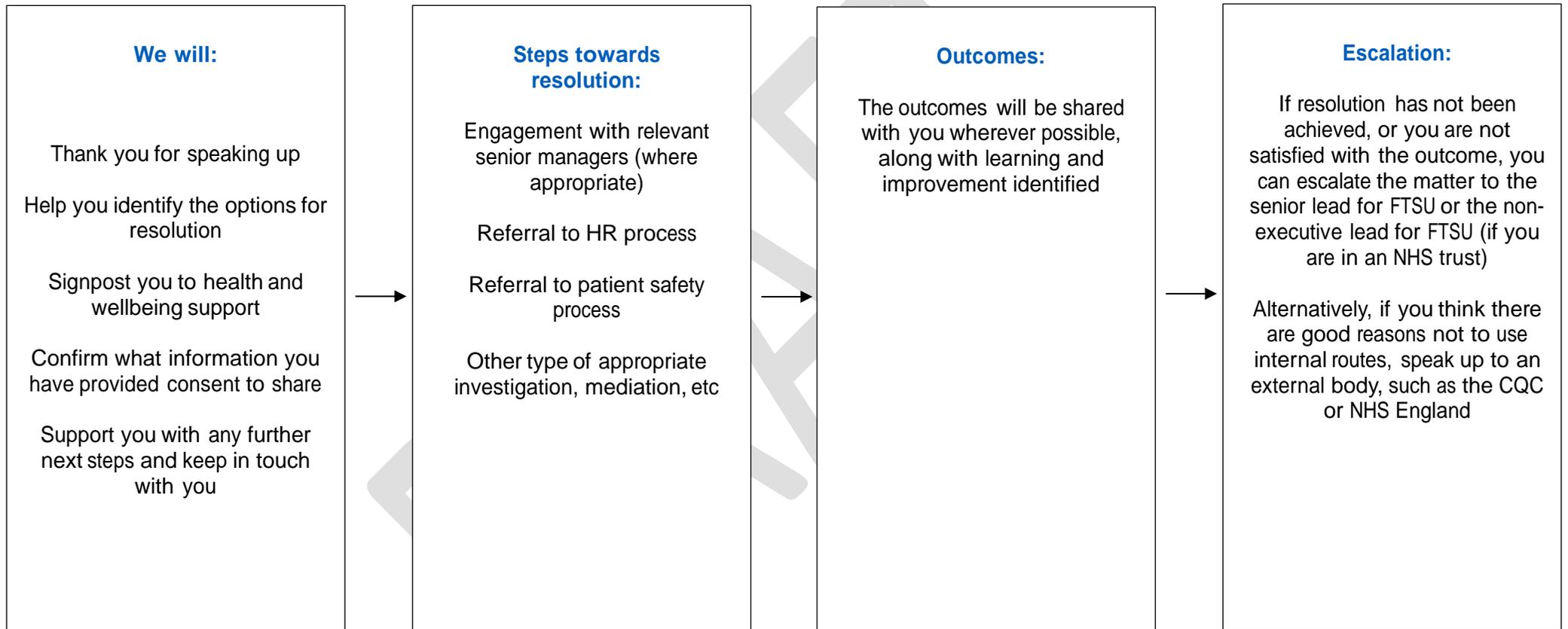
18. Review

We will seek feedback from workers about their experience of speaking up. We will review the effectiveness of this policy and our local process annually, with the outcome published and changes made as appropriate.

19. Senior Leaders oversight

Our most senior leaders will receive a report at least annually, providing a thematic overview of speaking up by our staff to our FTSU guardian(s).

![NHS Humber Teaching NHS Foundation Trust]

Appendix A: What will happen when I speak up?

We will:

Thank you for speaking up

Help you identify the options for resolution

Signpost you to health and wellbeing support

Confirm what information you have provided consent to share

Support you with any further next steps and keep in touch with you

Steps towards resolution:

Engagement with relevant senior managers (where appropriate)

Referral to HR process

Referral to patient safety process

Other type of appropriate investigation, mediation, etc

Outcomes:

The outcomes will be shared with you wherever possible, along with learning and improvement identified

Escalation:

If resolution has not been achieved, or you are not satisfied with the outcome, you can escalate the matter to the senior lead for FTSU or the non-executive lead for FTSU (if you are in an NHS trust)

Alternatively, if you think there are good reasons not to use internal routes, speak up to an external body, such as the CQC or NHS England

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Appendix B: Making a protected disclosure

A protected disclosure is defined in the Public Interest Disclosure Act 1998. This legislation allows certain categories of worker to lodge a claim for compensation with an employment tribunal if they suffer as a result of speaking up. This legislation is complex and to qualify for protection under it, very specific criteria must be met in relation to who is speaking up, about what and to whom. To help you consider whether you might meet these criteria, please seek independent advice from Protect or a legal representative.

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Title & Date of Meeting:	Trust Board Public Meeting– 29th November 2023		
Title of Report:	Finance Report Month 7 (October 2023)		
Author/s:	Name: Peter Beckwith Title: Director of Finance		
Recommendation:			
	To approve		To discuss	
	To note	✓	To ratify	
	For assurance			
	The Trust Board are asked to note the Finance report for October 2023 and comment accordingly.		
Purpose of Paper:	This report is being presented to the Board to provide the financial position for the Trust as at the 31 October 2023 (Month 7). The report provides assurance regarding financial performance, key financial targets, and objectives		

Positive Assurances to Provide:	Key Actions Commissioned/Work Underway:
• The cash balance at the end of Month 7 was £27.783m. • The Better Payment Practice Code figures show achievement of 93.2%.	• The Trust is working with the Integrated Care Board (ICB) on plans for the second half of the year following the recent funding announcements. • An Agency Recovery Plan has been developed aimed at reducing the level of agency costs with oversight at Executive Management Team.
Key Risks/Areas of Focus:	**Decisions Made:**
• The Trust reported a deficit position of £0.286m at Month 7 relating to third party property charges at Whitby and Malton Hospitals. • Year-to-Date Agency expenditure totalled £4.581m. This is above plan but £0.671m below the same period for the previous year.	• The Trust Board are asked to note the Finance report for October 2023.

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	27.11.23
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

Monitoring and assurance framework summary:

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

FINANCE REPORT – October 2023

1.   Introduction

This report is being circulated to the Board to present the financial position for the Trust as at the 31 October 2023 (Month 7).   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 31 October 2023

Under the ICB planning process the Trust is required to achieve a break even position for the year

Table 1 shows for the period ended to 31 October 2023 that the Trust recorded a deficit position of £0.286m, details of which are summarised in the table on the following page.

The primary reason for this overspend relates to an increase in Third Party Property Charges at Whitby and Malton Hospitals. These have previously been funded from the North Yorkshire Commissioners.

The Trust are working with partners across the ICB to develop plans for the second half of the year, this follows the letter from the National NHS Team and the release of funding *(£800m nationally)* with systems expected to return to original plans for 2023/24 – at the time of writing this work was ongoing.

There are two items which don't count against the Trust's financial control targets, which are the Donated asset Depreciation of £0.022m year to date, and Grant Income of £0.035m for the Salix capital scheme which takes the ledger position to a deficit of £0.272m.

The Trust had released £0.640m of Balance Sheet flexibility in Month 3 to enable the break-even position. No further release of Balance Sheet Flexibility was undertaken at Month 7 bearing in mind that the pressure relates to a funding issue.

	23/24 Net Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Income							
Trust Income	**168,394**	**14,503**	**14,136**	**(367)**	**98,073**	**98,308**	**235**
Clinical Income	**16,710**	**1,975**	**1,247**	**(728)**	**10,162**	**10,646**	**484**
Total Income	**185,104**	**16,478**	**15,383**	**(1,095)**	**108,235**	**108,954**	**719**
Expenditure							
Clinical Services							
Children's & Learning Disability	41,295	3,911	3,608	303	24,082	23,824	259
Community & Primary Care	30,308	2,905	1,926	979	17,846	17,877	(30)
Mental Health	57,574	4,899	4,844	55	33,792	34,081	(289)
Forensic Services	13,873	1,268	1,038	230	8,132	7,724	408
	143,049	12,983	11,415	1,567	83,853	83,505	348
Corporate Services							
	34,463	2,745	3,156	(411)	20,662	20,124	538
Total Expenditure	**177,512**	**15,727**	**14,571**	**1,156**	**104,515**	**103,629**	**885**
EBITDA	**7,592**	**750**	**812**	**62**	**3,720**	**5,325**	**1,605**
Depreciation	5,880	490	481	9	3,430	3,377	54
Interest	(600)	(50)	(75)	25	(350)	(524)	174
IFRS 16	1,970	164	197	(33)	1,149	1,393	(244)
PDC Dividends Payable	2,341	195	194	1	1,366	1,365	1
Operating Total	**(2,000)**	**(49)**	**14**	**63**	**(1,875)**	**(286)**	**1,589**
BRS	(2,000)	(48)	-	(48)	(1,874)	-	(1,874)
Operating Total	**0**	**(1)**	**14**	**15**	**(0)**	**(286)**	**(285)**
Excluded from Control Total							
Local Government Pension Scheme	300	-	-	-	-	-	-
Grant Income	-	-	-	-	-	(35)	35
Donated Depreciation	82	7	3	4	48	22	26
	(382)	(8)	11	19	(48)	(272)	(224)
Ledger Position	**(382)**	**(8)**	**11**	**19**	**(48)**	**(273)**	**(225)**
EBITDA %	**4.1%**	**4.6%**	**5.3%**		**3.4%**	**4.9%**	
Surplus %	**-1.1%**	**-0.3%**	**0.1%**		**-1.7%**	**-0.3%**	

2.1 Income

Income overall is showing an overachievement against budget of £0.719m. Trust income is £0.235m above budget and includes additional income of £0.175m for Discharge Funding.

Additional Clinical Income of £0.484m has been received which relates to Children's and LD, Primary Care and Mental Health.

2.2 Divisional Expenditure

The overall operational divisional gross expenditure is showing an underspend of £0.348m.

2.2.1 Children's and Learning Disability

Children's and LD is reporting a £0.259m underspend. Pressures within CAMHS, Neuro Development and Community LD are being offset by a number of minor underspends elsewhere in the Division.

2.2.2 Community and Primary Care

Community and Primary Care is reporting an overspend of £0.030m. This is made up of a £0.200m overspend on Primary Care offset by an underspend on Community.

Primary Care have produced a recovery trajectory which has oversight at Executive Management Team. The main aim of this plan is to reduce the reliance on locum doctors with a focus on 2023/24 run rate.

2.2.3 Mental Health

The division is showing an overspend of £0.319m. There are pressures within the Unplanned service division which relates to the acuity of patients within Inpatient Units which require increased safer staffing numbers. In addition to this there are constraints within the system that are leading to delayed discharge of patients, this leads to the Trust incurring additional expenditure on placing patients in Out of Area Beds. This has improved over the month but there is still risk as we approach winter.

2.2.4 Forensic

Forensic Division is showing an underspend of £0.408m and is primarily a result of savings within Community.

2.2.5 Corporate Services

Corporate Services (including Finance Technical Items) is showing an underspend of £0.538m, the main factor being items held centrally to offset pressures.

2.2.6 Forecast

The Month 7 position is overspending by £0.286m which isn't in line with the ICB system target for the Trust of a break-even position. The Trust have communicated this to the ICB along with a forecast outturn of £0.500m overspend which would be the full year effect of the funding pressure.

This forecast is being reviewed in light of the recent planning letter.

3. Cash

As at the end of Month 7 the Trust held the following cash balances:

Table 2: Cash Balance

Cash Balances	£000s
Cash with GBS	27,676
Nat West Commercial Account	73
Petty cash	33
Total	27,783

4. Agency

Actual agency expenditure year to date at Month 7 is £4.581m, which is £0.671m below the same period in the previous year.

Table 4: Agency Spend by Staff Group

Staff Type	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Consultant	283	338	480	332	403	373	405	2,614
Nursing	50	249	179	181	201	201	223	1,283
AHPs/Clinical Support	124	123	99	42	87	48	36	558
Administration & Clerical	27	13	26	20	18	22	(0)	127
Grand Total	483	723	784	575	710	644	663	4,581

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

Off framework Agency Expenditure was £0.619m year to date at the end of Month 7.

A plan to recover agency spend has been approved by EMT and is being overseen by the Director of Finance as SRO.

5. Better Payment Practice Code (BPPC)

The BPPC figures are shown at Table 7. The current position is 92.5% for non-NHS and 96.0% for NHS. Work is ongoing to maintain this performance.

Table 5: Better Payment Practice Code

Better Payment Practice Code	YTD Number	YTD £
NON NHS		
Total bills paid	21,483	64,625
Total bills paid within target	20,104	59,767
Percentage of bills paid within ta	**93.6%**	**92.5%**
NHS		
Total bills paid	787	17,759
Total bills paid within target	701	17,041
Percentage of bills paid within ta	**89.1%**	**96.0%**
TOTAL		
Total bills paid	22,270	82,384
Total bills paid within target	20,805	76,808
Percentage of bills paid within ta	**93.4%**	**93.2%**

6. Recommendations

The Board are asked to note the Finance report for October 2023 and comment accordingly.

Title & Date of Meeting:	Trust Board Public Meeting– 29th November 2023			
Title of Report:	Trust Performance Report – October 2023			
Author/s:	Name: Peter Beckwith/Richard Voakes Title: Director of Finance/Business Intelligence Lead			
Recommendation:	To approve		To discuss	
	To note	☑	To ratify	
	For assurance			
Purpose of Paper:	This purpose of this report is to inform the Trust Board of the current levels of performance as at the end of October 2023. 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.			

Key Issues within the report:

Positive Assurances to Provide:	Key Actions Commissioned/Work Underway:
• **Vacancies** – Trust wide performance has improved to 8.1% as at the end of October 2023. • **Talking Therapies** – has seen a continued trend of improvement against the six week target, performance has been above target for two consecutive months • -	• Waiting Times Recovery (Q1 and Q2) performance is attached at appendix B.
Key Risks/Areas of Focus: • **Safer Staffing Dashboard** - sickness and occupied bed days are flagging, detailed narrative is included on the dashboard. • **CPA -** Clinical focus remains on achieving the 72-hour standard for follow up, 92.4% of patients within scope for this target received a follow up with 72hours in October against an 80% target. Rigorous overview is undertaken to ensure that follow up is achieved within 7 days, any breaches of this are followed until contact is achieved and individual cases are reviewed to understand and address why planned follow up did not	**Decisions Made:** • None (report is to note)

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take place, in most cases contact is attempted but the patient has not responded.

- **Incidents -** October saw an 18.9% increase in Trust incident reporting rates when compared with September. Overall incident reporting for the month was above the level at the same time last year and was also above the average monthly reporting rate for 2022/23.

  Two of the Trust's divisions saw a significant increase in incident reporting rate for October when compared to the previous month, but both remain within their respective control parameters.

  The Mental Health Unplanned division increased by 17.7% September 2023 to October 2023, the highest reporting area was Westlands that reported 26.2% of the total divisional incidents reported in-month. The two biggest categories being reported were self-harm and violence and aggression. PICU and Mill View Lodge accounted for the biggest increase in violence and aggression (*PICU reporting involved multiple service users, Mill View Lodge was attributed to a specific service user*).

  The overall reporting rate for the Children and Learning Disability division increased by 52.4% August 2023 to September 2023, the highest reporting area was Willow Unit that reported 50.7% of the total divisional incidents reported in-month. A large number of the incidents of self-harm and violence and aggression can be attributed to a specific patient, oversight and support to the team is being provided and closely monitored.

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	22.05.23
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

Monitoring and assurance framework summary:

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

TRUST PERFORMANCE 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.

Chief Executive: Michele Moran

Prepared by: Business Intelligence Team

Reporting Month:
Oct-23

Caring, Learning and Growing

Humber Teaching NHS Foundation Trust
Trust Performance Report

For the period ending:	October 2023

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 use of Statistical Process Control Charts (SPC).
What are SPCs?	SPCs contain upper and lower control limits which are in the most part based on 2 standard deviation points above and below the average. SPC averages are best plotted over a minimum of 12 data points. The majority of charts, if not all, within the TPR are based over 24 data points and include targets where these have been set.

The charts can help us understand the scale of any problem, gather information and identify possible causes when used in conjunction with other investigative tools such as process mapping. SPC tells us about the variation that exists in the systems that we are looking to improve. SPCs should be used to help to set baselines and evaluate how we are currently operating within these thresholds. They can 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 Upper Control Limit (UCL) and the Lower Control Limit (LCL). These lines fall either side of the mean/average. They 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. Attention would be specifically drawn to peaks and troughs outside of the control limits and initiate further investigation as to what the causes of these may be. SPCs are not always useful with low numbers, short periods of time or where data would normally be expected to be more erratic or seasonal unless this is plotted over a substantial amount of time. An example of an SPC chart with an exception is below: |
| **Example SPC Chart** | 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. |

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		

Humber Teaching NHS Foundation Trust
Trust Performance Report

For the period ending:	October 2023

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	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	Number of Incidents per 10,000 Contacts	Number of Incidents per 10,000 Contacts (based on contacts and occupied bed days)
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
Goal 2	Memory Diagnosis	Number of patients waiting 18 weeks or more since referral to the service
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. (Excludes ASD & ADHD Services for both Adult and Paediatrics)
Goal 2	RTT - 52 Week Waits - Adult Neuro (ASD/ADHD)	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service and ADHD for Adult and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - CYP Neuro (ASD/ADHD)	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service and ADHD 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	NHSER Talking Therapies - 6 and 18 week waits	Percentage of patients who were seen within 6 weeks and 18 weeks of referral
Goal 2	NHSER Talking Therapies - Moving to Recovery	Recovery Rates for patients who were at caseness at start of therapeutic intervention

Humber Teaching NHS Foundation Trust
Trust Performance Report

For the period ending:	**October 2023**	

Goal 2	CMHT Access (New)	Number of people who receive two or more contacts from NHS or NHS commissioned community mental health services for adults and older adults with severe mental illness. Rolling 12 months.
Goal 2	CYP MH Access (New)	Number of CYP aged under 18 accessing support by NHS funded community services and school or college based Mental Health Support Teams (receiving at least one contact). Rolling 12 months.
Goal 2	Perinatal Access (New)	Number of women with at least one attended contact (F2F or video) with a specialist community perinatal mental health service in the last 12 months.
Goal 3	Out of Area Placements	Number of days that Trust patients were placed in out of area wards including split across Adult, Older Adult and PICU
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). Including and Excluding Covid Sickness
Goal 4	Staff Turnover	Percentage of leavers against staff in post (excluding employee transfers wef April 2021

PI RETURN FORM 2023-24

Goal 1 : Innovating Quality and Patient Safety

For the period ending:　　　　**October　2023**

	Target:	Amber:	Current month stands at:
	85%	80%	93.9%

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

Mandatory Training - Overall Compliance

Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2023-24

Goal 1 : Innovating Quality and Patient Safety

Target:	Amber:	Current month stands at:
N/A	N/A	8.1%

For the period ending: October 2023

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

All Vacancies as a percentage of Trustwide Establishment %

Legend: In Month · CL (Mean) · UCL · LCL · Target

Nursing Vacancy as a percentage of Nursing Establishment

Legend: In Month · Target

Consultant Vacancies as a percentage of Consultant Establishment

Legend: In Month · Target

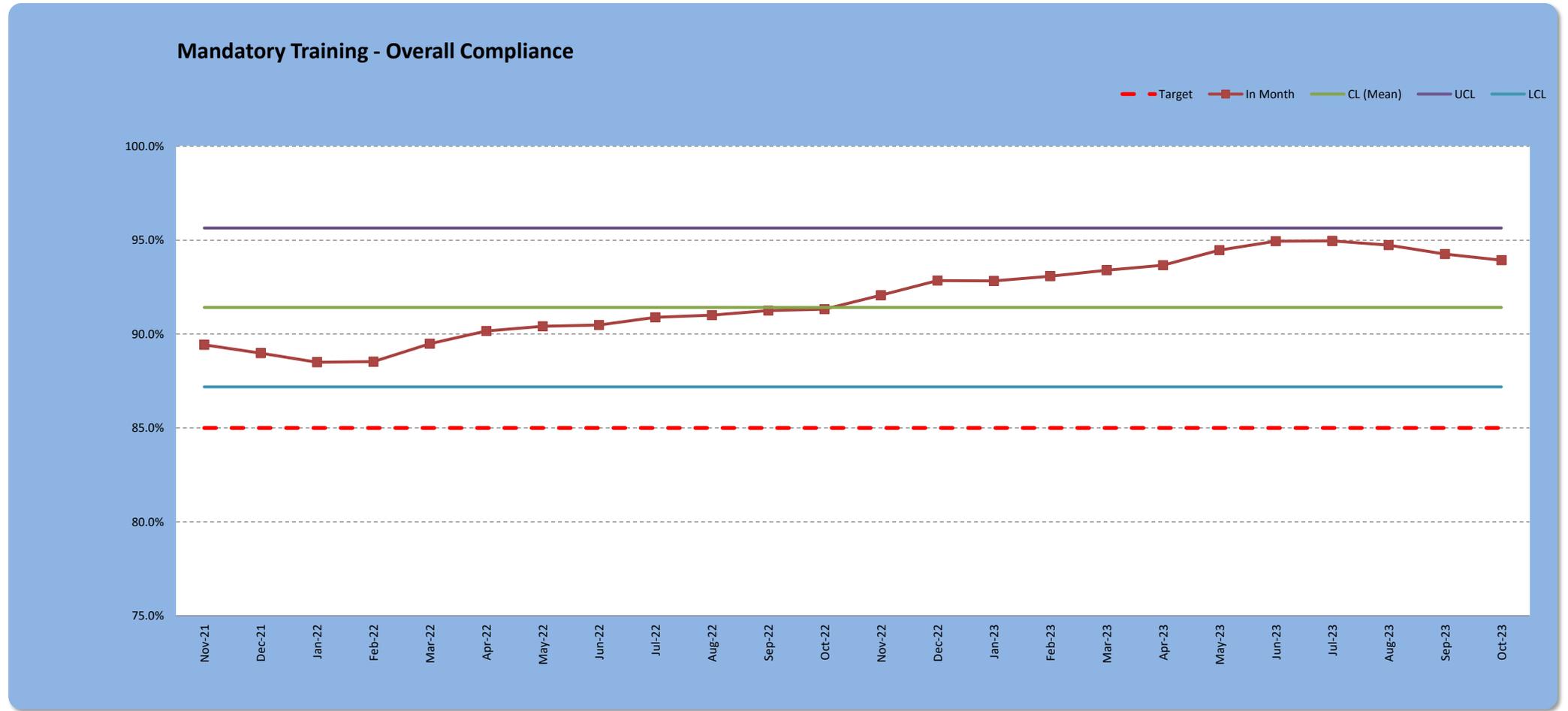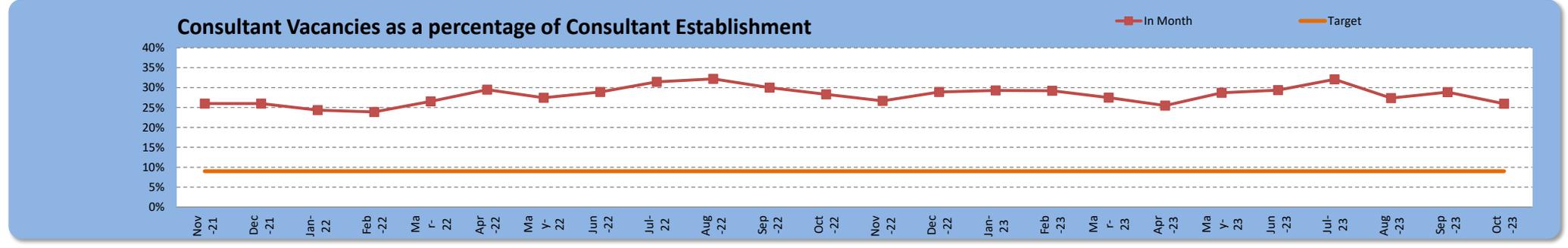**Please refer to the accompanying front sheet/report for any relevant commentary**

PI RETURN FORM 2023-24

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **October 2023**

	Target:	Amber:	Trustwide current month stands at:
	0	0	161

Indicator Title	Description/Rationale		KPI Type
Incidents	Number of Incidents per 10,000 Contacts (based on contacts and occupied bed days)	**Executive Lead** **Hilary Gledhill**	IA_TW

Number of Incidents per 10,000 Contacts - Trustwide

Legend: ■ In Month — CL (Mean) — UCL — LCL

Percentage of Incidents of Harm Free Care

Legend: ■ In Month — CL (Mean) — UCL — LCL

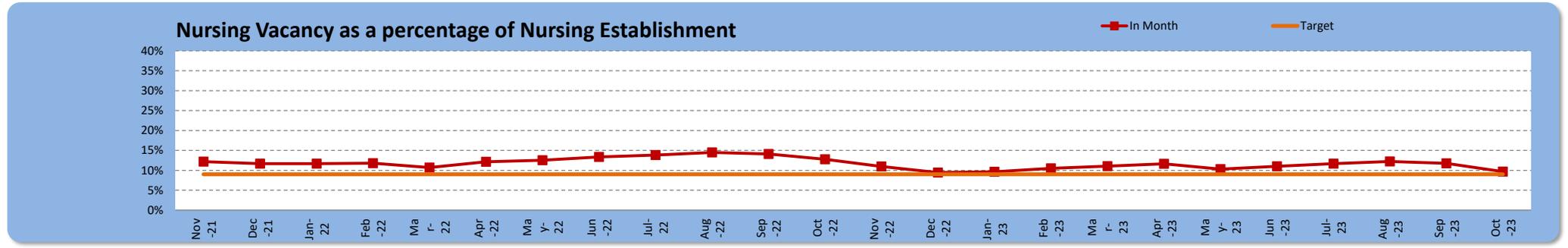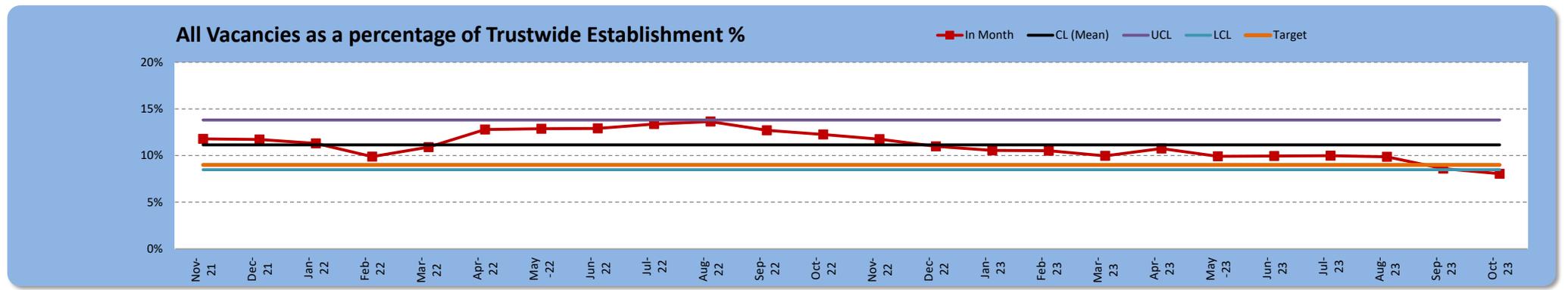**Please refer to the accompanying front sheet/report for any relevant commentary**
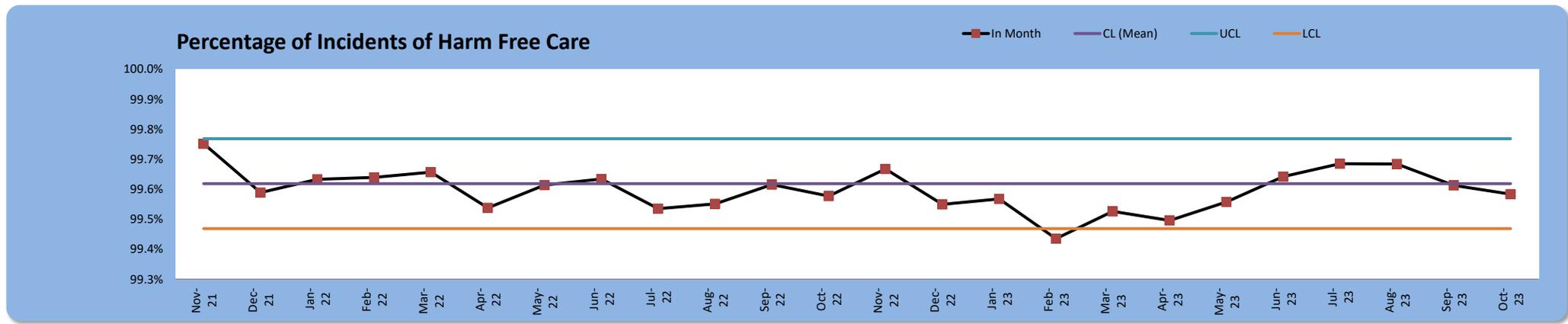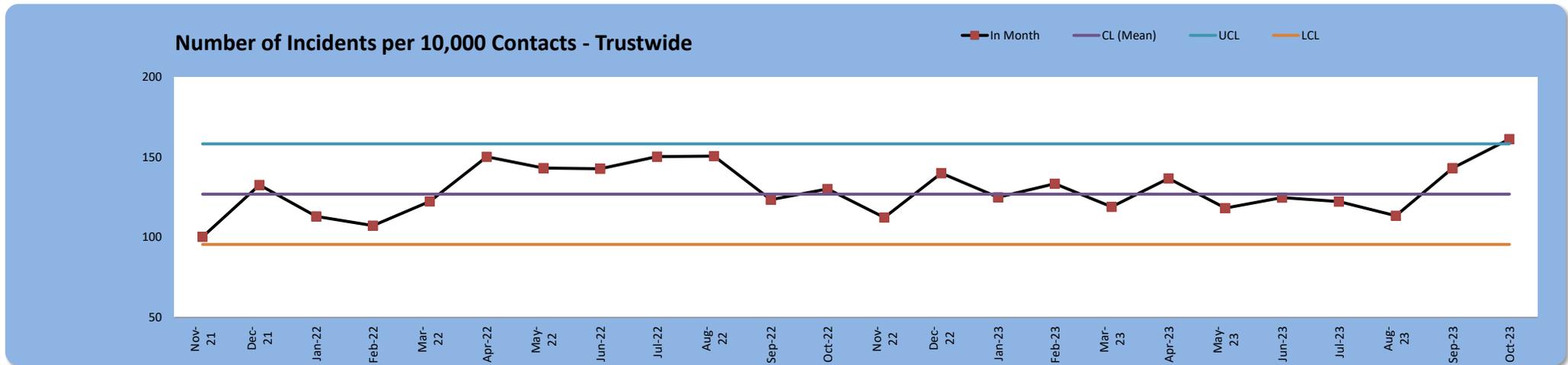
PI RETURN FORM 2023-24

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **October 2023**

	Target:	Amber:	Trustwide current month stands at:
	0	0	161

Indicator Title	Description/Rationale		KPI Type
Incidents	Number of Incidents per 10,000 Contacts (based on contacts and occupied bed days)	Executive Lead Hilary Gledhill	IA_TW

Number of Incidents per 10,000 contacts CHLD

Number of Incidents per 10,000 contacts Primary Care and Community

Number of Incidents per 10,000 contacts Mental Health Planned

Number of Incidents per 10,000 contacts Mental Health Unplanned

Number of Incidents per 10,000 contacts Forensic Services

Current Month per Division

Children and Learning Disability	236
Primary Care and Community	50
Mental Health Planned	34
Mental Health Unplanned	604
Forensic Services	467

Incident Analysis

	Sep-23	Oct-23
Never Events	0	0
% of Harm Free Care	99.6%	99.6%
% of Incidents reported in Severe Harm or Death	0.9%	0.4%

Please refer to the accompanying front sheet/report for any relevant commentary
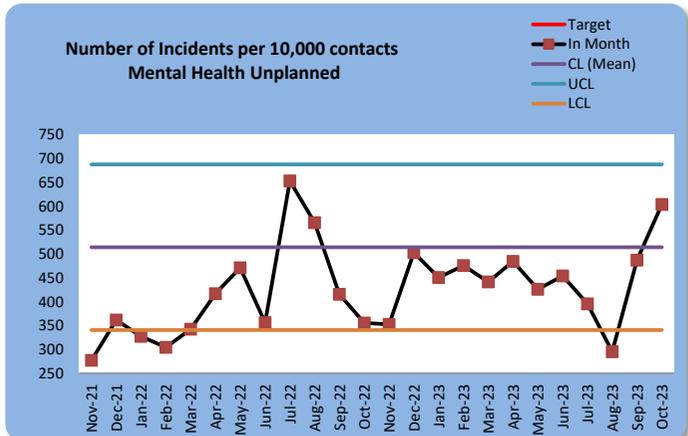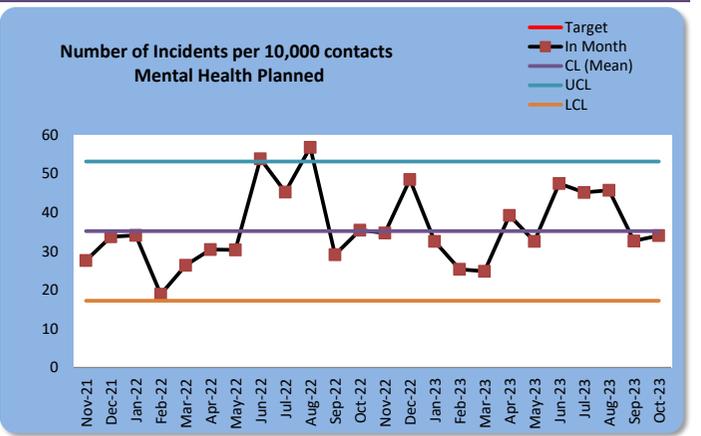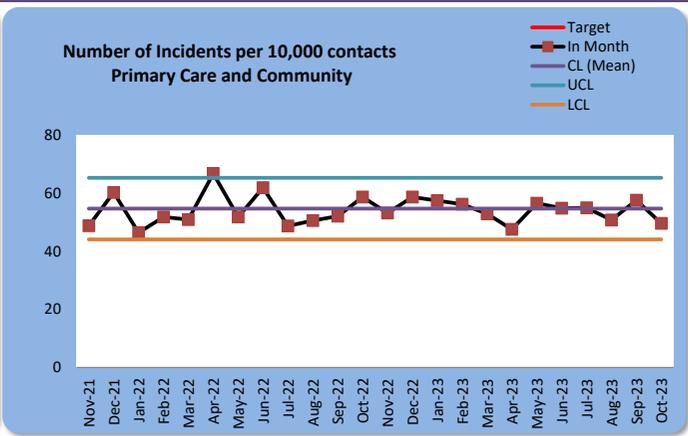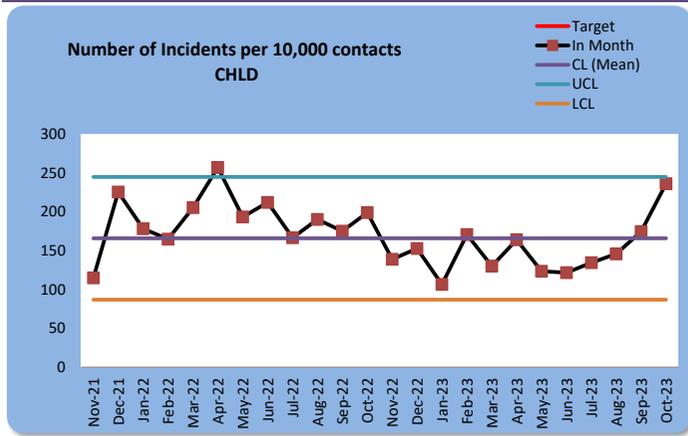
PI RETURN FORM 2023-24

Goal 1 : Innovating Quality and Patient Safety

For the period ending: October 2023

	Target:	Amber:	Current month stands at:
	85%	80%	92.3%

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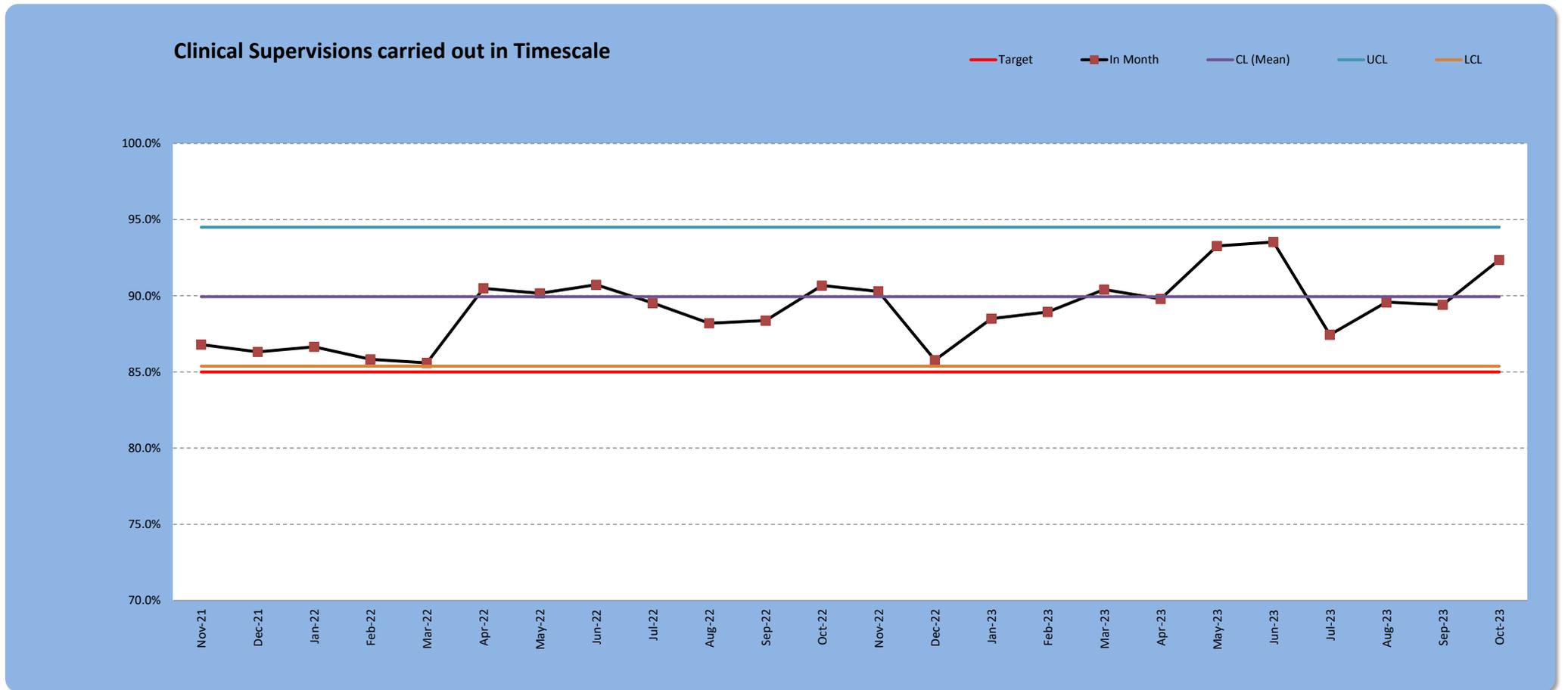
Clinical Supervisions carried out in Timescale

Legend: Target, In Month, CL (Mean), UCL, LCL

Please refer to the accompanying front sheet/report for any relevant commentary

HUMBER TEACHING NHS FOUNDATION TRUST
SAFER STAFFING INPATIENT DASHBOARD

Shown one month in arrears

Staffing and Quality Indicators	
Contract Period:	2023-24
Reporting Month:	Sep-23

NHS Humber Teaching NHS Foundation Trust

Speciality	Ward	Speciality	WTE	OBDs (including leave)	CHPPD Hours (Nurse)	Bank % Filled	Improvement	Agency % Filled	Improvement	Day Registered	Day Un Registered	Night Registered	Night 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)	Aug-23	Sep-23
Adult MH	Avondale	Adult MH Assessment	28.8	78%	10.9	19.7% ↑		7.9% ↑		99%	109%	92%	103%	0	19	2	0	96.7%	91.5%	90.9%	92.3%	3.4%	3.0	0	0
Adult MH	New Bridges	Adult MH Treatment (M)	40.6	87%	8.2	13.1% ↓		4.6% ↑		85%	78%	94%	109%	2	40	2	0	88.2%	98.7%	100.0%	100.0%	5.4%	-1.4	2	1
Adult MH	Westlands	Adult MH Treatment (F)	35.1	96%	9.3	24.8% ↓		7.3% ↑		76%	85%	96%	112%	1	42	2	2	93.3%	90.9%	87.5%	84.2%	4.6%	2.0	3	1
Adult MH	Mill View Court	Adult MH Treatment	26.4	96%	8.1	19.0% ↓		14.3% ↓		102%	92%	98%	122%	3	25	1	1	87.5%	94.4%	86.7%	92.9%	9.3%	2.0	2	2
Adult MH	STARS	Adult MH Rehabilitation	34.4	96%	29.7	42.9% ↓		2.9% ↓		62%	199%	100%	100%	1	1	0	0	74.2%	92.9%	100.0%	76.2%	12.1%	2.5	3	4
Adult MH	PICU	Adult MH Acute Intensive	30.2	80%	19.1	30.1% ↑		14.3% ↑		94%	106%	96%	146%	1	101	1	0	96.8%	90.6%	78.6%	88.2%	10.2%	4.7	1	1
OP MH	Maister Lodge	Older People Dementia Treatment	35.9	49%	23.4	14.3% ↑		0.2% ↑		115%	86%	100%	107%	0	21	1	0	94.9%	94.0%	91.7%	77.8%	4.6%	0.2	1	0
OP MH	Mill View Lodge	Older People Treatment	23.3	87%	14.6	24.2% ↑		8.2% ↓		68%	63%	100%	150%	1	20	0	0	89.7%	94.4%	100.0%	86.7%	3.5%	7.0	3	2
	Maister Court	Older People Treatment	16.5	102%	16.2	26.1% ↑		4.0% ↓		91%	93%	103%	113%	0	9	0	0	93.8%	94.9%	85.7%	90.9%	3.0%	0.8	1	1
	Pine View	Forensic Low Secure	30.7	98%	7.2	22.5% ↑		0.0% →		95%	74%	58%	104%	0	2	0	9	100.0%	98.3%	100.0%	88.9%	5.8%	1.4	3	4
	Derwent	Forensic Medium Secure	22.7	67%	16.0	30.4% ↓		0.0% ↑		90%	67%	81%	105%	2	3	1	0	77.3%	94.8%	100.0%	80.0%	10.3%	2.0	2	2
	Ouse	Forensic Medium Secure	24.6	82%	10.1	33.5% ↓		0.0% →		71%	118%	90%	198%	1	5	0	2	72.0%	95.3%	100.0%	83.3%	11.6%	1.8	1	3
	Swale	Personality Disorder Medium Secure	24.3	80%	10.9	24.4% ↑		0.0% →		61%	96%	97%	88%	5	4	2	7	83.3%	96.7%	87.5%	94.1%	5.7%	3.5	2	2
	Ullswater	Learning Disability Medium Secure	26.6	67%	15.2	29.8% ↓		0.0% →		71%	134%	104%	129%	12	9	0	8	92.6%	94.4%	75.0%	90.0%	9.4%	2.2	2	2
Child & LD	Townend Court	Learning Disability	38.0	80%	35.2	31.3% ↑		0.0% →		81%	102%	101%	100%	2	212	1	0	82.1%	91.9%	83.3%	69.6%	7.9%	3.4	3	1
Child & LD	Inspire	CAMHS	7.0	68%	30.1	20.6% ↓		0.0% ↑		94%	110%	99%	134%	1	18	2	0	90.3%	98.2%	100.0%	100.0%	12.7%	-1.0	1	1
Child & LD	Granville Court	Learning Disability Nursing Care	47.8	91%	17.3	31.8% ↓		11.7% ↑		110%	100%	130%	106%	2	3	0	0	92.2%	93.1%	90.9%	77.1%	5.9%	1.2	1	1
CH	Whitby Hospital	Physical Health Community Hospital	47.0	88%	8.4	1.3% ↑		0.0% →		91%	77%	100%	100%	0	1	0	0	92.5%	92.4%	100.0%	50.0%	7.5%	-2.8	3	2
CH	Malton Hospital	Physical Health Community Hospital	31.7	85%	7.5	10.9% ↑		1.7% ↓		87%	89%	128%	71%	0	0	0	0	100.0%	93.1%	82.4%	70.6%	1.3%	-1.6	1	1

HUMBER TEACHING NHS FOUNDATION TRUST
SAFER STAFFING INPATIENT DASHBOARD

Staffing and Quality Indicators	
Contract Period:	**2023-24**
Reporting Month:	**Sep-23**

NHS Humber Teaching NHS Foundation Trust

Exception Reporting and Operational Commentary

Safer Staffing Dashboard Narrative : Sep

Sickness remains high with 13 teams above the upper threshold, this is up from 11 the previous month. Of the areas flagging red, 5 units have shown an improvement. TEC has shown a significant improvement from 15.5% in August to 7.9% following the return to work of 2 staff on long term sickness. Sickness across the Humber Centre continues to be a challenge with a small portion on LTS. Inspire have 4 members of staff on LTS. Whilst there are some long-term absences the majority of sickness is reported to be short term absence. Sickness rates are being reviewed as part of safer staffing reviews in November.

CHPPD remains strong with all teams achieving their target.

There continues to be some discrepancies with fill rates however these are being addressed as part of the safer staffing reviews and the demand templates will be amended by the e-roster team. Some teams have shifted from an early and late shift patterns to long days which is impacting the planned versus actual hours on the demand template.

Clinical supervision remains in a strong position with the majority of units above 85% however STARS and Ouse are slightly under the lower threshold both impacted by sickness rates above 10%. Previously MVL, TEC, Swale were flagging red but all have an improved position when compared to August.

Mandatory training (all) is above 90% for all units. ILS remains in a strong position, as does BLS for the majority in inpatient units. Whitby, Malton and TEC are below the target threshold and regular training is being provided on-site. Low compliance rates have been escalated to the unit matrons.

Registered Nurse Vacancy Rates (Rolling 12 months)

Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
14.30%	14.50%	11.10%	10.08%	11.10%	11.50%	13.40%	13.60%	14.10%	14.21%	13.85%	13.67%

Slips/Trips and Falls (Rolling 3 months)

	Jul-23	Aug-23	Sep-23
Maister Lodge	10	1	9
Millview Lodge	1	1	1
Malton IPU	2	1	4
Whitby IPU	2	4	2

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

The CHPPD RAG ratings are following discussions with and agreed by EMT in November 2022. Breakdowns are as follows:
Red RAG falls below the lowest rating, Green RAG is greater than the highest rating. Amber RAG falls between

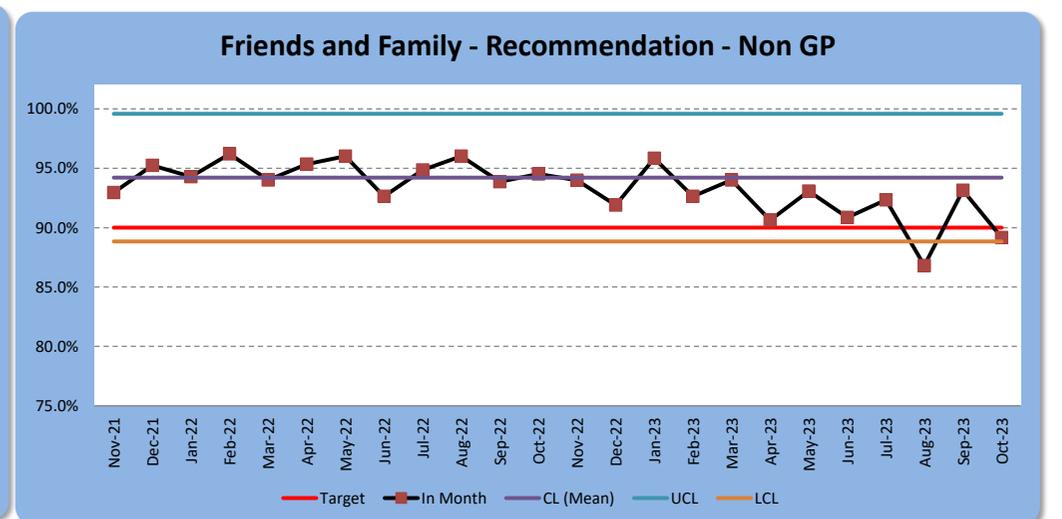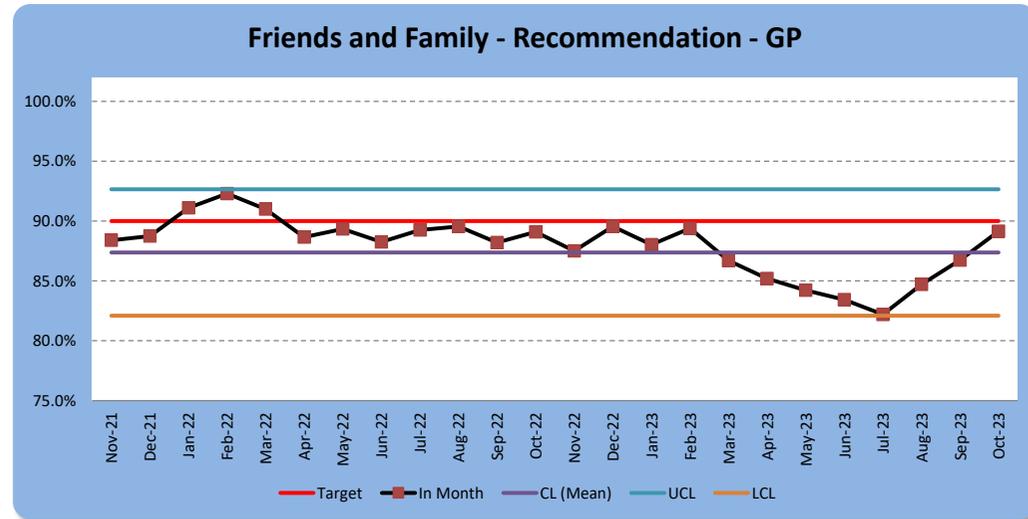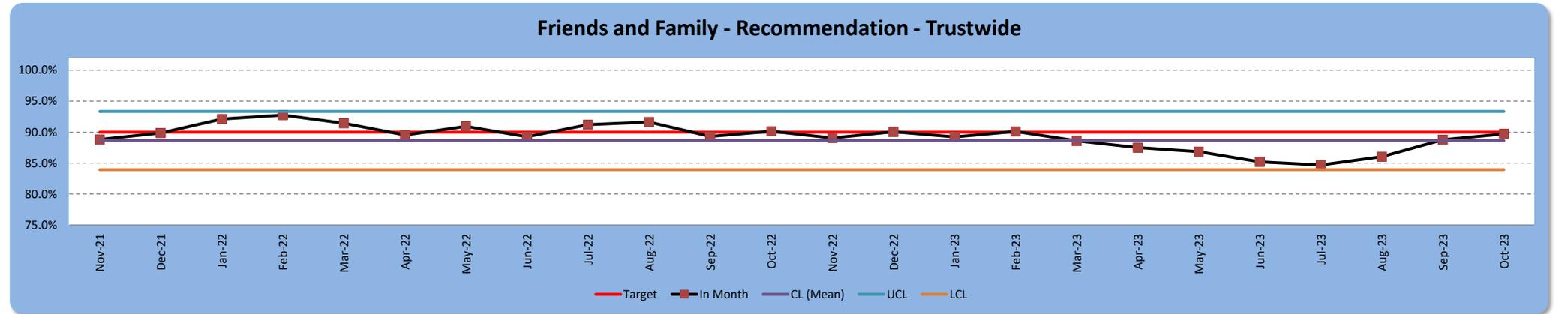| Red RAG	Green RAG	Units applied (Note: Some thresholds were changed for June data (Townend, Ullswater and Malton)
<=4.3	>=5.3	STaRS
<=5.3	>=6.3	Pine view, Ouse
<=5.9	>=6.9	Malton
<=7	>=8	New Bridges, Westlands, Mill View Court, Swale, Whitby
<=8	>=9	Avondale
<=9.3	>=10.3	Maister Lodge, Maister Court, Derwent, Inspire, Granville
<=10.5	>=11.5	Mill View Lodge
<=11.0	>=12.0	Ullswater
<=15.6	>=16.6	PICU
<=27.0	>=28.0	Towend Court

PI RETURN FORM 2023-24

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **October 2023**

	Target:	Amber:	Current month stands at:
	90%	80%	89.7%

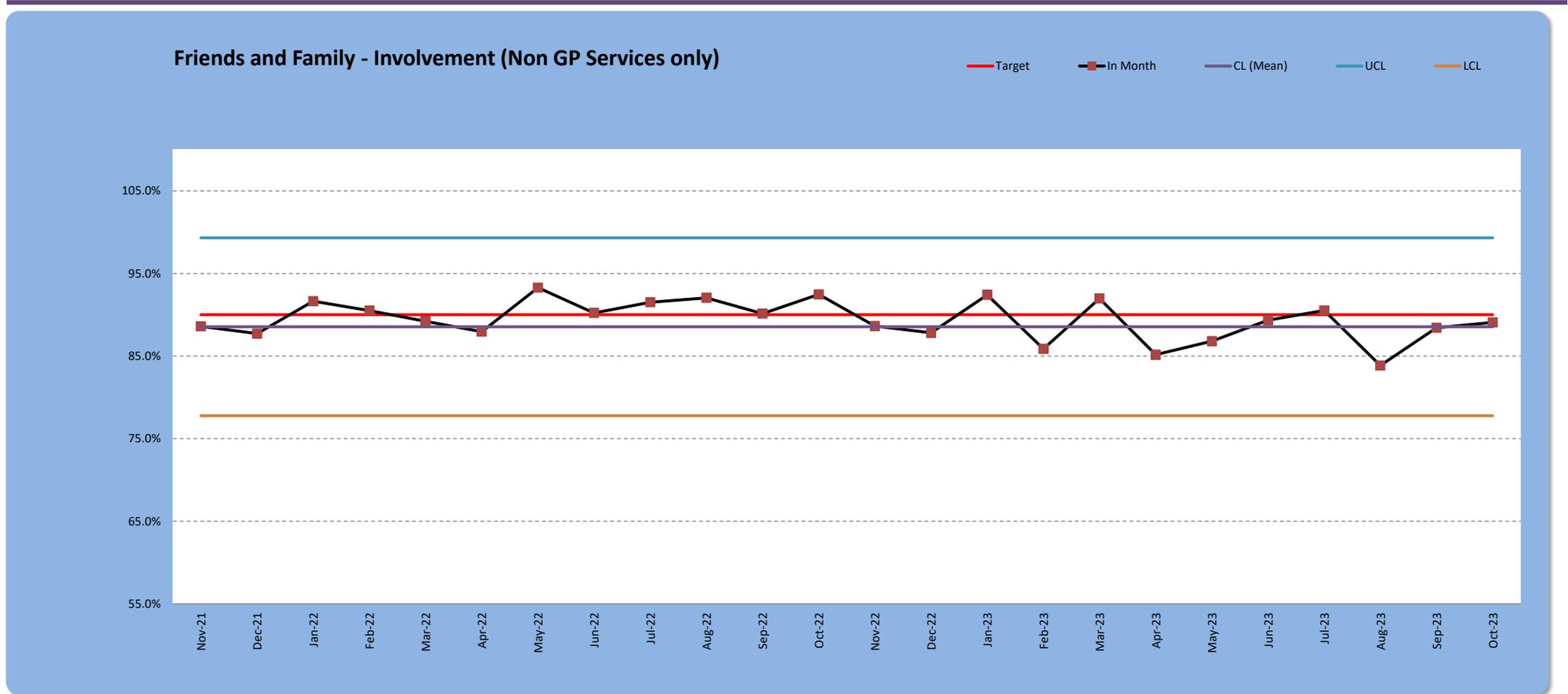| Indicator Title	Description/Rationale		KPI Type
Friends and Family Test	Results of the overall surveys completed where patients would recommend the Trust 's services to their family and friends	Executive Lead Kwame Fofie	FFT %

Friends and Family - Recommendation - Trustwide

Legend: Target — In Month — CL (Mean) — UCL — LCL

Friends and Family - Recommendation - GP

Legend: Target — In Month — CL (Mean) — UCL — LCL

Friends and Family - Recommendation - Non GP

Legend: Target — In Month — CL (Mean) — UCL — LCL

Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: October 2023

Target:	Amber:	Current month stands at:
90%	80%	89.1%

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

Friends and Family - Involvement (Non GP Services only)

Legend: Target — In Month — CL (Mean) — UCL — LCL

Please refer to the accompanying front sheet/report for any relevant commentary
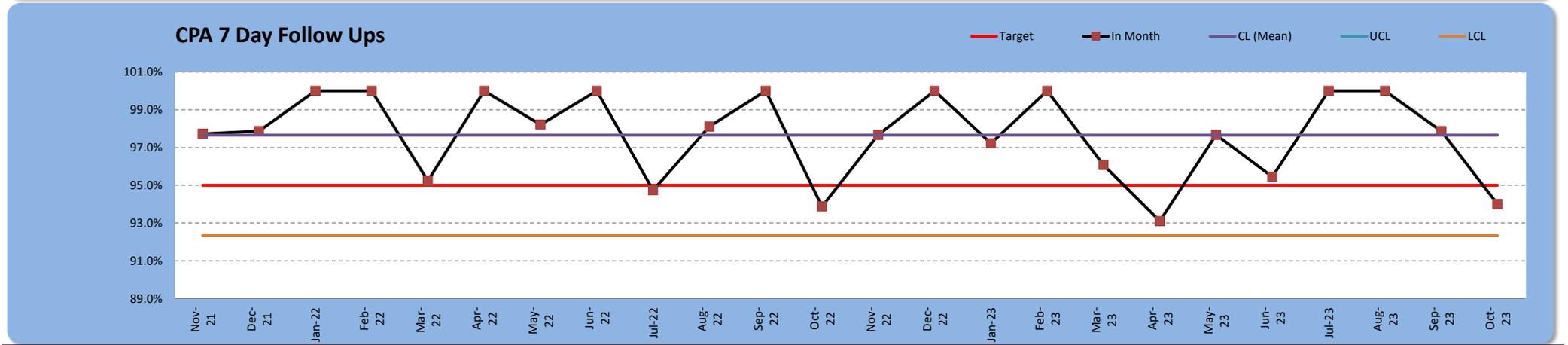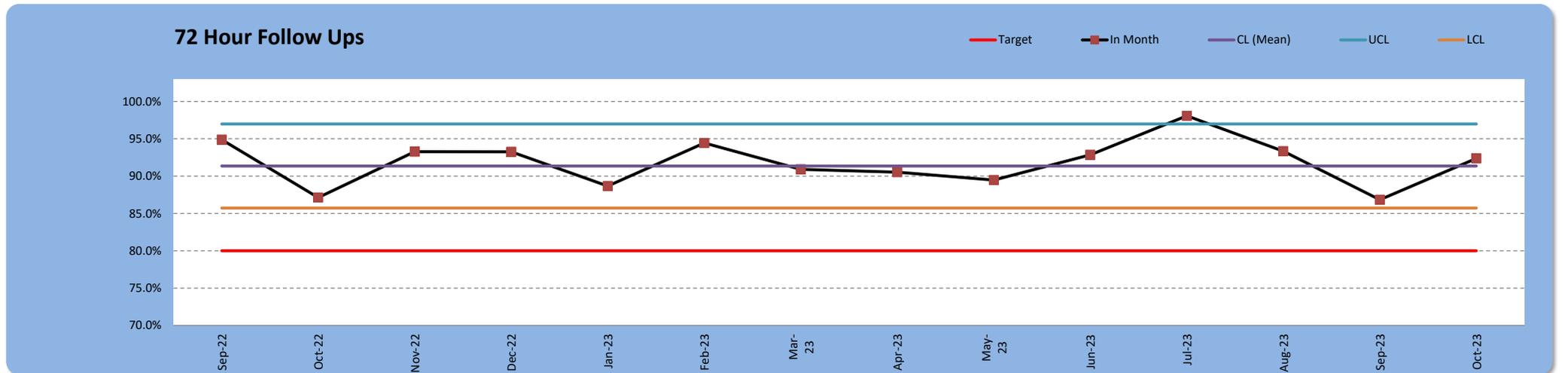
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: October 2023

	Target:	Amber:	Current month for 72 hour stands at:
	80%	60%	92.4%

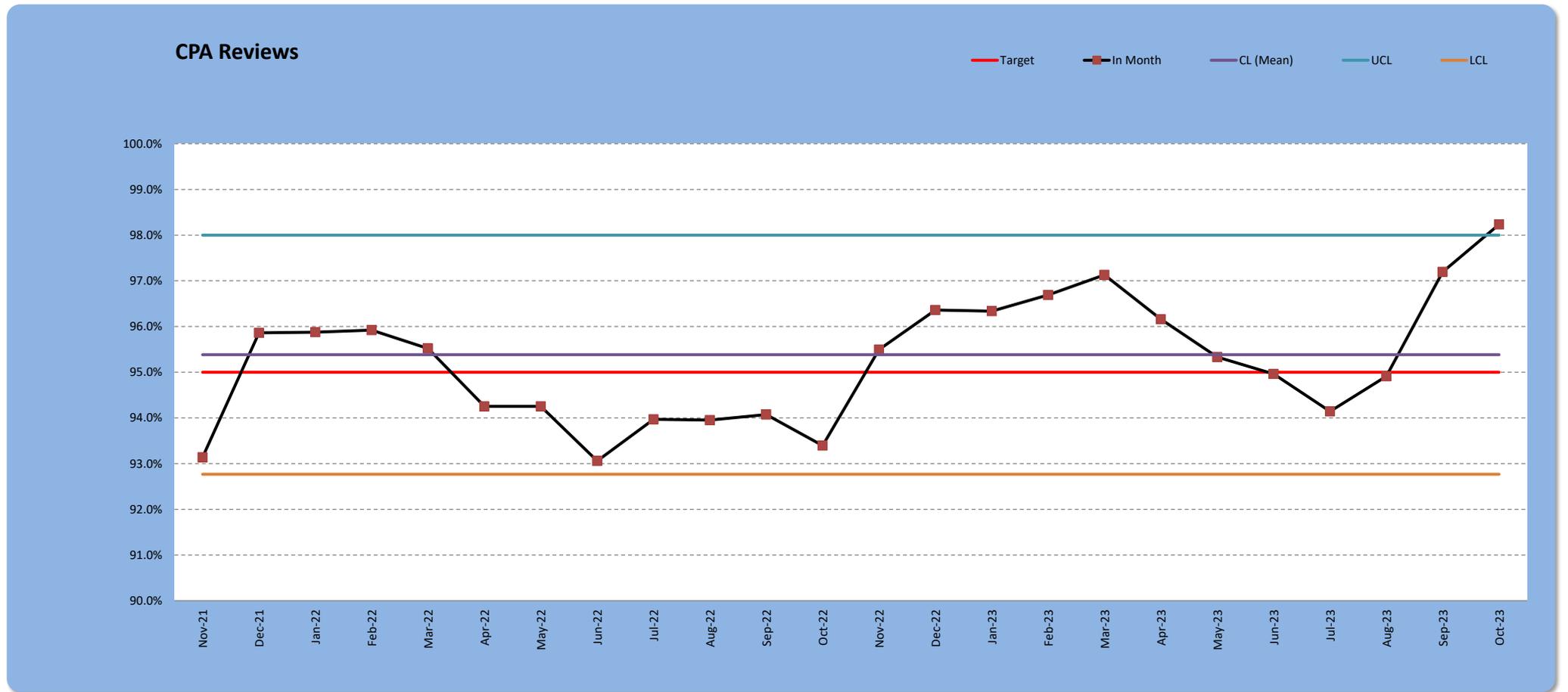| Indicator Title	Description/Rationale		KPI Type
72 Hour Follow Ups	This indicator measures the percentage of patients who were in the CQUIN scope and had a follow up within 72 hours of discharge	**Executive Lead** **Lynn Parkinson**	OP 12

72 Hour Follow Ups

CPA 7 Day Follow Ups

Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: October 2023

	Target:	Amber:	Current month stands at:
	95%	85%	98.2%

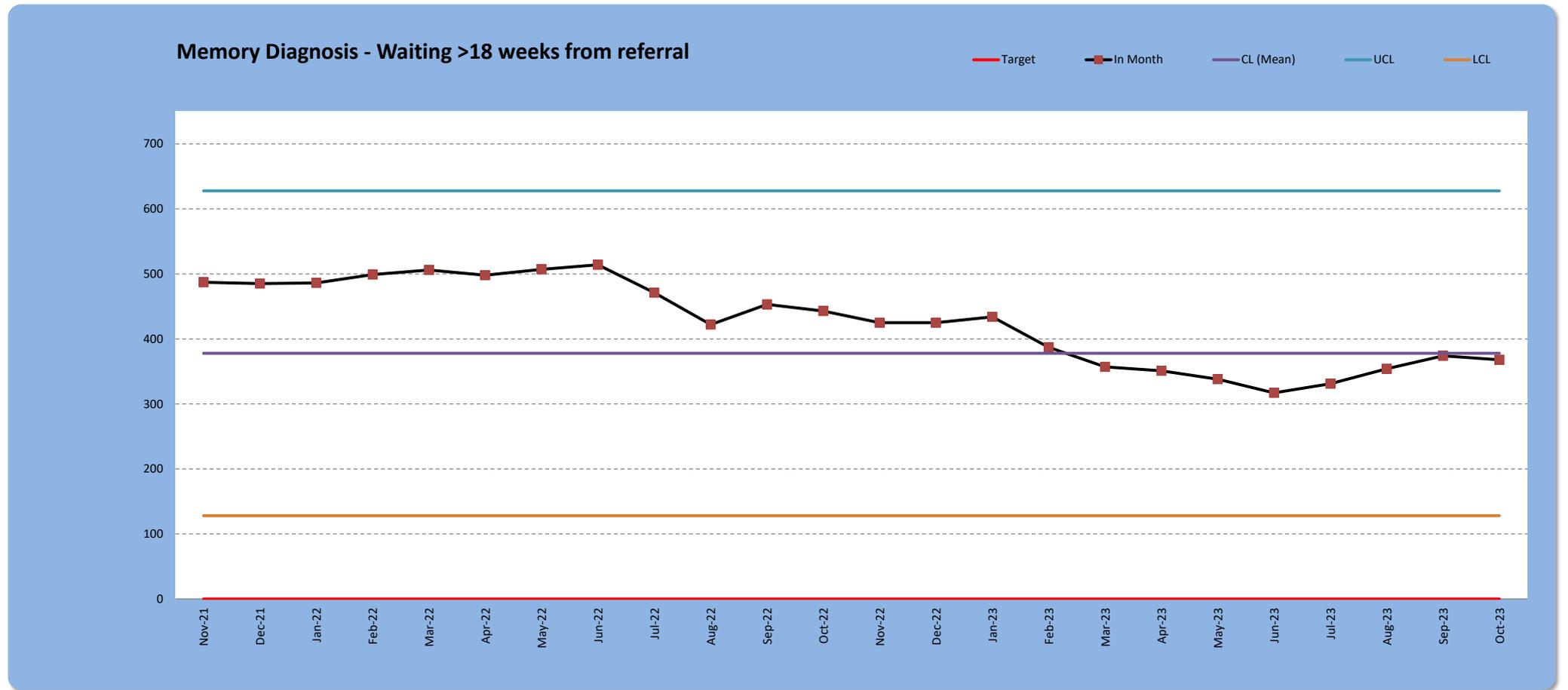| Indicator Title	Description/Rationale		KPI Type
Care Programme Reviews	This indicator measures the percentage of patients who are on CPA and have had a review in the last 12 months	**Executive Lead** Lynn Parkinson	OP 7

CPA Reviews

Legend: Target — In Month — CL (Mean) — UCL — LCL

Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **October 2023**

	Target:	Amber:	Current month stands at:
	n/a	n/a	368

Indicator Title	Description/Rationale		KPI Type
Memory Service - Assessment/Diagnosis Waiting List	Referral to Assessment/Diagnosis Waiting Times (Incomplete Pathways) : The number of patients referred to the Memory Service are awaiting greater than 18 weeks for assessment and/or feedback of diagnosis.	**Executive Lead Lynn Parkinson**	MemAssWL

Memory Diagnosis - Waiting >18 weeks from referral

Legend: Target — In Month — CL (Mean) — UCL — LCL

Please refer to the accompanying front sheet/report for any relevant commentary
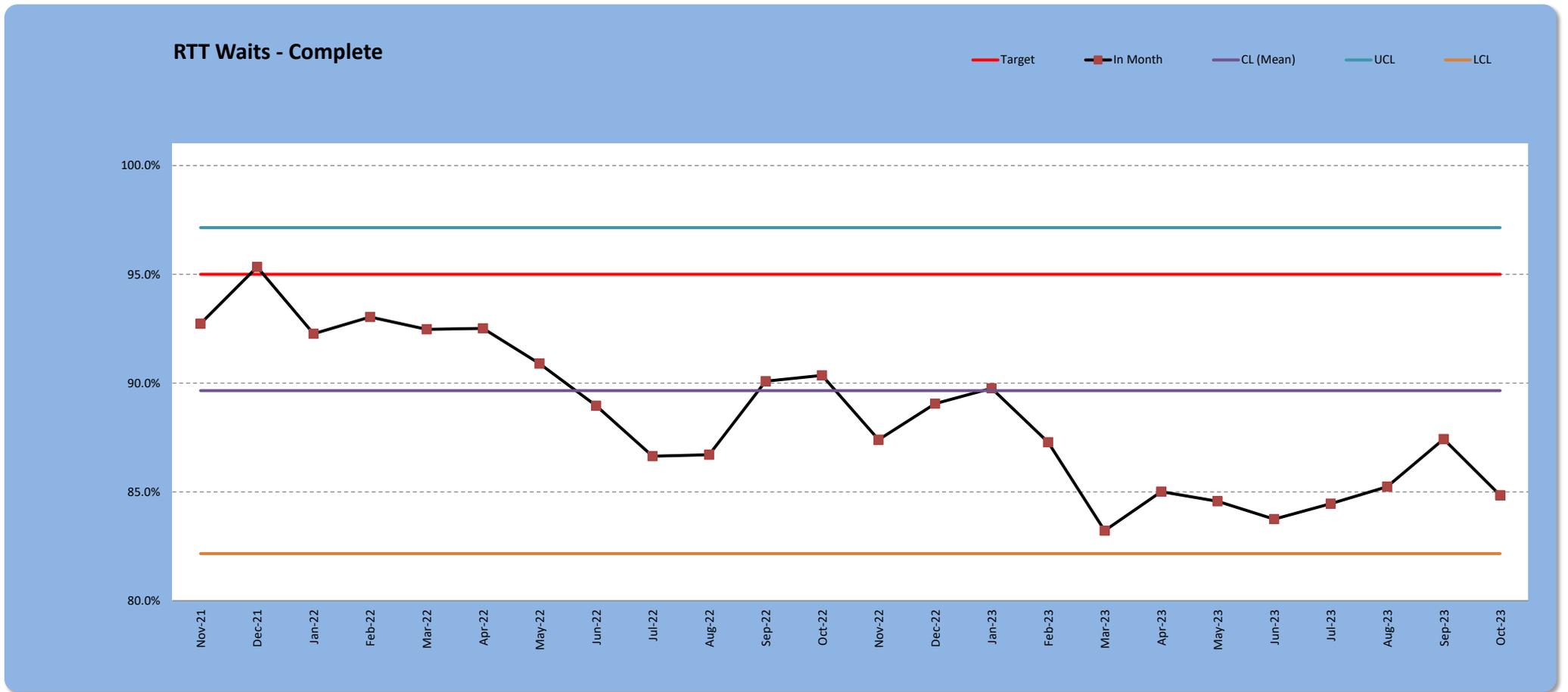
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: October 2023

Target:	Amber:	Current month stands at:
95%	85%	84.8%

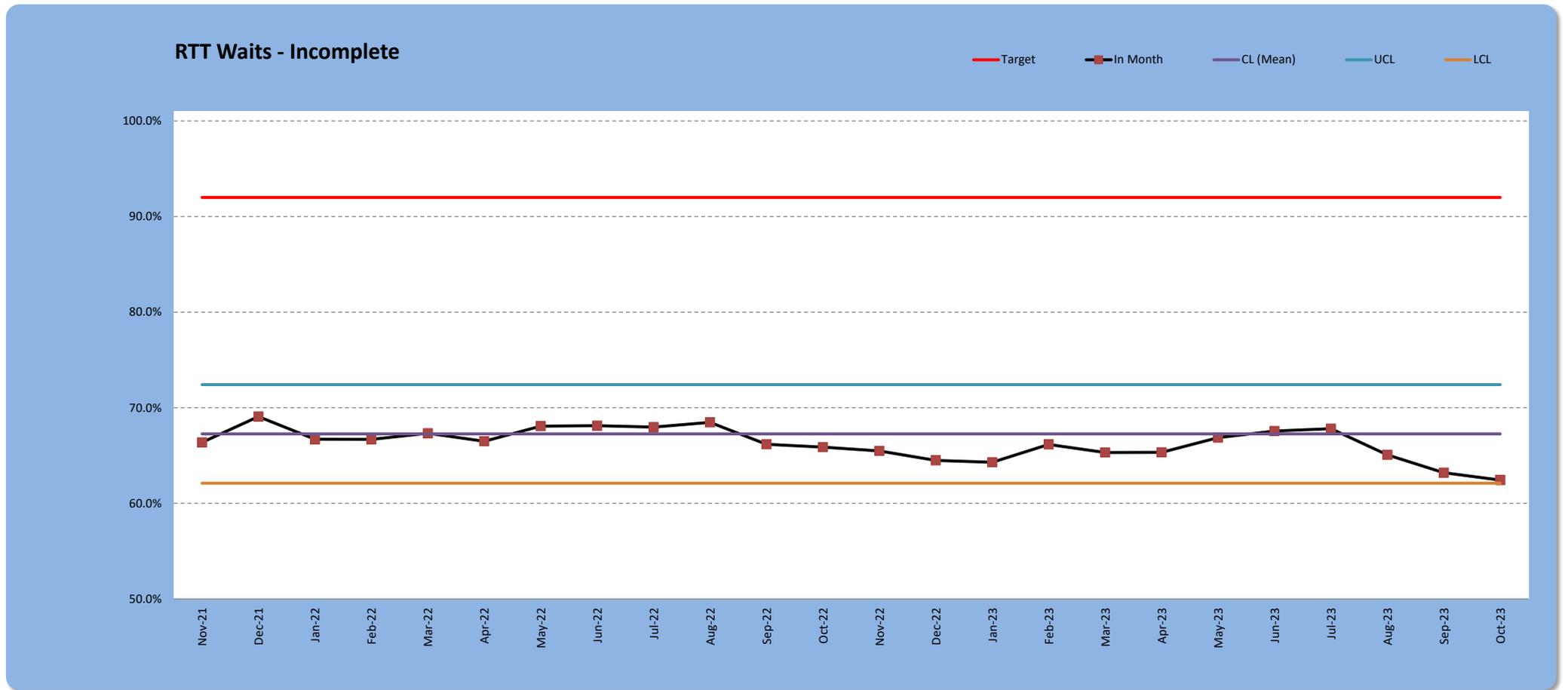| Indicator Title	Description/Rationale		KPI Type
RTT Experienced Waiting Times (Completed Pathways)	Referral to Treatment Experienced Waiting Times (Completed Pathways) : Based on patients who have commenced treatment during the reporting period and seen within 18 weeks	**Executive Lead** Lynn Parkinson	OP 20

RTT Waits - Complete

Legend: Target | In Month | CL (Mean) | UCL | LCL

Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: October 2023

	Target:	Amber:	Current month stands at:
	92%	85%	62.4%

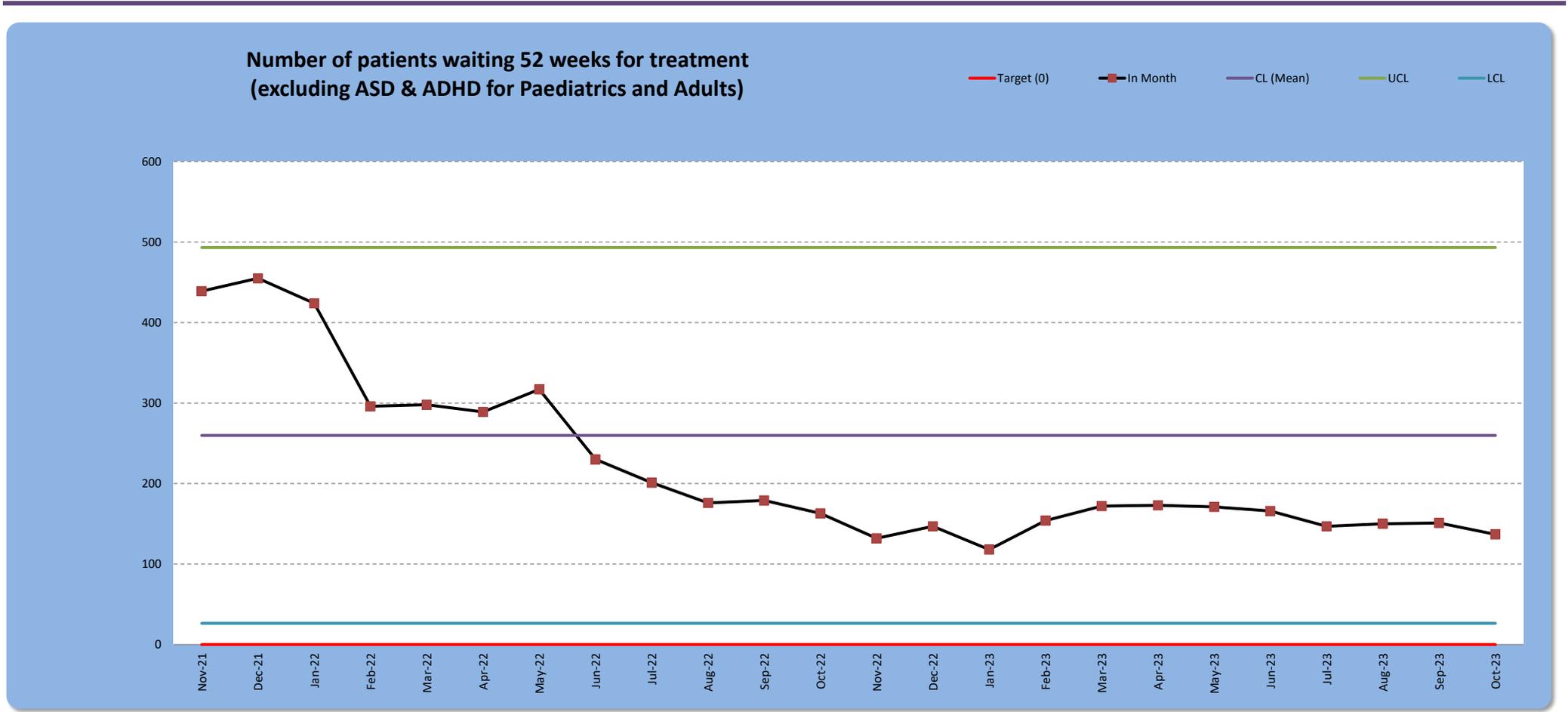| Indicator Title	Description/Rationale		KPI Type
RTT Waiting Times (Incomplete Pathways)	Referral to Treatment Waiting Times (Incomplete Pathways) : Proportion of patients who have had to wait less than 18 weeks for either assessment and or treatment.	**Executive Lead** **Lynn Parkinson**	OP 21

RTT Waits - Incomplete

Legend: Target — In Month — CL (Mean) — UCL — LCL

Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: October 2023

	Target:	Amber:	Current month stands at:
	0	0	137

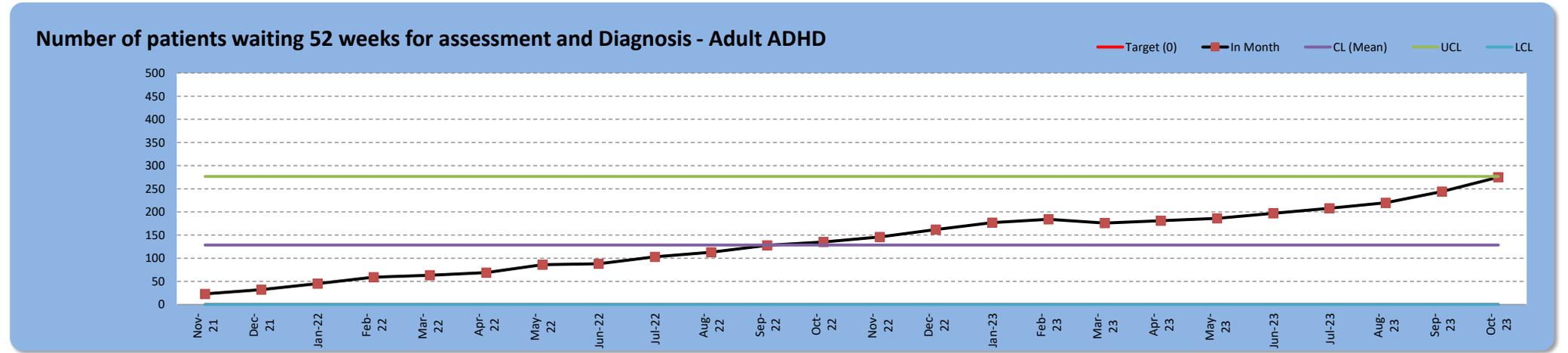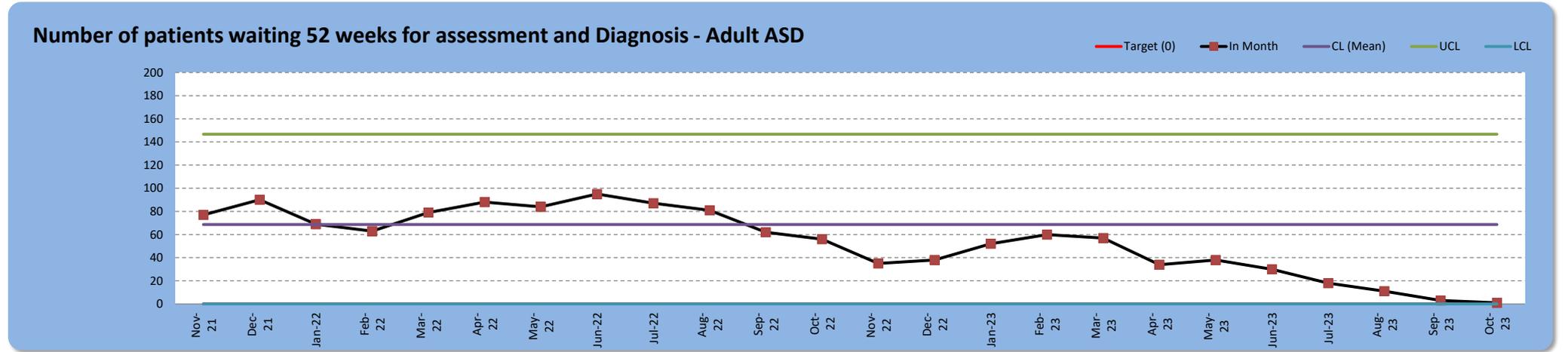| Indicator Title	Description/Rationale		KPI Type
52 Week Waits	Number of patients who have yet to be seen for treatment and have been waiting more than 52 weeks. *(Excludes ASD & ADHD Services for both Adult and Paediatrics)*	**Executive Lead** Lynn Parkinson	OP 22x

Number of patients waiting 52 weeks for treatment (excluding ASD & ADHD for Paediatrics and Adults)

Target (0) — In Month — CL (Mean) — UCL — LCL

Please refer to the accompanying front sheet/report for any relevant commentary

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **October 2023**

Target:	Amber:	Current month stands at:
0	0	276

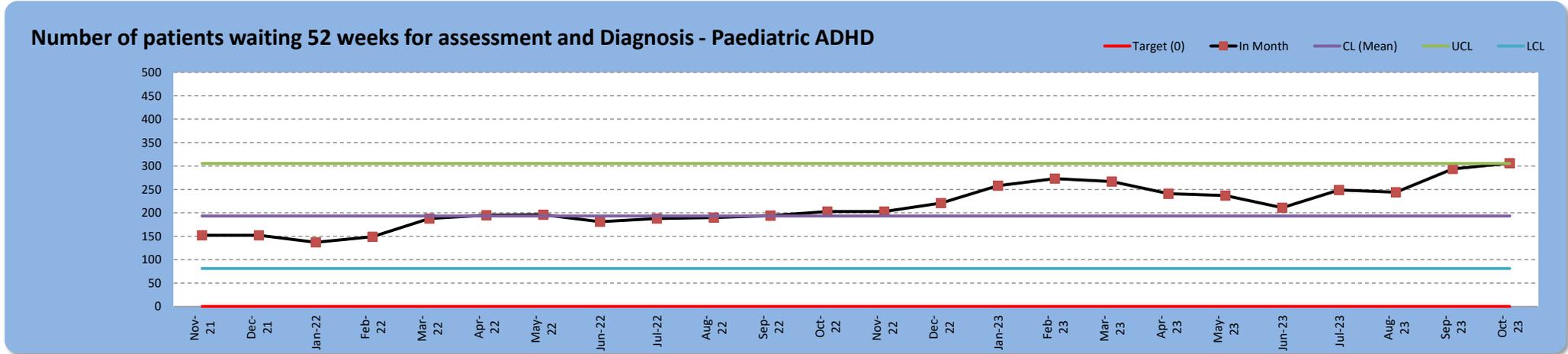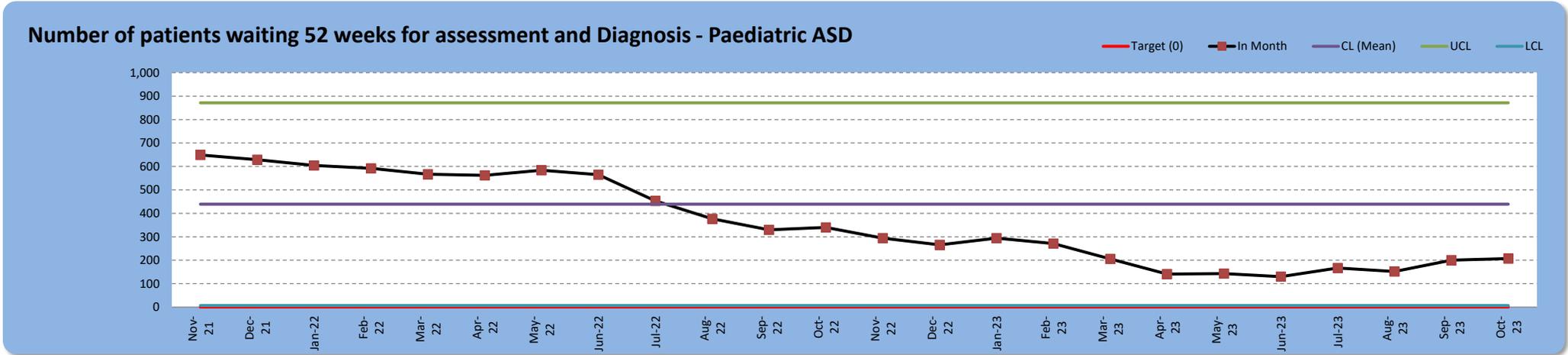| Indicator Title	Description/Rationale		KPI Type
52 Week Waits - Adult (18+) ASD/ADHD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service and ADHD for Adults (18+) and have been waiting more than 52 weeks	**Executive Lead** **Lynn Parkinson**	OP 22u

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

Legend: —Target (0) ■ In Month —CL (Mean) —UCL —LCL

Number of patients waiting 52 weeks for assessment and Diagnosis - Adult ADHD

Legend: —Target (0) ■ In Month —CL (Mean) —UCL —LCL

Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: October 2023

Target:	Amber:	Current month stands at:
0	0	513

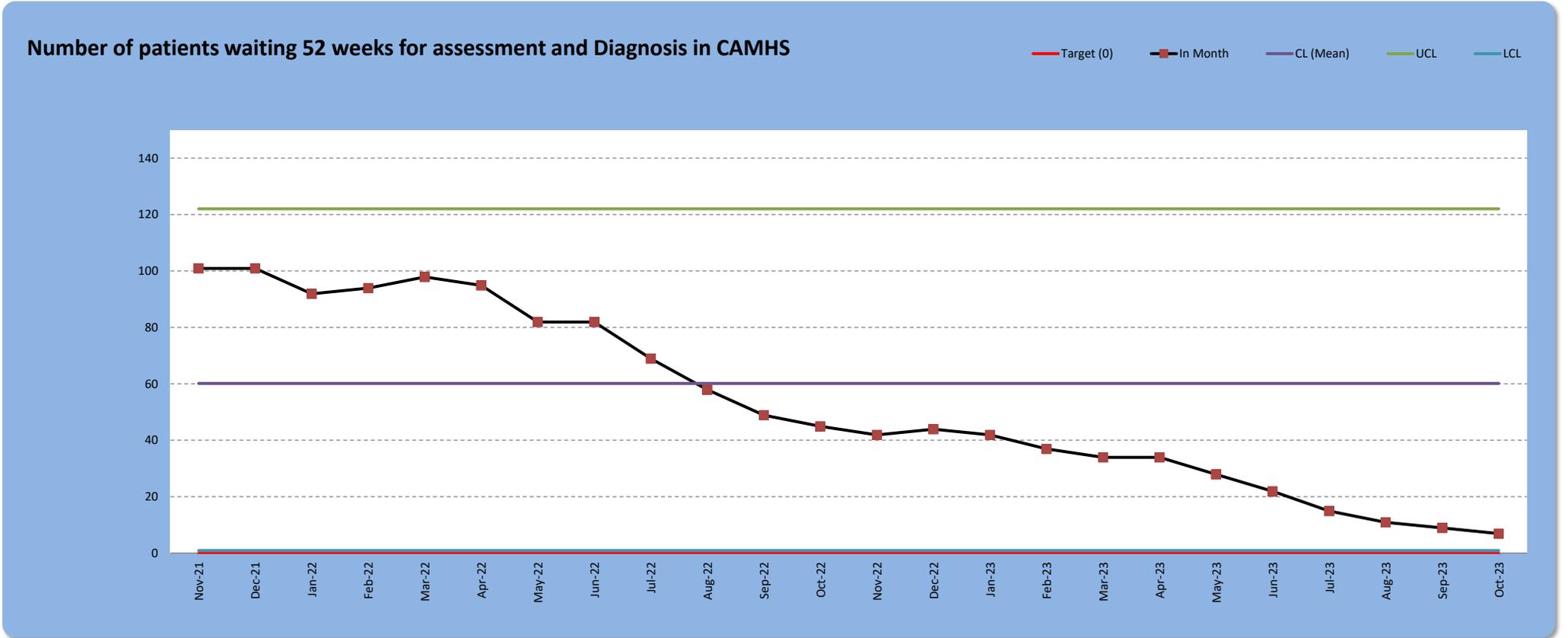| Indicator Title	Description/Rationale		KPI Type
52 Week Waits - Paediatric ASD/ADHD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service and ADHD for Children and have been waiting more than 52 weeks	Executive Lead Lynn Parkinson	OP 22s

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

Legend: Target (0), In Month, CL (Mean), UCL, LCL

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

Legend: Target (0), In Month, CL (Mean), UCL, LCL

Please refer to the accompanying front sheet/report for any relevant commentary

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **October 2023**

Target:	Amber:	Current month stands at:
0	0	7

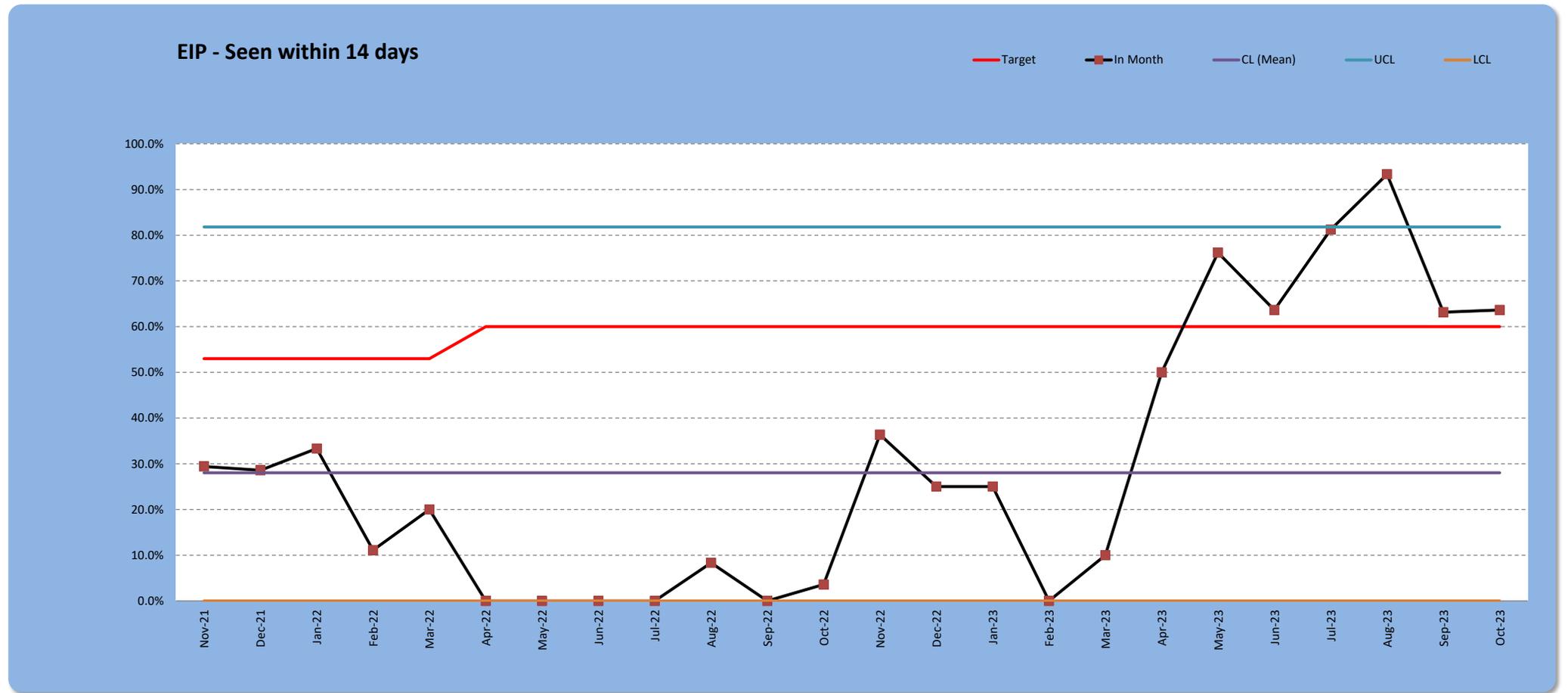| Indicator Title	Description/Rationale		KPI Type
52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks (excluding paediatric ASD/ADHD)	**Executive Lead** **Lynn Parkinson**	OP 22j

Number of patients waiting 52 weeks for assessment and Diagnosis in CAMHS

Target (0) — In Month — CL (Mean) — UCL — LCL

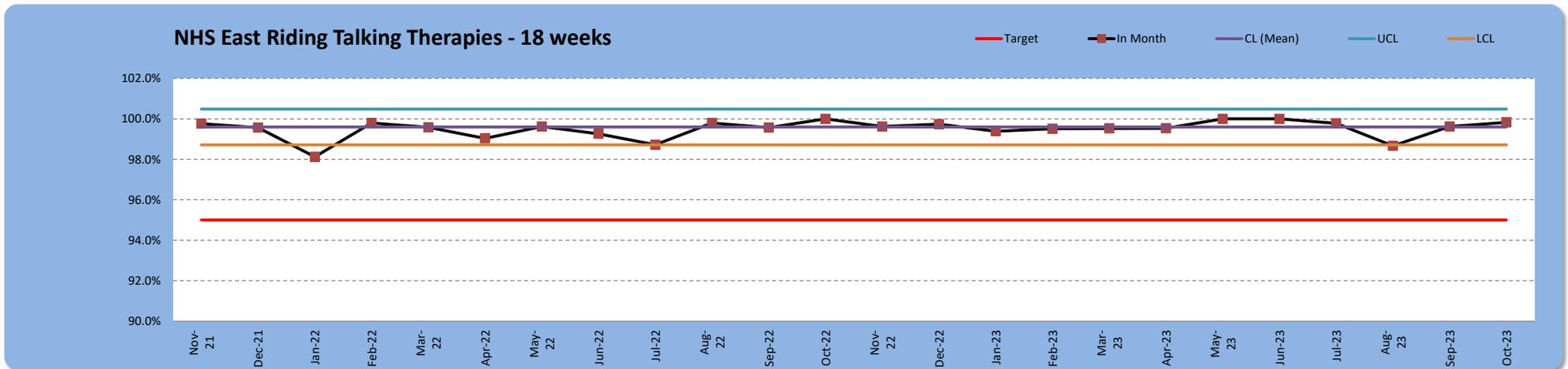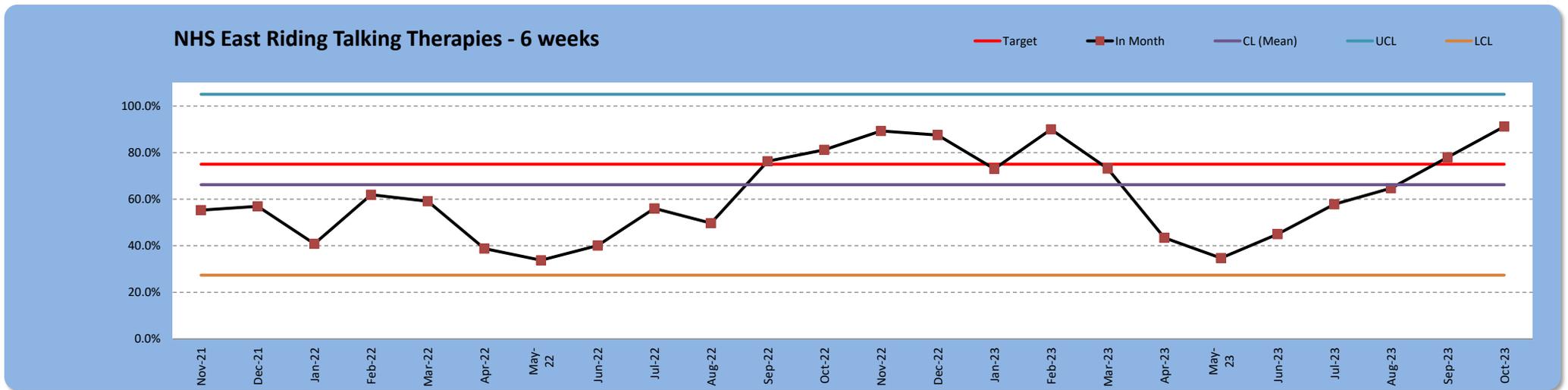**Please refer to the accompanying front sheet/report for any relevant commentary**

PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: October 2023

	Target:	Amber:	Current month stands at:
	60%	55%	63.6%

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

EIP - Seen within 14 days

Legend: Target — In Month — CL (Mean) — UCL — LCL

Please refer to the accompanying front sheet/report for any relevant commentary
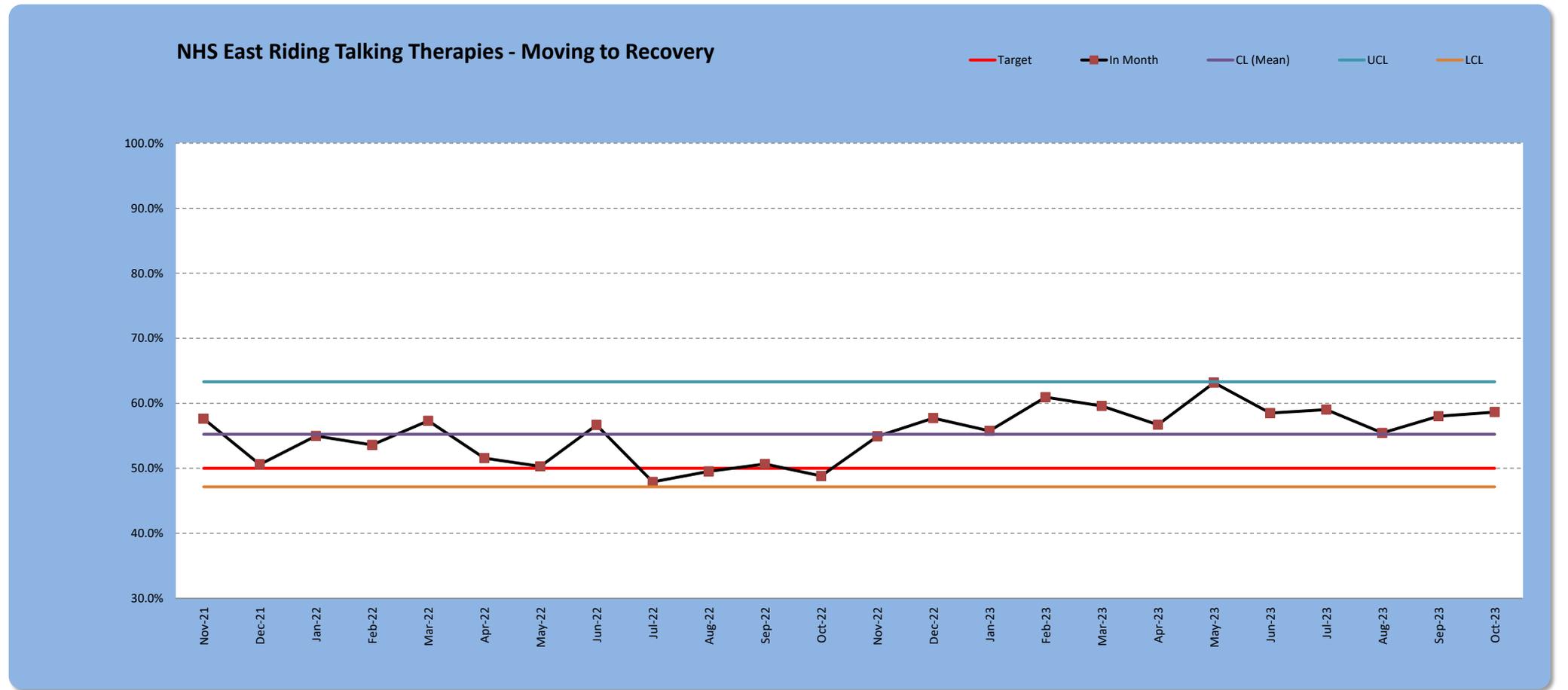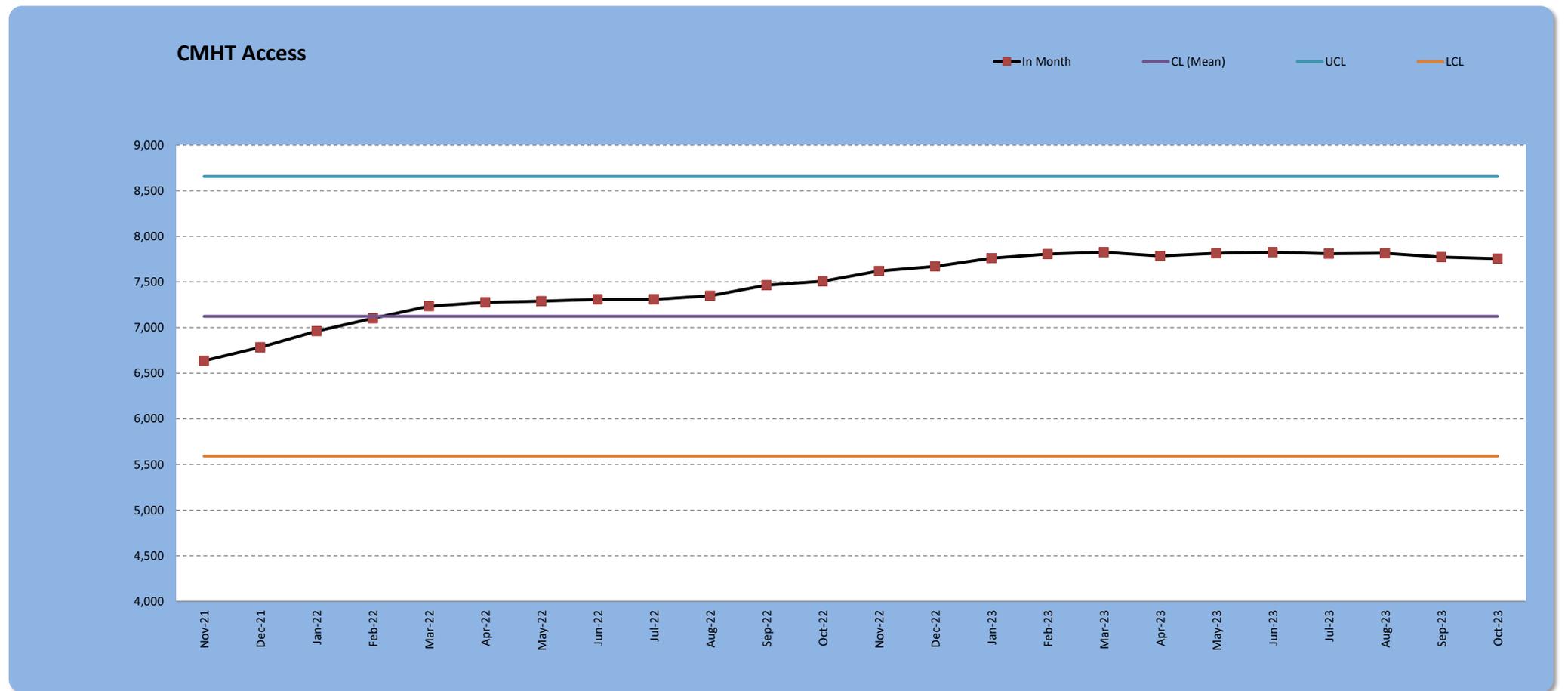
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: October 2023

	Target:	Amber:	Current month 6 weeks stands at:	Target:	Amber:	Current month 18 weeks stands at:
	75%	70%	91.2%	95%	85%	99.8%

Indicator Title	Description/Rationale		KPI Type
NHS East Riding Talking Therapies	Two graphs to show percentage of patients who were seen within 6 weeks and 18 weeks of referral (East Riding)	Executive Lead Lynn Parkinson	OP 10a

NHS East Riding Talking Therapies - 6 weeks

NHS East Riding Talking Therapies - 18 weeks

Please refer to the accompanying front sheet/report for any relevant commentary
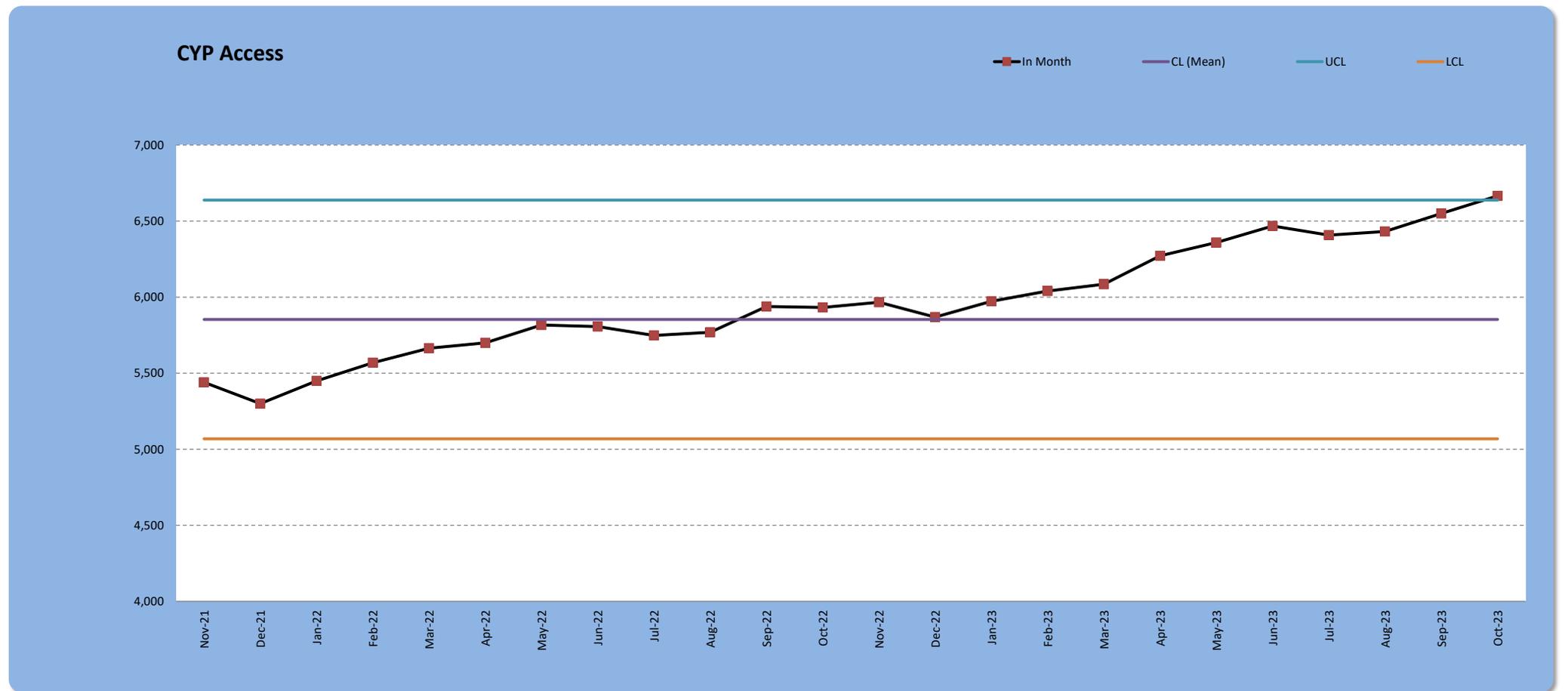
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: October 2023

Target:	Amber:	Current month stands at:
50%	45%	58.6%

Indicator Title	Description/Rationale		KPI Type
NHS East Riding Talking Therapies	This indicator measures the Recovery Rates for patients who were at caseness at start of therapeutic intervention (East Riding)	Executive Lead Lynn Parkinson	OP 11

NHS East Riding Talking Therapies - Moving to Recovery

Legend: Target — In Month — CL (Mean) — UCL — LCL

Please refer to the accompanying front sheet/report for any relevant commentary
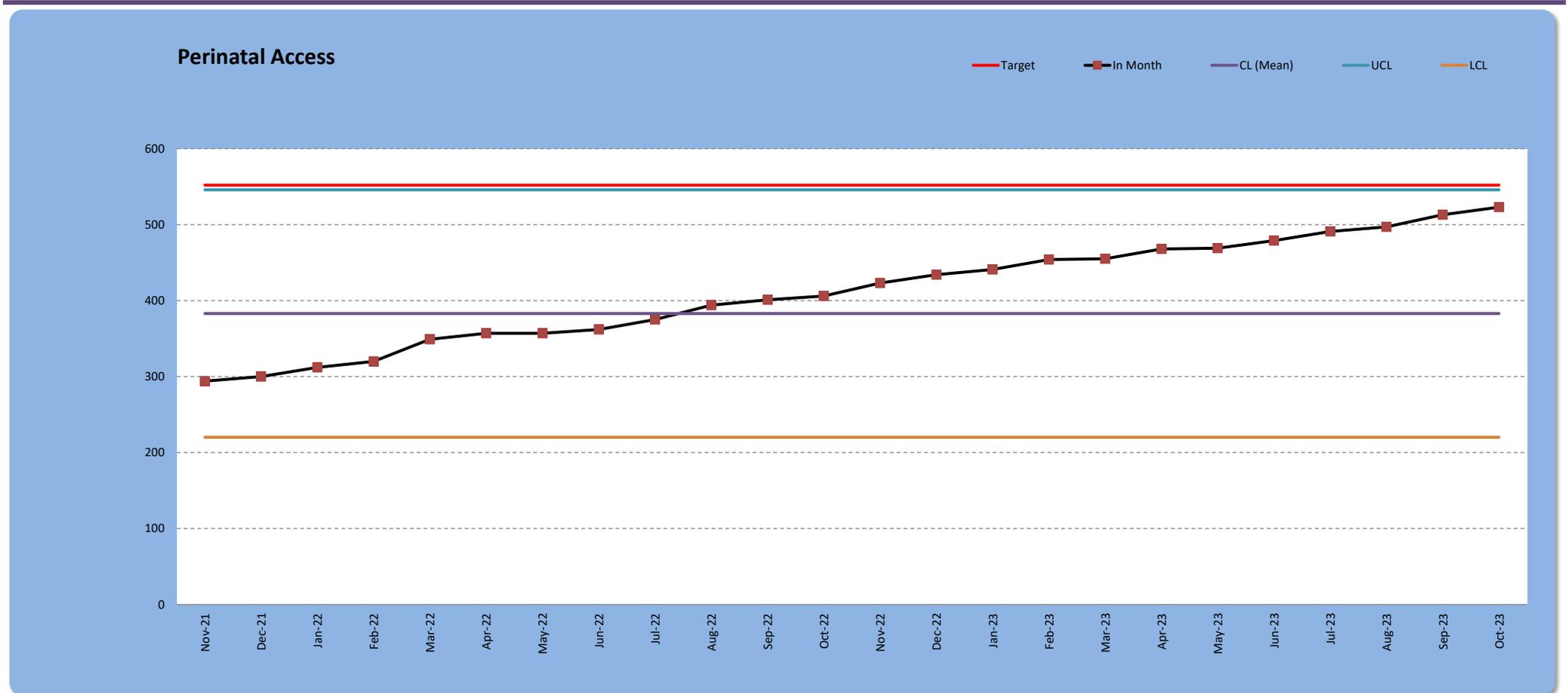
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: October 2023

Target:	Amber:	Current month stands at:
TBC	TBC	7756

Indicator Title	Description/Rationale		KPI Type
CMHT Access	Number of people who receive two or more contacts from NHS or NHS commissioned community mental health services for adults and older adults with severe mental illness. Rolling 12 months.	**Executive Lead** **Lynn Parkinson**	MHS108

CMHT Access chart — In Month, CL (Mean), UCL, LCL from Nov-21 to Oct-23.

Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: October 2023

Target:	Amber:	Current month stands at:
TBC	TBC	6666

Indicator Title	Description/Rationale		KPI Type
CYP MH Access	Number of CYP aged under 18 accessing support by NHS funded community services and school or college based Mental Health Support Teams (receiving at least one contact). Rolling 12 months.	**Executive Lead** **Lynn Parkinson**	MHS95

CYP Access

Legend: In Month — CL (Mean) — UCL — LCL

Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: October 2023

Target:	Amber:	Current month stands at:
TBC	TBC	523

Indicator Title	Description/Rationale		KPI Type
Perinatal Access - rolling 12 months	Number of women with at least one attended contact (F2F or video) with a specialist community perinatal mental health service in the last 12 months *(Hull and East Riding only)*	**Executive Lead Lynn Parkinson**	MHS91

Perinatal Access

Legend: ━━ Target   ━■━ In Month   ━━ CL (Mean)   ━━ UCL   ━━ LCL

Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2023-24

Goal 3 : Fostering Integration, Partnership and Alliances
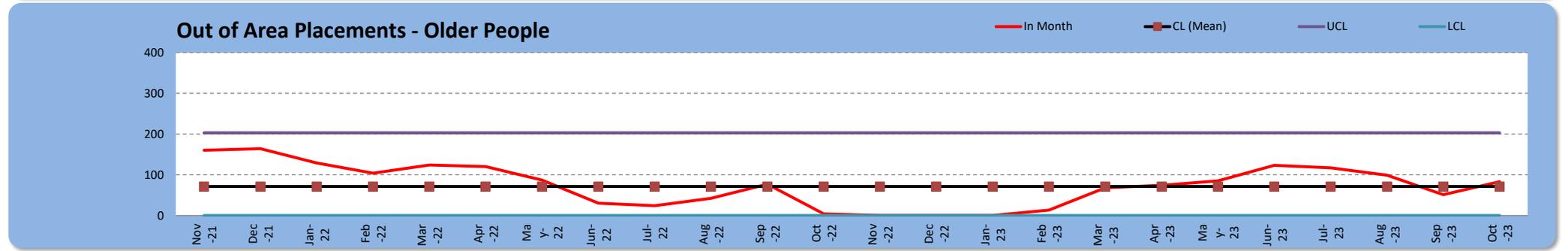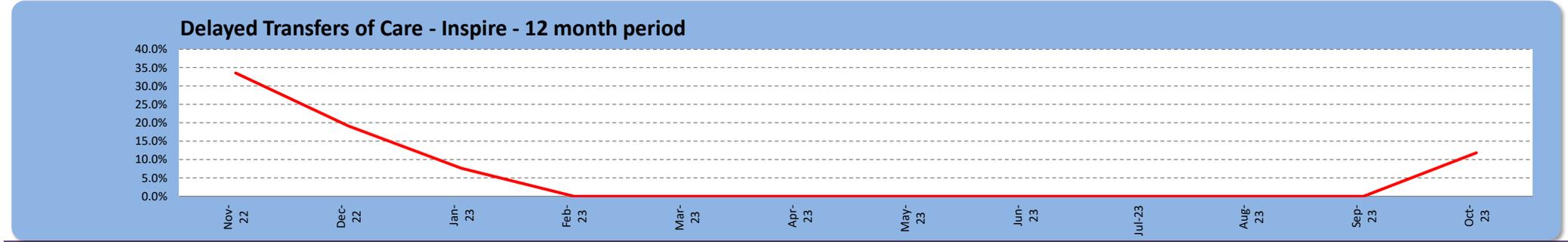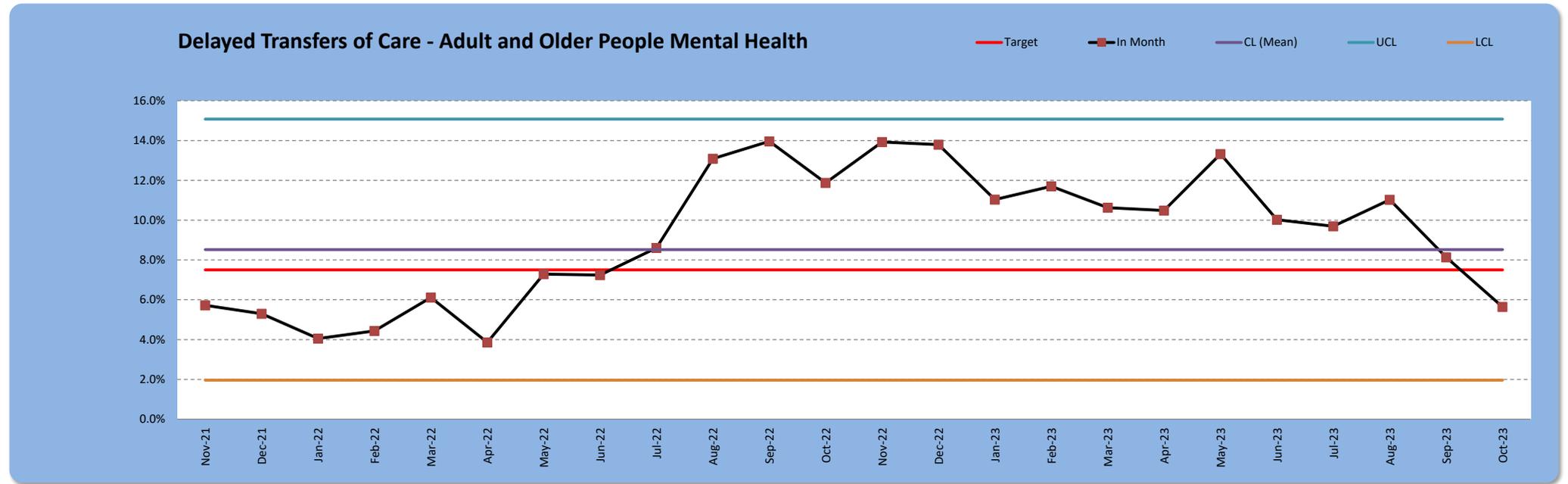
For the period ending: October 2023

	Target:	Amber:	Patients OoA within month:
	0	0	7

Split:	# days	# patients
Adult	4	1
OP	83	4
PICU	17	2

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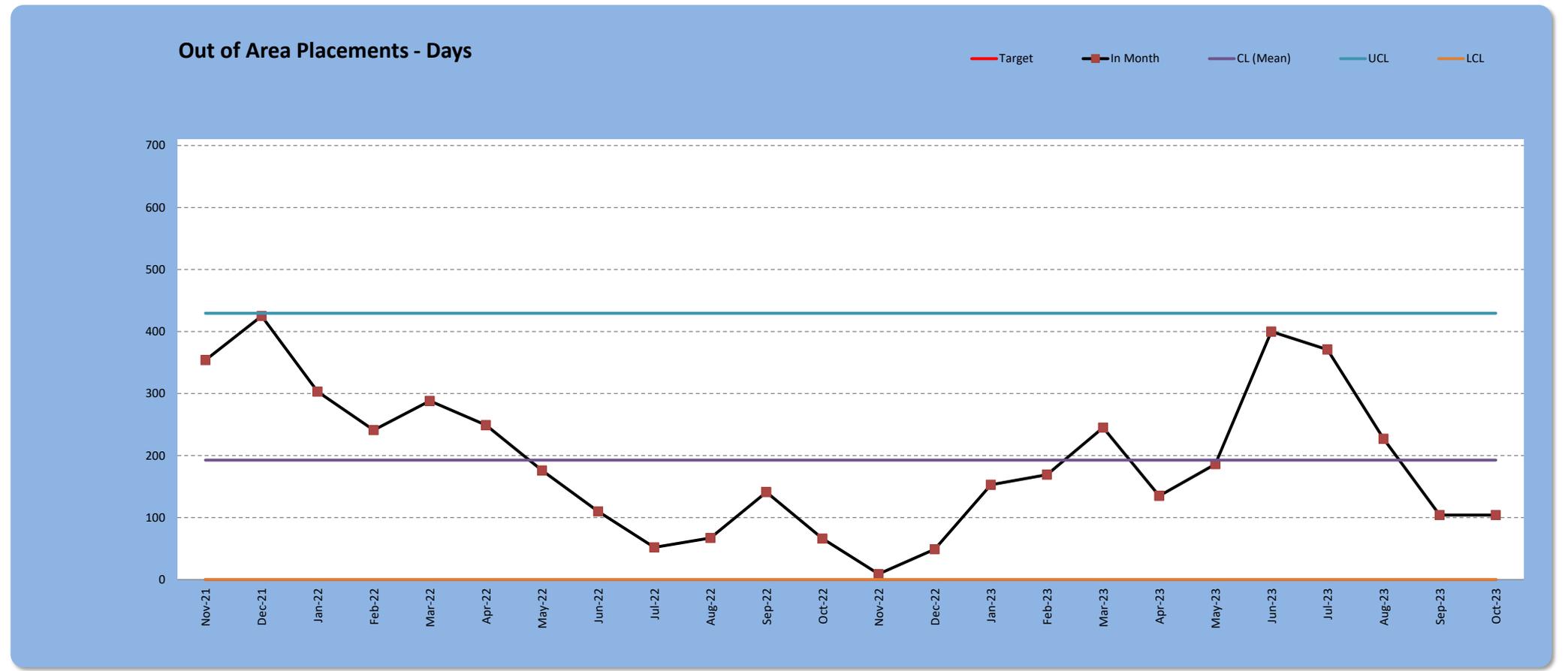
Out of Area Placements - Days

Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2023-24

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: October 2023

Split for Current month:

Oct-23	
4	Adult
83	OP
17	PICU
104	Total

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

Out of Area Placements - Adult

Out of Area Placements - Older People

Out of Area Placements - PICU

Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2023-24

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **October 2023**

Target:	Amber:	Current month stands at:
7.5%	7.0%	5.6%

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

Delayed Transfers of Care - Adult and Older People Mental Health

Legend: Target — In Month — CL (Mean) — UCL — LCL

Delayed Transfers of Care - Inspire - 12 month period

PI RETURN FORM 2023-24

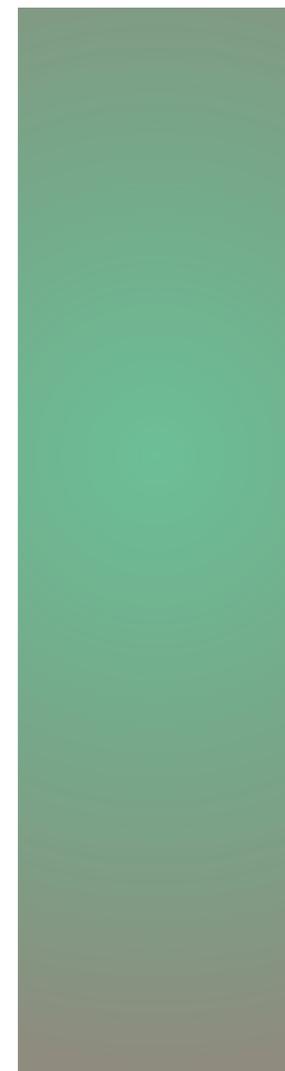## Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **October 2023**

	Target:	Amber:	Current month stands at:
	5.0%	5.2%	5.1%

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

Total Sickness Absence

Legend: Target — In Month — CL (Mean) — UCL — LCL — Excluding Covid
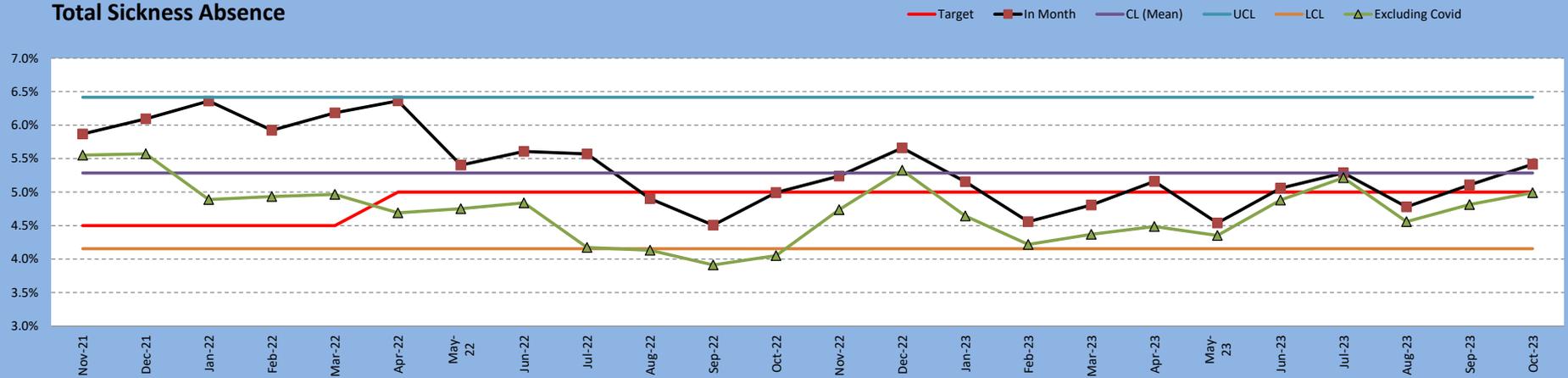
Total Sickness Absence (Rolling 12 months)

Legend: Target — In Month — Excluding Covid — CL (Mean) — UCL — LCL

Please refer to the accompanying front sheet/report for any relevant commentary

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: October 2023

	Target:	Amber:	Current month stands at:	Target:	Amber:	Rolling figure stands at:
	0.8%	0.7%	0.7%	10%	9%	12%

Indicator Title	Description/Rationale		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, transfers (up to Mar21), retirements and staff coming to the end of temporary contracts. It doesn't include junior doctors on rotation. Employee Transfers Out are excluded	**Executive Lead Steve McGowan**	WL 3 TOM Exc TUPE
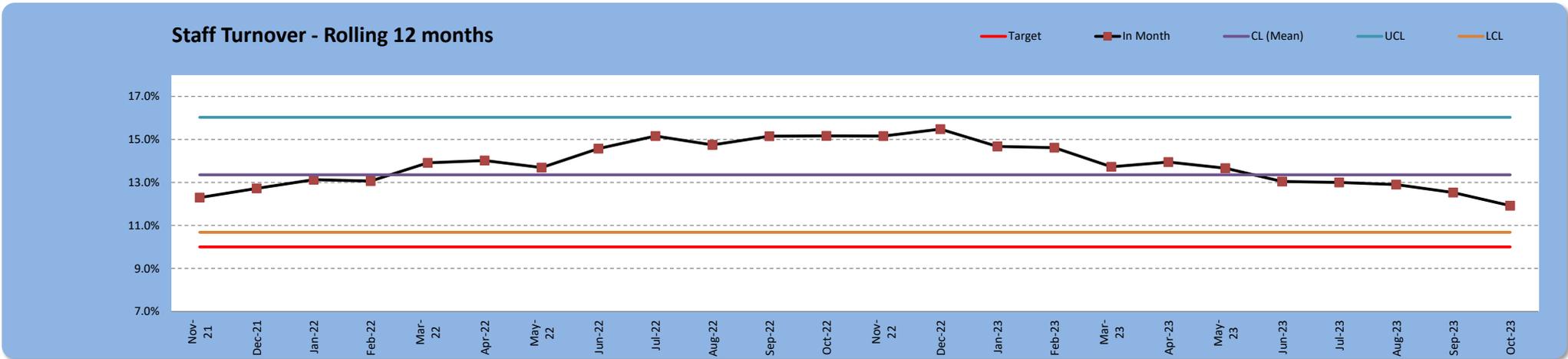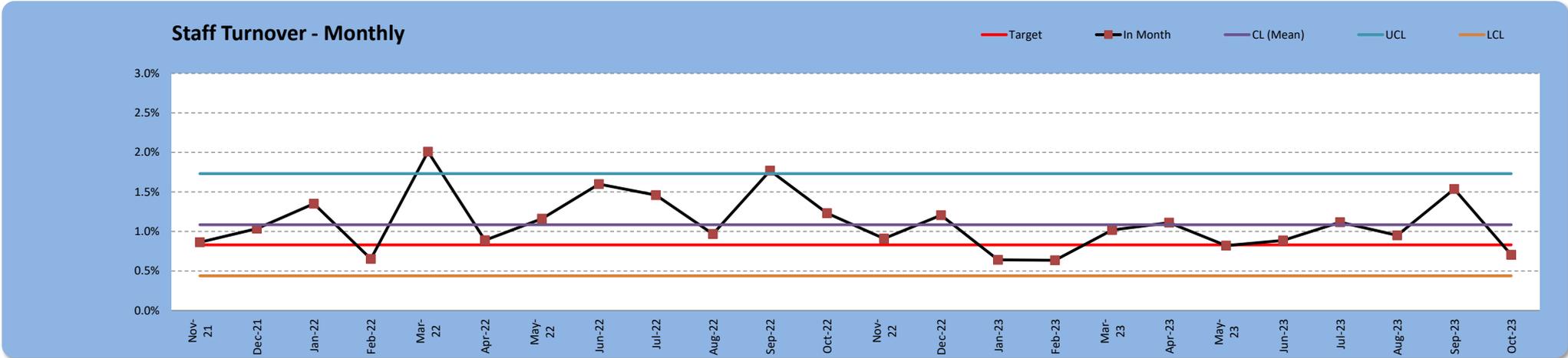
Staff Turnover - Monthly

Legend: Target — In Month — CL (Mean) — UCL — LCL

Staff Turnover - Rolling 12 months

Legend: Target — In Month — CL (Mean) — UCL — LCL

Please refer to the accompanying front sheet/report for any relevant commentary

Appendix B
Waiting Time Recovery – Overview of Q1 and Q2 Performance (23/24)

1. **Introduction**

The purpose of this report is to provide an update of the Trust's performance against waiting times, identifying areas of pressure and to update on progress of the recovery plans in place.

The areas of focus are aligned with the Trust Performance Report:
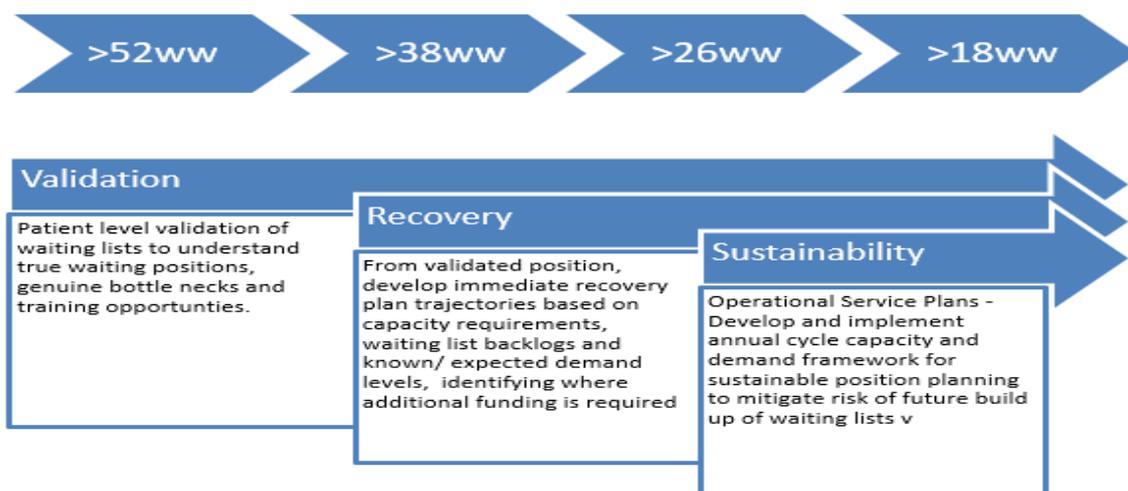
- 52 week waits (excluding ASD and ADHD for paediatrics and adults)
- 18 week incomplete
- East Riding Talking Therapies (previously IAPT)
- EIP (Early Intervention Psychosis)
- Neurodiversity:
    - Children's Autism Spectrum Disorder (ASD)
    - Children's Attention Deficit Hyperactivity Disorder (ADHD)
    - Adult's ASD
    - Adult's ADHD
- Core CAMHS
- Memory Assessment Services (MAS)

Performance and Recovery Plans are monitored and reviewed regularly via the Operational Delivery Group (ODG), Patient Care Performance and Accountability Reviews and the Executive Management Team (EMT).

2. **Approach**

The overall performance focus remains on bringing all services in line with nationally mandated and locally agreed standards as well as to continue to work with services and the ICB where this is unachievable due to demand outweighing funded capacity.

Due to the number of patients currently waiting longer than 18wks, the monitoring approach remains the same and will be an ongoing commitment.


3. **Service Areas/Performance Indicators**

3.1 52 Week Waits (excluding ASD and ADHD for both paediatrics and adults)

Current Position

Since the last update, the decision has been taken to exclude ASD and ADHD for both Paediatrics and Adults from the below chart in order to monitor these separately.

From April, the position has remained stable with a slight improvement shown in June 2023. At the end of September, there were 151 patients waiting to commence treatment excluding ASD and ADHD.
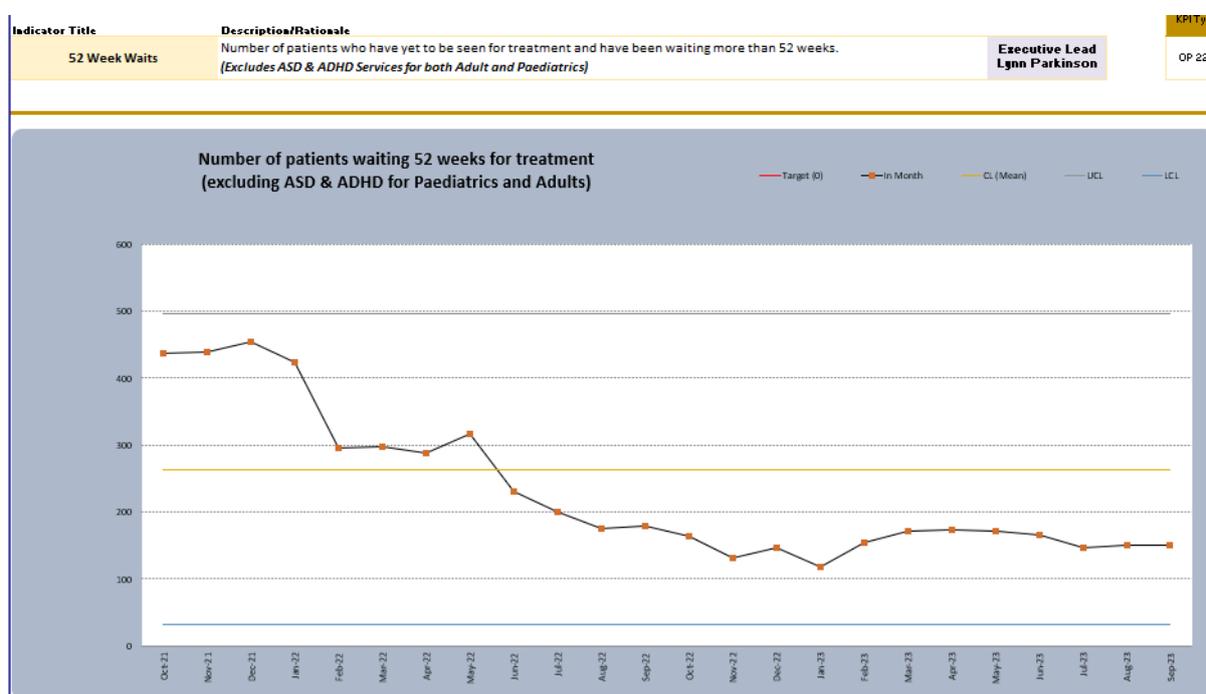
The >52ww position is predominantly made up of the following (as at 12/10/23):

	No. of patients waiting over 52weeks			
Service Area	**Q4**	**Q1**	**Q2**	**Recovery Initiatives**
CAMHS Neuro LD	24	18	23	Proposed change to delivery in development
Paediatric Community	35	48	56	Recruitment delays, expecting improvement November/December 23
Paediatric Therapy	10	20	9	Independent Provider contract mobilised
Memory Assessment Service	17	9	6	Skill mix changes
Dept of Psychological Medicine	1	6	9	C&D work to commence with Chronic Fatigue Service
Community Services	20	13	6	Recovery planning/trajectory
CAMHS	34	22	9	Proposed change to delivery in pilot
CYP Neurodiversity (Long Term Health Conditions)	27	26	19	Waiting list validation commenced, C&D work to commence

Challenges

Whilst services have been reporting post-pandemic increase in demand, raised complexity and acuity of need has continued to contributed to increased waiting times, the below suggests that the referral position may now be returning to be more in line with pre-pandemic levels overall, however, the proportional split between non-urgent and urgent referrals remains higher.

Trust Referrals

	19/20	20/21	21/22	22/23	23/24 (PROJECTED)
Overall	165574	162910	192520	200117	162728
Urgent/Crisis/Priority	18761	20294	24323	26087	21598
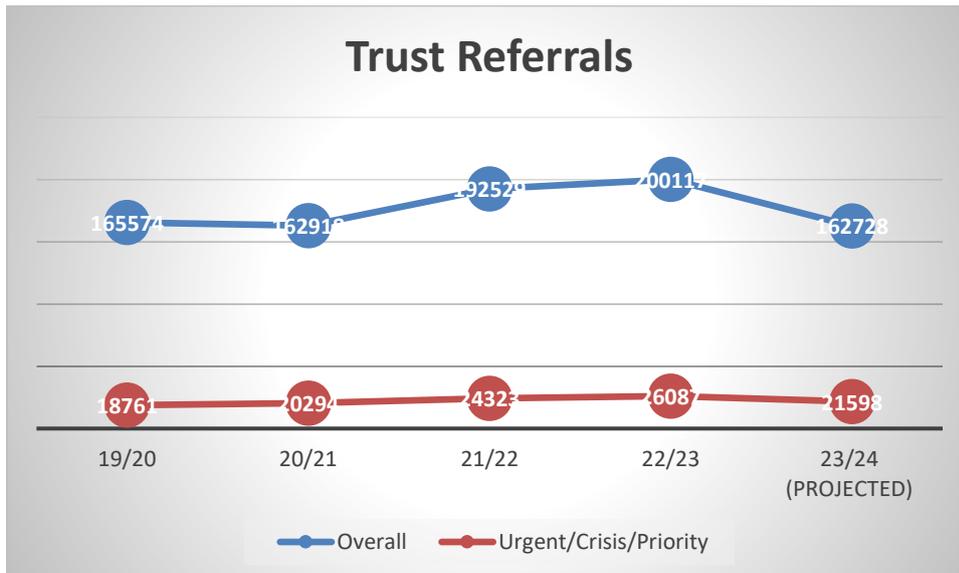
23/24 full year projection based on April 23 – September 23 levels.

Capacity and Demand analysis work is being undertaken across all services contributing to the over 52ww position in order to fully understand the impact of this in more detail. Increasing proportions of urgent referrals will continue to impact on 18ww performance where capacity does not meet demand.

Plan

Demand and Capacity analysis has been and continues to be undertaken in a number of priority areas which have been determined based on the over 52ww waiting list position and areas that are experiencing significant growth in their over 18ww waiting list positions, namely:

- Paediatric Speech and Language
- Dietetics & Structured Diabetes Education
- Community Physiotherapy
- Neurodiversity (adults and children)
- Memory Assessment Service

Productivity remains a key focus with a new KPI suite developed to support with identifying areas of focus at division, service and Individual level. BI support is essential to enable automated reporting which is drillable to all levels.

Waiting Time Recovery – Overview of Q1 and Q2 Performance (23/24)

The Performance and Productivity Group which reports to the Operational Delivery Group (ODG) continues to focus and gain momentum in bringing all key elements of this work together:

- Capacity and Demand modelling via agreed methodology and timescales
- Use of service benchmarking data
- Productivity data
- Workforce and Financial Planning information
- Activity & Performance Monitoring
- Transformation and efficiency schemes

The overall objective of the Performance and Productivity Group is to oversee the development and monitoring of service level action plans to support increased productivity in order to improve waiting times and operational performance whilst maintaining quality of service provision.

3.2 RTT Complete and Incomplete (18ww standards)

The Complete standard relates to the number of patients who have commenced treatment within the reporting period within 18wks

The Incomplete standard relates to waiting times for patients waiting to start treatment at the end of each month, who are within 18wks

Current Position

Services continue to balance their focus on ensuring clinically urgent cases are managed within appropriate and agreed timeframes along with recovery of the longest waiting routine patients.

The incomplete position continues to show a deteriorating trend. This is to be expected if demand continues to outstrip capacity causing more routine referrals to wait longer. An improved complete position suggests more treatments/interventions are occurring for patients that have waited less than 18weeks.

PI RETURN FORM 2023-24

Target:	Amber:	Current month stands at:
95%	85%	87.4%

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **September 2023**

Indicator Title	Description/Rationale		KPI Type
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	**Executive Lead** **Lynn Parkinson**	OP 20

PI RETURN FORM 2023-24

Target:	Amber:	Current month stands at:
92%	85%	63.2%

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **September 2023**

Indicator Title	Description/Rationale		KPI Type
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.	**Executive Lead** **Lynn Parkinson**	OP 21

Waiting Time Recovery – Overview of Q1 and Q2 Performance (23/24)

Challenges

The 18ww position will continue to be challenged based on the following issues:

- Growing referral rates/higher rate of "tip overs" than clock stops over 18weeks
- Focus on recovery of longest waiting patients balanced with clinically urgent cases
- Increase in urgent referrals, complexity and acuity
- Available capacity v Demand
- Levels of productivity and efficiency

Plan

To improve the incomplete position, performance monitoring meetings will continue to focus the service areas on:

- Managing the longest waiting patients
- Implementing and monitoring of recovery plans
- Continue with validation work to maintain a true and accurate waiting list position
- Undertaking capacity and demand modelling to anticipate future service/investment requirements whilst simultaneously identifying opportunities to improve efficiency and productivity.
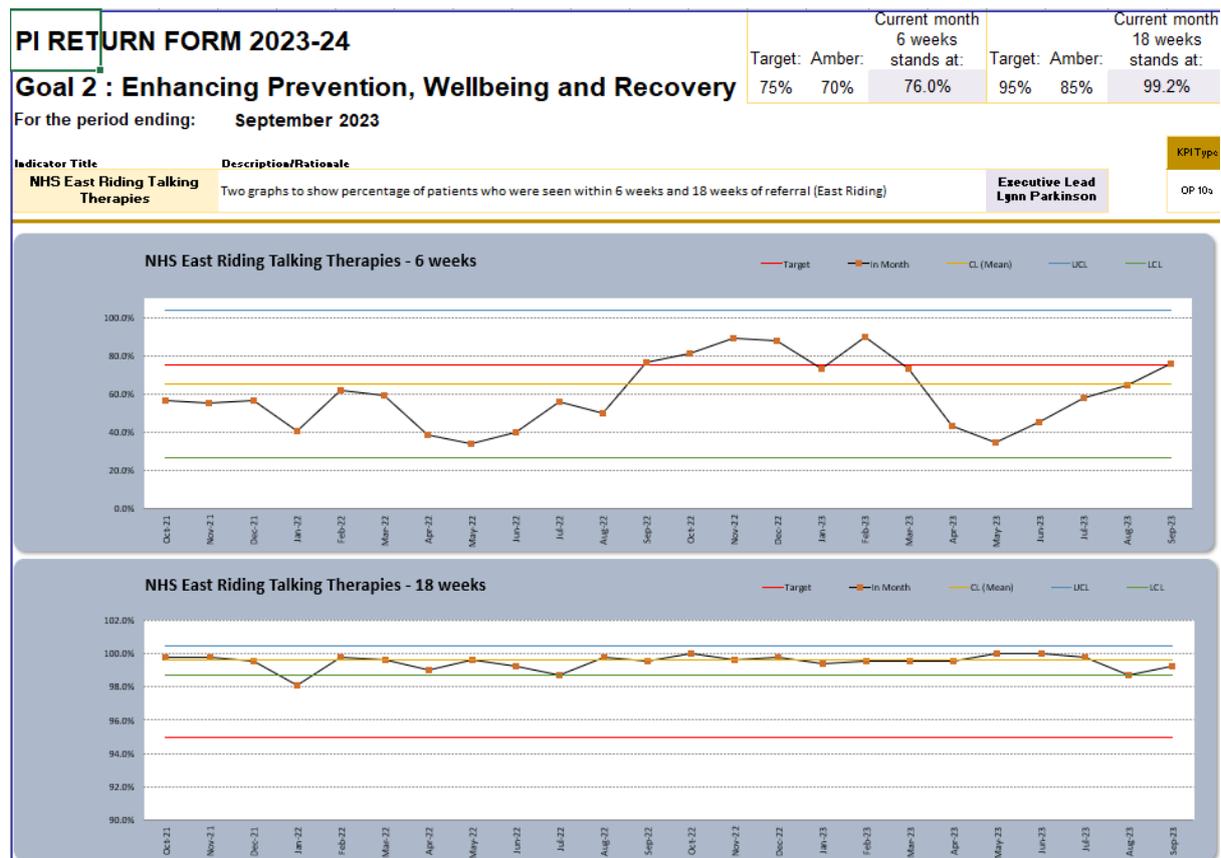
3.3 *East Riding Talking Therapies (previously IAPT)*

Current Position

18week Standard – consistent achievement of KPI since February 2022.

6week Standard – 76% was achieved in September against a 75% target.

Challenges

The 6ww position has been adversely challenged as a direct result of reduced capacity for the following reasons:

- Caseload cover for long term sickness
- Previous increase in activity levels by contracted providers reduced to contracted levels in April 23
- Reduced capacity as a result of new recruits undertaking service specific mandatory training courses
- Reduction of caseloads due to maternity leave

The service mobilised a recovery plan in May which aimed to achieve recovery by Q2 (achieved 75% in September) which was based on recruitment and training projections, flexing

capacity with contracted providers as required, increasing cases for newly qualified Cognitive Behavioural Therapists, management of long-term sickness and maternity cover plans.

Plan

Whilst continuing to focus on recruitment and retention as well as robust monitoring and management of contracted providers, the service have developed a methodology for identifying areas of focus to improve efficiency and productivity. The service are currently trialling a number of initiatives to support this piece of work including:

- Creation of a" last minute" cancellation waiting list (to fill short notice cancellations)
- Exploration of online digital package (scoping phase)
- Review and revision of patient letters
- Audit of DNA/Cancellation/Attrition – to support with improving the access standard

Capacity and Demand work has been undertaken and provided assurance that current funded capacity against current demand is sufficient.

3.4 Early Intervention Psychosis (EIP) – 14day standard

Current Position

The chart below demonstrates achievement of this standard since May 2023. The sudden drop in performance in September is mainly attributed to the higher than average referrals received in August and September (28pm received, average 17pm).
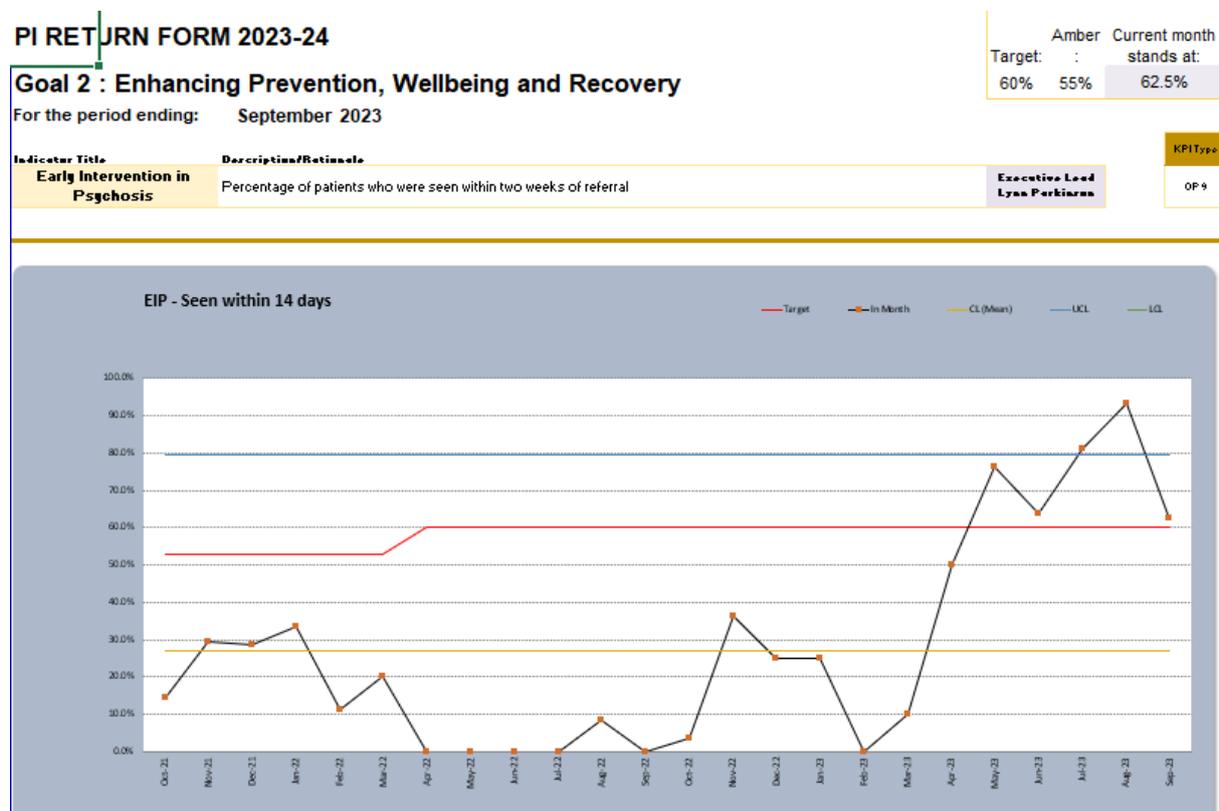
Challenges

The challenges remain:

- Variation in referral levels in a low volume service
- Recruitment and retention
- National demand profile increasing
- ICB have advised no growth in investment despite the plan demonstrating this need to meet current standards and level of service.

Plan

The service continue to actively monitor their levels of performance and ensure good data quality to report an accurate performance position.

The service continues to monitor key service indicators to support with improvement in productivity and access times.

3.5 Neurodiversity

*Children's Autism Spectrum Disorder (ASD)*

Current Position

Since the last update, the recovery trajectory for ASD has been refreshed to take into consideration significant increases in demand (***averaging 92pm in January, now 179pm***) and further funding identified to continue recovery in year. The over 52ww position in the chart below stands at 200 against an expected 157 at the end of September.
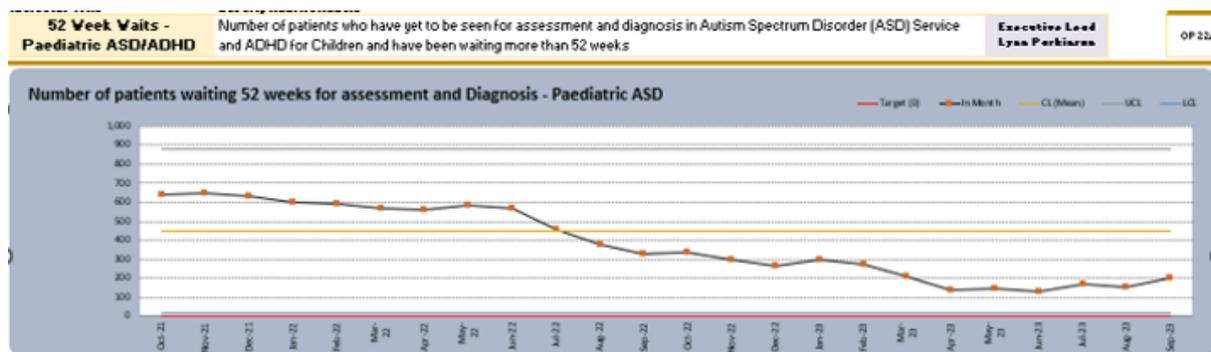
Waiting Time Recovery – Overview of Q1 and Q2 Performance (23/24)

Refreshed Trajectory
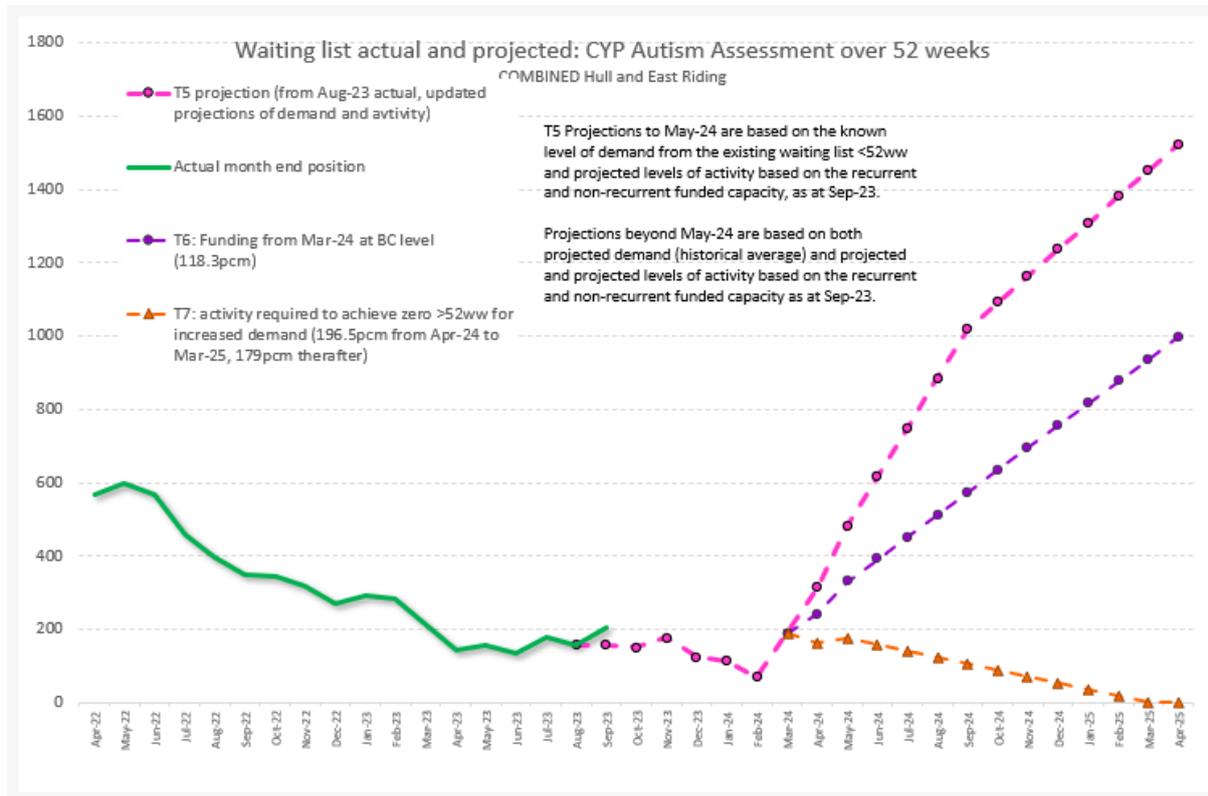
The trajectory illustrates the impact to the over 52ww position based on 3 scenarios:

1. No further investment from April 2024 (pink line)
2. Funding based on 22/23 levels (non-recurrent recovery funding continuing) (purple line)
3. Investment from April 2023 based on refreshed capacity and demand exercise (orange line)

The service and the primary Independent Provider have co-developed a new delivery model (hybrid model) which is aimed at addressing the imbalance between face to face and virtual capacity to allow chronological booking of the waiting list. The new contract was signed mid of September and the service is currently in the process of mobilising this change.

The trajectory was based on this new contract being operational as at the beginning of September and therefore as a result, it was anticipated that September would not align to the planned trajectory. The service are confident that the position will start to realign in the coming 2 months.

Challenges

-   Mobilisation of hybrid model – working to address process issues
-   Increase in demand, 52ww recovery will not be achieved in year

- Administration Staff Capacity – Independent Provider work is heavily reliant on administrative processes
- Long/Medium Term Financial Plan Unconfirmed – inability to secure longer term contracts with Independent Providers

Plan

Whilst conversations continue with ICB colleagues regarding the future sustainability of the service, focus remains on:

- In year delivery against plan, maximising both internal resource and contracted provider pathways
- Full review of the assessment pathway identifying opportunities for digital enhancements and maximised productivity through skill mixing and streamlining processes (via Capacity and Demand Trust agreed methodology)
- Participate in ICB led Neurodiversity Pathway reviews

The Neurodiversity Recovery Board remains in place to monitor progress against plans.

Children's Attention Deficit Hyperactivity Disorder (ADHD) Assessments
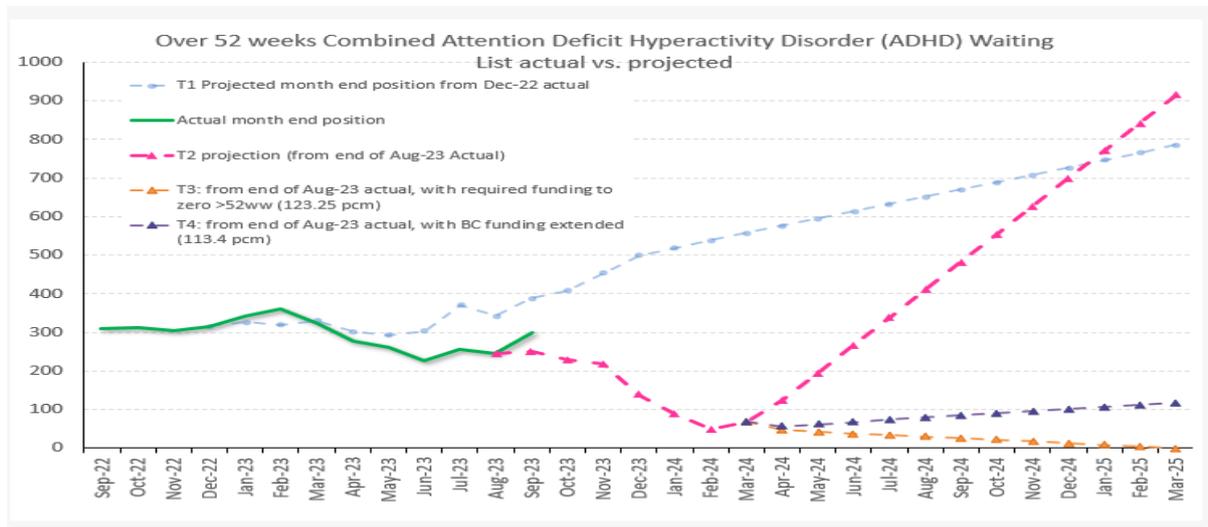
Current Position

Since the last update, the recovery trajectory for ADHD has been refreshed to take into consideration significant increases in demand (***averaging 80pm in January, now 119pm***) and further funding identified to continue recovery in year. The over 52ww position in the chart below stands at 295 against an expected 251 at the end of September.
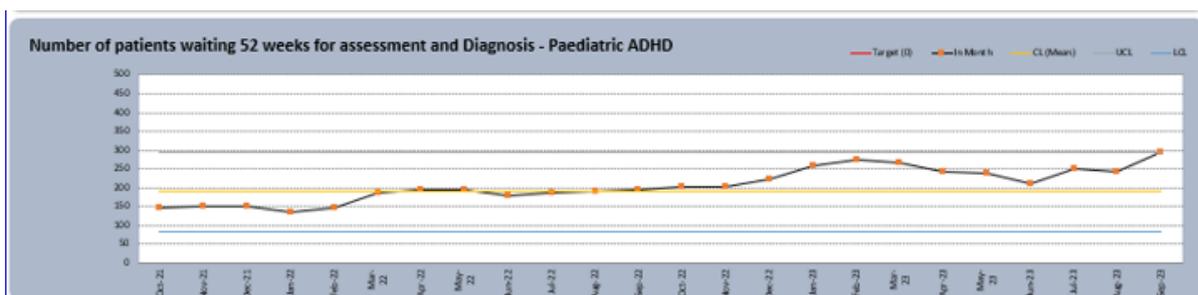
Waiting Time Recovery – Overview of Q1 and Q2 Performance (23/24)

Refreshed Trajectory

The trajectory illustrates the impact to the over 52ww position based on 3 scenarios:

1. No further investment from April 2024 (pink line)
2. Funding based on 22/23 levels (non-recurrent recovery funding continuing) (purple line)
3. Investment from April 2023 based on refreshed capacity and demand exercise (orange line)

An extension of the Independent Provider contract was approved in September; the service and provider continue to work closely to ensure assessment levels reach those within plan.

The service are confident that the position will start to realign in the coming 2months, though 52ww recovery will not be achieved based on current levels of funding and demand.

Challenges

- Scaling up assessment levels with Independent Provider is currently off plan
- Increase in demand, 52ww recovery will not be achieved in year
- Administration Staff Capacity – Independent Provider work is heavily reliant on administrative process
- Long/Medium Term Financial Plan Unconfirmed – inability to secure longer term contract with Independent Providers
- Impact to intervention waiting list – insufficient capacity to manage medication pathway following scale up of assessments
- National ADHD medication availability diverting resources to review alternative medications in line with national alert guidance

Internal plans to increase core capacity via improving efficiency continue to run concurrently.

Waiting Time Recovery – Overview of Q1 and Q2 Performance (23/24)

Plan

Whilst conversations continue with ICB colleagues regarding the future sustainability of the service, focus remains on:

- In year delivery against plan, maximising both internal resource and contracted provider pathways
- Full review of the assessment and intervention pathway identifying opportunities for digital enhancements and maximised productivity through skill mixing and streamlining processes (via Capacity and Demand Trust agreed methodology)
- Improved reporting for intervention pathway
- Participate in ICB led Neurodiversity Pathway reviews

The Neurodiversity Recovery Board remains in place to monitor progress against plans.
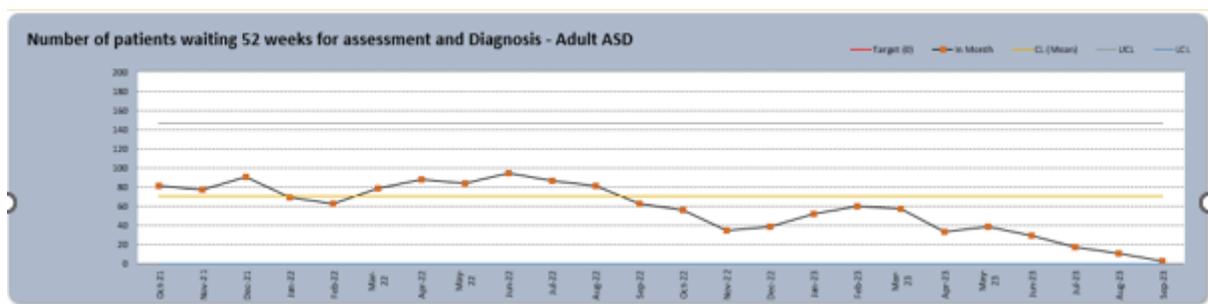
Adult ASD

Current Position

At the end of September the service had achieved recovery of the over 52ww position. The service has been working to a recovery plan that was developed prior to moving from a cost per case arrangement into the block contract and was heavily reliant on use of Independent Provider capacity to achieve. As a result of this change, continuation of recovery has been paused due to insufficient funding. Capacity and Demand work has highlighted a demand variance of 20p/m based on block funding capacity and current levels of demand. A deterioration in the waiting list position is expected in the coming months.

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

Challenges

- Block funding arrangement covers 76 assessments per year against a current demand level of 516
- Increases in demand

Plan

A Neurodiversity options appraisal was shared with EMT in October. The preferred option for Adult ASD is to continue discussions with ICB colleagues to increase block funding to meet the variance in demand.

In the meantime, a full review of the assessment pathway is being undertaken, identifying opportunities for digital enhancements and maximising productivity through skill mixing and streamlining of processes (via Capacity and Demand analysis Trust agreed methodology). This will inform a future trajectory.

Service Specification reviews are underway and will include an Indicative Activity Plan which will be monitored and inform achievable waiting time performance.

Adult Attention Deficit Hyperactivity Disorder (ADHD)

Current Position

The >52ww position at the end of September 2023 was 261 which is a continuing deteriorating trend. The overall waiting list also continues to significantly increase as a result of a marked increase in referrals and insufficient funding and capacity to deliver.

There is approximately 112k in the block contract which supports assessment and treatment of 20patients per year based on the current delivery model.

Regular meetings with ICB leads are taking place and an action plan has been developed. Simultaneously, the Neurodiversity Options Appraisal was discussed at EMT in October where it was agreed to temporarily cease to acceptance of Adult ADHD referrals whilst a clear plan is developed to address the current waiting list, funding and capacity shortfall.

Number of patients waiting 52 weeks for assessment and Diagnosis - Adult ADHD
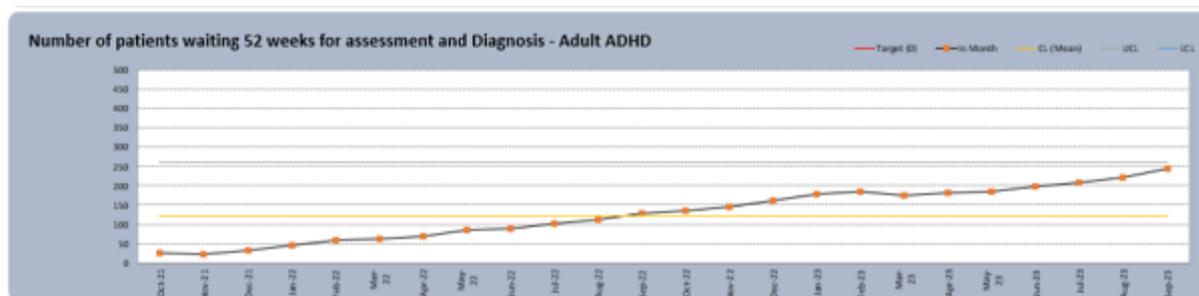
The below table demonstrates the year on year referral position into the Adult ADHD service.

	19/20	20/21	21/22	22/23	23/24 projected
Annual Referrals	95	121	236	386	724
Monthly Average Referrals	8	10	20	32	60
YoY % Increase		27%	195%	64%	88%

23/24 projection based on April 23 – Sep 23 referrals

Challenges

- Insufficient funding within the block, un-commissioned service (previously cost per case arrangement based on 3 appointments per week)
- National increases in demand, Independent Providers pausing NHS Right to Choose referrals
- Based on current capacity, it would take 55years to clear the assessment backlog
- Reputational and safety risks associated with significant waiting times - pause of referrals will prevent further growth of the waiting list but waiting times will continue to deteriorate

Additionally, the previous cost per case arrangement was with Hull PLACE only as East Riding directed all referrals to Psychiatry UK. Psychiatry UK have now paused the Right to Choose contract which adds significant risk that under the "right to choose" the service could start to receive East Riding referrals also.

Appendix B
Waiting Time Recovery – Overview of Q1 and Q2 Performance (23/24)

Plan

- It has been agreed to temporarily cease acceptance of any new referrals
- ICB colleagues have advised of some in year non recurrent funding to support with recovery of the waiting list backlog. The service are developing an outline business case proposal to propose a new future model.
- ICB colleagues are keen for the Trust to develop a proposed new delivery model which maximises skill mix opportunity and digital enhancements. This work is currently underway and will determine the level of funding required to meet the demand
- Full waiting list validation exercise to take place once administration support can be funded

3.6 Core CAMHS

Current Position

The service has made significant progress with reducing the >52wws which stood at 34 in April 2023 and currently stands at 9.

Recovery of the position has primarily been achieved using non recurrent funding awarded by the ICB in March 2023. The most challenged areas remain:

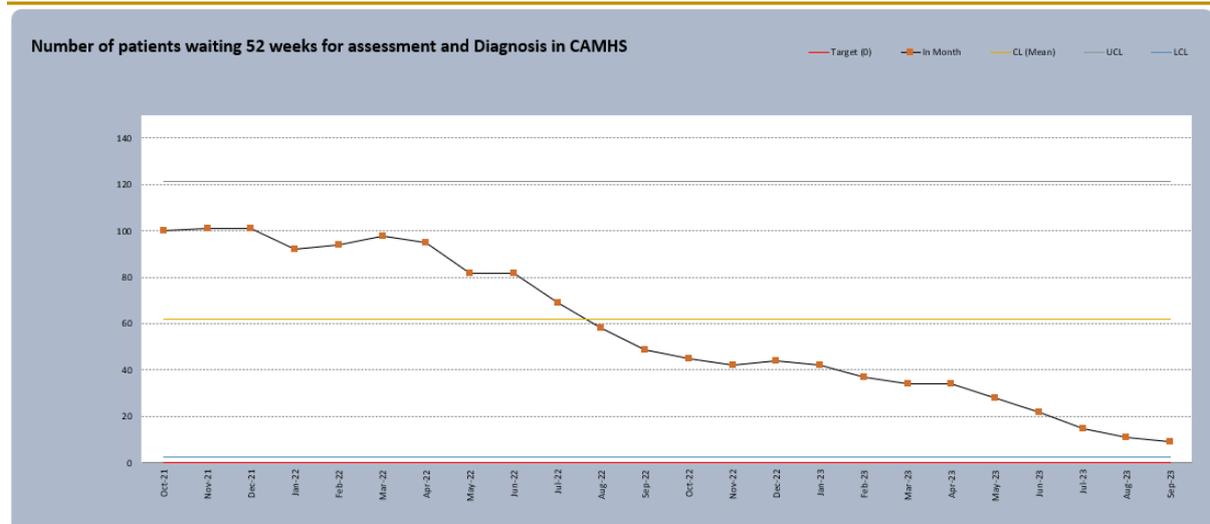- Cognitive Behavioural Therapy (CBT)
- Creative Therapies

PI RETURN FORM 2023-24

				Target:	Amber:	Current month stands at:
				0	0	9

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: September 2023

Indicator Title	Description/Rationale		
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/ADHD)	Executive Lead Lynn Parkinson	OP 22j

Number of patients waiting 52 weeks for assessment and Diagnosis in CAMHS

Challenges

Whilst there was an overall rise in referrals between 2020/21 and 2021/22 of 25%, this has stabilised in the last year. The service is still reporting an increase in acuity and complexity of need which will be considered in more depth when undertaking the capacity and demand analysis which was paused due to participation in the national CLEAR (service transformation) programme.

Safe management of urgent referrals remains a priority within this service whilst the longest waits are regularly contacted to ensure any changes in condition can be assessed and re-prioritised where appropriate.

Appendix B
Waiting Time Recovery – Overview of Q1 and Q2 Performance (23/24)

Plan

The service is currently piloting a new delivery approach "families first" which will focus on the longest waiting patients initially. This is a group support session that intends to reduce the number of patients needing individual support as well as to reduce length of wait for first intervention.

3.7 Memory Assessment Services (MAS)

Current Position

The service has made good progress with recovering the >52ww position since April, however the over 18ww position has worsened. This is as a result of a continuing increases in referrals whilst the service face challenges with their skill mix recruitment due to medic availability.

The >52ww position as at the end of September was 6patients, a reduction from 17 at the end of March 2023.
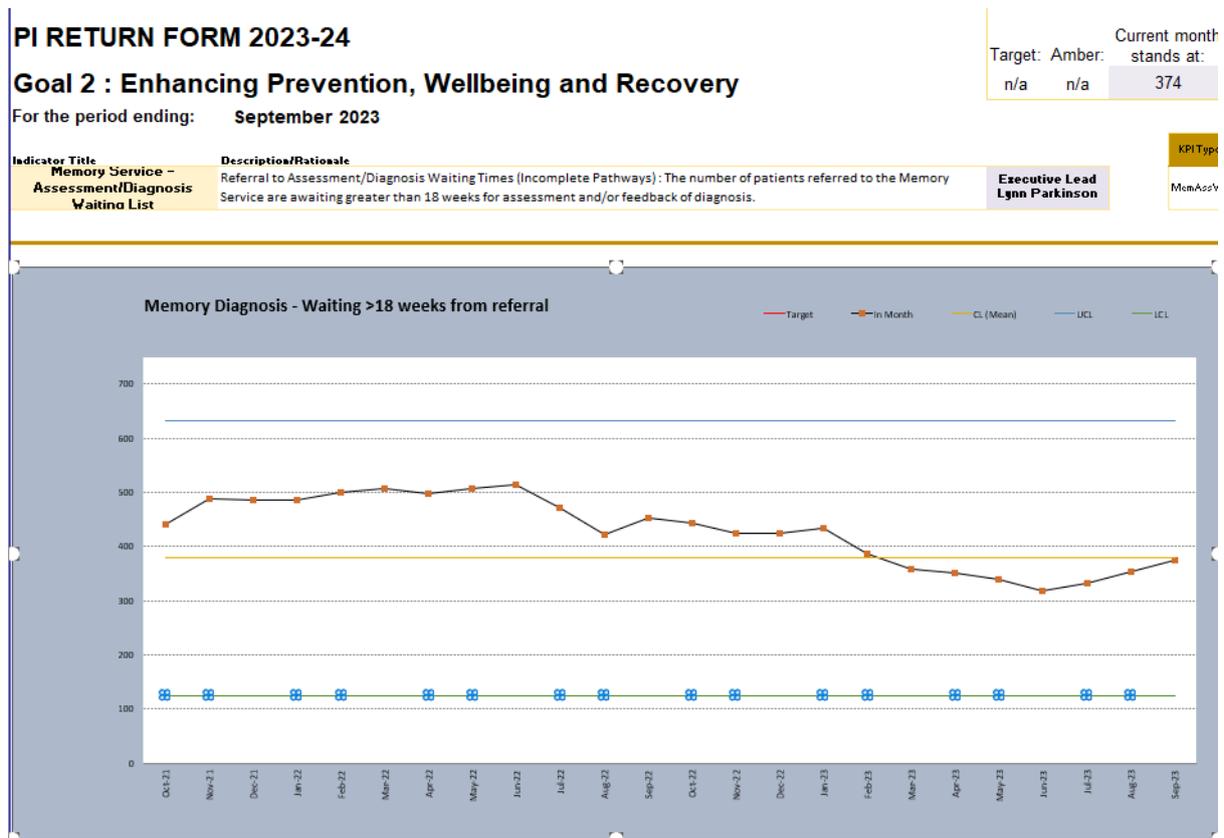
The below table demonstrates the year on year referral position for MAS.

	19/20	20/21	21/22	22/23	23/24 projected
Annual Referrals	1791	1551	2118	2333	2502
Monthly Average Referrals	150	129	177	194	209
YoY % Increase		-14%	37%	10%	7%

Challenges

The main challenges continue to be:

- Recruitment of overseas doctors resulting in continued use of expensive locum

- Achievement of the Dementia Diagnosis Rate (DDR) for East Riding (active case finding in care home environments)
- Increases in levels of referrals
- Staff turnover and vacancies resulting in the need to use staff flexibly to balance clinical pathway throughput to maintain assessments and feedback.

The Diadem Project (additional funding received to actively case find in carehome environments) is actively contributing to the increase in demand but will however contribute to improving the DDR.

Plan

The service continue to strive towards implementing the new delivery model which is predominantly based on maximising skill mix opportunities and recruitment of overseas doctors.

Capacity and Demand work has been refreshed and the results of this are due to be shared at EMT in October.

The paper will cover options relating to plans to improve waiting times and the DDR which continue to be discussed with ICB colleagues.

4. **Conclusion**

The Board is asked to note the progress and challenges as outlined in the areas of operational performance which have been highlighted as part of the recovery planning.

Overall services are experiencing increases in activity and acuity of patients. Divisions are working with ICB colleagues to consider areas of prioritisation and pathway reviews to maximise on productivity and impact. A review of all service specifications is underway which will consider activity levels and monitoring to support the services to deliver in line with allocated resources.

Title & Date of Meeting:	Trust Board Public Meeting – 29 November 2023			
Title of Report:	Humber and North Yorkshire Health and Care Partnership Mental Health, Learning Disability and Autism Collaborative Programme Update			
Author/s:	Michele Moran, Chief Executive, Humber Teaching NHS Foundation Trust HNY Mental Health and Learning Disability Lead / ICB Board Partner Alison Flack, Programme Director Mental Health, Learning Disabilities & Autism Collaborative Programme – Humber and North Yorkshire Health and Care Partnership			
Recommendation:	To approve		To discuss	
	To note	√	To ratify	
	For assurance			
Purpose of Paper:	To update Board members on the work of the Humber and North Yorkshire Health and Care Partnership Mental Health, Learning Disability and Autism Collaborative.			

Key Issues within the report:	
Positive Assurances to Provide: • Community Mental Health transformation - Recent analysis from NHS England showed that Humber and North Yorkshire Integrated Care Board (ICB) are performing extremely well in establishing key success factors integrated community mental health teams in comparison with the North East and Yorkshire region.	**Key Actions Commissioned/Work Underway:** • **Mental Health, Learning Disabilities and Autism 5th Annual Conference – "Let's Talk Autism"** took place on the 9th November 2023. The conference included keynote addresses from Professor Sheila The Baroness Hollins MP, Claire Murdoch, National Mental Health Director, NHS England and several colleagues representing local work to support autistic people, including Matthew's Hub and the Humber and North Yorkshire Keyworker service. • **2024/25 Planning** – The Integrated Care Board planning steering group has been re-established and met for the first time on 13th November. Some initial information has been shared regarding amendments to metrics,

		however the full planning guidance is not expected until the end of December 2023. The operational planning process will be led through the weekly operational leadership group.
		• **Out of area programme** is gaining more national focus as part of the national inpatient transformation programme. Georgie Thrippleton is leading on this work for the collaborative and has developed a briefing paper to provide an update on the scope and progress on the Mental Health, Learning Disability and Autism (MHLDA) Out of Area (OOA) programme, outlining key milestones and identified risks to the programme.
		• **Autism/ADHD assessment pathways** – Following a significantly increased level of demand for autism and ADHD assessments, we have established the Autism/ADHD assessment pathways steering group to scope demand and approaches across the ICB's 6 places.
		• **Community Mental Health Transformation -** Recent analysis from NHS England showed that Humber and North Yorkshire Integrated Care Board (ICB) are performing extremely well in establishing key success factors integrated community mental health teams in comparison with the North East and Yorkshire region.
		• **Right Care Right Person** – Humber Teaching NHS Foundation Trust leading the way in terms of national education and advice and guidance to other systems. Recent survey circulated from NHS England – the collaborative are co-ordinating the response.
		• **MH & LDA Culture & Workforce Programme** – The steering group has agreed its areas of focus, a number of which will fit into work already underway in the wider system and also the connectivity to work happening at national, regional and local level. Good links have been established with Voluntary, Community and Social Enterprise Sector (VCSE) and growing links with place.

Key Risks/Areas of Focus:		**Decisions Made:**	
• Significant increasing demand for ADHD/Autism assessment may mean that services are no longer able to safely meet demand.		• Update for information.	

		Date		Date
	Audit Committee		Remuneration &	

Governance:			Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	29.11.23

Monitoring and assurance framework summary:

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

Humber and North Yorkshire Health and Care Partnership
Mental Health, Learning Disabilities and Autism Collaborative Programme

Humber Teaching NHS Foundation Trust Board Update – November 2023

Summary

- **Mental Health, Learning Disabilities and Autism 5th Annual Conference – "Let's Talk Autism"** took place on the 9th November 2023 attended by nearly 400 people. The conference included keynote addresses from Professor Sheila The Baroness Hollins MP, Claire Murdoch, National Mental Health Director, NHS England and several colleagues representing local work to support autistic people, including Matthew's Hub and the Humber and North Yorkshire Keyworker service.

- **2024/25 Planning** – The Integrated Care Board (ICB) planning steering group has been re-established and met for the first time on 13th November. Some initial information has been shared regarding amendments to metrics, however the full planning guidance is not expected until the end of December 2023. The operational planning process will be led through the weekly operational leadership group.

- **Out of area programme** is gaining more national focus as part of the National Inpatient Transformation Programme. Work is focussed on eliminating out of area placements. Information collection is underway to scope this programme and have a system wide overview on where patients are placed, length of stay and plans for discharge, including the associated costs.

- **Autism/ADHD assessment pathways** – Following a significantly increased level of demand for autism and ADHD assessments, we have established the Autism/ADHD assessment pathways steering group to scope demand and approaches across the Integrated Care Board (ICB) 6 places.

- **Community Mental Health Transformation** – Recent analysis from NHS England showed that Humber and North Yorkshire Integrated Care Board (ICB) are performing extremely well in establishing key success factors integrated community mental health teams in comparison with the North East and Yorkshire region.

- **Mental Health, Learning Disabilities & Autism Culture & Workforce Programme** – The steering group has agreed its areas of focus, a number of which will fit into work already underway in the wider system and also the connectivity to work happening at national, regional and local level. Good links have been established with the Voluntary, Community and Social Enterprise Sector (VCSE) and growing links with place.

- **Mental Health, Learning Disabilities and Autism performance across the Integrated Care Board (ICB)** – Although some of our local places are meeting planning targets in several areas, we have some areas of challenge with regard to performance, most notably dementia diagnosis, inappropriate out of area placements, NHS talking therapies access and children and young people's access. Further details can be found below.

- **Community Mental Health, Learning Disability and Autism Longest and Median Waits Data** – The significant pressures from the pandemic have led to enormous demand and growing waiting lists for mental health and neurodevelopmental services. On 9th November, NHS England has made data
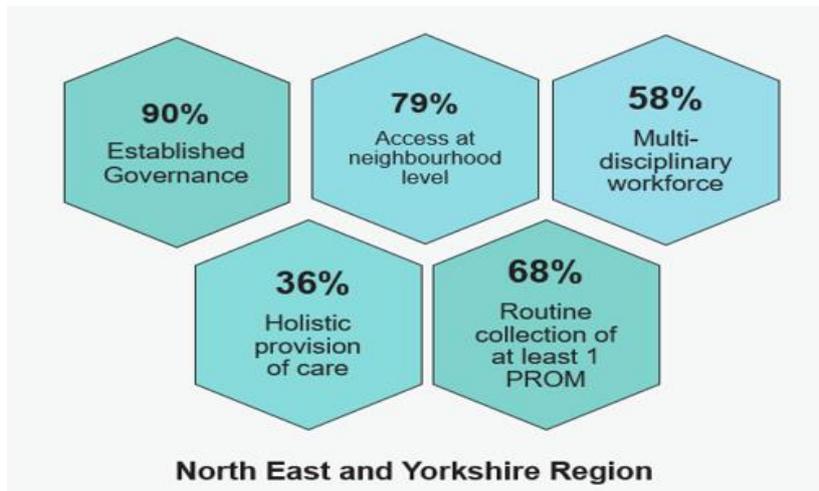
publicly available for the first time on waits to community mental health, learning disability and autism services. The publication of these metrics will be followed next year by new community mental health waiting times metrics for children and young people, adults and older adults, in line with the Clinical Review of Standards (CRS) consultation. There are no targets or standards for either the median and longest waits metrics or the CRS waiting time metrics. However, organisations with the longest waits indicate delayed access to support for patients as well as data issues that should be addressed.

Community Mental Health Transformation

Humber and North Yorkshire Integrated Care Board (ICB) have seen a significant increase in community mental health team (CMHT) access due to the early implementer model in Hull and the East Riding, along with continued transformation in all other areas and we continue to exceed long term plan (LTP) ambitions. Interoperability issues mean that not all access data can be extracted and reported (most areas are recoding this data in primary care, not secondary Mental Health Services), however when resolved, the resulting available data is likely to improve the position further.

Recent analysis from NHS England showed that Humber and North Yorkshire Integrated Care Board (ICB) are performing extremely well in establishing key success factors integrated community mental health teams in comparison with the North East and Yorkshire region.

98% Established Governance

95% Access at neighbourhood level

98% Multi-disciplinary workforce

98% Holistic provision of care

98% Routine collection of at least 1 PROM

Humber and North Yorkshire ICB

90% Established Governance

79% Access at neighbourhood level

58% Multi-disciplinary workforce

36% Holistic provision of care

68% Routine collection of at least 1 PROM

North East and Yorkshire Region
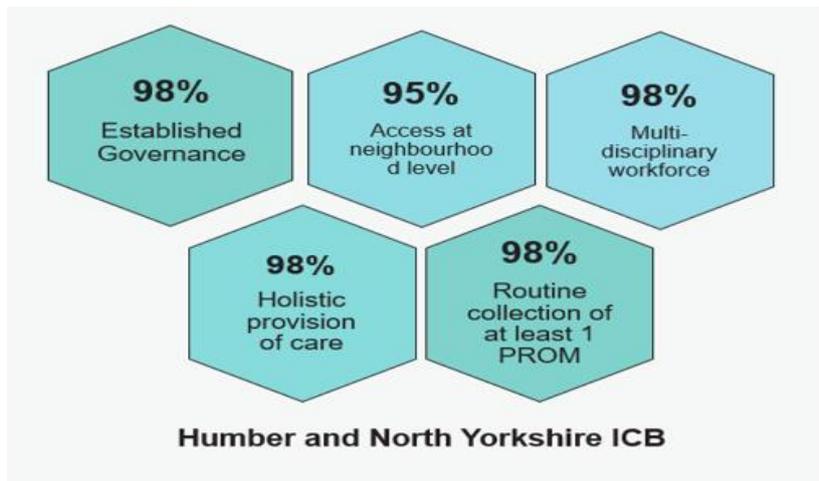
Mental Health, Learning Disabilities and Autism Performance across the Integrated Care Board
A summary of the key performance metrics can be found below:

- **Dementia diagnosis** – September rate is 58.6%. The Integrated Care Board target is not being met. Hull, North East Lincolnshire and North Lincolnshire are meeting local planning targets. Significant variation between lowest performing area (52%) and highest performing area (69%). Coding has been identified as a significant contributing factor to the current low dementia diagnosis rate. Robust plans in place to undertake data cleansing, with initial results in December 2023.

- **Community Mental Health access** – The Integrated Care Board target is not being met (which was an ambitious stretch target) but the NHS Long Term Plan ambition is being met. Interoperability issues between the Mental Health Provider Trusts and Primary Care is the main reason the Integrated Care Board target isn't being met. There is ongoing work to address this.

- **Perinatal Mental Health access** – All places apart from North Lincolnshire are meeting the local target.

- **Out of area placement bed days (inappropriate only)** – Only North East Lincolnshire is meeting the target of zero inappropriate adult acute mental health out of area placement beds. A Humber and North Yorkshire daily situation report (SitRep) has been launched to gather more data on these placements, as well as older adult, learning disability, autism, rehab, Continuing Health Care (CHC) and local Delayed Transfers of Care (DTOCs). Therefore, more detailed narrative and plans will be available in the coming months**.**

- **Children and Young People's Mental Health access** – The Integrated Care Board target is not being met. It is recognised that there is a level of variation across our local places which will need to be addressed**.** The impact of the covid pandemic is still evident with higher rates of children and young people presenting with poor mental health than before the pandemic, resulting in longer wait times. Improvements have been made to ensure all NHS funded children and young people mental health services are reporting and flowing data, improved reporting against the children and young people access target will be seen in quarter 3 and 4 this year.

- **NHS Talking Therapies** – East Riding and North Lincolnshire are meeting local targets. We have seen reduced referrals to talking therapies owing to the Community Mental Health transformation. Primary care now have access to alternative mental health input within Primary Care Networks, this has impacted upon the referrals to talking therapies. NHS England have published guidance to support improved joint working between NHS Talking Therapies and Community Mental Health (CMH) services.

- **Learning Disability Health Checks** – September performance of learning disability health checks is 28.4% for the Integrated Care Board. This is in line with performance in 2022/23 when the 75% target was exceeded. On track to be achieved.

- **Inpatients with a learning disability and/or autism –** For adults, the Integrated Care Board is over target by 9 individuals, for children we are over target by 2 individuals. The Humber and North Yorkshire daily situation report (SitRep) and inpatient redesign programme to identify and address issues to lower number of inpatients with a learning disability or autism.

Recommendation/Action
The Board is asked to note the information presented in the paper.

Title & Date of Meeting:	Trust Board Public Meeting – 29th November 2023				
Title of Report:	Emergency Preparedness Resilience and Response (EPRR) Assurance Process 2022-23				
Author/s:	Name: Lynn Parkinson Title: Accountable Emergency Officer				
Recommendation:					

To approve	✓	To discuss	
To note		To ratify	
For assurance	✓		

Purpose of Paper:	The NHS core standards for EPRR are the minimum requirements commissioners and providers of NHS-funded services must meet. These core standards are the basis of the EPRR annual assurance process. Commissioners and providers of NHS-funded services must assure themselves against the core standards which in turn assures the EPRR regional and national teams that the NHS is properly prepared to respond. This paper outlines the new process introduced this year by NHSE which was piloted in the West Midlands last year. The Trust has self-assessed itself against the 10 domains of which there are 58 applicable core standards as well as a deep dive with 10 standards although these do not affect the overall rating. The Trust has submitted its final position and statement of compliance to the ICB on 10th November in preparation for the Local Health Resilience Partnership (LHRP) confirm and challenge on 21st November 2023 This is the final outcome report with updated action plan (Appendix 1))and the statement of compliance which is required to have Trust Board approval as part of the assurance process (Appendix 2) Linked Document for information - NHS England EPRR Core Standards Overview for Boards

Key Issues within the report:	
Positive Assurances to Provide: • Comprehensive Action Plan in place	**Key Actions Commissioned/Work Underway:**.

• That the Trusts outcome is comparable to other Trusts within the ICB footprint and other areas as a result of the new process.	• The introduction of a new evidence-based check and challenge process has identified areas that require additional work to raise compliance levels which have been identified on the EPRR action plan. • Work in progress with Instructional Designer to complete learning requirements document for mandatory EPRR awareness training for all staff which is a requirement for 2024.

Key Risks/Area of Focus	**Decisions Made:**
• Future failure to meet the NHSE compliance requirements could lead to Humber Teaching NHS FT not being 'properly prepared for dealing with a relevant emergency'. This is a responsibility placed on NHS funded providers under the Civil Contingencies Act (2004), the Health Care Act 2022 and NHS Act 2006. • A number of standards depend on collaboration with other corporate services to improve the evidence requirements. This will require prioritisation by all corporate services to ensure associated actions are completed. • That the availability of courses for portfolio completion impedes the ability to complete the applicable standards	• To accept the compliance rating applied by NHSE as part of the new assurance process and support this with a robust action plan for improvement.

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	13.11.23
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

Monitoring and assurance framework summary:

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

**Emergency Preparedness Resilience and Response (EPRR)
Assurance Process 2023-24**

1. Introduction

The NHS needs to be able to plan for and respond to a wide range of emergencies and business continuity incidents that could affect health or patient safety. Although Humber Teaching NHS Foundation Trust is not categorised under the Civil Contingencies Act (2004) the Health and Care Act 2022 expects NHS organisations and providers of NHS funded care to show that they can effectively respond to emergencies and business continuity incidents while maintaining services to patients. This work is referred to in the health service as 'Emergency Preparedness, Resilience and Response' (EPRR).

2. NHSE EPRR Core Standards assurance process

The NHS EPRR Core Standards clearly set out the minimum occupational standards expected of NHS organisations and providers of NHS funded care with respect to emergency preparedness, resilience, and response.

The NHSE EPRR Core Standards enable agencies across the country to share a common purpose and to coordinate EPRR activities in proportion to the organisation's size and scope. In addition, they provide a consistent cohesive framework for self-assessment, peer review and assurance processes.

This year a new process has been introduced for the Humber and North Yorkshire region as part of a phased rollout which started in the West Midlands last year as an initial pilot. The new process is deemed by NHSE to enhance the assurance arrangements for the EPRR core standards by introducing an evidence-based check and challenge process, whereby organisations are required to submit evidence to support their self-assessment. The rationale for the change is outlined in detail along with the expected impacts on organisations compliance ratings in NHS England EPRR Core Standards Overview for Boards.

The Trust received the annual assurance letter in May with the expected annual compliance requirements supported by an 80+ slide power point presentation of additional compliance requirements as part of the new process, almost doubling each core standards compliance requirement. The EPRR team has worked consistently with the ICB and its provider partners over the summer and into the autumn to understand the requirements in order to complete the self-assessment in a timely manner.

The Trust has had to self-assess against each core standard using the compliance levels defined below:

Compliance Level	Definition
Fully Compliant	Fully compliant with the core standard
Partially Compliant	Not compliant with the core standard The organisation EPRR work programme demonstrates evidence of progress and an action plan is in place to achieve full compliance within the next 12 months
Non-Compliant	Not compliant with the core standard In line with the organisation EPRR work programme, compliance will not be reached within the next 12 months

Deep Dive

Following key themes and common health risks raised as part of last year's annual assurance process, the 2023/24 EPRR annual deep dive focusses on EPRR responder training this year. Training is a fundamental element of embedding resilience with organisations as part of the cycle of emergency planning. To note, however, the overall Trust assessment excludes the deep dive element and does not contribute to the overall compliance level.

Assurance rating principle

The number of core standards applicable to each organisation type is different however, Humber Teaching NHS Foundation Trust has 58 applicable core standards to self-assess against. The overall EPRR assurance rating is based on the percentage of core standards the organisation is compliant with outlined in the table below:

Compliance Level	Definition
Fully	The organisation is fully compliant against 100% of the relevant NHS EPRR Core Standards
Substantial	The organisation is fully compliant against 89-99% of the relevant NHS EPRR Core Standards
Partially	The organisation is fully compliant against 77-88% of the relevant NHS EPRR Core Standards
Non-Compliant	The organisation is fully compliant up to 76% of the relevant NHS EPRR Core Standards

Timeline for 2023/24 assurance process

- The Trust initially self-assessed as partially compliant (*Table 1)* and provided evidence to underpin each core standard for review by NHSE by the 29th of September 2023, signed off by the Trusts Accountable Emergency Officer.

- On receipt of this evidence NHSE carried out the primary evidence check.

- The Trust received a feedback letter on 13th October 2023 with the results of the primary evidence check, identifying a total of 40 of the 58 core standards being challenged with a compliance level of 10% of the core standards therefore rating the Trust as non-compliant *(Table 2)*. The Trust was given five working days to provide supplementary evidence.

- Supplementary evidence and challenge on 17 of the challenged core standards was re-submitted on 20th October 2023 by the Trust.

- Receipt of the supplementary evidence check, and challenge letter was received on 27th October 2023. NHSE had accepted some of the supplementary evidence and accepted our challenge on 8 core standards, these were returned to compliant, no additional non-compliant standards were added *(Table 3)*. The Trust moved up to 24%. Although overall compliance still remains at non-compliant, this outcome is comparable to other Trusts within our ICB footprint and other areas and it has been identified that the Trust is not an outlier as a result.

- The Trust has submitted its final position of non-compliant to the ICB (copy to the EPRR Regional Team) on 10th November 2023 as required by NHSE.

- The Local Health Resilience Partnership (LHRP) meeting will take place on 21st November 2023 with a confirm and challenge by each organisation with attendance required by all Accountable Emergency Officers.

- It is expected that all organisations provide updated action plans and an outcome report to their Trust Boards by 31st December 2023 to complete the assurance cycle.

3. Trust NHS EPRR Core Standards - Primary Submission

The Trust self-assessed itself at 'partially compliant' overall reaching 78% percentage compliant.

Domain	Total Applicable Standards	Fully Compliant	Partially Compliant	Non Compliant	Not Applicable
Governance	6	5	1	0	0
Duty to risk assess	2	2	0	0	0
Duty to maintain plans	11	9	2	0	0
Command and control	2	2	0	0	0
Training and exercising	4	0	3	1	0
Response	5	4	1	0	2
Warning and informing	4	3	1	0	0
Cooperation	4	4	0	0	3
Business continuity	10	9	1	0	1
Hazmat/CBRN	10	7	1	2	9
Total	58	45	10	3	15

Table 1

4. Trust NHS EPRR Core Standards – Primary check and challenge outcome by NHSE

NHSE challenged 40 core standards and rated the Trust as non-compliant reaching an overall of 10% compliant.

Domain	Total Applicable Standards	Fully Compliant	Partially Compliant	Non Compliant	Not Applicable
Governance	6	3	3	0	0
Duty to risk assess	2	0	2	0	0
Duty to maintain plans	11	1	7	3	0
Command and control	2	0	2	0	0
Training and exercising	4	0	3	1	0
Response	5	0	4	1	2
Warning and informing	4	0	4	0	0
Cooperation	4	1	2	1	3
Business continuity	10	1	9	0	1
Hazmat/CBRN	10	0	8	2	9
Total	58	6	44	8	15

Table 2

5. Trust NHS EPRR Core Standards – Supplementary check and challenge outcome by NHSE

The Trust supplied further supplementary evidence as requested and challenged back on 17 core standards within 5 working days, 8 of which were accepted increasing the compliance to 24% although it still remains non-compliant.

Domain	Total Applicable Standards	Fully Compliant	Partially Compliant	Non Compliant	Not Applicable
Governance	6	3	3	0	0
Duty to risk assess	2	1	1	0	0
Duty to maintain plans	11	1	10	0	0
Command and control	2	1	1	0	0
Training and exercising	4	0	3	1	0
Response	5	2	3	0	2
Warning and informing	4	0	4	0	0
Cooperation	4	2	2	0	3
Business continuity	10	4	6	0	1
Hazmat/CBRN	10	0	8	2	9
Total	**58**	**14**	**41**	**3**	**15**

Table 3

6. Collaborative Working

Although NHSE recognise the significance of taking this evidence-based approach and the additional demands and challenges it has placed across organisations, given the competing pressures and that Trust Boards may be concerned by the reduction in compliance ratings. They state it is important to note that they consider this does not signal a material change or deterioration in preparedness but should be considered as a revised and more rigorous baseline in which to improve plans for preparedness. On that basis they will be looking to schedule debrief sessions for Accountable Emergency Officers and EPRR Leads following completion of the assurance process.

7. Next Steps

The EPRR team have developed a comprehensive action plan (**Appendix 1**) to focus their efforts over the next 12 months ensuring that all the compliance requirements not included in this year's assurance standards are captured and pro-actively progressed for next year's submission enabling the Trust to increase its percentage compliance.

Being categorised as non-compliant, we will be expected to provide updates against the EPRR core standards action plan to the LHRP as part of the continuous improvement cycle every three months, as well as monthly progress meetings with the ICB as part of the monitoring process.

As part of our own internal governance cycle we will also report progress on the action plan to the Trust Operational Delivery Group as part of the EPRR quarterly updates, then reported via ODG to EMT with any necessary escalation of risks to progress and compliance.

8. Recommendations

The Trust Board is asked to:

- Review the action plan and approve the statement of compliance.

Appendix 1 – EPRR Action Plan

Plan / Policy	Action	Core Standard	Assigned to	Target date
EPRR Policy	Include reference to the Trust's Aims and Objectives	2	LJ	March 24
	Include info on how Supplier contracts are managed	2	LJ	May 24
	Discuss systems for monitoring and embedding lessons identified	6	LJ	September 24
Risk Management Policy	Need to refence annual review of risk register. Relevant governance process needs to be shown inc. date, owners and schedules for the EPRR risks.	8	OS	March 24
Incident Response Plan	Remove requirement for AEO to activate plan	10	RJB	March 24
	State that the Trust must activate own response and make declaration itself – no rely on external forces	10	RJB	March 24
	Remove "where possible" to remove chance of Strategic taking tactical or operational decisions	10	RJB	March 24
	Expand the stand down information: who authorises and what is the process?	10	RJB	March 24
	Include info on actions taken when recovery begins	10	RJB	March 24
	Needs reference to the thresholds for escalation from service to department, to organisation for BC events	10	RJB	September 24
	Include governance arrangements and residual areas for mutual aid request	10	RJB	March 24
	Include section on Mass Casualty and include detail of arrangements in place to contribute to system response	15	RJB	May 24
	Expand Mass Fatalities section and include detail of arrangements in place to contribute to system response	19	RJB	May 24
Incident Coordination Centre	Expand ICC Set Up Guide - Include info on staffing role, arrangements for the use of tabards / ID badges, and timelines of setup	26	RJB	September 24

	Order ICC Equipment as per list in ICC Set Up Guide	26	RC	September 24
	Show how the ICC links into the organisations C4 arrangements (Command, Control, Communication & Coordination)	26	RJB	March 24
	Ensure there are training records for staff using / establishing the ICC	26	RC	March 24
	Ensure that the set-up guides within the Incident Response Plan are accessible alongside the plan	26	RJB	March 24
	Evidence of hard copy plans available via photographs included in ICC Set up guides.	27	RJB	September 24
Mass Casualty Plan	Meet with LRF/System Partners: IRP to detail the expectations and actions the organisation would take in responding as a system partner. Must demonstrate arrangements are in place i.e. how the Trust fits into the local system arrangements and what actions their command team would need to implement even in the early phases whilst the wider dynamic assessment can be undertaken.	15	RJB/RC	January 24
Mass Fatalities Plan	Meet with LRF/System Partners: IRP to detail the expectations and actions the organisation would take in responding as a system partner. Must demonstrate arrangements are in place i.e. how the Trust fits into the local system arrangements and what actions their command team would need to implement even in the early phases whilst the wider dynamic assessment can be undertaken.	19	RJB/RC	January 24
Outbreak of Communicable Infection Policy	Undertake Review	12	DD (IPC)	May 24
	Include command and control arrangements for a large scale outbreak	12	LJ	May 24
	Include role in community outbreak, swabbing and prophylaxis pathways, FFP3 and PPE requirements, contact tracing and HCID management	12	DD	May 24
Pandemic Plan	Command and control arrangements linked to a protracted pandemic response	13	LJ	May 24

	Needs expectations and actions through the stages of the pandemic	13	LJ/DD	May 24
	Needs lessons identified from COVID	13	LJ/DD	May 24
	Needs reference to how staffing absence and wellbeing would be overseen as the pandemic progressed	13	LJ/DD	May 24
	Needs wider discussion on how antivirals would be managed at a trust level	13	LJ/DD	May 24
	Need to include arrangements to support an incident requiring countermeasures or a mass countermeasures deployment	14	LJ	May 24
Evacuation and Shelter plan	Create a Trust evacuation plan	16	LJ	September 24
Physical Security of Premises Policy	Need a full review and consultation – reviewed at last Health and Safety Committee.	17	VS (Security)	May 24
	Needs to include consideration and authorisation arrangements for removing a lockdown	17	VS	May 24
	Needs to include info on maintaining access for patients in the event of a lockdown, including safe access for ambulances	17	VS	May 24
	Include info on communications messages in the event a lockdown is in place	17	VS	May 24
	BC arrangements	17	VS/EPRR	May 24
	How would a breach in lockdown be resecured and what actions would be taken in this case	17	VS	May 24
Designation and Management of High-Profile Restricted Patients	Visiting Celebrities VIPs and Other Official Visitors Policy N-028 (or another Trust document) needs to include arrangements for high-profile patients.	18	Safeguarding	May 24
TNA & Portfolios	Establish portfolios for all Strategic and Tactical Officers	21,22 +24 DD1-DD10	EPRR Team	June 24
	Identify training opportunities as per NHSE TNA for all Strategic and Tactical mandatory training listed	21,22 +24 DD1-DD10	EPRR Team	June 24
	Communications training	21+33 DD1-DD10	RK (Comms)/RJB	June 24
	Media training	21+33+36 DD1-DD10	RK	June 24

	Identify suitably qualified CBRN trained officer to deliver CBRN training.	55 DD1-DD10	RJB	September 24
Communications Plan EPRR	Requirement that organisations evidence how they will staff the comms / media arrangements out of hours	36	RK	June 24
Business Continuity Policy	Needs review – ensure version control correct	44-50	RJB	May 24
	Scope / scale of the Trust BC programme / detail how the change to a different template for ISO alignment happens	45-50	RJB	May 24
	Develop process for undertaking Strategic BIA across the organisation	45-50	RJB/RC	September 24
	Establish process for assessing the effectiveness of BCM and demonstrate continual improvement. Process should be detailed in BC Policy with evidence of learning being captured and learning embedded.	52	RJB	May 24
	Trust governance arrangements for BCP and BCMS for commissioned providers or suppliers	53	RJB	May 24
CBRN	Identified roles within the plan with responsibility for planning, training, equipment check & maintenance	55	RJB	September 24
	Deliver CBRN training to staff at high-risk sites	55	RJB/RC	September 24
	Clarify the scope of the risk assessment, frequency and engagement with other agencies	56	RJB	September 24
	Consultation with YAS overall CBRN response arrangements	56 + 58	RJB	September 24
	Develop Specialist advice action card for CBRN Plan - More information for staff on activation and who to contact	57	RJB	September 24
	Include info on waste management guidance / how to replace equipment	58	RJB	September 24
	Order CBRN equipment as per list in CBRN Plan and make up CBRN boxes. Deliver to identified sites	60	RC/RJB	September 24
	Identify CBRN responsible officers at each identified high risk site to take responsibility for monitoring and checking CBRN boxes	61	RC	September 24

	Identify & train staff that may need to use PPE – consult with IPC about fit testing going forward as required to have schedule and records	65	RJB/DD	September 24
Quarterly Report to ODG	Comms Test Outcomes.	33	LJ/RJB	January 24

General Actions:

All plans need an amendment log alongside version control		Various	RC	May 24
Lessons Identified and lessons learned process	Establish a process for recording lessons identified following debriefs and exercises including monitoring how they are embedded. This process should be included in EPRR Policy and BC Policy	6 + 52	EPRR Team	May 24
AEO to attend at least 1 LHRP annually	Organisation can show attendance at 75% of Local Health Resilience Partnerships by the Accountable Emergency Officer or suitable director level representative in the past 12 months. Verified by NHSE and ICB records. Accountable Emergency Officer has attended at least one meeting in the past 12 months (expectation is not all meetings are delegated – Manchester Arena findings)	37	LP/CJ	November 23
Timescales for completion of BIA and BCPs on the template		45-50	RC	January 24

Recommendations by NHSE:

EPRR Assurance should go to Board following completion of the annual assurance process (e.g., by 31st December) - whilst the annual work programme reports may well run financial year to financial year, submitting this mid calendar year and referring to "this year's assurance submission" may be misleading.	Changes to Governance cycle	
Policies should be reviewed annually.	To be determined as Trusts follow 3 year cycle	

North East & Yorkshire Emergency Preparedness, Resilience and Response (EPRR) assurance 2023-2024

STATEMENT OF COMPLIANCE

Humber Teaching NHS Foundation Trust has undertaken a self-assessment against required areas of the EPRR Core standards self-assessment tool v1.0

Where areas require further action, Humber Teaching NHS Foundation Trust will meet with the LHRP to review the attached core standards, associated improvement plan and to agree a process ensuring non-compliant standards are regularly monitored until an agreed level of compliance is reached.

Following self-assessment, the organisation has been assigned as an EPRR assurance rating of Non-compliant (from the four options in the table below) against the core standards.

Overall EPRR assurance rating	Criteria
Fully	The organisation is 100% compliant with all core standards they are expected to achieve. The organisation's Board has agreed with this position statement.
Substantial	The organisation is 89-99% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Partial	The organisation is 77-88% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Non-compliant	The organisation compliant with 76% or less of the core standards the organisation is expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months. The action plans will be monitored on a quarterly basis to demonstrate progress towards compliance.

I confirm that the above level of compliance with the core standards has been agreed by the organisation's Accountable Emergency Officer (AEO) pending submission to the Board/governing body along with the enclosed action plan and governance deep dive responses.

Signed by the organisation's Accountable Emergency Officer

L. Pakin

10.11.23

	29/11/2023	09/11/2023
Date of Board/governing body meeting	Date presented at Public Board	Date published in organisations Annual Report

Title & Date of Meeting:	Trust Board Public Meeting– 29th November 2023			
Title of Report:	BeDigital update - November 2023			
Author/s:	Lee Rickles, CIO Peter Beckwith, Director of Finance			
Recommendation:	To approve		To discuss	
	To note		To ratify	
	For assurance	✓		
Purpose of Paper:	The purpose of this paper is to provide the Trust Board with an update on the BeDigital Programme.			

Key Issues within the report:

Positive Assurances to Provide:	Key Actions Commissioned/Work Underway:
• BeDigital report issued to EMT, ODG and Finance Committee • NHS England have approved the EPR investment agreement.	• Business change for the current ways of working is expected to be completed by December 2023 as planned. • EPR contract has been issued for TPP and Trust sign off. • EPR team has recruited SME and operational staff • BeDigital week has been scheduled for w/c 11 December 2023. • New Power BI system in development
Key Risks/Areas of Focus:	**Decisions Made:**
• The cost of Lorenzo for the next two year will create a cost pressure, this significant increased has been escalated with Dedalus who supply Lorenzo. • EPR risk concerning data migration, reporting and the impact of operational pressures.	• The Lorenzo structured data sets have been created so it can be provided to TPP. • New data lake to be based upon the data bricks cloud based system • To start the roll out of multi factor authentication for NHSmail. • SystmOne non-GP view beta testing has been completed and roll out to start once clinical safety actions have been mitigated. • Budget allocated to support the replacement of 50 laptops per month.

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee	✓	Executive Management Team	✓
	Mental Health Legislation Committee		Operational Delivery Group	✓
	Charitable Funds Committee		Collaborative Committee	
			DDG, IGG, EPR programme Board, IMB	x

Monitoring and assurance framework summary:

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

November 2023 Update

1 Introduction and Purpose

The purpose of this paper is to provide the Trust Board with an update on the BeDigital Programme.

2 Governance Structure

The revised BeDigital governance is being implemented across the Trust, this is expected to be fully in place by December 2023.

3 Electronic Patient Record (EPR) Funding

NHS England previously released the 2022/23 capital and revenue funding to enable the Trust to carry out preparation of infrastructure to support the future EPR.

The NHS SRO has now approved the Investment agreement, once the agreement is fully signed the Trust will be able to be drawn down the funding for 23/24.

4 Implementing our new EPR

The Trusts future EPR is based upon a set of requirements developed with operational and corporate services, this is summarised below:

Functional Requirements and Principles	- Patient Administration - Clinical Functionality - Departmental Functionality - Electronic Prescribing and Medicines Administration (EPMA) - Order Communications & Results Reporting - Integration and interoperability - Reporting and Business Intelligence
Non-Functional Requirements	- Information Governance - Data Migration & Data Quality - Contract & SLA Management - Application Support and Development

Progress to date on the EPR Programme is attached at appendix A.

Risk Register Update

The project team have reviewed all current risks to update them and/or added new ones where necessary. A number of risks on the register are expected to be closed or their

rating reduced once the IA/IJ have been signed off by the Frontline Digitisation team which is expected by the end of the month, as these relate to funding.

Risks currently rated high relate to operational resources and the current situation with regard to data migration for the programme.

The position regarding operational resources is improving however there are still some challenges which are being worked through.

Regarding data migration, an options report to offer the viable options to be considered, discussed and agreed has been drafted and will go via the Trusts governance process's , this is a critical decision as it shapes the whole of the programme and its timescales going forward.

5   BeDigital Communications

Throughout 11 – 15 December 2023, the Trust will host its very first BeDigital Week. The aim of the week is to raise awareness of digital workstreams and activities, to encourage members of staff across the Trust to get involved in what the Digital Team has to offer.

Each day of the week will bring a different topic of conversation through MS Teams drop in sessions:

- Monday - Meet your Digital Team
- Tuesday - SystmOne Demos, in relation to the next generation EPR programme
- Wednesday - Shared Care Records, with Interweave
- Thursday - Future of Tech, with a special guest from Google
- Friday - Data Validation and Testing

In addition, a variety of competitions and activities will be shared throughout the week for staff to engage in. Advertising hampers complete with Christmas themed hot drinks and biscuits are also being shared to staff teams to enjoy during the week and encourage their attendance.

The launch communications for BeDigital Week will begin on Friday 10 November.

6   Digital Delivery Group

The Digital Delivery Group met on the 9th November and support for a digital workstream to support a new stock control system was agreed. The audit of laptops has been completed and has confirmed the need to issue 50 laptop per month, the capital budget has been amended to reflect the requirement (this is within the digital capital allocation).

7   Information Technology

The IT team are currently progressing two national initiatives that will have an impact on all trust staff.

7.1   Multi-Factor Authentication

The deployment of Multi Factor Authentication (MFA) to all NHSmail email accounts.

MFA requires a second authentication method when you access Email, Teams and other NHSmail services. The authentication method will either use text messages or authenticator software on mobile phones. Details of the MFA deployment has been circulated in the weekly global and when accounts are scheduled to be enabled for MFA staff will get a direct invitation email from the IT Servicedesk.

7.2   Network Hardware

A review of the Trusts network hardware and circuits is currently taking place – this forms part of the NHS England Gigabit Pathway that allows organisations to apply for funding to upgrade network equipment and services to support the delivery of digitally mature health services.

The Trust have applied for funding which if approved will allow us to replace the main network router at 40 of our sites, this will move the Trust into a position where we will have an infrastructure that will allow it to re-tender network connectivity (2024/25).

8   Business Intelligence

The following highlights have been achieved since the last report.

- Work started to configure the power BI NHS tenant ready to migrate reports from existing environment.
- Intranet page being developed to ease access to Power BI environment and other reports (Report Manager) – instructions, links to services.
- Data shared with Hull Youth Justise Service for their first returns to Ministry of Justise
- Positive feedback from 33n regarding data provided for CLEAR Project 1 – Core CAMHS
- Work commencing on CLEAR Project 2 – Adult Crisis Care

9   Interweave

The Interweave Management Board, product steering group and technical design authority have all taken place since the last report.

The following highlights have been achieved.

- New Power BI dashboard in development, with special thanks to Martyn Ramsden
- Ability to report by Shared Care Record, ICB, Sector, and individual Tenancy
- Interweave Portal usage continues upwards trend (appendix 2)
- New Operations system launched to manage deployment projects.
- 74 projects in progress across 4 Shared Care Records
- Data maturity developing - YAS go live with Encounters

- Any2Any connection to Booking and Referral Service (BaRS) alongside user research in HUTH and CHCP to enable digital patient streaming
- Virtual Ward view in the Interweave Portal
- HTML data from non-GP SystmOne units in beta, once live this will connect all SystmOne units into interweave.
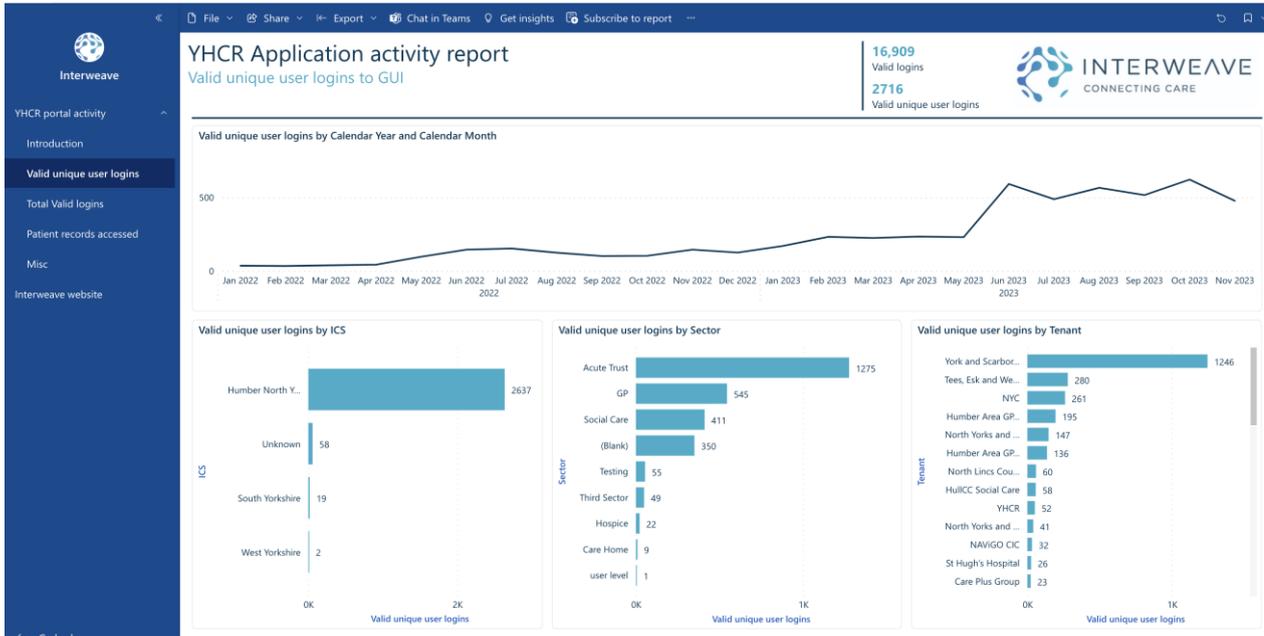- GP Connect Structured Meds and Allergies SCAL nears completion.

10   Conclusion

BeDigital is progressing as planned with no item to escalate.

Lee Rickles
CIO, 15 November 2023

Appendix A – EPR status report

BeDigital EPR Programme Update	Overall RAG status	A	Reporting Period	Q3 FY23/24

Key Activities

How we will know we have achieved it:
We will be able to demonstrate:

As we have an existing EPR solution our long term strategy is for this to become a data feed into a separate clinical data platform; ideally with an opensource infrastructure. This Trust controlled data layer will then allow different applications to "plug in" to a single, consistent and persistent, source of structured patient data. This will enable a variety of different innovative applications to be developed by SME developers using the source data from their EPR and other clinical systems.

The Trust is aligned with the DA+ strategic approach to stimulate the supplier market to properly commit to the system changes required to provide the relevant data feeds and API interfaces required to build this separate data layer through a collaborative competitive commercial process.

This is an end-to-end programme of clinical digital transformation that will result in enhanced digitally enabled care that delivers better patient journeys and improves patient outcomes.

Current key projects activities	Key activities & milestones completed for this reporting period & RAG status	Key activities & milestones planned for next reporting period	How we will measure success
Mobilise Programme Team	• Second additional trainer and Project Manager to commence in post end October • Operational resource for MH division agreed one day per week • Product Specialist commenced in post	• Confirm start dates for operational resources from each division – CAMHS resource starting 6th November 2023 and working 4d per week • Second Product Specialists to commence in post w/c6th November 2023 • CAMHS/LD operational resource to work 4d pw commencing w/c6th November 2023 • Four Forensic operational resources working a number of days agreed, start date to be confirmed • Progress Solution Architect recruitment	HTFT have a fully resourced team to commence agreed activities
Business Change	• Continue to progress business change meetings and map current state processes	• Processes have been prioritised in to three groups – Must Do, Should Do and Could Do based on severity of risk to the programme if we miss something that services currently do. This will then be used to report progress • Complete current state process mapping • Plan structured approach to future state process mapping	Full set of end to end process maps available for all teams/services
OBC/FBC & EPR Procurement	• Complete EPR Contract negotiations with TPP • IA/IJ approved by Trust board • Submission of IA/IJ to regional finance for approval	• Sign EPR Contract negotiations with TPP • Receive regional approval of Investment Agreement (IA) and Investment Justification (IJ) • Complete additional documentation and agree mechanism to draw down underspend funding for voice recognition and patient portal/communication applications	OBC & FBC are approved internally and externally
App Development / Integrated Systems		• Kick off voice recognition project and agree platform • Agree PHR platform to be used – Communications Annexe, Airmid, AccuRx, PKB • Review Brigid App and roadmap and agree if and when to implement	Functionality implemented to support service users
EPR Preparation	• Complete review of Talking Therapies requirements to confirm whether can move from IAPT/PCMIS	• Review R&R project and agree implementation date (not Day1) • Agree implementation date for non Day 1 functionality –EPS (possibly Day 50) and R&R (possible Day 100) already identified • Develop full Programme plan • Complete PID for submission to Programme Group • Discuss number of units • Produce paper regarding data migration options following kick off meeting	EPR Contracts Signed

Items of escalation: None

YHCR Application activity report
Valid unique user logins to GUI

16,909
Valid logins

2716
Valid unique user logins

INTERWEAVE
CONNECTING CARE

Valid unique user logins by Calendar Year and Calendar Month

Jan 2022 Feb 2022 Mar 2022 Apr 2022 May 2022 Jun 2022 Jul 2022 Aug 2022 Sep 2022 Oct 2022 Nov 2022 Dec 2022 Jan 2023 Feb 2023 Mar 2023 Apr 2023 May 2023 Jun 2023 Jul 2023 Aug 2023 Sep 2023 Oct 2023 Nov 2023

Valid unique user logins by ICS

ICS	Valid unique user logins
Humber North Y...	2637
Unknown	58
South Yorkshire	19
West Yorkshire	2

Valid unique user logins by Sector

Sector	Valid unique user logins
Acute Trust	1275
GP	545
Social Care	411
(Blank)	350
Testing	55
Third Sector	49
Hospice	22
Care Home	9
user level	1

Valid unique user logins by Tenant

Tenant	Valid unique user logins
York and Scarbor...	1246
Tees, Esk and We...	280
NYC	261
Humber Area GP...	195
North Yorks and ...	147
Humber Area GP...	136
North Lincs Cou...	60
HullCC Social Care	58
YHCR	52
North Yorks and ...	41
NAViGO CIC	32
St Hugh's Hospital	26
Care Plus Group	23

INTERWEAVE

Organisation	ICS	Allergies/Intolerance	Appointments	Care Plans	Composition	Condition	Devices	Diagnostic Report	Documents	Encounters	Episodes of Care	Flag	Location	Medication Request	Medication Statement	Observations	Organisation	Patient	Practitioner	Practitioner Role	Procedures	Referral Request	Related Persons	Task	Transfer of Care (YAS)
Airedale NHS Foundation Trust	WY																								
Barnsley Hospital NHS Foundation Trust	SY																								
Black Pear Software	Regional																								
Bradford Teaching Hospitals NHS Foundation Trust	WY																								
Calderdale and Huddersfield NHS Foundation Trust	WY																								
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	SY																								
Harrogate and District NHS Foundation Trust	HNY																								
Helm	WY																								
Hull University Teaching Hospitals NHS Foundation Trust	HNY																								
Hull City Council	HNY																								
Humber Teaching Hospitals NHS Foundation Trust	HNY																								
Leeds Teaching Hospitals NHS Trust	WY																								
Leicestershire Partnership NHS Trust	LLR																								
Leicester City Council	LLR																								
Leicestershire County Council	LLR																								
Rutland County Council	LLR																								
University Hospitals of Leicester	LLR																								
Mid Yorkshire Hospitals NHS Trust	WY																								
North Lincolnshire Council	HNY																								
North Yorkshire Council	HNY																								
Northern Lincolnshire and Goole NHS Foundation Trust	HNY																								
The Rotherham NHS Foundation Trust	SY																								
Tees	EWV																								
Sheffield Children's NHS Foundation Trust	SY																								
Sheffield Teaching Hospitals NHS Foundation Trust	SY																								
York and Scarborough Teaching Hospitals NHS Foundation Trust	HNY																								
Yorkshire Ambulance Service NHS Trust	Regional																								

Data	Sandpit	Staging	CS Testing	Live

Title & Date of Meeting:	Trust Board Public Meeting – 29th November 2023
Title of Report:	Finance and Investment Committee Assurance Report - Chair's Log
Author/s:	Francis Patton, Chair

Recommendation:					
	To approve		To discuss	
	To note	x	To ratify	
	For assurance			

Purpose of Paper:	The aim of this paper is to provide assurance to the Trust board on the financial performance of the Trust and any business development opportunities identified.

Key Issues within the report:

Positive Assurance to Provide:
- The HFMA Sustainability checklist provides strong assurance about the Trusts financial sustainability.
- Continued delivery of the BRS for 23/24.
- The ongoing monitoring of plans to deliver the Primary care and Agency recovery plans.
- Capex investment for 23/24 are on track.
- Work on the Off Payroll workers is on track.
- The Trust has a high degree of confidence in its year end forecast.
- The BeDigital plan is on track.
- The Green plan is delivering strong results.
- The new BAF & risk register.

Key Actions Commissioned/Work Underway:

- The Terms of Reference for FIC are being reviewed in light of taking on the digital agenda.
- There are ongoing Primary Care and Agency cost reduction plans in place.
- A review of progress on the Primary Care strategy will be coming to the December strategic board session.

Caring, Learning
& Growing Together

Key Risks/Areas of Focus:	Decisions Made:
- The financial position of the NHS at all levels remains a concern with forecast outturns looking overly optimistic which could lead to tighter controls in the second half of the year. - The Trust reported a deficit of £0.300m at month 6. - The disputed property costs of Whitby and Malton hospitals are putting pressure on our year end outturn. - The ongoing costs of Primary Care and Agency costs continue to put pressure on our yearend outturn. - The future costs of Lorenzo will put a medium-term pressure on the Trust.	To accept the key papers received at FIC.

Governance: *Please indicate which committee or group*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Report produced for the Trust Board	29.11.23

Monitoring and assurance framework summary:

The committee is providing assurance that the Trust financial performance remains close to plan and that the Trust has a healthy cash position. Good assurance was also provided around the ongoing delivery of the budget reduction strategy, monitoring of Primary care and Agency costs, capex spend, the BAF, the Green plan, Off Payroll workers and the BeDigital plan.

Concerns were flagged around the NHS financial position, the disputed property charges at Whitby

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			
x	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			
Risk	√			
Legal	√			To be advised of any future implications as and when required by the author
Compliance	√			
Communication	√			
Financial	√			

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

Committee Assurance Report – Key Issues

The key areas of note arising from the Committee meeting held on 31st of October were:

- The committee reviewed its Terms of Reference in light of it now taking on the Digital agenda. A number of suggestions were made to improve them and when refined further it will come back to FIC and then to Board.

- In terms of the Insight report the key issues raised were: -
  - The Month 4 NHSE England board paper reported a £809m overspend (1.5%) compared to plan. The full year expenditure limit as at month 4 (£168.7bn) includes a number of additional funding streams confirmed by DHSC but not yet recognised in the published financial directions (The most significant being additional funding for the pay award). ICS's financial positions continue to be impacted by the ongoing industrial action, which is driving additional expenditure as well as impacting on efficiency delivery, this represents a significant risk that many systems will overspend this year. NHSE reported that to the end of July a cost impact of £550m for industrial action and lost activity valued at a further £550m. Transformation and reserves funding shown comprises pay award funding, SDF and ERF funding which is not yet allocated (but is fully committed). This line also includes a small contingency which is required to offset the start-of-year planning gap.
  - At month 5 the Humber and North Yorkshire ICB recorded a deficit position of £57m this is a £30m adverse variance to plan (deficit at Month 5 was £42m). The ICB continue to forecast a deficit position consistent with the NHSE approved plan (£30m deficit), the M6 extrapolated forecast indicate a £116m deficit position (£102m forecast at Month 5).
  - The committee commented that all forecasts at all levels looked unrealistic and that many trusts seem unwilling to declare their true position. The second half of the year will undoubtedly be very difficult and could lead to NHSE involvement in terms of efficiency and control.
  - The committee reviewed the HMFA Sustainability checklist in detail and made a number of suggestions on further evidence that could be provided to evidence the Trust's performance.
  - The committee reviewed a staff pay bridge evidencing why staff numbers have increased year by year from 2019/20 and also illustrating, where possible, the impact on productivity. The committee asked for further work on this and for it to become a standard item on the agenda.

- The Trust reported a deficit of £0.300m at Month 6 relating to Third party Property Charges at Whitby and Malton Hospitals. The cash balance at the end of Month 6 was £25.862m. The Better Payment Practice Code figures show achievement of 94.3%. The Year-to-Date Agency expenditure totalled 3.918m. This is £0.554m below the same period for the previous year. An Agency Recovery Plan has been developed which is aimed at reducing the level of agency costs with oversight at Executive Management Team. A Primary Care Recovery Forecast has been developed with oversight at Executive Management Team, focussing on 2023/24 run rate. The committee discussed the Primary Care Recovery forecast and plan which at the half year is £97k overspent on a deficit budget due to Locum care, sickness and vacancies. There

will be a detailed update at the December strategic session.

- At month 6 Children's and LD reported an overspend of £0.194m; Community and Primary Care reported an underspend of £0.179m; Mental Health reported an overspend of £0.389m; Forensic services reported an underspend of £0.206m; Corporate Services reported an underspend of £0.949m driven predominantly by finance technical items. The committee discussed that delivery of budget was coming predominantly from finance technical rather than from the divisions which needs monitoring. The committee also discussed the issue around Whitby and Malton property charges.

- The committee then undertook a deep dive on agency costs. Year to date spend of £3.918m represents a 12% reduction in spend year on year. Forecast spend for the year represents a 25% reduction on 2022/23 spend levels. Whilst this is a very creditable performance which the committee congratulated the team for delivering it current spend year to date is £0.377m over the Trust profiled financial plan and forecast position to the end of the year is to exceed plan by £0.5m. This will remain a focus for the committee. Next steps for Agency spend include building a detailed forecast for Medical and other roles with a focus on run rate and 2024/25 and monitoring of performance against agency trajectories continues to be a focus at accountability reviews and EMT/ODG.

- In terms of BRS for 2023/24 there has been a very positive start to the year with an overall savings amount of £1.402m achieved at Month 6. Forensic Services, Director of Nursing, Chief Operating Officer and Medical Director have achieved the full value of savings Target in 2023/2. The Community Division is highlighting a risk in the achievement of £0.050m at Outturn. Work continues to ensure that the full year savings targets are achieved, and schemes are developed for future years. Any 2023/24 savings targets which are not met recurrently will be found non recurrently and the target included within 2024/25. The committee congratulated the team on the delivery year to date but did question if there could be some stretch applied to the corporate areas that have already delivered their savings for the full year.

- The committee received a capital expenditure update. Work has commenced on planning and delivery of most schemes within the programme and 22% of the annual budget has been spent/committed at the end of September. Work is progressing on planning and delivering the 3 major schemes in the programme at Granville, the Humber Centre and Pine View. Replacement bedroom door sets are installed and integrated at Avondale and Inspire and installed at Westlands with integration planned for the end of October. Additional digital funding has been notified (£0.484m) this will be added to the capital programme in October once funding agreements have been received. There is currently no identified national solution to merging IFRS16 capital pressures.

  Looking forward the budget has been reprioritised to meet emerging and operational requirements and include additional funding, this now totals £12.029m (including £0.532m of IFRS 16 expenditure that is expected to be funded by NHSE.). £2.091m has been spent at the end of September and a further £0.401m committed, £1.420m expenditure on digital projects represents the majority of expenditure to date. Plans for the seclusion and extra care facilities have been timed to avoid both projects being undertaken at the same time and causing distress to patients. Work on the decarbonisation plan is progressing and a tripartite approach to developing a "blue light" solar farm is being explored with Police and Fire services. Digitisation is progressing with the EPR scheduled for implementation in May 2024 and the Interweave (Yorkshire and Humber Care Record) continues to be developed.

- The committee received an update report on the Off Payroll Working Progress. Substantial progress has been made with processes and training and there is a much wider understanding of the issues across the Trust. Work is underway to incentivise the delivery of a bank and direct engagement model by increasing rates as the risks and costs associated with doing nothing are high. There is a risk that consultants and GP's may move away from the Trust and work for a noncompliant organisation if the options offered by the Trust are to their detriment. Workers can continue working through agencies, but the rates are likely to increase to reflect additional National Insurance liabilities.

  The next step of the process is to write to workers with the Trusts formal assessment of their employment status and set out the alternative options to the current ways of working. Information is required by agencies, and decisions about pay rates are required to progress with the next steps. Consistency of approach and compliance would be achieved if one central team supported all temporary workers.

  The committee congratulated the team on the work to date which was helping to support the agency cost improvement plan.

- The committee received a mid-year review using the month 6 position to look forward to the second half of the year and the potential financial outcome. To remain on plan the Trust has released £0.444m of Bad Debt Provision and £0.196m of Non-Consolidated Pay Award at Month 3, no further provision has been released since this time. Based on current run rate and other known items, the Trust expect to deliver a £0.6m deficit position by the end of the financial year, significant items that are factored into the Trust Level forecast are summarised below.
  - Current Forecast Position £0.6m.
  - Neuro waiting list (above current run rate) £0.5m.
  - Salary Sacrifice Impact £0.3m.
  - PDC/Depreciation benefit on leased assets (£1.0m).
  - *Year end provision £0.2

  The Trust has a high degree of confidence in the forecast position and will develop Divisional level forecasts to underpin the accuracy of the Trust level forecast but has concerns about the wider financial position across the NHS.

  The Committee discussed the forecast outturn in detail and acknowledge that our key concerns remain the funding of the Whitby and Malton property costs and the impact of the issues highlighted around the financial position of other Trusts within the ICB and wider NHS.

- The Committee received the BAF, and risk register. No matters of concerns were highlighted or key risks further to those included in the Finance risk register extract and Board Assurance Framework escalated. The 4 risks held on the Finance Risk Register linked to the Board Assurance Framework had remained the same. The committee discussed the new style BAF in detail and asked for some work to be undertaken on the negative/gaps in assurance and for the new role FIC were playing in the digital agenda to be considered in the next iteration.

- The Committee received its first report on the Be Digital agenda. The IGG, DDG & EPR

programme group meetings have taken place in October 2023 and a BeDigital report issued to EMT and FIC. The TPP/HTFT kick off meeting took place on the 19 October.

Areas of concern/key risks include that the cost of Lorenzo for the next two year has increased which is creating a cost pressure of £350k per annum. This significant increase has been escalated with Dedalus who supply Lorenzo. There is an also an EPR risk concerning data migration, reporting and the impact of operational pressures which is being reviewed.

Work underway includes business change for the current ways of working taking place with operational teams; the EPR contract is in the process of being approved; recruitment of operational leadership and operational subject matter experts is ongoing; NHS England are to approve the investment agreement; we have received £748k of additional funding for patient communication and voice recognition software which will need to be dealt with.

Finally, there has been approval for the replacement solution for the Health Assure / MyAssurance system and the Lorenzo structured data sets have been created so it can be provided to TPP.

The committee reviewed the report and the detailed risk register and were assured on the progress being made.

- The committee received the green plan update which showed that the Carbon reduction targets were slightly behind Green Plan target and that the Trust is in the process of increasing awareness of waste management across operational areas. There is a risk of continued energy price increases until a capped price is established from March 2024.

  Actions underway include the fact that some procurement data is outstanding and being chased; the Salix (phase 3b) grant submission has been submitted, with a positive outcome received in March 2023; a review of the Gas and Electricity contract renewal post March 2024 is under way; the Biomass at ERCH has been recommissioned; the Photovoltaic (PV) panels have been installed at Townend Court; the feasibility of a solar farm is in development.

  The committee congratulated the team on their achievements to date.

- The committee received chairs reports from the Estates Strategy & Capital Delivery Group, the Digital Delivery Group and the Major Schemes Project Board and were assured that all were working well.

Title & Date of Meeting:	Trust Board Public Meeting – Wednesday 29th November			
Title of Report:	Quality Committee Board Assurance Report - September 2023			
Author/s:	Dr Phillip Earnshaw, Non-Executive Director, and Chair of Quality Committee			
Recommendation:	To approve		To discuss	
	To note		To ratify	
	For assurance	X		
Purpose of Paper:	The Quality Committee is one of the sub committees of the Trust Board. The paper provides a summary of discussions held at the additional Quality Committee held on 28 September 2023, arranged primarily to receive and review a number of annual reports, with a summary of key issues for the Board to note.			

Key Issues within the report:

Positive Assurance to Provide:	**Key Actions Commissioned/Work Underway:**
It was agreed positive assurances were received from the following reports: - • Safeguarding Annual Report • Clinical Audit Annual Report • NICE Guidance Annual Report • Zero Events Annual Report • Patient Safety Annual Report • Psychology Annual Report • Closed Cultures Report which had previously been reported to the Board	• It was agreed from the action log that an interim update on the Letby inquiry would be included in the Quality Insight report to Quality Committee in December 2023 with a further paper to the March 2024 Quality Committee updating on what has been published so far. • An update report to be added to the Quality Committee Quality Insight Report in December 2023 on the status of delayed clinical audits.

Key Risks/Areas of Focus:	**Decisions Made:**
• It was agreed there were no items at today's meeting of concern or key risks.	The following reports were approved for presentation and ratification at the Trust Board • Safeguarding Annual Report

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) **Report produced for the Trust Board**	29.11.23

Monitoring and assurance framework summary:

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

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

Committee Assurance Report – Key Issues

The key areas of note arising from the Quality Committee held on 28 September 2023 are as follows: -

The minutes of the meeting held on the 31 August 2023 were agreed as a true record and the action log approved noting two actions closed with the remaining item updated and closed at the meeting. The Quality Committee assurance report was noted, and the updated work plan noted. There were no declarations of interest received.

Discussion item – Staff Survey Action Plan – The paper was presented, as requested by the Workforce and OD Committee to view from a quality perspective. EC (Strategic HR Business Partner) gave an overview of the corporate and divisional action plans to progress the findings from the 2022 survey. It was agreed it was useful for the Quality Committee to have a discussion regarding the plans noting the high levels of staff engagement in the plans for improvement. It was noted the staff survey would be starting again this October.

Safeguarding Annual Report – The annual report highlighted the increased workload completed by the safeguarding team over the past year with key highlights including the White Ribbon work and the Domestic Abuse Champions who have increased in number to 82 over the past year. The Committee discussed the report noting the Board have agreed to sign up for the sexual safety charter and considered how this links with the White Ribbon in the future, noting work had already commenced to look at this. It was agreed there is growing awareness in clinical areas with safeguarding referrals becoming part of business as usual and assurance was gained following a discussion around the Learning Disability Mortality Reviews (LeDeR) and the systems we have in place.

The annual report was approved by the Committee for presentation and ratification at Trust Board.

Clinical Audit Annual Report – The report highlighted the position against work undertaken across the Trust over the last year in terms of both national and local clinical audit. It was noted over 10,000 MyAssurance compliance audits have been completed with 100% compliance for Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and 97% compliance on the quarterly infection prevention and control (IPC) audits. Each division had its own Clinical Audit plan, and there were multiple areas of assurance within the report demonstrating positive practices in line with standards. It was stated that clinical audit was now becoming part of business as usual linking with the Trust approach to quality improvement.

The Committee agreed good assurance was received from the report however requested more information to be included in the Quality Insight report at the next meeting on the status of clinical audits which have been delayed or not yet started.

NICE Guidance Annual Report – The Committee noted a very comprehensive report noting a positive internal audit undertaken around the process for NICE Guidance which received significant assurance around the robustness of processes. All priorities over the past year were achieved and detailed in the report and six new goals have been set which align with the Trust strategic goals, building on the progress made over the past year with divisions and clinical networks.

Zero Events Annual Report – The report provided a year end position around the agreed zero events , highlighting the significant progress made and quality improvement work undertaken including the positive assurance, outlining key actions and work underway. It was noted as part of the Patient Safety Incident Response Framework (PSIRF) that zero incidents would be rebranded to Patient Safety Priorities. Improvement work against these new patient safety priorities will be undertaken and presented to QPaS for oversight and monitoring. It was confirmed good to see the rebrand which should hopefully avoid the confusion with zero events and never events.

It was agreed that assurance was received from the report.

Patient Safety Annual Report – The report confirmed the healthy position of the Trust in the move towards PSIRF with a switch over planned for Sunday 1 October 2023. It was confirmed we continue to be a high reporting of low and no harm organisation noting an increase of 25% in reported incident, which on review has indicated high acuity of patients and increase staff knowledge of what should be reported due to increased awareness. Reporting of near misses has also increased. Work has been done to strengthen learning from incidents which will continue with the transition to PSIRF. An in-depth discussion was held around self-harm and how social media can affect trends and it was agreed the social media aspect should also be explored further in the suicide strategy.

It was agreed that assurance was received from the report.

Psychology Annual Report – The second annual report was presented to the Committee, giving an overview of the work undertaken by the Psychology department highlighting the changes over the past year, including the increase in workforce, new roles and opportunities as part of the national drive to grow and widen psychological professions, noting the first cohort of Clinical Associate Psychologist (CAPS) have qualified this year. It was commented on regarding the importance of the department being embedded in teams to allow building of expertise in the specific area and agreed the report this year clearly shows how all areas that are being developed within the Trust. The team was thanked for their work.

Closed Cultures Report – The report was noted, having been to the public part of the Board

meeting in September and was being presented to the Quality Committee to allow further discussion if required. The Chair confirmed as a non-executive he felt very assured the organisation was doing all it could to ensure there are no closed cultures whilst being continually vigilant. A discussion was held around Board visibility as well as senior leaders and service managers and it was confirmed the focus on this report was around out of hours visibility and confirmed Board members will be making out of hours visits.

Reporting Group Minutes – the minutes were noted with no queries raised. It was noted that the chair of the Quality Committee is due to attend QPaS for assurance purposes and a date for this will be arranged.

The chair thanked everyone who had being involved or presented the annual reports to the Quality Committee and it was agreed the additional meeting should be kept going forwards allowing time specifically for annual reports.

Title & Date of Meeting:	Trust Board Public Meeting – 29 November 2023			
Title of Report:	Workforce & OD Committee Assurance Report			
Author/s:	Dean Royles – Non-Executive Director			
Recommendation:	To approve		To discuss	
	To note	x	To ratify	
	For assurance			
Purpose of Paper:	The Workforce and Organisational Development Committee is one of the sub committees of the Trust Board. This paper provides an executive summary of discussions held at the meeting on 22 November 2023 and a summary of key points for the board to note.			

Key Issues within the report:

Positive Assurances to Provide:
- Staff Health & Wellbeing and EDI Groups continue to be engaged and well attended.
- Noted positive assurance from the People Insight Report, particularly regarding the continued and sustained reduction in turnover and sickness, and continued high compliance for statutory and mandatory training
- The committee noted the high engagement with national staff survey and flu/covid vaccinations.
- The committee noted the progress made with the risk register and BAF with full oversight and progress captured.

Key Actions Commissioned/Work Underway:
- DBS, leaver and Absence Deep Dives to continue to be presented to committee bi-annually
- Deep dive recommended into outstanding stat/mand competencies.
- Appraisal audit report to be presented to the committee in February to provide assurance on the quality of appraisals.
- Deep dive report and exploration into stress, anxiety and depression as the leading reason for absence.
- Continue to seek reverse mentor nominations.
- Consider automatic renewal process for DBS checks.

• The committee welcomed the Guardian of Safe Working report with a verbal update agreed for the February committee. • AHP report was well received and insightful with good progress mad. • The People Strategy was presented to the committee and approved pending one minor amend. • The Leaver, Absence and DBS deep dives were presented for the committee to discuss.	• EDI group to consider potential approach/actions in relation to increased national reporting of antisemitism.

Key Risks/Areas of Focus:	**Decisions Made:**
• Turnover for consultant vacancies remains high • Whilst significant progress has been made against the suite of workforce metrics, focus required on bringing those that are outside of target in line with it.	• People Strategy approved.

		Date		Date
Governance:	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	22/11/23
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to)*
√ *Tick those that apply*

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

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

Committee Assurance Report – Key Issues
Assurance Report 22 November 2023 **Staff Health & Wellbeing:** • Staff Health & Wellbeing Group continue to be an engaged and focused group. • Positive feedback received from Managers regarding the attendance management toolkit. • Positive implementation of Wagestream. • Staff survey completion rates ahead of last year's final rate with 3 weeks left to go (as at 09 November 2023)

- 28 days of Wellbeing to be launched in January 2024, led by the Communications Team.
- Estates work ongoing to improve outside staff break areas.
- Domestic Violence & Sexual Safety Charter programmes of work to be considered jointly.

Equality, Diversity and Inclusion Group:
- Engaged group with good operational attendance at each meeting.
- WRES, WDES, Gender Pay Gap and EDI Annual Report completed for the 2023 national reporting round.
- The Trust achieved initial stage accreditation with the Rainbow Badge Scheme.
- EDI Priorities for patients agreed in 2023.
- Continued monitoring and progress against all EDI actions pertaining to the suite of national reports.
- Respect campaign being launched in November 2023.
- Continued attention on promoting reverse mentoring.
- Ongoing focus to ensure network chair attendance at the steering group.
- Reverse Mentoring requires active participants with lived experience. At present no mentors have come forward.

Medical Education Committee:
- No meeting taken place since the last report to the Workforce & OD Committee held on the 06 September 2023. Next meeting due to take place later in November 2023.
- Conference held in October 2023 with over 100 delegates in attendance from across the organisation and different areas of the NHS.

People Insight Report:
The report presented gave the committee positive assurance in relation to:
- Trust vacancies overall continue to reduce, maintaining a below 10% for five consecutive months. At 3075.8 FTE, the Trust headcount is 124.6 greater than October 2022.
- Nursing vacancies have reduced through the year from 12.78% in October 2022, now reported at 11.74%.
- Turnover remains above the Trust target at 11.44%, however it has fallen for six consecutive months and is the lowest it has been for over 12 months.
- Registered Nursing turnover remains below 10% at 9.51%.
- The Trust has a BAME workforce of 6.77% demonstrating a higher representation than both East Riding and North Yorkshire.
- Sickness rate has improved month on month for the last twelve months, now reporting a rate of 5.1% (very slightly above the organisational 5% target)
- 97.50% of staff have benefited from an appraisal as at 13th October 2023 with 67 outstanding
- The Trust uptake of COVID Vaccination currently stands at 36.7% and the Flu update currently stand at 59.47%

Risk Register and BAF

- The report presented showed an overall assurance rating for the strategic goal is applied based on the review of the positive assurance, negative assurance and gaps in assurance identified. The overall rating included on the Board Assurance Framework represents the overall assurance available to the Executive Lead at the time of review.
- There are currently 3 risks rated at 9 and above (current risk rating) included on the Workforce risk register.
- A full review was undertaken for the development of the Board Assurance Framework template for 2023/24, which included consideration being given to the sources of assurance and scoring methodology used.

Guardian of Safe Working Hours Quarterly Report:
- Report showed an increase in exception reports for the period 01 August – 31 October 2023, however no exceptions raised with immediate patient safety concerns.
- Analysis of uptake of exception reports and delay in supervision review.
- Communication to encourage supervisors' timely reviews. Plan to review strategy for when supervisors are unwell and not able to review exceptions within recommended time frames.
- Monitoring exercise to provide data to identify patterns of work intensity.
- Noted that the report in the future will be required to go to Operational Delivery Group prior to coming to this meeting for assurance.

Allied Health Professional Annual Report:
- Report and presentation were well received and provided positive assurance.
- AHPs are dedicated to innovation and patient safety through governance arrangements and strategic forums, now have professional network group meetings for all professions.
- Have restructured the leadership for equity and achieved notable milestones such as, AHP Day, enhancing research, and quality improvements, as well as building our networks, partnerships and alliances.
- The report reflects on the AHPs achievements and demonstrates a dedication to holistic and patient centred care reflecting the Trust commitment to excellence and innovation in the AHPs delivery of care over the last year.
- Areas of focus continues to be engaging and developing our AHP support workers.
- Also currently working with management to balance clinical demands and leadership responsibilities for the professional lead for Children's Speech and Language Therapist and Dietitians' roles to ensure they can fully work to the requirements of their professional lead role.

People Strategy 2024-2028:
- The People Strategy aligns to the Trust Strategy and the regional and national People agenda (including the NHY Health and Care Partnership strategy, the NHS LT WFP and the NHS People Promise and plan)

- The Strategy navigated a full programme of co-production throughout September 2023 and has been awarded the co-production stamp.
- The strategy has been to Operational Delivery Group and wider stakeholders in draft form for comments.
- Work underway within the Workforce & OD Directorate to align the strategy to an operational People Delivery Plan.
- The Strategy was approved by EMT on 13 November 2023, after a discussion within the Committee on 22 November it was felt that there need to a firmer reference in relation to retention.
- The committee approved the strategy subject to the minor change recommended.

DBS Deep Dive:
- The report provided the committee assurance in relation to DBS renewals within the organisation.
- 54.3% (32) of individuals currently attending work with expired DBS's have completed all parts of the Trac process and are awaiting their certificate to be issued.
- 44.5% (12) of individuals with expired DBS's have expiration dates of less than one month.
- 48% (23) of individuals with expiration dates of 6 weeks or more have DBS's have completed all parts of the Trac process and are awaiting their certificate to be issued.
- Risk assessments are issued to all line managers when an individual has a DBS that is due to expire.
- A report is currently being drafted for EMT to consider implementation of the DBS update service.

Leaver Analysis Deep Dive:
- The report showed a decrease in turnover at a Trust level, going from 15.35% in April 2023 to 13.62% in September 2023.
- Reduction in vacancy rates from 9.98% in April 2023 to 8.60% in September 2023
- The national benchmarking data used covers July 2022 – July 2023. In comparison to the national data (obtained from NHS Digital) HTFT is below the national 14.3% leaver rate.
- Engagement in the Exit survey/interview has significantly improved – the response rate has increased from 17% to 23.43%
- The highest reason for leaving across the Trust is Work-life Balance followed by retirement.
- At a Trust level, most staff who left within the 6-month period had between 1-2 years' service, closely followed by those with less than 1 years' service.

Absence Analysis Deep Dive:
- The report gave assurance as at September 2023 HTFT sickness absence is reported as 5.05%, which is marginally outside of the Trust target of 5%.
- Sickness absence has reduced by 0.66% compared to September 2022
- Three out of five operational divisions have reduced sickness absence rates compared to April-September 2022.

- Children's and Learning Disability remain below the Trust target (<5% sickness absence).
- Five out of six corporate divisions have reduced sickness absence rates compared to the period April-September 2022.
- HTFT sickness absence is better than average when benchmarked against other NHS organisations in England, and in comparison, to Mental Health Trusts nationally.

Agency Spend Update:
- The report showed that the year to date spend of £3.918m represents a 12% reduction in spend year on year.
- Forecast spend for the year represents a 25% reduction on 2022/23 spend levels.
- Work is progressing to update trajectories based on known activities.
- Current spend year to date is £0.377m over the Trust profiled financial plan and forecast position to the end of the year is to exceed plan by £0.5m.

Title & Date of Meeting:	Trust Public Board Meeting – 29th November 2023			
Title of Report:	Mental Health Legislation Committee Assurance Report following meeting of 02nd November 2023			
Author/s:	Name:　　　Michael Smith Title:　　　Non-Executive Director and Chair of Mental Health Legislation Committee			
Recommendation:	To approve		To discuss	
	To note	x	To ratify	
	For assurance			
Purpose of Paper:	The Mental Health Legislation Committee (MHLC) is one of the sub-Committees of the Trust Board This paper provides assurance to the Board with regard to the agenda issues covered in the committee held on 02nd November 2023.			

Key Issues within the report:

Positive Assurances to Provide:
- Committee assured regarding Reducing Restrictive Interventions (RRI) report:
  - Use of Force digital database provides real time data at ward level.
  - Ongoing improvement of co-production
  - National publication toolkit to reduce blanket restrictions
  - Ongoing Safewards initiatives, which supports reducing restrictive practices and interventions.
- MHL performance report within normal variations:
  - Section 4 applied – shows as zero for last 7 months.
  - S2 used appropriately more than S3 evidencing the use of assessment prior to consideration for longer period of treatment in hospital.
  - Applied CTOs has remained fairly static.

Key Actions Commissioned/Work Underway:
- Detention benchmarking work in progress.
- S136 T&F group to explore options of reducing numbers of detentions as Trust still has high number of S136 detentions for size of patch and diversity than want to see. Committee to be kept updated on progress.
- Further exploration around what is required for half of the NEDs to be trained as Associate Hospital Managers (AHM) as recommended by the Rapid Review.
- The next joint EMT/ODG in January would focus on information flows, including information seen by this Committee and how these could be tightened, as recommended by the Rapid Review.
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-     o S136 working group looking at how to reduce the use of S136. Police are involved in these discussions and it is also on the action plan of the crisis care concordat.
- Received update report on completion of Z48 - robust reminder system in place to ensure Z48s completed within the 3 working day timescale. Forms that are completed outside the 3 working day timeframe are on average now completed within a week.
- All mental health legislation related policies / procedures / guidance up to date.
- Received MAPPA Update - Overall continue in good position in relation to MAPPA requirements. Trust asked to provide increased training for Humberside Police; this indicates an increasingly positive working relationship that will benefit patients.
- MHLSG (Mental Health Legislation Steering group) minutes noted. Committee was assured Trust is aware of a Regulation 28: prevention of future deaths report (to a London Trust) and had reviewed relevant policy (AWOL) to ensure correct and robust processes in place.
- MHLSG subgroups and CQC MHA visits updates report noted.

</td></tr>
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Key Risks/Areas of Focus:	Decisions Made:
- N/A	- N/A

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee	02.11.23	Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	29.11.23

Monitoring and assurance framework summary:

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

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

Committee Assurance Report – Key Issues

- Received update report on completion of Z48 (assessment of capacity to consent to treatment form) - Robust reminder system in place to ensure Z48s completed within the 3 working day timescale. Forms that are completed outside the 3 working day timeframe are on average now completed within a week. Z48 form guidance has been updated and recirculated to all Consultants and they have been offered individual support by the Mental Health Legislation Team to aid completion.

- Insight report: - The paper covers key Publications, Policy highlights and summaries of relevant reports and papers as follows:
  - o Case (Ordinary residence and s117) – Worcestershire Judgement
  - o Rapid Review into data on MH inpatient settings 28.06.23 - Department of Health & Social Care
  - o Putting into practice the principles of the Mental Health Act reforms: a national QI programme
  - o Restraint Reduction Network (RRN) Blanket Restrictions Resource Toolkit

  Discussions took place to confirm the number of NEDs required to be trained as Associate Hospital Managers (AHM) - three out of the existing six NEDs. Further information on the role and potential workload of AHMs and what is required for NEDs to be provided. The document (Rapid Review), reviewed at Strategic Board in August, stated an action plan has been developed for taking forward by EMT and ODG. The next joint EMT/ODG in January would focus on information flows, including information seen by this Committee and how these could be tightened.

- Committee noted and assured MHL performance report within normal variations. Admissions show increase for August and September but data across year does show peaks and troughs. S2 used appropriately more than S3 evidencing the use of assessment prior to consideration for longer period of treatment in hospital. Zero Section 4 applied for last 7 months. Applied CTOs has remained fairly static; noted a number of patients on recurrent CTOs sometimes two or three within a month. AWOLs – noted difficult situation when patients refuse to return after leaving the unit for a smoke break.

- Committee noted S136 working group looking at how to reduce the use of S136 – for further discussion at February Committee along with report on Right Care Right Person. Noted Trust patients have not suffered any detriment due to right care right person.

- Received quarter 2 report on Reducing Restrictive Interventions – Use of Force digital

database provides real time data at ward level. RRI group is monitoring how data is utilised on a daily basis by wards to understand type of incidences and occurrences. Ongoing improvement of co-production; with service users contributing their lived experiences. National Reducing Restrictions Network publication toolkit to reduce blanket restrictions; pilot at Inspire and review of toolkit at Newbridges to adapt to suit adult mental health, RRI group monitoring. Ongoing relevant training around reducing restrictive practices. Ongoing Safewards initiatives - supports reducing restrictive practices and interventions.

- Committee received MAPPA Update - Overall continue in good position in relation to MAPPA requirements, receiving really positive feedback. Continue to focus on training for staff. Dedicated webpage for information and updates. MAPPA champions in place to support clinical staff. Trust asked to provide increased training for Humberside Police; this includes a recent request for health and wellbeing training. This indicates an increasingly positive working relationship that will benefit patients.

- All mental health legislation related policies/procedures/guidance up to date.

- MHLSG (Mental Health Legislation Steering group) minutes noted – discussed Regulation 28: prevention of future deaths report to a London Trust - regarding a patient that went AWOL while on escorted leave, and subsequently completed suicide. Right care, Right person quoted by police as reason not to look for patient. The report recommends that the risk level is properly emphasised to the police and that staff should follow patients when they go AWOL where it is safe to do so. Committee was assured Trust is aware of the incident and had reviewed relevant policy (AWOL) to ensure correct and robust processes in place.

- MHLSG subgroups and CQC MHA visits updates report noted.

Title & Date of Meeting:	Trust Board Public Meeting 29 November 2023
Title of Report:	Assurance Report from November 7 2023 Audit Committee
Author/s:	Stuart McKinnon-Evans

Recommendation:					
	To approve		To discuss		
	To note	x	To ratify		
	For assurance				

Purpose of Paper:	To inform the Trust Board of the outcome of the Audit Committee of November 7 2023

Key Issues within the report:

Positive Assurance to Provide:	**Key Actions Commissioned/Work Underway:**
- Self assessment: the Committee comfortably meets the standards expected by the HFMA - Procurement processes and activity, including single tender waivers, are operating to expected norms. - The revised Board Assurance Framework for "Fostering integration, partnership, and alliances" shows an acceptable level of progress and residual risk, at a score of 8 - Assurance gained about how risk management is undertaken in Forensic Services Division, and how staff are involved in the identification, reporting, review and mitigation of risks - Internal audit: three reports received significant assurance level (volunteer recruitment, job planning and safer staffing). The 2023/24 internal audit plan is on track - Counter Fraud programme for 2023/24 is on track - The 2022/23 accounts are still on track to be closed once the local government pension fund audit is complete. - The annual Information Governance report contained much evidence to provide high levels of assurance about the progress achieved in 2022/23, with the Information Governance group providing good senior leadership	- Planning for the advent in January 2024 of a new procurement regime (the Provider Selection Regime) which will allow the Trust to arrange supplies of health care services without competitive tendering, whilst still securing quality and value - Ensuring the timeliness of information on the BAF, continuous consideration of the completeness of the range of information, and judgement about the balance between strategic and operational information to evidence ratings on the scorecard.

Key Risks/Areas of Focus:	Decisions Made:
• Salient risks still relate to workforce and waiting times, despite the existing controls and actions being taken • Internal audit concluded that whilst actual engagement with service users is good, there is insufficient evidence of action to make changes where feedback from them is less positive. However, this may be primarily about gaps in record-keeping/reporting.	• Continued endorsement and support to the range of controls, prevention and assurance work being undertaken across the scope of the Committee's remit. • Confirmation that the Internal Audit plan's scope is still appropriate, with no change to the plan. • To endorse the positive annual Information Governance report

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Report produced for the Trust Board	29.11.23

Monitoring and assurance framework summary:

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

Committee Assurance Report – Key Issues

The Committee, which was quorate, considered the following matters:

Committee Self-Assessment: A detailed self-assessment using the HFMA audit committee checklist concluded that the committee comfortably meets the expected standards.

Single Tender Waivers/Procurement Update: The single tender waiver controls continue to operate, with 37 previously reported waivers totalling £11.6m being monitored. One further waiver with a value of £0.265m has been approved in the last quarter, which the Committee endorsed. A significant reform to procurement will come into effect from January 2024, with the Provider Selection Regime. Essentially, this will exempt the Trust from having to use competitive tendering to procure health/medical services, though we will of course still aim for quality and value in the supply.

Board Assurance Framework at Q4: The BAF page on "fostering partnerships and alliances" was considered at length, the discussion covering: the timeliness of information on the face of the scorecard; the link (or lack of) between gaps in controls and future mitigation actions; the spread of evidence to ensure that all the sub-objectives of the "fostering partnerships and alliance" goal were covered; and the appropriate balance between strategic and operational evidence. Related, we heard that further work is in hand to evidence the benefits of collaborative provision. After consideration, the Committee concluded that still-new-look BAF is a good tool; and agreed the current rating of 8 for progress and residual risk, which is inside the tolerable range defined for this goal.

Trust-wide risk register: The corporate risk register was considered. No material changes were made since the September Board meeting. The salient risks of availability of clinical/care human resources, and waiting times, are still proving hard to mitigate.

A deep-dive into the Forensic Services risk register: We heard in detail about the highest residual risks (rated 9+) relating to: recruitment of psychiatric consultant; Responsible Clinician capacity; capacity-related time delays in prison-related settings; insufficient en-suite accommodation at Humber Centre; power supply outage risk at Pine View; not all patients registered with a dentist; physical layout (two buildings) may inhibit swift response to incident. We heard how the process of identifying, recording, reviewing, rating and managing risks, involves staff at all levels. Risks are entered on Datix at team leader level; but this is preceded/supported by team level discussions. The presenters demonstrated that risk management is integral to their overall leadership and management The Committee welcomed the clear presentation of the risks, and the clear link between risks identified and the mitigating actions underway.

Internal Audit: The assurance levels for the three reports were welcomed: recruitment of volunteers (significant); job planning (significant); safer staffing (significant). The report on service user engagement concluded limited assurance, principally driven by insufficient evidence of follow-up action (ie less the engagement per se, but the subsequent remedy to poor feedback). The Medical Director undertook to tackle this gap, with the current working assumption being that the issue is primarily about gaps in record-keeping and reporting, rather than a lack of substantive action. The Internal Audit plan for the year was reviewed: it is on track, and the Committee agreed that the original scope is still appropriate, with no changes needed.

Counter Fraud: The Committee received the report on Counter Fraud activity to in Q2 of 2023/24, with good progress on information to new starters, regular newsletters, and masterclasses. In

discussion, we revisited the phishing exercise results and the remedial follow-up; the trends in reported incidents; and concluded that, in line with other types of prevention regimes (eg health and safety, patient safety and information governance) more reporting is better than less as it is a sign of staff engagement and awareness of risks.

External Audit: Mazars still await the outcome of the audit of the local government pension scheme, so they can finally close out the 2022/23 accounts. The Committee was made aware of a number of new publications and reporting requirements, and received assurance from the Director of Finance that his team are tracking them.

Changes to Contracts: No changes to contracts were notified.

Emergency Preparedness Resilience and Response: We agreed that the EPRR, which is still being worked up, will be reported to the Committee once it has completed its review at subsidiary governance.

Information Governance Annual Report– The Committee welcomed the detailed and positive annual Information Governance Report for 2022/23, which provided a comprehensive assessment of activity, achievements, and residual issues. Positive evidence included: the Data Security and Protection Toolkit standards were met, supported by an independent audit of same which gave a high assurance; 95% training compliance achieved; IG breaches were managed, and were relevant, reported to the Information Commissioners Office (ICO) with no further action required; the 2022/23 IG work plan Key Objectives met; and the Information Governance group of key senior leaders is effective and active. Key risks were identified as: people, training, and devices not in use. We discussed the role of Information Assets Owners and the support given to them by the central team. The Trust also saw a c 45% rise in the number of Freedom of Information Requests, which has resource implications, but which, again, can be seen as active engagement of users with IG.

Finally, the Committee undertook a brief self-assessment against **"Being Humber"**, concluding that indeed we had been. The senior manager from Audit Yorkshire endorsed the conduct and style of the meeting, which was welcome.

Title & Date of Meeting:	Trust Board Public Meeting – 29 November 2023
Title of Report:	Assurance Report from Part One Charitable Funds Committee of 21 November 2023
Author/s:	Stuart McKinnon-Evans

Recommendation:					
	To approve		To discuss		
	To note	X	To ratify		
	For assurance				

Purpose of Paper:	Through this report, the Charitable Funds Committee provides information and assurance to the Board from its 21 November 2023 meeting.

Key Issues within the report:

Positive Assurance to Provide:
- 2 KPIs (expenditure budget; response to wishes received) are green
- Three main fundraising campaigns are in play: CAMHS Waiting Room; Malton Day Room; and mental health, with a 12-18 month timeline
- Current/upcoming events were noted
- The Inspire garden project is now underway, following confirmation that £80K from Newby Trust is still available

Key Actions Commissioned/Work Underway:
- Regular discussions amongst Fund Zone managers to expend funds already raised
- Completion of the charity's report and accounts for 2022/23

Key Risks/Areas of Focus:
- The KPI for fundraising remains red, with little evidence of the target being achieved
- There is insufficient evidence of staff engagement with Health Stars (due to poor survey response rate)
- Despite approaches to foundations and other grant giving bodies, the activity this year has not yet generated funds
- Only 25 wishes have been granted so far this year, compared to 115 submitted
- The risk register was not up to date

Decisions Made:
- Approval of up to £20K funding to create a sensory room at East Riding Community Hospital

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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	X	Collaborative Committee	
			Other (please detail) Report produced for the Trust Board	29.11.23

Monitoring and assurance framework summary:

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

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

Committee Assurance Report – Key Issues

The Committee discussed forward-looking and retrospective information:

Work Plan: the work plan was accepted.

Funding Approval: 19,977 was approved to create a sensory room at East Riding Community Hospital, to support neurodivergent children (Autism/ADHD/LD) was discussed. The scheme is supported by relevant stakeholders, and implementation is expected to take 3 months. It will be fully funded from existing ERCH zone funds. The Committee heard from the service team why they strongly supported the facility: it will augment their existing staged-response service; and the proposed site is accessible and suitably located between Hull and East Riding; and the design has been thought through. Assurance was sought from the Deputy COO that the facility will integrate with existing operations.

Finance report: Total income to October 2023 was £79,900, with a net surplus of £15,264. Direct expenditure on charitable activities totalled just £12,400.

Recent performance remained poor: in the 3 months to October, income was just £11,000, with direct expenditure on charitable activities £7,100. Operating expenditure, dominated by the Smile contract charge, was £22,200. As a result, the net deficit for the quarter was £18,200.

Despite ongoing fundraising activity, the Committee was concerned that the prospects of a turnround in the position looked slim.

The Committee considered the status of the fund zones. Total balances stood at £287,000. It was noted that the zones show a wide range of positions. In most cases, the value of wishes making a call on the fund is lower than the money available; in some, there is an additional fundraising target before schemes can proceed. Despite now regular discussions between the fund zone managers and the central team, the Committee cannot yet conclude that there is a clear plan to utilise the funds already raised, and asked for further planning work, including considering whether funds could be vired/merged between zones (which the Committee would need to approve).

Insight Report: The Insight Report was discussed at length. The Committee:

- Noted that reported status of the KPIs (expenditure budget Green; Wishes processing Green; Income generation Red; staff awareness of funds Green; staff raising funds Green)
- Concluded that the low response rate to the staff survey suggests there is not enough evidence of staff engagement in charitable activity (which is the underlying ambition for the organisation's culture). Options to improve response rates were discussed (incentivisation; use of team meetings).
- Considered the latest statistics on wishes, and the process maps. 115 Wishes submitted to date in 2023, with 25 granted, 59 in progress, 19 declined, 12 withdrawn. Questions were raised about how the queue is managed; why only 25 have been granted to date; and the cycle time once a wish has been acknowledged. A new online platform is being developed which will allow wish-makers to track their submission.
- Received a brief update on the Malton Day Room, CAMHS sensory room, and mental health campaigns, noting that a prospective 12-18 month timescale is envisaged
- Discussed whether and how target audiences were being identified and segmented. While institutional funders can be identified by their funding criteria, it was not clear to the Committee how more populous groups were being understood, and how the campaigns were being promoted effectively. The experience of the Whitby campaign (which did not reach its target) should provide learning.

- Noted that approaches have been made to one foundation per month, but responses have still not been received from the last four, due to the cycle of the foundations' decision-making cycles. We considered the pipeline of prospective funding, which does not look sufficient to achieve the fundraising target.
- Noted that 7 prospective grant givers have been identified.
- Noted the recent and upcoming events (golf, Clear Out Your Coppers (no significant impact), Bingo Night, Give a Gift, Staff Lottery, Christmas-related, and Re-Gift a Gift)
- Welcomed the Inspire garden project being now underway, following confirmation that £80K from Newby Trust is still available.

In summary, the Committee concluded that fundraising performance remains below target, that there is still much more scope for higher staff engagement in fundraising, and that while the KPI on wishes in technically achieved, the related statistics suggest the process still requires improvement.

Charity's Annual Report and Accounts 2022/23: The Committee considered an initial draft of the Trustee report, which, it was concluded, needs a substantial re-write. The accountants have yet to submit the financial statements to Smile, which is disappointing given the Committee meeting cycle. It was agreed that the Sub-Committee Chair, Chair of Finance Committee, and Finance Director, will review the accounts on receipt, before submission to the full Trustee Board, to meet the submission deadline of 31 January 2024

Risk Register: The risk register as presented was not discussed, as it was not up to date. The Committee noted that it did not refer to the persistent and salient risk, that fundraising targets will not be achieved.

Title & Date of Meeting:	Trust Board Public Meeting – 29th November 2023
Title of Report:	Collaborative Committee Assurance Report
Author/s:	Stuart McKinnon-Evans Non-Exec Director – Chair of Collaborative Committee

Recommendation:	To approve		To discuss	
	To note	✓	To ratify	
	For assurance			

Purpose of Paper:	This paper provides an executive summary of discussions held at the meeting on Wednesday 15 November 2023 and a summary of key points for the Humber Teaching NHS Foundation Trust Board to note.

Key Issues within the report:

Positive Assurance to Provide:
- Number of young people in CAMHS requiring eating disorder out of area care is reducing.
- Adult Secure reduction in medium and low secure patient population.

Key Actions Commissioned/Work Underway:
- All 3 work streams are in the process of reviewing 2022/23 priorities and setting new priorities for 2024/25
- Work is progressing with Perinatal Phase 2 – working closely with W and S Yorkshire PC.

Key Risks/Areas of Focus:

- 2 risks are currently rated at 12 or higher these are CAMHS packages of care and AED – both forecasting financial pressure overspends

Decisions Made:

- Mill Lodge estates costs – agreed at CAMHS work stream, PCOG and noted at Collaborative Committee.

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Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	15.11.2023
			Other (please detail) Report produced for the Trust 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 to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			
Risk	√			
Legal	√			To be advised of any future implications as and when required by the author
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Committee Assurance Report – Key Issues

The aim of this report is to provide assurance to the Humber Teaching NHS Foundation Trust Board (HTFT) about the Collaborative Committee which has been established by HTFT as the Lead Provider within the Humber and North Yorkshire (HNY) Specialised Mental Health, Learning Disability and Autism Provider Collaborative.

To demonstrate robust governance in its role as Lead Provider and avoid conflicts of interest with its provision arm, HTFT as Lead Provider has delegated some of its responsibilities to the Collaboration Planning and Quality Team (CP&QT) which is accountable to the Collaborative 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 planning, contractual management and quality assurance of the provision, Specialised Mental Health, Learning Disability and Autism services in the HNY region, and for patient placements outside of natural clinical flow for people who are receiving specialist care for:

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

The meeting on 15 November 2023 *was quorate*, and discussed the following matters:

Insight Report

- ✓ Overall positive Q1 2023/24 contract meeting with NHS England Regional Team.
- ✓ Excellent CPaQT feedback from Schoen Clinic Senior Team following annual quality visit.
- ✓ Excellent feedback from NHS England Quality assurance meeting on 20.10.2023.
- ✓ Stockton Hall have won one of the National Service User awards.
- ✓ Continuing to work with W Yorkshire and S Yorkshire on Phase 2 – Perinatal. Collaborative Planning Director is attending Task and Finish group to agree Governance for the new Collaborative. (*also representing the Perinatal Collaborative in discussions with NHS England regarding Case Management*).
- ✓ Dr Nicola Green, Clinical Lead for CAMHS and AED has been invited to speak at the Action Trauma Summit as part of a panel discussion.
- ✓ NHSE Specialised Commissioning have shared their intention is to issue a new 2-year contract to existing Lead Providers of MHLDA NHS-Led Provider Collaboratives. The new contract will run from 1st April 2024 through to 31st March 2026, with the contract being held between NHS England and the Lead Provider.

Work Stream Updates

Detailed Business Intelligence reports were shared at the meeting, however due to timings of the meeting September 2023 data was included in the meeting pack. Latest patient detail was shared at the meeting and is summarised below:

1   CAMHS

14 patients in hospital care within HNY
16 patients in hospital care outside of HNY of which:

CAMHS eating disorder   2
CAMHS Low Secure   4

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CAMHS Medium Secure      1
CAMHS PICU               3
CAMHS General (incl. LD) 5
CAMHS Low Secure LD *    1
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*note – 1 out of area low secure LD is now commissioned by HNY ICS

The number of people placed out of area for eating disorder has reduced, however the number of young people requiring PICU has increased in the last 2 months, as this is a fluctuating position at this time it is not the intention to re-open Nova at Inspire. Instead the CAMHS workstream will review the position over a longer period and take into consideration wider system pressure before making proposal for future commissioning; which form part of the 2024/25 priority setting.

Pressure at Mill Lodge with high numbers of young people requiring NG Feed.

Alternatives to Hospital is progressing well, however as the number of young people requiring an eating disorder has reduced the project group will focus on Trauma Informed Care and providers asked to develop a flexible approach to service delivery of young people. In addition, due to the financial position and that CAMHS referral patters are changing it is likely the 2024/25 funding will be for 1 year (in addition to the 1-year fixed term funding for 2023/24).

2   Adult Eating Disorder

15 patients in hospital care within HNY
3 patients in hospital care outside of HNY

Historically there have been circa. 11 people in adult eating disorder in-patient services due to number of young adult transitioning from CAMHS to adult services and complexity in presentation the number of people in in-patient and day care has increased in the last 6 months.

A new risk has been added to the Risk Register to reflect current case numbers and financial pressure.

Business Intelligence data clearly demonstrates that there is a correlation from areas which have historically low investment into community ED services and the areas which refer and admit a higher % of people to in-patient care. Discussions have commenced with place and HNY ICS but until additional funding is allocated to community providers, or we look at how the overall pathway is funded the pressure on AED in-patient is likely to continue.

In addition, providers are advising that referrals into AED are different to 12 months ago. Increased complexity, neuro diversity and mental illness. The workstream have agreed to review how providers will innovate existing service provision to respond to changing patient referrals.

This increase in referral and complexity of care is being seen nationally and NHS England have established 3 task and finish groups to review, these task and finish groups are being attended by Dr Clare Whitton and Dr Nicola Green.

3   Adult Secure

12 patients in High Secure – commissioned by NHS England
66 patients in hospital care within HNY
68 patients in hospital care outside of HNY

Total of 134 patients in adult low and medium secure services.

15 people Clinically Ready for Discharge.

Clinical Lead working towards establishing workstream groups to focus on pathway development, focusing on the admission, discharge and clinical models. To include.

- Male LDA
- Male PD
- Prison Transfers
- Women's

Bed modelling exercise is now complete, and decision made to recommission same number of beds within HNY for 24/25. Final paper will be shared at the next Collaborative Committee.

Research into prison healthcare in HNY is underway findings to be shared early 2024. Prison healthcare is led by Humber NHS FT working with Tees, Esk and Wear Valleys NHS FT.

Workforce for Adult Secure is under review by the workstream and Dr Sharon Howden (Clinical Lead) and Steve to attend Specialised Provider Collaborative and NHS England meeting in London on 5 December.

Stepping Down Project undertaken by Hull University and HNY PC – the findings of the report were shared in 2022/23 and Karlyn Scott presented along with colleagues from Hull University the findings at the 11th European Conference on Mental Health 13 – 15 Sept 2023 in Slovenia.

Risk Register

Specialised Provider Collaborative Risk Register which includes all risks currently rated at 12 or higher:

Each work stream has their own risk register which is reviewed at each workstream meeting. CPaQT meet every 2 months to peer review all the risk register in readiness for PCOG and Collaborative Committee

PC21   Following receipt of month 6 financial information the CAMHS financial risk has increased to **12** due to forecast year end overspend.

PC12   Following receipt of month 6 financial information the AED financial risk has increased to **15** due to forecast year end overspend.

Quality Improvement and Assurance

Case Manager and senior Quality Leadership visits to each provider within HNY PC bi annual and annual. All patients continue to be reviewed 6-8 weeks.

Steve, Clare and Peter Beckwith visited Stockton Hall in October to review the service and estates work.

Clifton House Routine Plus Meetings held fortnightly with all partners working together. Spreadsheet with objectives is updated every 2 weeks. Overall Good positive progress in the areas highlighted:
- o HCR20 training is now across all the service and a clear time line for training.
- o New staff recruited into management position.
- o Westerdale admissions now on a case-by-case basis.

StEIS and Serious Incidents - only HTFT has moved over to new PSIRF process within HNY Provider Collaborative.

Head of Lived Experience is developing a new strategy for HNY PC.

NHS England have met with CPaQT to review qualitative data – all PC have been asked to undertake this exercise. Presentation shared by CPaQT and feedback from NHS England was positive.

Clinical brief is updated each week by the Case Managers reviewed by Clinical Director to ensure that any patient in long term segregation is reviewed and actions taken to reduce segregation.

Papers Ratified at the Collaborative Committee

Mill lodge increased estates costs – agreed at CAMHS work stream, PCOG and noted at Collaborative Committee.

Title & Date of Meeting:	Trust Board Public Meeting – 29 November 2023			
Title of Report:	Board Strategic Development Meeting Agenda – 20 December 2023			
Author/s:	Caroline Flint Chair			
Recommendation:	To approve		To discuss	
	To note	✓	To ratify	
	For assurance			
Purpose of Paper:	To provide, for information the agenda for the 20 December meeting			

Key Issues within the report:

Positive Assurances to Provide:	**Key Actions Commissioned/Work Underway:**
• Areas of discussion	• As per the agenda
Key Risks/Areas of Focus:	**Decisions Made:**
• Noting to escalate	• N/A

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Board update	✓ 29.11.23

Monitoring and assurance framework summary:

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

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

Caring, Learning
& Growing Together

Board Strategic Development Meeting

Agenda

20 December 2023, 10.00am start
The Mill House, Cottingham, HU16 5TF

		Lead	Action	Report format	Timings
1.	Apologies for Absence	CF	Note	verbal	10.00
2.	Notes from 25 October 2023 Meeting and Action Log	CF	Note	✓	
3.	Primary Care Plan Update	LP	Discuss	✓	10.05
4.	Reflection on how the Strategic Board Development Meetings and Programme have worked in 2023 and the Draft Programme for 2024	CF	Discuss	verbal	11.00
	Lunch				12.00
5.	**Date, Time and Venue of Next Meeting** 28 February 2024, 9.30am, Multi-Use Room, Trust Headquarters				