

### Trust Board Meeting 25 March 2020 Agenda - Public Meeting

For a meeting to be held at 9.30am Wednesday 25 March 2020, in the Lecture Theatre, Trust HQ, Willerby

		Lead	Action	Report Format
	<b>Standing Items</b>			
1.	Apologies for Absence	SM	To note	verbal
2.	Declarations of Interest	SM	To receive & note	√
3.	Minutes of the Meeting held on 26 February 2020	SM	To receive & approve	√
4.	Action Log and Matters Arising	SM	To receive & discuss	√
5.	Chair's Report	SM	To note	verbal
6.	Chief Executives Report	MM	To receive & note	√
7.	Publications and Highlights Report	MM	To receive & note	√
	<b>Performance &amp; Finance</b>			
8.	Performance Report	PBec	To receive & note	√
9.	Finance Report	PBec	To receive & note	√
	<b>Assurance Committee Reports</b>			
10.	Committee Chair Report	SM	To receive & note	√
11.	Workforce Committee Update Report	DR	To receive & note	√
	<b>Strategy</b>			
12.	Operational Plan 2020/21	PBec	To receive & approve	√
	<b>Corporate</b>			
13.	Staff Survey	SMcG	To receive & note	√
14.	Board Assurance Framework	MM	To receive & note	√
15.	Risk Register	HG	To receive & note	√
16.	Items for Escalation	All	To note	verbal
17.	<b>Any Other Business</b>			
18.	<b>Exclusion of Members of the Public from the Part II Meeting</b>			
19.	<b>Date, Time and Venue of Next Meeting</b> Wednesday 29 April 2020, 9.30am in the Conference Room, Trust Headquarters, Willerby			



**Agenda Item 2**

Title & Date of Meeting:	Trust Board Public Meeting – 25 March 2020		
Title of Report:	Declarations of Interest		
Author/s:	Name: Sharon Mays Title: Chair		
Recommendation:	To approve		To receive & note <input checked="" type="checkbox"/>
	For information		To ratify
Purpose of Paper:	<p>The report provides the Board with a list of current Executive Directors and Non Executive Directors interests.</p> <p>Mr Patton is now Director of and chair of BIAB which is an awarding body for training in the hospitality sector</p>		
<b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date	Date
	Audit Committee		Remuneration & Nominations Committee
	Quality Committee		Workforce & Organisational Development Committee
	Finance & Investment Committee		Executive Management Team
	Mental Health Legislation Committee		Operational Delivery Group
	Charitable Funds Committee		Other (please detail) Monthly Board report <input checked="" type="checkbox"/>
Key Issues within the report:	Contained in the report		

**Monitoring and assurance framework summary:**

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

√ Tick those that apply

<input type="checkbox"/>	Innovating Quality and Patient Safety			
<input type="checkbox"/>	Enhancing prevention, wellbeing and recovery			
<input type="checkbox"/>	Fostering integration, partnership and alliances			
<input type="checkbox"/>	Developing an effective and empowered workforce			
<input type="checkbox"/>	Maximising an efficient and sustainable organisation			
<input type="checkbox"/>	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			To be advised of any future implications as and when required by the author
Quality Impact	√			
Risk	√			
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public			No	



Disclosure?				
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### Directors' Declaration of Interests

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

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

Item 3

**Trust Board Meeting – Public Meeting**  
**Minutes of the Trust Board Meeting held on Wednesday 26 February 2020 in the Conference Room, Trust Headquarters**

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

**In Attendance:** Mrs Michelle Hughes, Interim Head of Corporate Affairs  
Mrs Jenny Jones, Trust Secretary  
Ms Loren Hakeney, Communications Officer  
Mrs Mandy Dawley, Head of Patient and Carer Experience and Engagement (for item 26/20)  
Joan, Chair, Market Weighton Patient Participation Group (PPG) (for item 26/20)  
1 Member of the public  
Mr Tim Durkin, Public Governor

**Apologies:** None

23/20 **Declarations of Interest**  
Any further changes to declarations should be notified to the Trust Secretary. The Chair requested that if any other items on the agenda presented anyone with a potential conflict of interest, they declare their interests and remove themselves from the meeting for that item.

24/20 **Minutes of the Meeting held on 29 January 2020**  
The minutes of the meeting held on 29 January 2020 were agreed as a correct record.

25/20 **Matters Arising and Actions Log**  
The actions list was discussed.

26/20 **Patient Story - How the Market Weighton Patient Participation Group (PPG) Supports the Practice**  
Joan attended to inform Board members of how the Market Weighton PPG supports the Practice. The Practice was the first to be acquired by the Trust as it expanded into Primary Care. She explained to the Board how she had become involved and described the work of the PPG and how this linked in to other groups. The PPG has its own Mission Statement and holds an Annual General Meeting (AGM).

PPG members are very active and spend time talking to patients and addressing their issues. They also try out things, for example the NHS App before encouraging patients to use them.

The Chair thanked Joan for everything she is involved with and the work that she did. Mr



Baren asked about older patients and if they were able to use technology and access services easily. Joan explained that there are some older patients who do use the app and there is a wide age spread of members across the PPG. Not everyone in the community wants to use Apps or has access to the internet so the PPG has tried to ensure that telephone access and access through the surgery is available.

Professor Cooke asked if Joan had noticed improvement in the way that physical and mental health was dealt with as this is a big burden on Primary Care resources, and whether being part of the Trust has helped with this. Joan reported that Market Weighton is more aware of mental health and the difficult issues. The practice has a social prescriber who is well regarded. Mental health has become more prevalent around the veterans and carers work which helps to highlight the issues.

Joan had mentioned that in the PPG members there are 16 – 18 years old members which helps to highlight issues and to also gain their views on the changing world. Mr Patton asked whether there is representation for the 21 – 30 year olds. He was informed that that particular age range do not use the practice or services as much as they do not have as many health issues. Mothers with young children come into the surgery and often complain if they have to go to the urgent care centre in Beverley if there is no doctor to see them. Some 30 and 40 year olds still want to see a doctor whereas some of the older patients have accepted changes in the ways of working and know that they may not always see a doctor.

Dr Byrne was pleased to hear that the surgery is using its patient survey data now. He explained that this is available for all of the practices the Trust owns and they will be reviewed through the relevant governance processes.

Joan informed the Board that the practice physiotherapist attends the PPG meetings and this gives members confidence. Patients can see the physio rather than having to go to the doctor who sends them to the physio which is time saving and more beneficial to the patient. An objective of the PPG was around supporting patients to self manage their health and Mrs Parkinson asked if staff in the practice supported the PPG with this. Joan confirmed that they did. She explained there are a group of patients who have not been to a doctor in years and when they do they expect to be seen by a doctor. These patients are encouraged to see the pharmacist and the pharmacy is close by. There is representation on the PPG from the pharmacy too. Most recently there are concerns about the changes from the Clinical Commissioning Group (CCG) regarding prescriptions as they cannot be re-ordered from the pharmacy.

The Chief Executive thanked Joan for all the work that her and the PPG members are doing. She suggested that this work should be shared with other GP practices and their PPGs who may not be as mature as Market Weighton.

The Chair thanked Joan for attending.

27/20

### **Chair's Report**

The Chair explained that it has been a busy month and provided an update in relation to the work she has undertaken since the last meeting. This included:-

- Meeting with new governors on an individual basis and meetings with staff and public Governors with both meetings being well attended. Mrs Hughes is leading the work on membership and engagement with Governors. Mrs Hughes reported that the recent meeting was well attended and clear actions have been agreed to consolidate the work that was started last year.
- A joint Governor and Board members day was suggested by the Chief Executive and has been arranged for 9 June
- A visit to Townend Court with the Chair of the Local Medical Council (LMC)
- Spending a full day in Scarborough visiting the acute and community services with

the chair of York NHS Trust. Staff in both areas are working incredibly hard and joint working is taking place across both organisations.

- Meeting with the Leader and Deputy Leader of East Riding Council with the Chief Executive
- Attending the Freedom to Speak Up Guardian quarterly meeting
- Presenting certificates with the Chief Executive at the quarterly staff awards for long service, retirees and employee of the month

**Resolved:** The verbal updates were noted.

28/20

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

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

#### **HSJ Filming**

The HSJ filming team visited to film staff to celebrate being provider of the year. The film has been published and a link will be sent to the Board.

#### **Humber Coast and Vale**

The Chief Executive has taken on the Humber Coast and Vale Lead for Learning Disabilities and Autism. Work is taking place to scope out what this means including the transforming care programme.

#### **Appointments**

A number of appointments have been made recently including:-

- Erica Daley appointed as Interim Chief Operating Officer - NHS Hull Clinical Commissioning Group (CCG)
- Paula South appointed as Interim Chief Operating Officer - East Riding of Yorkshire CCG (ERY CCG).
- Interviews for NHS E Locality Director will take place during this month.
- Ann Burrows from Public Health England is the Humber, Coast and Vale public health lead
- Yvonne Elliott has been appointed as Cancer Collaborative Managing Director

#### **Humber, Coast and Vale Health and Care Partnership – Integrated Care System Accelerator Programme**

The Accelerator programme has been closed down. Further discussions will take place at the Board Time Out in March.

#### **Communications**

The team are involved in a number of media campaigns including #Humber and the East Riding Shh.

#### **Café**

The café run by Health Stars and Autism Plus has opened in the Trust Headquarters building.

Mr Smith referred to a meeting with Social Workers detailed in the report and asked if there was any discussion around Section 75 and the lack of Approved Mental Health Professionals (AMPHs) in Hull. The Chief Executive explained that she meets regularly with Social Workers who have started to feel part of the organisation and the work being done. There is still some work to do around data and how this can be demonstrated to the Board. The Section 75 agreement with Hull is being reviewed. Mr Smith felt there had been culture issues and struggles to recruit to posts. The Chief Executive explained that there has been some success in recruiting, but there are issues with the local authority and responses. It is a complex situation with a Hull contract which goes through the CCG and links into Better Care fund which is being unpicked at the moment.

## **Corona Virus**

Mrs Gledhill reported that weekly system calls take place to update on the situation. Initially information was being circulated from many areas and a central point has been established through the Infection Control team rather than through Emergency Planning. Testing of the processes has been undertaken as there were two patients who presented with symptoms. Both cases were found to be negative, but the learning from these cases will be taken forward. The Trust is prepared should any cases be identified. Piloting of community swabbing is taking place in London and it is likely that this will be rolled out further. An entry has also been included on the risk register for any potential cases.

## **Staff Survey**

Mr McGowan explained that a report was provided to the January part II meeting as the results were embargoed. The embargo has been lifted and communications have now been sent across the organisation to raise awareness of the results. The results give a more positive picture and presentations will be prepared for teams to use.

## **Research**

Professor Cooke congratulated the research team on securing Professor Avery as a speaker at the Research Conference in May. He would also like to hear more about the Population Health Management and links to the Local Health and Care Record Exemplar (LHCRE). Dr Byrne suggested he bring an update back in April on this.

In terms of the Recovery Strategy, Professor Cooke asked if there are a sufficient number of service users and carers involved. Mrs Parkinson said some service users are engaged in the process and it was felt to be a good time for a refresh where maximum engagement will be pursued.

## **Pine View**

Mrs Parkinson informed the Board that Pine View (formerly known as Greentrees) will reopen shortly as a mental health low secure facility for males. Some identified service users will be transferred from the Humber Centre in line with the work that is being undertaken across the Humber Centre around the future secure services model. Staff were thanked for their work.

## **Technical Teaching Fellow**

The Chair commented that the secured funding for a Technical Teaching Fellow for the Medical Education team was good news. She also highlighted to the Board the new date for the Annual Members Meeting which is 17 September 2020.

The following policies were ratified by the Board:-

- Grievance Resolution Policy & Procedure
- Induction Policy
- Transitioning at Work Policy
- Equality & Diversity Policy

**Resolved:** The report, verbal updates and ratified policy were noted.

**Update on the Population Health Management and links into LHCRE to be provided at the April meeting** **Action JB**

29/20

## **Publications and Highlights Report**

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

Professor Cooke referred to the NHS Long Term Plan to boost Apprenticeships report asking how many of the 100 apprenticeships were nurses. Mrs Gledhill responded that as far as she



was aware there were none, but this is an area the Trust is pursuing. A plan is in place for the programme and following the HR summit held there are 45 staff wanting to take up the pathway to become a nurse. Work is ongoing to finalise this with the first intake in the next few months.

Mr Smith referred to Monitoring the Mental Health Act publication explaining that the Mental Health Legislation Committee concentrate on benchmarking in reduction restrictive interventions. He was pleased to see an executive summary of what good looks like.

Dr Byrne noted that the Care Quality Commission is using language based on human rights for inspections (FREDA- Fairness, Respect, Equality, Dignity and Autonomy). He felt it would be helpful for the Board to understand and recommended that Board members read the report.

**Resolved:** The report was noted.

30/20

### **Performance Report**

Mr Beckwith, Director of Finance, presented the report which showed the majority of indicators were within normal variation, the exceptions being Clinical Supervision, Friends and Family Test (Involvement), Waiting Times, Improving Access to Psychological Therapies (IAPT) waiting times and Appraisals.

Discussions have taken place at the Executive Management Team around the safer staffing dashboard and how this can be taken forward. Mrs Gledhill reported that at recent meetings there have been concerns raised around Malton Hospital and compliance. She explained that the figures in the report are from December data and that to date appraisals are at 47%, training is at 78%, clinical supervision 63%, sickness has reduced to 6.49%, basic life support training is at 47% and immediate life support at 66% which gives a more positive picture.

It was noticed that Townend Court was flagging red in some areas. It was reported that this was to do with the way the rosters are recorded and work is taking place to match these with staffing and establishments.

It was noted that Inspire will be added to the dashboard from the next report.

Mr Smith referred to under 18 admissions to adult inpatient units asking with the opening of Inspire whether this would not happen in the future. Mrs Parkinson explained that there is a phased opening plan for admissions. When the unit is fully open there is the expectation that young people will not be admitted to adult beds, but there is no guarantee this can be eradicated. At the time when the young people were on the adult unit, they were supported by staff from Inspire on the unit as Inspire had not opened. Looking at what contributed to these admissions there is an ongoing situation where some young people present in crisis but it is not health related it is a social care issue with Looked After Children (LAC) placements breaking down which is a national issue. Challenges back to colleagues around admissions are being made and in the system that should be avoiding this crisis position. The Chief Executive reminded Board members that the data is retrospective and a team was in place to support young people at that time. Admissions are being phased and structured to ensure that the team get used to the unit. Issues around social care placements breaking down need to be resolved and discussions are taking place from an Integrated Care Service (ICS)/Sustainable Transformation Partnership (STP) point of view.

Professor Cooke was pleased to see a reduction in the over 52 week waits and the improvement in clinical supervision. He suggested the quality of the supervision should start to be looked at. He suggested that a new indicator be added to the dashboard for three day discharge follow up. The Chief Executive agreed and explained that the Executive team will be reviewing the content of the performance report at their next time out and will bring some proposals to the Board for any changes to the report.

Mr Patton commented about referral to treatment waits asking when the report will be available from the Deputy Chief Operating Officer. Mrs Parkinson said that a report is due at the Quality Committee on 1 April. A dip in 6 and 18 week waits was noted by Mr Patton for Improving Access to Psychological Therapies (IAPT). The Chief Executive was also concerned about this from a system point of view. The Chair asked if the narrative could be updated to reflect the position. Mrs Parkinson said there is a plan for recovering this position. When the service was taken over there were some unexpected waiting lists, but it is hoped that the position will be recovered by the end of the quarter.

The Chair referred to the number of incidents for Child and Adolescent Mental Health Services (CAMHS) and asked if this was expected. Mrs Gledhill confirmed that these referred to self harm incidents and each incident is reviewed.

In response to a query from the Chair regarding 52 week waits for Autistic Spectrum Disorder (ASD) Mrs Parkinson reported that additional staff will be in place by the end of this month. The Chair asked for an update to be included in the next report.

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

31/20

### **Finance Report**

The report presented by Mr Beckwith showed the financial position for the Trust as at 31 January 2020 (Month 10)

- An operational deficit position of £0.061m was recorded to the 31<sup>st</sup> January 2020.
- Expenditure for clinical services was lower than budgeted by £1.662m.
- Expenditure for Corporate Services was £0.230m lower than budget.
- Cash balance at the end of January was £12.033m (Underlying Government Banking Service Cash position was £11.884m)
- Capital Spend as at the end of January was £9.581m

Mr Smith commented on the recorded underspend for mental health asking if the vacancies meant there were quality implications. It was noted that most of the vacancies would be covered by bank and agency staff. The Chief Executive said there was a detailed discussion at the Finance and Investment Committee about how the data is better used as there is low occupancy which is positive.

**Resolved:** The report was noted.

32/20

### **NHS Operational Planning Guidance 2020/2021**

The report provided an overview of the NHS Planning Guidance for 2020/21. The guidance has been used to inform the first working draft of the operational plan. NHSE/I issued the operational planning and contracting guidance for 2020/21 on the 30 January 2020. Key headlines and planning requirements to note were:

- Guidance introduces a 'system by default' concept.
- System control totals will continue to operate with 50% of the financial recovery fund (FRF) tied to system performance.
- Primary Care Networks are expected to continue to evolve.
- Additional funding has been allocated to CCG's to meet Mental Health Investment Standards.
- Providers are required to offer supplementary choice for patients who have waited 26 weeks.
- A review of historical debt and the cash regime are built into the guidance.
- Focus in digital and the benchmark of minimum levels of digital investment.

Mr Royles commented that the guidance focuses on key roles for the system about transformation and performance management and further exploration of this in terms of relationships and how we position ourselves within this would be useful. The Chief Executive

said there is more pressure on the ICS from oversight and management and having to attend regional and national performance management meetings. It is clear from NHS Improvement that there is still a move to an improvement focus rather than performance as the system would be managed by default.

Mr Beckwith explained that the guidance is about not reducing bed numbers and the impact on the organisation is yet to be determined as adding more beds on ward would create financial pressures.

The Chair asked about the timelines which fell between Board meetings. The Chief Executive said that this is an issue, but nothing would be signed up to without Board agreement at the March Board.

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

33/20

#### **Quality Committee Assurance Report and 9 October 2019 Minutes**

An executive summary of discussions held at the meeting on 5 February was presented with the minutes of the meeting held on 5 December 2019.

Of particular note was the National Confidential Inquiry into Suicide and Safety conference and the changes to Care Quality Commission (CQC) inspection approach following the Whorlton Hall review. The Quality report will, be presented at the April meeting.

Mrs Gledhill reported that zero events for 2020/21 are being reviewed and will come through the Executive Management Team and the Committee,

Dr Byrne noted there is a lot of work in the system around suicide and Hull City Council is producing a report. The Trust is looking at its Suicide Prevention Strategy which is due for a refresh. There is a piece of work to do around more training and continuation of what is already being done.

**Resolved:** The report and minutes were noted

34/20

#### **Mental Health Legislation Committee Assurance Report**

The report provided an executive summary of discussions held at the meeting held on 06 February 2020. It was noted that the Mental Health Steering Group is to be refreshed and led by the clinical director to give more support to the Committee. The Committee welcomed the Care Programme Approach (CPA) research report that was presented and also looked at some case law which related to the relationship between patients with capacity and their human rights and section 63 of the Mental Health Act.

The issue of representation from Hull City Council was escalated to the Chief Executive.

**Resolved:** The report was noted.

**The issue of representation from Hull City Council at the Mental Health Legislation Committee meetings to be escalated by the Chief Executive. Action MM**

35/20

#### **Finance and Investment Committee Assurance Report**

Mr Patton presented the report which covered discussions held at the February meeting including:-

- Quarter 2 performance for the NHS
- Recommendation to the Board for it to stop providing the detailed cash report to Board.
- The decision to hold a virtual meeting in March to review the 2020/21 capex plan.
- The committee's changes to the corporate risk register and strategic goal five.

There was good debate and challenge at the meeting. There were also discussions about income generation and strategy.

**Resolved:** The report and verbal updates were noted.  
**The Board agreed to no longer received the cash report.**

36/20

### **Audit Committee Assurance Report**

The report provided an executive summary of discussions held at the meeting held on 4 February 2020. Mr Baren drew the Board's attention to the following areas:-

Internal Audit Plan – only 9 of 26 reports have been received. The work needs to be expedited to enable completion. A clear message was given by the Committee to the Internal Auditors that this was not acceptable and that significant work was needed to bring the plan back on track. The lack of an internal audit plan for 2020/21 at the meeting was noted. A draft will be circulated by the end of March. Discussions around future internal audit provision are taking place. Dr Byrne informed the Board that during a recent audit in his directorate his staff had found the team to be helpful. In terms of follow up actions Mr Omand has been doing a significant amount of work to reduce the number of outstanding actions which has made a difference.

Mr Royles asked about the focus of internal audits. He was informed that the areas selected for audit tended to be where it was known there is an issue rather than areas where no issues have been identified. If the audit plan had been prepared it would have been appended to this report so Board members could see the areas that would be audited. When it is available it will be circulated.

Three internal audit reports were recommended to go to the Workforce Committee for discussion. The Chief Executive clarified that reports do go to the Executives for sign off and to the relevant committees if required.

Future meetings will, receive a draft of the upcoming quarter of the Board Assurance Framework to allow the Committee to comment before it goes to the Board.

A meeting was held with the External Auditors where expectations from both sides were discussed.

**Resolved:** The report was noted  
**Internal Audit Plan for 2020/21 to be circulated to Board members when available Action PBec**

37/20

### **Quality Accounts Local Indicators**

In order to provide patients and carers with the assurance that they are receiving the very best quality of care, providers of NHS care are required to publish Quality Accounts each year. These are required by the Health Act (2009) and in the terms set out by the National Health Service (Quality Accounts) Regulations (2010).

The Board approved the local indicator 3-day follow-up following discharge as suggested by the Governors for external audit.

The Board were asked to select a minimum of 3 Quality Priorities (minimum of 1 from each quality domain). The Board discussed each area and agreed the following priorities:-

#### **Patient and Care Experience and Involvement Domain**

Following discussion Board members were broadly supportive of this priority, but had some concerns around the practicalities of it. It was felt that by including service users in all recruitment could cause some delays in the process. Board members felt this was an area that should be worked towards and suggested a change of wording to:-

“To work towards embedding an approach to recruitment across all clinical services and senior clinical roles that involves patients, service users and carers in the recruitment process”. EMT will discuss and finalise the wording and circulate this to the Board.

In terms of the Clinical Effectiveness Domain, Board members had differing views and following discussion chose to take forward both of the suggested indicators which were:-

- Each clinical network will identify key NICE guidance where there are known gaps in compliance and have clear plans for addressing these gaps.
- Develop an inventory of skills that is specific to individual roles which clearly outlines essential training and assessment requirements. This will include the frequency and means of reviewing and refreshing competency

The Patient Safety Domain priorities suggested were:-

- To ensure that staff have access to support following an incident
- Ensure teams have access to patient safety data and we can demonstrate improvements based on the data.

Board members agreed for the priority relating to staff having access to support following an incident to be taken forward.

**Resolved:** The Board noted the report and approved the 3 day follow up following discharge indicator suggested by Governors.

**EMT to discuss the wording for the patient and Care Experience and Involvement Domain and circulate the final version to the Board Action HG**

38/20

### **Operational Plan 2020**

The first working draft of the Trust’s operational plan for 2020 was provided to Board members for comments. Mr Beckwith added that the plan has been produced based on the guidance received and discussed earlier in the meeting.

Board members welcomed an early version of the plan. Initial thoughts were that CAMHS leadership and pathways, LHCRE and public health were areas that needed including. Early thoughts around the campus model, mental health services provision, Community Mental Health Survey and workforce alignment were other areas for consideration. Mr Smith suggested that reducing restrictive interventions could be another area for inclusion

The Chair explained there will be further discussion at the Board Time Out next week, but asked that any comments be forwarded to Mr Beckwith beforehand for inclusion in the final version which will be brought March meeting.

**Resolved:** The Board note the working draft

39/20

### **Items for Escalation**

The Chief Executive will take forward the issue of representation from Hull City Council at the Mental Health Legislation Committee.

40/20

### **Any Other Business**

No other business was raised.

41/20

### **Exclusion of Members of the Public from the Part II Meeting**

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

42/20

**Date and Time of Next Meeting**

Wednesday 25 March 2020, 9.30am in the Conservatory/Fitness Suite, Alfred Bean Hospital, Bridlington Road, Driffield, YO25 5JR

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

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

<b>Summary of actions from February 2020 Board meeting and update report on earlier actions due for delivery in March 2020</b>						
<i>Rows greyed out indicate action closed and update provided here</i>						
<b>Date of Board</b>	<b>Minute No</b>	<b>Agenda Item</b>	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Update Report</b>
26.2.20	28/20	Chief Executive Report	Update on the Population Health Management and links into LHCRE to be provided at the April meeting	Medical Director	April 2020	Item not yet due
26.2.20	34/20	Mental Health Legislation Committee Assurance Report	The issue of representation from Hull City Council at the Mental Health Legislation Committee meetings to be escalated by the Chief Executive.	Chief Executive	March 2020	Escalated at the last meeting Hull with the Chief Executive
26.2.20	36/20	Audit Committee Assurance Report	Internal Audit Plan for 2020/21 to be circulated to Board members when available	Director of Finance	March 2020	Audit Plan discussed at EMT on Monday 16 <sup>th</sup> March. This has been circulated to the Board.
26.2.20	37/20	Quality Accounts Local Indicators	EMT to discuss the wording for the patient and Care Experience and Involvement Domain and circulate the final version to the Board	Director of Nursing, Allied Health and Social Care Professionals	March 2020	Completed
<b>Outstanding Actions arising from previous Board meetings for feedback to a later meeting</b>						
<b>Date of Board</b>	<b>Minute No</b>	<b>Agenda Item</b>	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Update Report</b>
27.11.19	205/19	Board Assurance Framework	An explanation on the actual vacancies and updated narrative	Chief Executive	March 2020	Completed



			to be included on future front sheets.			
29.1.20	06/20(a)	Chief Executive's Report	Session to be provided at the next Board Time Out on progress and how the Trust contributes to the ICS. To be held before the go live date	Chief Executive	March 2020	Completed
29.1.20	11/20(a)	Quality Committee Assurance Report and 9 October 2019 Minutes	High reliability organisations discussions to be continued at a future Board Time Out	Medical Director	June 2020	To take place at June Board Time Out
29.1.20	11/20(b)	Quality Committee Assurance Report and 9 October 2019 Minutes	Quality Improvement and Patient Safety Board Development Session to be arranged	Medical Director	June 2020	To take place at June Board Time Out
29.1.20	11/20(c)	Quality Committee Assurance Report and 9 October 2019 Minutes	Meeting to be arranged with Professor Cooke, Chief Executive and Chair prior to the Quality Improvement and Patient Safety development session	Professor Cooke	June 2020	Meeting held to discuss
29.1.20	14/20(b)	Safer Staffing 6 Monthly Report	Definitions and significance of reasonable evidence and sound evidence to be included in future reports	Director of Nursing, Allied Health and Social Care Professionals	June 2020	Item not yet due

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



**Agenda Item 6**

Title & Date of Meeting:	Trust Board Public Meeting – 25 March 2020			
Title of Report:	Chief Executive's Report			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	✓
Purpose of Paper:	To provide the Board with an update on local, regional and national issues.			
<b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Monthly report to Board	✓
Key Issues within the report:	<ul style="list-style-type: none"> <li>Identified within the report</li> <li>Ratification of the policies identified in the report</li> </ul>			

**Monitoring and assurance framework summary:**

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



## Chief Executive's Report

### 1.1 Around the Trust:

During the month I have undertaken several clinical visits, Whitby and Bridlington were particularly interesting, Whitby because the administration office moves were taking place and the Covid 19 pods were complete. Bridlington because I had the chance to observe the great work of the Partnership Board amongst meeting staff. Staff are working hard and improving the care that we provide.

### 1.2 Right Place, Right Care

The right place, right care Police work is progressing though the start dates are being discussed in respect of the current system pressures.

### 1.3 Breastfeeding Guardian

My role as breastfeeding guardian is interesting especially as we progress towards re-accreditation of the gold standard. Thanks to the partnership work and staff involved.

### 1.4 Menopause Session

The Workforce and wellbeing team facilitated two great Menopause sessions both of which were positively received by staff, thanks to all those involved.

### 1.5 "The Hull we Want" Launch

This month saw the launch of "the Hull we Want" which is Hull's Health and Well-being board engagement event speaking to the population of Hull about their health and well-being. The Trust has a key role with this work. It is due to publish in 2021.

### 1.6 Haven Allotment

It was great to see the fabulous work on the Haven allotments, run by volunteers, supported by a staff members.

### 1.7 COVID 19- Update

The Trust continues to prepare in terms of planning for increasing numbers of staff/patients being tested positive for COVID 19 and/or having to self-isolate.

An Incident Co-ordination Group has been set up, led by an executive director with membership from Emergency Planning, Occupational Health, Matrons, Communications, Infection Control, Human Resources, Information Technology and Housekeeping. The group reviews information received to date; agrees further actions required and communications to staff and as we move forward will oversee the roll out of the business continuity plans in response to service/system pressures.

In terms of preparedness business continuity plans have all been reviewed to take account of possible reduction in staff and standard operating procedures have been produced for each service area detailing how to manage a COVID positive patient within the service. Personal Protective Equipment (PPE) supplies have all been reviewed and are under constant review to ensure we have sufficient equipment available to meet our needs.

Use of SKYPE and increased use of telephone consultations to contact patients is being taken forward by divisions.

## **2 Around the Region**

### **2.1 Clinical Lead Humber Coast and Vale (HCV) Partnership**

Dr Nigel Wells, Clinical Chair of Vale of York Clinical Commissioning Group, will be taking up the role of Clinical Lead for the HCV Partnership. Nigel will play a key role in the Partnership's leadership team, bringing the voices of the health and care community into the development of strategy and the co-ordination of collaborative, transformative work. He will also chair the HCV Clinical Advisory Group and be a champion for health and care clinical and professional engagement representing the health and care.

### **2.2 Regional Leadership Council of Yorkshire and the Humber Leadership Academy**

The Chair of the Regional Leadership Council of Yorkshire and the Humber Leadership Academy has stood down. It has therefore been decided this the time to move to a combined Regional North East & Yorkshire Leadership team (part of the new People Directorate, NHSE/I) which will now be implemented from April 2020. The restructure of the Local Academies will see five members of the team redeployed within the People Directorate. This will then see the creation of the new 'Leadership and Lifelong Learning' team across the larger NE & Yorkshire Region. The Regional Academy will work as part of the NHSE/I Regional Workforce and OD team led by Daniel Hartley, as well as to the National Academy team, currently being led by Andrew Foster.

## **3 Director's Updates**

### **3.1 Chief Operating Officer Update**

#### **3.1.1 Multi-Agency Public Protection Arrangements (MAPPA) Update**

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

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

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

The Trust continues to fulfil its responsibilities to MAPPA as a Duty to Co-operate agency achieving 100% attendance across all required meetings.

Notification of MAPPA offender processes have been recently refined following updated advice and our relevant forms have been changed and uploaded to the protocol to reflect this. There has been additional guidance provided for staff on what and how to upload information onto a specific part of our electronic patient record in Lorenzo.

Clinical staff continue to attend MAPPA level 2 and 3 meetings as required. There are a small number of cases managed at level 3 which sometimes require the support of senior operational managers as they require the commitment of significant resources. These cases may also attract media interest. Attendees at these meetings need to have a level of authority to be able to commit resources and services on the day.

The Strategic Management Board (SMB) is a meeting of executive level members, some meetings are dedicated to updating on development and presentations are expected from agencies on particular topics. Otherwise the meeting reviews the statistics from the Performance and Quality Assurance (PQA) meeting and updates to MAPPA guidance. It also addresses any non-attendance at MAPPA offender meetings from duty to co-operate organisations. It occurs 3 times a year, at the next meeting there is a presentation by our Associate Director of Psychology on Avoiding Burnout in Public Services.

PQA is the forum for collating and discussing the statistics regarding compliance with MAPPA and reviewing cases which may require a Serious Case Review. It is held 3 times a year and discussion also takes place about changes to policy and to processes in the wider system.

The Humber Criminal Justice Board (HCJB) brings together senior leaders from across the Criminal Justice System. The Board promotes a joined-up collaborative approach driving forward work to address challenges facing the system, as well as maintaining oversight of the criminal justice process. The Board works to set cross-system priorities and ensure these are understood and implemented. The Humber Board meets three times a year. The next meeting is a full day development/ CPD event in March.

The HCJB has several subgroups focussed on areas such as reducing reoffending, these are for staff working in the field and their projects then report into the HCJB. They might consider issues such as the link between mental health and offending and review services available in the local area and how local statistics benchmark on particular issues.

It is also essential that our partners have a clear understanding of how to access our services and training in regard to mental health and learning disability services is being offered free of charge in return for MAPPA awareness sessions for our staff, educating them in referring offenders into MAPPA processes.

There is a requirement that we report annually regarding level one cases we manage. We have developed an improved system for this so that the information can be reported efficiently and quickly.

A local MAPPA annual report is produced, this year's report has recently been published with an article about the Forensic Outreach and Liaison (FoLS) service. The report can be accessed via the following link.

[MAPPA -2018.19.pdf low res.pdf](#)

If a Serious Further Offence occurs there is a Serious Case Review (SCR) and all agencies need to review their input with the individual. All of this work is underpinned by an information sharing agreement which is reviewed and signed by all agencies on an annual basis. It was recently reviewed and signed on behalf of the Trust

### **3.1.2 Hull & East Riding Winter Review and Planning Workshop**

A workshop was held recently attended by 16 different partners from across the area to review what worked well, what did not work well and what could have worked better this winter. Each organisation also presented activity data to build up a picture of the impact of winter in numbers.

Clive Brookes, Deputy Chief Operating Officer attended for the Trust and described how the Trust had prepared for winter and the levels of activity. All delegates commented on how they felt that working relationships and understanding had improved significantly on previous years and how beneficial they had found the daily system calls and that the mutual aid agreement had worked well.

Despite this the system ran at OPEL 4 (the highest level of operational escalation) for periods of the winter with particular pressures in the emergency departments and ambulance service. Throughout the period the Trust remained on OPEL level 2 (moderate pressure) due to high levels of referrals from both the emergency department and acute hospital wards to our Mental Health Liaison Service and intermittent staffing challenges.

Comparison of the winter period Dec – Feb 2019 and this year showed an increase of 8.5% in referrals for a mental health assessment from the wards at Hull Royal Infirmary and an increase of 30% in referrals from their Emergency Department.

Joint working with Social Services and other partners over the winter period has resulted in Humber Teaching NHS Foundation Trust experiencing a reduction of 58% in the number of additional days spent in a hospital after the patient was fit for discharge. During the same period admissions to the Trust rose by 14.5%.

### **3.1.3 Allied Health Professions and Social Care Celebration Event**

Emma Gillyon won the Allied Health Professionals and Social Care Support worker award at the inaugural awards ceremony on 11<sup>th</sup> March. Emma works supporting our Speech and Language Therapy Team and has a special interest in working with people with profound and multiple disabilities.

The award recognises a non-registered person who demonstrates an exemplary approach to all aspects of their support showing innovative ways of working, overcoming barriers/challenges and improving the patient care and services.

Emma as part of a team helping to deliver intensive interaction, which is a communication approach used with individuals who are profoundly disabled or hard to reach. She works with other staff and carers and in the words of her citation “uses the approach beautifully to provide communication opportunities to this complex client group”.

Emma is also the lead champion for the My Health Guide project. Through the use of the app. individuals with a learning disability record information that is important to them sharing it with whomever they choose giving them more autonomy over sharing their personal information. Emma has taken the lead in training the champions from each profession in the multidisciplinary team and training the wider community team.

### **3.1.4 Pine View Ward**

Green Trees one of the secure services inpatient ward was temporarily closed in June 2018 in order that essential estates works could be undertaken to improve the environment. The patients and staff were transferred to other wards in the Humber Centre. Following discussion with NHS England’s specialised commissions it was agreed that the function of Green Trees be changed to a 14 bedded male low secure mental illness ward. In recognition of this changed function this unit was reopened in February as Pine View ward.

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

### **3.2.1 Provision of Nurse Training Programmes to meet new NMC requirements**

Representatives from the Nursing and Midwifery Council (NMC) visited Hull University Faculty of Health Sciences on Thursday 5th March to consider a range of nursing programmes which have been rewritten to meet the new NMC ‘Future Nurse’ educational standards. Additionally, a University Validation Panel for this suite of programmes took place as part of the same event. Following a robust and detailed exploration of the programme, the NMC and University recommended the approval of the three year full-time programmes for all four fields of Nursing (Adult, Child, Learning Disability and Mental Health), Degree Apprenticeship variants for Adult, Learning Disability and Mental Health.

In addition to the recommendation for approval, the programme team were commended by the University panel for their partnership working and implementation of new arrangements for supporting students in practice. This outcome is the result of many months of hard work by the programme teams and professional services colleagues, in partnership with service users, Grimsby Institute, and healthcare providers.

### **3.2.2 Nurse Training Funding Support**

The government has announced that as of September 2020 all student nurses in England will receive a grant of up to £5000 per year to help with living costs which they will not be required to pay back. In addition Mental Health & Learning Disability students will receive an additional £1000 per year. This will be a great help to those we put forward for their training via an apprenticeship.

## **3.3 Medical Director**

### **3.3.1 Health Education England**

Health Education England are currently reviewing all protocols with regard to the training and education of doctors. It appears that all formal training programs will be suspended, however, we in the trust realise the significant of training and are seeking to rapidly develop a digital offering for our staff with an academic content related to current clinical needs.

### **3.3.2 Patient and Carer Experience Workshops**

The Patient and Carer experience workshops have been paused for the time being as well our face to face QI activity. This is obviously disappointing but I am confident that we will find ways to continue to work with our staff and service users going forward once urgent operational issues have been attended to.

### **3.3.3 Research Update**

In line with emerging guidance will be pausing some of our research, Cathryn Hart will oversee this work and is reviewing all safety implications, especially where therapeutic interventions are taking place. We are reviewing the date for the research conference as we have had some of our keynote speakers withdraw to the current Covid-19 situation.

### **3.3.4 Suicide and Self Harm Strategy**

The Trust is currently in the process of updating its Suicide and Self harm strategy. We don't anticipate to may significant changes and will be aligning it to the ICS/STP strategy which is currently being drafted.

## **3.4 Director of Workforce and Organisational Development (OD) Update**

### **3.4.1 PROUD Leadership Programmes**

Cohorts 1 of both the Senior Leadership and Leadership Programmes completed module 3 of their programmes during March. In addition cohort 2 of both started module 1. Unfortunately all future programmes have been temporarily suspended given COVID 19.

### **3.4.2 Staff Side**

The TCNC took pace during March. With a focus on the staff survey results, useful feedback was received and potential initiatives to improve take up for the 2020 staff survey discussed.

### **3.4.3 COVID 19**

Recent weeks have been dominated supporting staff and managers with the COVID 19 crisis. Regular communications have been provided to staff regarding sickness reporting, self-isolating, home working, annual leave, etc.

The training team has produced guidance for matrons and managers to show how they can call on the team to provide any training necessary to get staff compliant to do whatever is necessary to support patients.

Occupational Health is providing advice and guidance and will be deployed operationally at the point that it is deemed necessary.

The bank and agency team are streamlining and focusing on getting people to work for us as quickly as possible and relationships with agency providers of staff locally to do non-skilled work are being developed.

#### **4 Trust Policies**

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

Policy Name	Approving Committee	Date Approved	Lead Director
Social Media and Website Policy	EMT	16/3/20	CEO

#### **5 Communications Update**

##### **Coronavirus**

Working with colleagues the team are leading Trust internal and external communications relating to the Coronavirus outbreak. We are working closely with local and national NHS colleagues to ensure that we are sharing accurate, up to date and informative content across our channels and responding appropriately to media enquiries. Internally we have created a hub for Coronavirus communications on the Trust intranet, developed a set of FAQ's and introduced a weekly all staff email to be sent every Thursday following the Trust co-ordination group meeting.

##### **Brand Project Update**

Research to develop a creative brief for the brand refresh is will be completed w/c 23<sup>rd</sup> March with over 250 staff, patients, service users, stakeholders and carers engaged. Through both qualitative and quantitative research we have measured current perceptions of the Trust brand and developed a better understanding of how accepting our stakeholder are of the ideas we try to associate with our brand. This work will help us identify unique associations that can be a source of differentiation, show us gaps in perceptions that we can address and ensure the refresh resolves any gaps between the brand qualities we want to portray and how our stakeholders actually feel.

##### **External Communications**

##### **International Women's Day – 8 March**

Some of our women in leadership from across the Trust were photographed and interviewed to show Trust support for this global day which celebrates the social, economic, cultural and political achievements of women. The images reached an audience of over 8500 and the video was viewed over 3000 times across our social media.

##### **Safer Sleep Week – w/c 9 March**

The communications team worked closely our Integrated Specialist Public Health Nursing team and in partnership with CHCP in the East Riding to promote national Safer Sleep Week across the region. The brief was to increase reach of the safe sleep message to the wider family and caregivers as advice is often focused at informing mother. The team designed a supportive greetings card that can be displayed with other greetings cards but also contains important advice and information. The card encourages mums to share it with caregivers to pass the information on in a supportive way. The card will be given to over 10,000 new parents at the first post-natal appointments across the Hull and East Riding regions over the next twelve month. Activity also included sponsored walk across various Children's Health Centres in the area and attendance at two rugby games to with a focus on getting the information to fathers. Media coverage included Viking FM and That's TV Humber.

## Media

Favourability Report			
Positive new stories		Negative new stories	
Local media	4	Local media	2
Website	10		
Social Media	9		
<b>TOTAL</b>	<b>23</b>		<b>2</b>

Positive media highlights include:

- Miranda House Accreditation ECT – Mental Health Today
- Smoking Cessation (Health Trainers) – Look North
- Bridlington Health and Wellbeing Event – Bridlington Free Press

## Website

The Trust website has seen an increase in users being directed from our social media accounts, making Facebook the most prominent referral source. Referrals are up 147% from the same period in 2019 (209-517) due to using the channel to share positive news stories.

	Target	Performance over period
Bounce Rate	Bring down to 50%	67% ↓
Social Referrals	Increase by 10%	23.44% (808) ↑

## Social media

The team supported the Principle Occupational Therapist to promote 15 Peer Support Worker vacancies. Posts for this generated 161 clicks to the job description and application process on NHS jobs. These jobs were successfully shortlisted for and feedback noted the positive impact that the advertising had on applications.

The 'Farewell to Victoria House' article saw nearly 6,000 people reached and almost 2,000 people engaging with this post. Positive comments of the building came from people who had either stayed or worked in the building.

Other highlights included

- Mental Health Nurses Day (6.5k reach - 304 engagement)
- International women's day campaign (5.6k reach – 255 engagements)

	Target	Performance over period
Engagement Rate	3%	2.3% ↑
Reach	+50K	66,476 ↑

## Internal Communications

### Year of the Nurse and Midwife

We launched our first 'Nursing through the Decades' podcast through our internal communication channels and on social media. The episode, which focused on a staff experience of nursing in the 1970's received over 170 listens across our platforms and generated positive comments on social media.



## Whitby Redevelopments

We worked in collaboration with Whitby Services managers and Communications colleagues at Hambleton, Richmondshire and Whitby CCG to develop the first Whitby Team Newsletter. The newsletter will be sent out once a month and will ensure that Whitby staff have access to accurate and up to date information about the build project.

## Intranet

### Current performance

### Virtual Bouquets

As part of the intranet revamp we added a 'Virtual Bouquets' feed to the homepage. These are used by staff to say a public quick thank you to one another for their help and support. Since its launch on 31 January 2020, we have seen the number of submissions rise by 108% (12 -25).

	Target	Performance over period
Bounce Rate	Bring down to 50%	65.16% ↑
Visits	Increase traffic by 60%	+359% ↑

## 6 Health Stars Update

### 6.1 COVID19

As we all prepare for what is challenging months ahead, Health Stars with the support of Smile are reviewing all of the risks associated with the situation to both our Health Stars team, activity and of course how we ensure that we can support our Humber people, patients, staff and families at this challenging time.

### 6.2 Operations Plan

Following on from the Health Stars Board presentation the team have prepared their operations plan for 2020/2021. This will be presented in draft form to the next Charitable Funds Committee on Tuesday 24<sup>th</sup> March for review before it is finalised. We would like to thank the Board for all their contributions and support for Health Stars at the last meeting, the team really appreciated the Board's involvement.

### 6.3 Whitby

Health Stars have made numerous visits to Whitby since the last meeting to engage with key stakeholders at Whitby. We are currently awaiting the "list" of items from the team in Whitby that will help to form the appeal.

The next stage is a discussion on the name of the appeal for Whitby Hospital. Concerns have been raised about calling it Whitby Hospital Appeal as it may give the wrong implications.

In addition, Whitby League of Friends has taken the decision to close their doors after a long successful history. All their existing funds will be transferred to Health Stars and be restricted for Whitby Hospital. Whilst this is unfortunate they have made the decision to close, we feel it shows confidence in Health Stars that they are happy to transfer their funds to the charity.

**Michele Moran**  
**Chief Executive**  
**March 2020**

**Agenda Item 7**

Title & Date of Meeting:	Trust Board Public Meeting – 25 March 2020			
Title of Report:	Publications and Policy Highlights			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To receive & note	
	For information	x	To ratify	
Purpose of Paper:	To update the Trust Board on recent publications and policy.			
<b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	12/3
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	
<b>Key Issues within the report:</b> <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<ul style="list-style-type: none"> <li>I. Leading the acceleration of evidence into practice: a guide for executive nurses</li> <li>II. Transitions from adolescent secure to adult secure</li> <li>III. Promoting sexual safety through empowerment</li> <li>IV. Coronavirus Government Advice</li> <li>V. Recruitment campaign must align with a range of other initiatives</li> <li>VI. NHS specialised services are driving innovation and transforming how they deliver care for patients</li> <li>VII. Health Equity in England: The Marmot Review 10 Years On</li> </ul>			

**Monitoring and assurance framework summary:**

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



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

## Publications and Policy Highlights

The report provides a summary on recent publications and policy.

### **1. Leading the acceleration of evidence into practice: a guide for executive nurses** NHS England 11 March 2020

This is a practical guide to provide executive nurses with insight into fostering a culture that encourages staff to be innovative and use research and evidence to inform and support the sustainability and transformation of care. Such a way of working will also put the professions at the heart of achieving the Long Term Plan (NHS England 2019) and other national agendas and initiatives.

The guide recognises the challenge for executive nurses in creating and leading an evidence-informed practice environment. It includes examples of how to enable such provision (eg access to pertinent evidence summaries) and to support staff to translate research into practice across settings. For some, this may be a new way of working, so the guide aims to support success through a blend of practical advice and insights from organisations who are further along this journey.

<https://www.england.nhs.uk/publication/leading-the-acceleration-of-evidence-into-practice-a-guide-for-executive-nurses/>

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

**The guide will be reviewed by the Professional Forum to inform work programmes in the Professional Strategy**

### **2. Transitions from adolescent secure to adult secure inpatient services: Practice guidance for all secure services** NHS England 6 March 2020

This guidance aims to outline good practice standards and give clear guidance for the positive transition of young people from adolescent secure inpatient units to adult secure inpatient units.

<https://www.england.nhs.uk/publication/transitions-from-adolescent-secure-to-adult-secure-inpatient-services-practice-guidance-for-all-secure-services/>

**Lead: Chief Operating Officer**

**These will be reviewed as part of our work on the Secure Services pathway which links to new models of care.**

### **3. Promoting sexual safety through empowerment** CQC February 2020

This report looks at how adult social care services keep people safe from sexual incidents. It also looks at how services can support them to express their sexuality.

It is a basic human right for people to express their sexuality. They should be empowered, supported and protected when using adult social care services. Building a culture of openness in which people can talk about sexual safety and sexuality is the first step towards protecting and supporting them.

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

**The report gives detailed recommendations for providers and leaders in adult social**

care, as well as for CQC as the regulator. The Trust Sexual Safety Group and the Head of Safeguarding will review the recommendations to inform practice developments for the Trust within this area.

#### **4. Coronavirus Government Advice 3 March 2020**

NHS and care staff will be at forefront of efforts to push back against coronavirus outbreak [Coronavirus action plan](#). The government published the next steps to tackle an outbreak and the action plan demonstrates the vital role the NHS and the public will continue to play in supporting efforts to contain, delay and mitigate against the impact of a wider outbreak of coronavirus in the UK.

**Lead: Chief Operating Officer**

**All national advice is received in the Trust via the Emergency Planning route. It is reviewed on a daily basis with the Infection Control team and actions are taken as required. This is now incorporated into our business continuity arrangements.**

#### **5. Recruitment campaign must align with a range of other initiatives Department of Health & Social Care 03 March 2020**

The Department of Health and Social Care has published a [new national recruitment campaign](#) for paramedics, radiographers and nurses. It is the latest phase of the 'We Are The NHS' recruitment drive and is the first government campaign to recruit allied health professionals.

**Lead: Director of Workforce & OD**

**The national campaigns are a welcome initiative to help with the current staffing shortages within the Trust.**

#### **6. NHS specialised services are driving innovation and transforming how they deliver care for patients NHS Providers 26 February 2020**

The report [Specialised services: transforming delivery for patients](#) shows how NHS specialised services are adapting to a changing environment to deliver world class and innovative care for patients and service users.

Around 17% of the total NHS budget is committed to funding treatment for patients with conditions defined as rare or complex. This report looks at the key role specialised services play in delivering the ambitions of the long term plan.

The report features eight interviews and covers the relationship between specialised services and system working, making commissioning work for specialised services, improving the patient experience, investing appropriately in building capacity to meet the demand for care and research, innovation and technology. The interviews highlight the challenges that specialised services face in adapting to new system structures and commissioning arrangements. They also reflect on the key contribution providers of specialised services play in supporting innovation, deploying new treatments and harnessing digital technology.

**Lead: Chief Executive**

**This work is being progressed through the Provider Collaborative**

**7. Health Equity in England: The Marmot Review 10 Years On** Institute of Health Equity  
25 February 2020

The report confirms that for the first time in more than 100 years, life expectancy has failed to increase for a decade across the country. It also finds that over the last decade health inequalities have widened overall, and the amount of time people spend in poor health has increased since 2010 and more must be done to address the wider determinants of health.

**Lead: Medical Director**

**The Marmot report confirms with many of the health equalities which are more pronounced in our patient populations. Tackling inequalities is a societal issue but many of the trusts quality plans at divisional level are focussed on improving and addressing key physical health issues**

**Agenda Item 8**

Title & Date of Meeting:	Trust Board Public Meeting – 25 <sup>th</sup> March 2020			
Title of Report:	Performance Report - Month 11 (February)			
Author/s:	Name: Peter Beckwith/Richard Voakes Title: Director of Finance/Business Intelligence Lead			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	<p>This purpose of this report is to inform the Trust Board on the current levels of performance as at the end of February 2020.</p> <p>The report is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits presented in graphical format.</p>			
<b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Finance & Investment Committee		Executive Management Team	✓
	Mental Health Legislation Committee		Operational Delivery Group	✓
	Charitable Funds Committee		Other (please detail)	
<b>Key Issues within the report:</b>  <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<p><b>Exception reporting and commentary is provided for each of the reported indicators:</b></p> <p>The majority of indicators are within normal variation, the exceptions being waiting times, detailed narrative for which is included in the exception reports.</p>			

**Monitoring and assurance framework summary:**

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



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





Financial Year  
2019-20

# INTEGRATED BOARD REPORT

This document provides a high level summary of the performance measures stemming from the Integrated Quality and Performance Tracker.

The purpose of this report is to present to the Board a thematic review of the performance for a select number of indicators for the last 24 months including Statistical Process Control charts (SPC) with upper and lower control limits.



Reporting Month:  
Feb-20

Caring, Learning and Growing

Chief Executive: Michele Moran  
Prepared by: Business Intelligence Team



# Humber Teaching NHS Foundation Trust

## Integrated Board Report

For the period ending: **Feb 2020**

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

**What are SPCs?**

Statistical process control (SPC) charts can help us understand the scale of any problem, gather information and identify possible causes when used in conjunction with other investigative tools such as process mapping.  
 SPC tells us about the variation that exists in the systems that we are looking to improve:

S – statistical, because we use some statistical concepts to help us understand processes.  
 P – process, because we deliver our work through processes ie how we do things.  
 C – control, by this we mean predictable.

SPC should be used to help to get a baseline and evaluate how we are currently operating. SPC will also help us to assess whether service changes have made a sustainable difference. They give an indication as to whether there is relatively stable variation over time or whether there are special causes creating exceptional variance. This is done by analysing the chart looking at how the values fall around the average and between or outside the control limits. The average and control limits do not indicate whether the indicator is achieving the target that has been set, but they allow us to better understand how stable the performance is and whether or not it is changing.

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

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

Dashboard	Safer Staffing	A dashboard to provide overview on a number of clinical indicators for the Trust's inpatient units across all services
Dashboard	Mortality	Learning from Mortality Reviews
Goal 1	Incidents	Total number of incidents reported on Datix
Goal 1	Mandatory Training	A percentage compliance for all mandatory and statutory courses
Goal 1	Vacancies	Variance between the budget (funded) establishment and actual staff in post. Note that not all vacancies are funded
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	CPA - 7 day follow ups	Percentage of patients who were on CPA and had a follow up within seven days of discharge from hospital
Goal 2	CPA - Reviews	Percentage of patients who are on CPA and have had a review in the last 12 months

# Humber Teaching NHS Foundation Trust

## Integrated Board Report

For the period ending:

**Feb 2020**

Goal 2	RTT - Completed Pathways	Based on patients who have commenced treatment during the reporting period and seen within 18 weeks of their referral
Goal 2	RTT - Incomplete Pathways	Based on patients who have been assessed but continue to wait more than 18 weeks for treatment
Goal 2	RTT - 52 Week Waits	Number of patients who have yet to be seen for treatment and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - Adult ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Adult and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - Paediatric ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Children and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks
Goal 2	RTT - Early Interventions	Percentage of patients who were seen within two weeks of referral
Goal 2	RTT - IAPT 6 Weeks and 18 weeks	Percentage of patients who were seen within 6 weeks and 18 weeks of referral
Goal 3	Recovery Rates - IAPT	Recovery Rates for patients who were at caseness at start of therapeutic intervention
Goal 3	Admissions of Under 18s	Number of patients aged 17 and under who were admitted to an adult ward
Goal 3	Out of Area Placements	Number of days that Trust patients were placed in out of area wards
Goal 4	Delayed Transfers of Care	Results for the percentage of Mental Health delayed transfers of care
Goal 4	Staff Sickness	Percentage of staff sickness across the Trust (not including bank staff)
Goal 4	Staff Turnover	Percentage of leavers against staff in post
Goal 4	PADRs	Percentage of staff who have received a Performance and Development Review within the last 12 months
Goal 5	Finance - Cash in Bank	Review of the cash in the Bank (£000's)
Goal 5	Finance - Use of Resource Score	The Single Oversight Framework assesses the Trust's financial performance across different metrics
Goal 5	Finance - Income and Expenditure	Review of the Income versus Expenditure (£000's) by month
Goal 6	Complaints	Two charts showing the number of Complaints Received (1) and the number of Complaints Responded to and Upheld (2)
Goal 6	Compliments	Chart showing the number of Compliments received by the Trust by month

# PI RETURN FORM 2019-20

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Feb 2020**

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

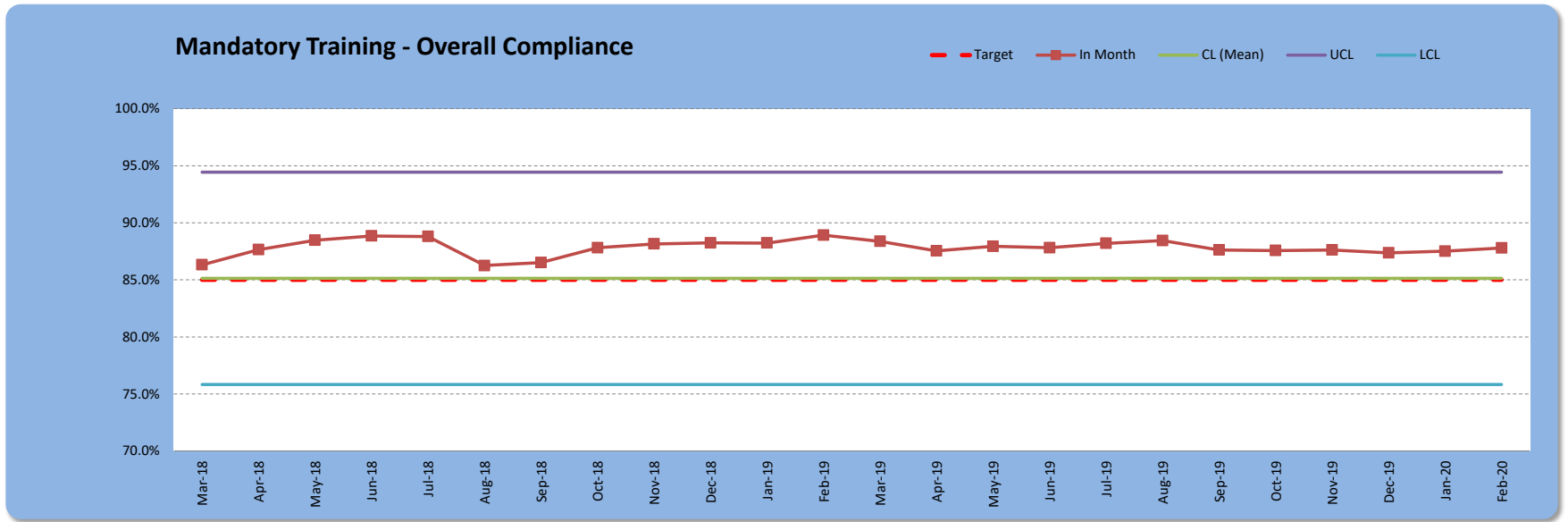
KPI Type
WL 5

**Narrative**

Above Target

Target: 85%  
Amber: 75%

Current month stands at 87.8%



### Exception Reporting and Operational Commentary

Performance remains above target. All managers have access to ESR supervisor self service so they can review performance via the dashboard. More detailed information regarding those courses below target is provided to the Workforce and OD Committee.

### Business Intelligence

There are 18 individual courses monitored in the IQPT dashboards, the following 7 courses are below their target.

UNDER TARGET - RAG	Amber	Red
BLS		65.2%
ILS	82.0%	
Information Governance	91.0%	
MAPA	81.1%	
MHA		57.7%
PATs		71.4%
POVA	82.2%	

# PI RETURN FORM 2019-20

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Feb 2020**

Indicator Title

Description/Rationale

**Vacancies (WTE)**

Variance between the establishment and actual staff in post. This information is taken from the Trust financial ledger.

Executive Lead  
Steve McGowan

KPI Type

WL 2 VAC

### Narrative

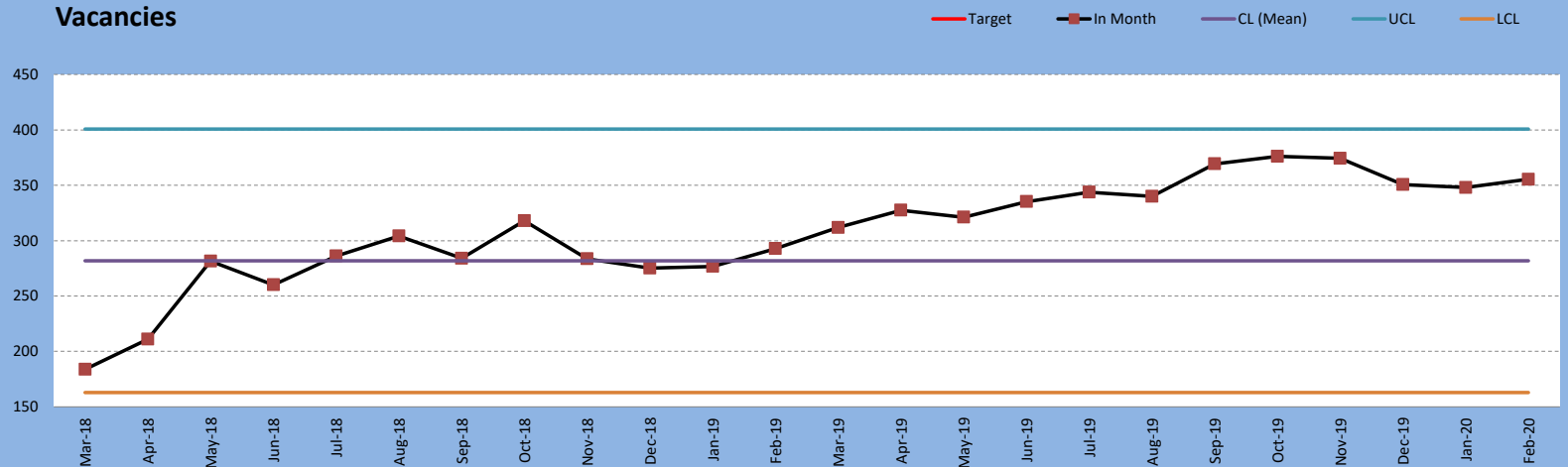
within control limits

Target: TBC

Amber: TBC

Current month  
stands at  
355.4

### Vacancies



### Exception Reporting and Operational Commentary

Qualified nursing (112.8 WTE vacancies of 823.5 WTE roles) and Consultants/GPs (21.7 WTE of 65.2 WTE roles) represent the most difficult roles to fill. The Director of Nursing and Medical Director are formulating plans to address these hard to recruit to vacancies. A task and finish group has been set up to oversee this work. More information on vacancies is provided to the Workforce and OD Committee.

### Breakdown of Vacancies per Division

#### Vacancies as @ 29/02/20 - Total 355.4 WTE (12.6%)

Vacancy Rates per Division	Feb	
	WTE	%
Mental Health Planned Care	54.5	13.8%
Mental Health Unplanned Care	74.2	14.8%
338 Secure Services	24.1	10.8%
338 Childrens and Learning Disability	80.8	12.8%
338 Community and Primary Care	64.7	11.9%
338 Corporate Services	57.1	10.9%

Percentages are based on the vacancy rates per division not on the Trust vacancies as a whole

# PI RETURN FORM 2019-20

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Feb 2020**

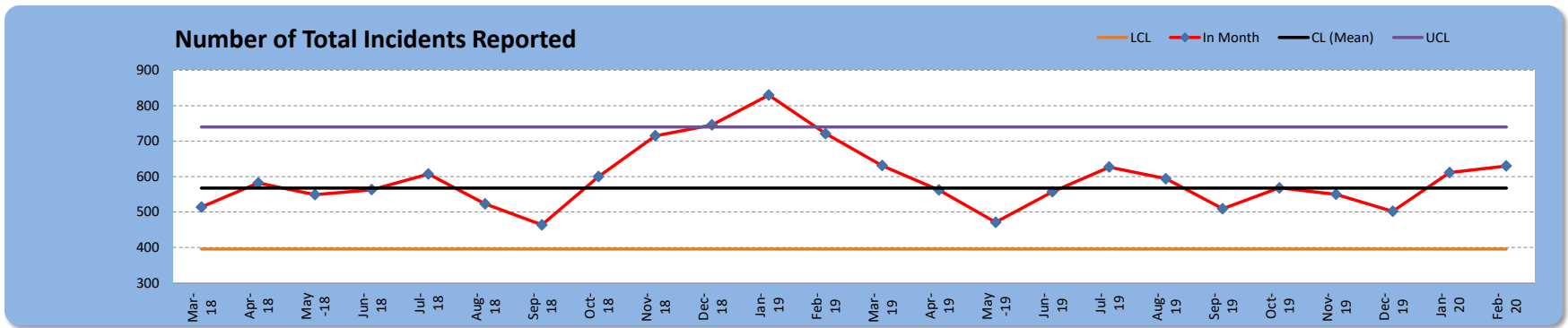
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Incidents	Total number of incidents reported on Datix	Hilary Gledhill	IQ 6

**Narrative**

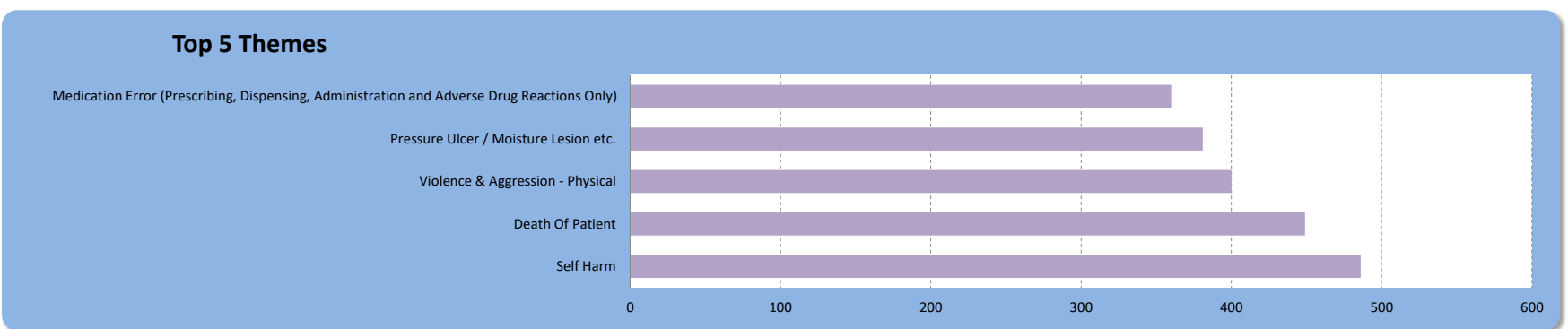
**Within Control Limits**

UCL: 740  
LCL: 396

Current month stands at 630



Top five themes of incidents reported in the current financial year (Year to Date)



### Exception Reporting and Operational Commentary

February 2020 had the highest incident reporting rates across the Trust since July 2019 and saw a 3.1% increase when compared with January 2020. For February 2020, 94.8% of the total reported incidents resulted in no harm or low harm. The highest reported category of incident for the month was 'Self-harm', 97.2% of these incidents were recorded as either no harm or low harm, with 2.8% recorded as moderate harm. Incidents on the Inspire CAMHS unit accounted for 61.1% of the total 'self-harm' incidents reported in the Trust for February 2020. For the year-to-date (April 2019 to February 2020), 'Self-Harm' remains the highest reported category of incident, with 'Death of Patient' (inclusive of expected deaths) the next highest reported and 'Violence and Aggression – Physical' being the third highest reported incident category. All reported incidents continue to be monitored on a daily basis by the Corporate Huddle.

### Business Intelligence

As the Trust diversifies and acquires business, the number of incidents may increase/decrease to reflect this. Currently the RAG rating is based on the number of incidents outside the Upper and Lower Control Limits.

# PI RETURN FORM 2019-20

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Feb 2020**

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

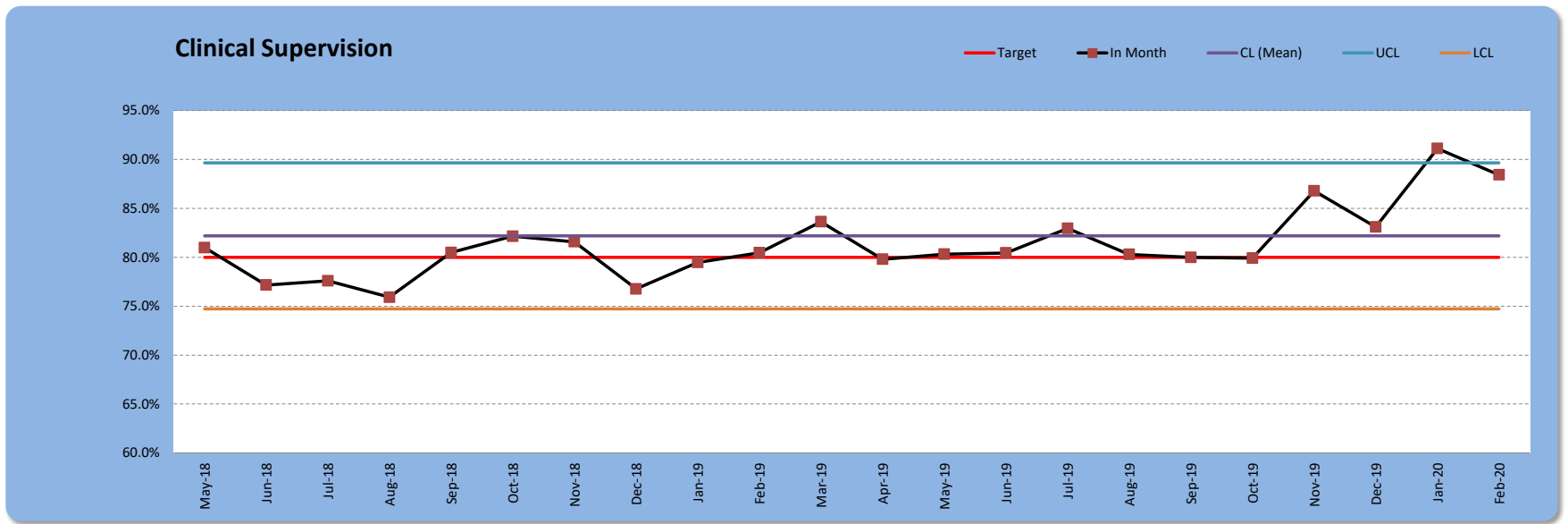
KPI Type
WL 9a

**Narrative**

Performance above target

Target: 80%  
Amber: 75%

Current month stands at 88.4%



### Exception Reporting and Operational Commentary

Compliance rate to 88.4% in February from 91.2% in January but remains above target. The Humber Centre has commenced the pilot for the recording of supervision onto ESR. The system needs to be adjusted so that managerial supervision and clinical supervision can be recorded separately. Once this has been established a rolling programme of moving all teams across to reporting on ESR will be progressed and completed by July 2020. This will improve the quality and consistency of reporting

### Business Intelligence

93 from 109 teams provided a response in February (85.3%). Teams who do not provide a return are being actively managed by the divisions and reminders sent out by BI team. The process in BI has been updated to capture all entries of supervision across a six week period for the relevant month.

# HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING QUALITY DASHBOARD

Contract Period:	2019-20
Reporting Month:	Jan-20



Show one month in arrears

Speciality	Units					Bank/Agency Hours				Average Safer Staffing Fill Rates				High Level Indicators												
	Ward	Speciality	WTE	OBDs (inc leave)	CHPPD Hours (Nurse)	Bank % Filled	Improvement	Agency % Filled	Improvement	Day		Night		QUALITY INDICATORS (Year to Date)				STAFF QUALITY INDICATORS						Indicator Totals		
										Registered	Un Registered	Registered	Un Registered	Staffing Incidents (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ partly upheld)	Failed S17 Leave	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	PADRs	Sickness Levels (clinical)	WTE Vacancies (RNs only)	Dec-19	Jan-20
Adult MH	Avondale	Adult MH Assessment	32.6	67%	15.51	19.7%	↓	0.0%	↑	83%	80%	97%	113%	0	1	0	0	79.3%	89.2%	81.8%	94.1%	93.5%	2.2%	3.2	0	1
	New Bridges	Adult MH Treatment (M)	43.0	86%	11.55	8.1%	↓	3.6%	↑	87%	110%	97%	123%	0	0	0	0	No Ret	93.3%	100.0%	92.3%	93.0%	5.2%	3.0	3	1
	Westlands	Adult MH Treatment (F)	39.2	84%	10.22	37.2%	↓	10.0%	↑	69%	94%	97%	102%	4	0	0	0	83.3%	89.9%	81.8%	81.0%	64.7%	14.6%	5.6	2	3
	Mill View Court	Adult MH Treatment	39.4	91%	8.47	18.4%	↓	0.3%	↑	95%	87%	90%	110%	1	3	0	0	100.0%	88.5%	75.0%	82.4%	87.1%	6.2%	3.8	2	1
	Hawthorne Court	Adult MH Rehabilitation	28.4	47%	11.92	35.4%	↓	0.0%	↑	63%	79%	100%	100%	0	1	0	0	57.1%	89.8%	88.9%	84.6%	76.0%	12.1%	-0.8	1	3
OP MH	PICU	Adult MH Acute Intensive	29.7	71%	21.77	40.2%	↓	17.7%	↓	85%	136%	93%	134%	2	1	0	0	100.0%	87.7%	100.0%	93.3%	46.2%	15.3%	7.4	2	2
	Maister Lodge	Older People Dementia Treatment	36.4	100%	12.89	15.6%	↑	0.0%	→	68%	106%	110%	111%	0	0	0	0	100.0%	89.4%	90.0%	92.6%	92.3%	4.5%	2.0	3	3
Specialist	Mill View Lodge	Older People Treatment	23.8	107%	11.92	13.6%	↓	0.0%	→	80%	81%	100%	100%	0	1	0	0	92.3%	93.6%	72.7%	92.3%	50.0%	2.1%	1.8	1	2
	Darley	Forensic Low Secure	33.5	100%	9.98	15.7%	↑	0.0%	↑	87%	72%	100%	100%	0	0	0	8	100.0%	96.2%	100.0%	92.3%	87.5%	8.3%	1.0	2	2
	Derwent	Forensic Low Secure	23.9	86%	13.46	15.9%	↑	7.2%	↓	101%	92%	100%	102%	1	1	0	1	100.0%	93.8%	100.0%	88.2%	92.3%	5.4%	2.8	1	1
	Ouse	Forensic Low Secure	24.8	93%	7.36	22.1%	↓	3.6%	↓	68%	91%	100%	105%	1	0	0	14	95.8%	97.3%	100.0%	94.7%	100.0%	19.2%	2.4	2	2
	Swale	Personality Disorder Medium Secure	31.1	67%	12.72	43.0%	↓	0.0%	→	89%	84%	100%	130%	0	0	1	0	96.0%	92.2%	88.9%	70.6%	88.5%	12.9%	1.0	1	1
LD	Ullswater	Learning Disability Medium Secure	36.2	58%	18.93	25.6%	↑	0.0%	→	97%	99%	100%	88%	1	0	0	7	100.0%	95.1%	80.0%	94.1%	88.9%	8.2%	1.0	1	1
	Townend Court	Learning Disability	43.3	57%	22.43	27.7%	↑	0.0%	→	65%	93%	53%	133%	2	2	0	0	91.2%	86.7%	71.4%	91.3%	71.1%	7.9%	2.1	5	4
CH	Granville Court	Learning Disability Nursing Treatment	51.0	Not Avail	n/a	32.9%	↓	0.0%	→	98%	87%	117%	94%	0	0	0	n/a	96.0%	94.3%	100.0%	94.3%	69.8%	7.0%	1.0	2	2
	Whitby Hospital	Physical Health Community Hospital	48.8	91%	6.75	0.0%	→	0.0%	→	92%	95%	95%	98%	3	0	0	n/a	84.6%	91.4%	65.0%	55.0%	69.0%	10.0%	0.0	3	3
	Malton Hospital	Physical Health Community Hospital	28.4	88%	6.92	Not on eRoster	→	Not on eRoster	→	87%	92%	135%	73%	0	0	0	n/a	62.5%	74.9%	68.8%	22.7%	23.1%	4.8%	2.4	4	4

## Exception Reporting and Operational Commentary

The number of units showing green for registered fill rates has improved to 5 however the number now on red has increased to 5 with Maister and Townend remaining red from the previous month. On Townend the lower bed occupancy means that the CHPPD are still good and on Maister the new registered roles including nursing associates and pharmacy technicians are in the process of being included in the CHPPD reporting which has improved. Sickness remains above target for all areas with the exception of Avondale who have remained below target for the third month consecutively and Maister and MVL. Training compliance overall remains strong and ILS and BLS have improved in most areas with the exception of Malton and Whitby. BLS in Malton has improved slightly in January following all staff falling out of compliance in November. Further training has been delivered in February so a significantly improved picture should be seen in the next report. Supervision compliance has dropped slightly in January for Avondale and Hawthorn Court and Newbridges did not submit a return which has been addressed at ward level. Malton has improved and Townend is now above target. CHPPD has improved or remained stable for most units - Ouse remains below target but this is consistent with the nature of the patient group. Both Whitby and Malton have improved slightly and remain comparable with figures from older adult/acute medical wards. Malton continues to receive focussed support from the leadership team and nursing directorate. Their PADR and supervision compliance has improved in January and February and continuing challenges with registered nurse vacancies are being proactively managed. Generally all teams have improved their PADR performance with the exception of PICU; Maister Lodge and Derwent. Areas of low compliance are taken forward via the accountability reviews. Inspire unit will be included in the next report.

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

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

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

## Registered Nurse Vacancy Rates

Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
13.60%	13.90%	13.40%	12.50%	14.30%	17.10%	16.80%	18.60%	16.11%	15.70%	15.00%	

## Slips Trips and Falls

	4	5	6	7	8	9	10	11	12	1	2	3	YTD
Maister Lodge	3	4	1	2	4	3	4	3	2	3	3	0	32
Mill View Lodge	1	3	1	2	0	2	0	4	4	1	1	0	19
Whitby	1	3	10	4	3	2	3	5	6	4	3	0	44
Malton	0	1	0	0	0	0	0	0	0	0	0	0	1

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



# PI RETURN FORM 2019-20

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Feb 2020**

Indicator Title

Description/Rationale

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  
John Byrne

KPI Type

FFT %

### Narrative

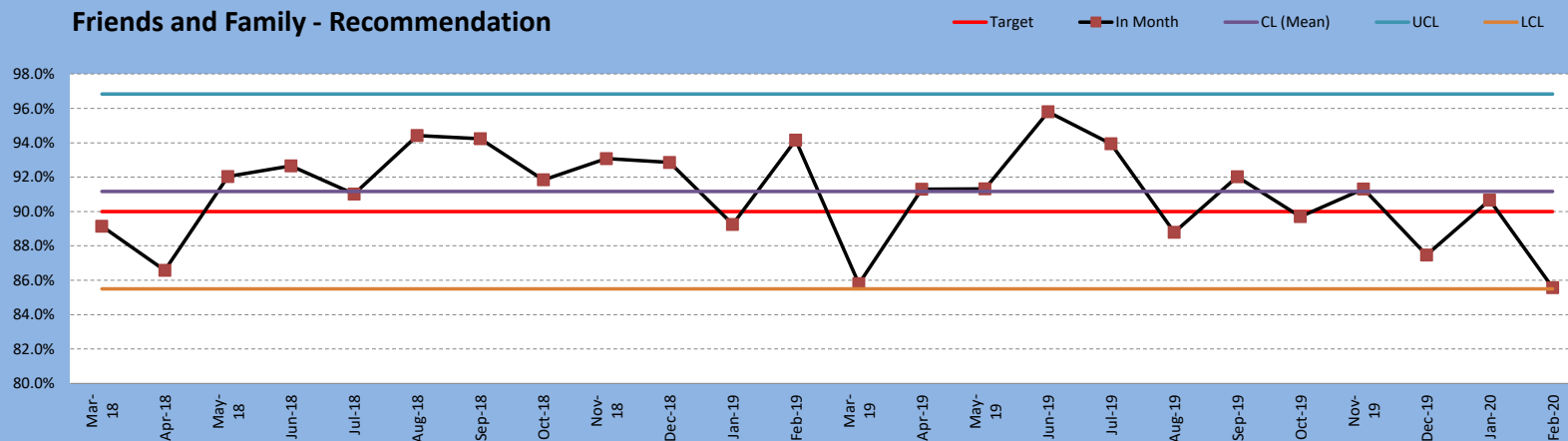
Above target

Target: 90%

Amber: 80%

Current month  
stands at  
85.6%

### Friends and Family - Recommendation



### Exception Reporting and Operational Commentary

For February 2020 the percentage of people who would recommend our services to their friends and family is 85.6%, this has dropped below the Trust's target figure of 90% by 4.4%. This is because our East Riding GP surgeries are now using Mjog which has increased the volume of responses from practices. Mjog is a free mobile phone application for patients allowing them to complete a FFT patient survey following their appointment. This month GP surgeries account for 73% of the total number of survey forms completed (652 out of 894 completed survey forms relate to GP surgeries) and of the total number of surveys received from practices 80.8% would recommend our services to friends and family. Practices have implemented a number of actions to address concerns including; changing skill sets in Primary Care – have introduced MSK clinicians, Advanced Prescribers and Pharmacists, promotion of NHS App – for advice and guidance - benefits include ordering repeat prescriptions and viewing personal medical records, Hull and East Riding practices have improved access to appointments – patients can go to other GP practices for late night and weekend appointments, every GP practice owned by Humber Teaching NHS FT has improved access to appointments – they open at 7.30am for practice nurse and health care assistant appointments and 'Push Doctor' has been introduced in Fieldhouse Surgery, Bridlington – this is a skype GP facility, if a patient is struggling to get a same day appointment.

NHS England and NHS Improvement have completed the review of the FFT survey and 'recommend' question. The new guidance was published on 2nd September 2019 and has replaced all previous implementation guidance for the patient focused FFT. There is a new standard question for all settings: "Thinking about the service we provide, overall, how was your experience of our service?" The new question has a new response scale: "Very good, good, neither good nor poor, poor, very poor, don't know". A new survey form has been coproduced and is also available in easy read format. All services will be using the new survey form with effect from 1st April 2020.

### Business Intelligence

Calculation based on ALL surveys completed across all service areas including GPs. Mjog, Push Doctor and tablet data are included.

The number of Friends & Family returns received for the current month is:  
**894**

# PI RETURN FORM 2019-20

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2020**

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

KPI Type
CA 3c %

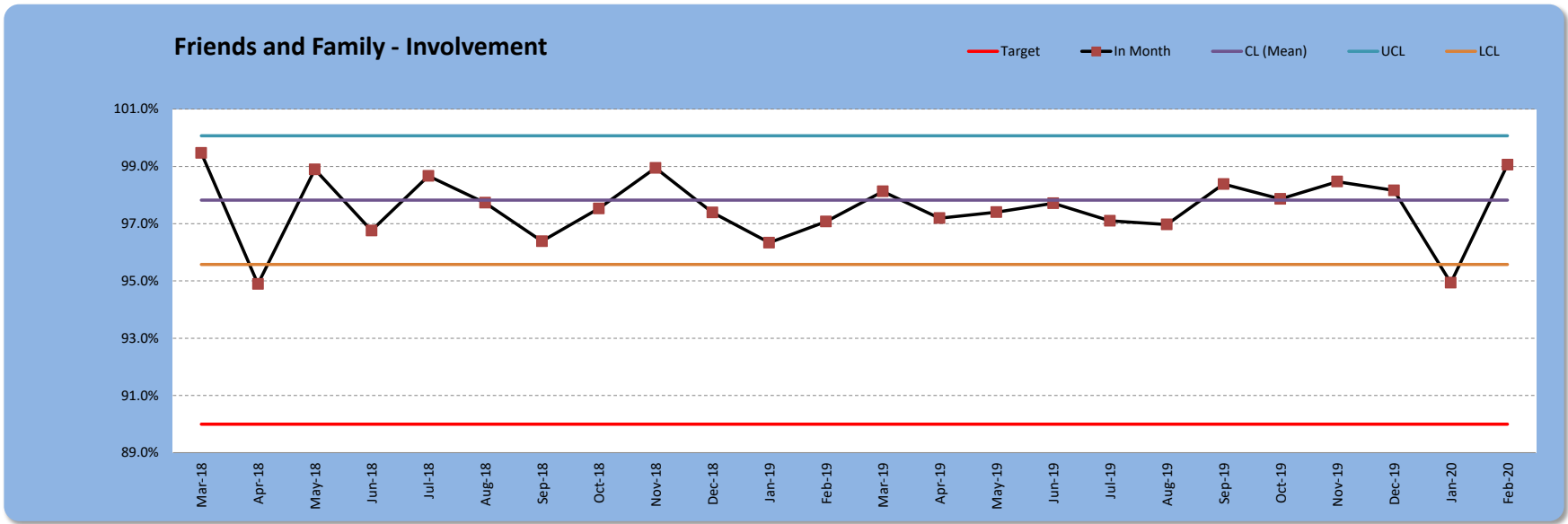
**Narrative**

In month target achieved

Target: 90%

Amber: 80%

Current month stands at 99.1%



### Exception Reporting and Operational Commentary

The Trust continues to score high for key question around involvement and remains consistently above the target of 90%, however the score has fallen below the lower control limit. On further drilling down to team level, Specialist Services collate their data quarterly and a large number of feedback is neutral for involvement. The division is aware of this and is looking at ways to improve patient involvement in their care.

### Business Intelligence

The results for the two remaining question results are:

	Feb-20
Patients Overall FFT Helpful	98.7%
Patients Overall FFT Information	98.4%

The short survey does not include Core Questions. GP Practices use the short survey so are not included in the above results.

# PI RETURN FORM 2019-20

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2020**

Indicator Title	Description/Rationale	Executive Lead
CPA 7 Day Follow Ups	This indicator measures the percentage of patients who were on CPA and had a follow up within seven days of discharge	Lynn Parkinson

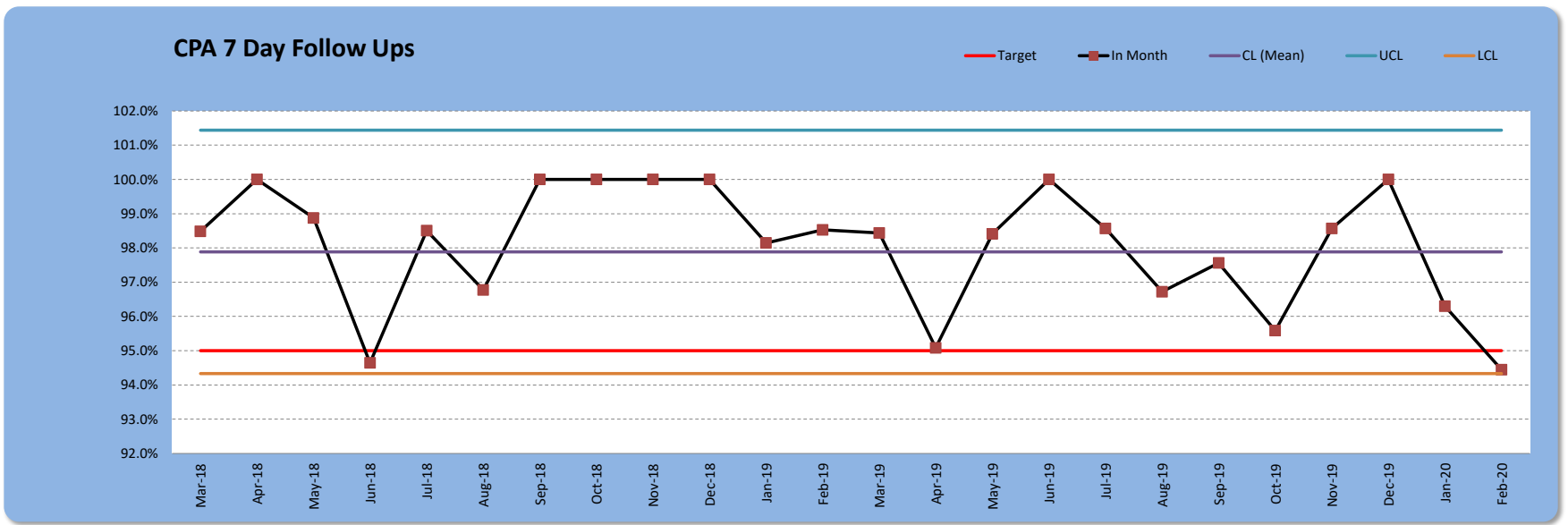
KPI Type
OP 12

**Narrative**

**Above Target**

Target: 95%  
Amber: 85%

Current month stands at 94.4%



### Exception Reporting and Operational Commentary

Three breaches in February, compliance 94.4% (Target 95.0%). The low discharge rate for the month has impacted on achievement. These breaches have been investigated and follow up subsequently achieved where possible.

This indicator is monitored on a daily basis. Divisional General Managers and operational managers are advised of potential breaches and a timeliness report is updated each day for review and action by teams.

### Business Intelligence

CQUIN - 3 day follow up process  
87.1% of follow ups in achieved for February (88/101)

The CQUIN payment period is now affective (as of 1st October). Full payment will be based upon the Trust having achieved at least 80% for Quarter 3 and Quarter 4. It is therefore important to ensure the Trust maintains the excellent results experienced so far this quarter.

# PI RETURN FORM 2019-20

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2020**

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

KPI Type
OP 7

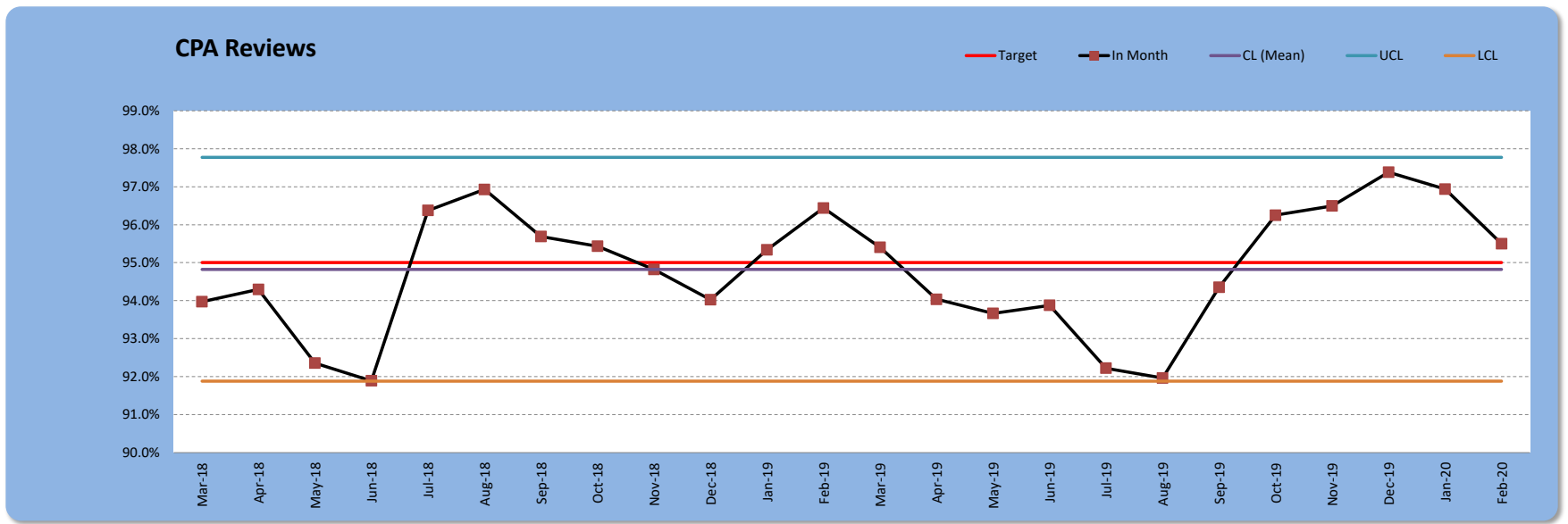
**Narrative**

Performance increase and above target

Target: 95%

Amber: 85%

Current month stands at 95.5%



### Exception Reporting and Operational Commentary

CPA reviews continues to remain above target for January. The divisions continue to focus on ensuring this standard is met. The improvement trajectories and remedial plans introduced earlier in the year achieved compliance in October 2019. Ongoing monitoring of CPA compliance is being provided by the Team Leader and Clinical Lead, who through supervision address areas of reduced compliance with protected time and increased administrative support .

Where a failure to complete a review within 12 months does occurs the Division General Manager maintains oversight to identify and share any lessons through the clinical networks. The Chief Operating Officer is monitoring this on a weekly basis as this is a key patient quality measure.

### Business Intelligence

# PI RETURN FORM 2019-20

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2020**

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

KPI Type

OP 20

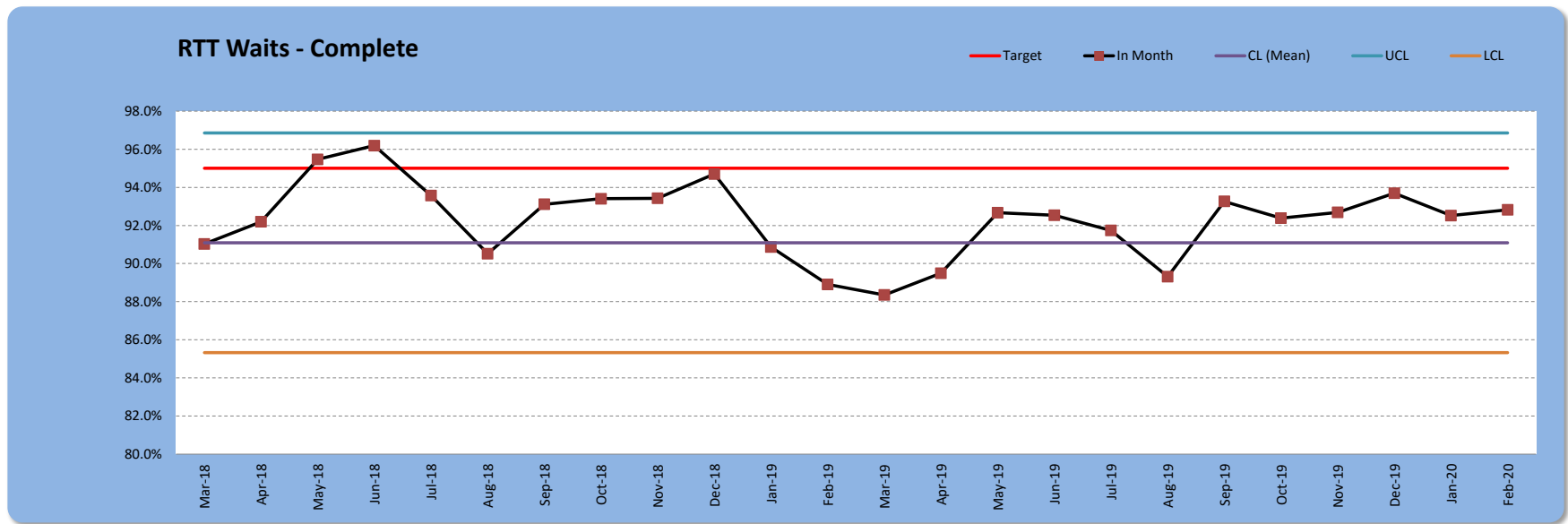
**Narrative**

Slight improvement on previous month

Target: 95%

Amber: 85%

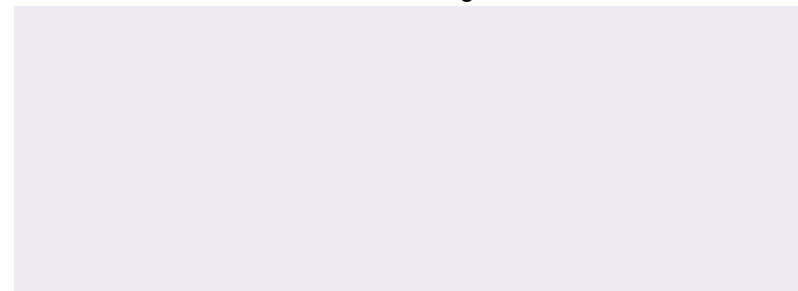
Current month stands at 92.8%



### Exception Reporting and Operational Commentary

Waiting times are monitored rigorously by the care groups and oversight is monitored and managed by the Operational Delivery Group and accountability reviews chaired by the COO. Where necessary exception reports, remedial action plans and improvement trajectories are required and put in place. Services have an active working Standard Operation Procedures (SOP) in line with the Trusts Waiting List and Waiting Times Policy to manage the referral and waiting list process which sets out that patients are to be contacted regularly whilst they are on a waiting list to mitigate the risks. All teams are encouraged to review their waiting lists at least weekly and resolve any data quality issues which may exist within their clinical system. If a patients need becomes more urgent than the expectation is that their appointment is expedited and they are seen more quickly in line with their presenting need.

### Business Intelligence



# PI RETURN FORM 2019-20

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2020**

Indicator Title	Description/Rationale	Executive Lead
RTT Waiting Times (Incomplete Pathways)	Referral to Treatment Waiting Times (Incomplete Pathways) : Based on patients who have been assessed and continue to wait more than 18 weeks for treatment	Lynn Parkinson

KPI Type

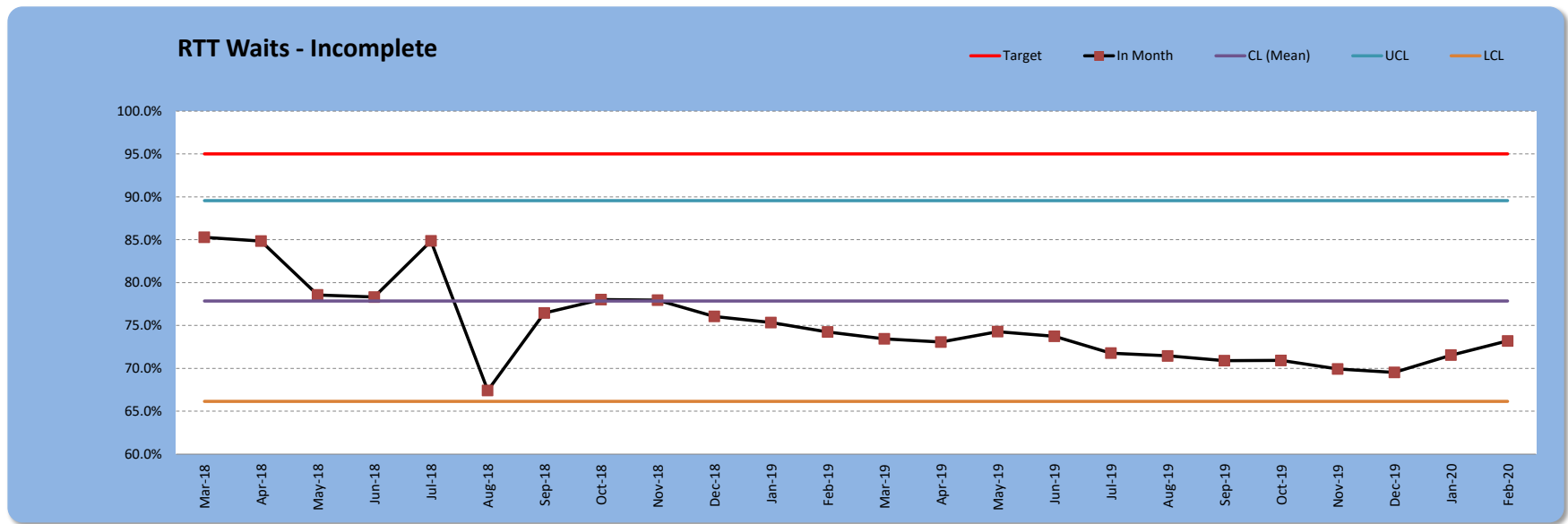
OP 21

**Narrative**

slight deterioration from previous month

Target: 95%  
Amber: 85%

Current month stands at 73.2%



### Exception Reporting and Operational Commentary

Waiting times are monitored rigorously by the care groups and oversight is monitored and managed by the Operational Delivery Group chaired by the COO. Where necessary exception reports, remedial action plans and improvement trajectories are required and put in place. Information is provided to patients waiting as to how to contact services if their need becomes more urgent and people are sign posted to other services who can provide support whilst they wait. In order to ensure that this is an active process a patient can be provided with additional support to connect with other services and as part of the regular review and contact made by teams they will check the patient is still in contact with that service and if not discuss the reason with the patient. The Interim Deputy COO has been tasked to undertake a deep dive into all of the services with waiting times over 52 weeks in order to make recommendations as to where our operational processes can be strengthened further to improve the position, and this will be reported to the Quality Committee in April. In December an additional cohort of paediatric ADHD patients transferred from HTHFT and these patients had been referred and not reached diagnosis. We have now put in place additional staffing resource to progress this.

### Business Intelligence

During the month we have seen the number of patients waiting reduce from 9232 in January to 9198 in February. The number of 18 weeks waiters at the 29/2/20 is 2465 and the 52+ week waiters is now at 912.

The services with the greatest number of patients waiting >52 weeks:-

- Paediatric ASD - 5129 (increase by 10 from the previous month)
- CAMHS - 180 (increased by 3)
- Adult ASD - 173 (increased by 2)
- S&R - 23 (reduced by 41)
- Learning Disabilities - 2 (no change)
- Paediatric Therapies - 1 (+1)

# PI RETURN FORM 2019-20

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2020**

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

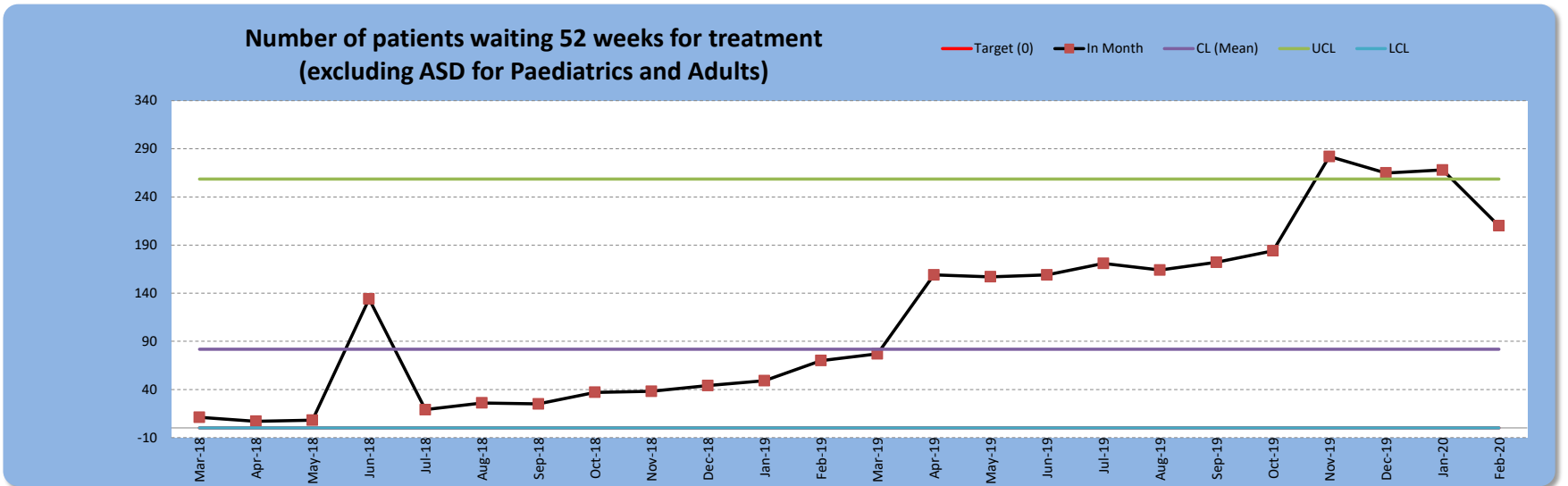
KPI Type
OP 22x

**Narrative**

Reduction (17) on number waiting over 52 weeks

Target: 0  
Amber: 0

Current month stands at 210



### Exception Reporting and Operational Commentary

Waiting times continue to be an area for significant operational focus and review. An increased referral rate for Hull CAMHS has been evident for a number of months; this has been appropriately escalated to the Commissioner. The impact of the increased demand on the capacity means that waiting times have been increasing which includes a number of patients waiting over 52 weeks.

A significant number of those over 52 week waits are on the ADHD pathway and are a consequence of the paediatric medical transfer from CHCP to HUTH and significant movement from those previously reported under 52 weeks who are now over 52 weeks. Additional capacity has been agreed with commissioners to manage this. In terms of paediatric ADHD we have successfully bid for some waiting list monies which includes additional capacity for the ADHD pathway. This runs from December 2019 to end of March 2020.

### Business Intelligence

The action on the ASD waiting lists is explained in more detail on the following three slides

180 of the >52 weeks waits relate to CAMHS. See additional SPC for further information.

# PI RETURN FORM 2019-20

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2020**

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

KPI Type

OP 22u

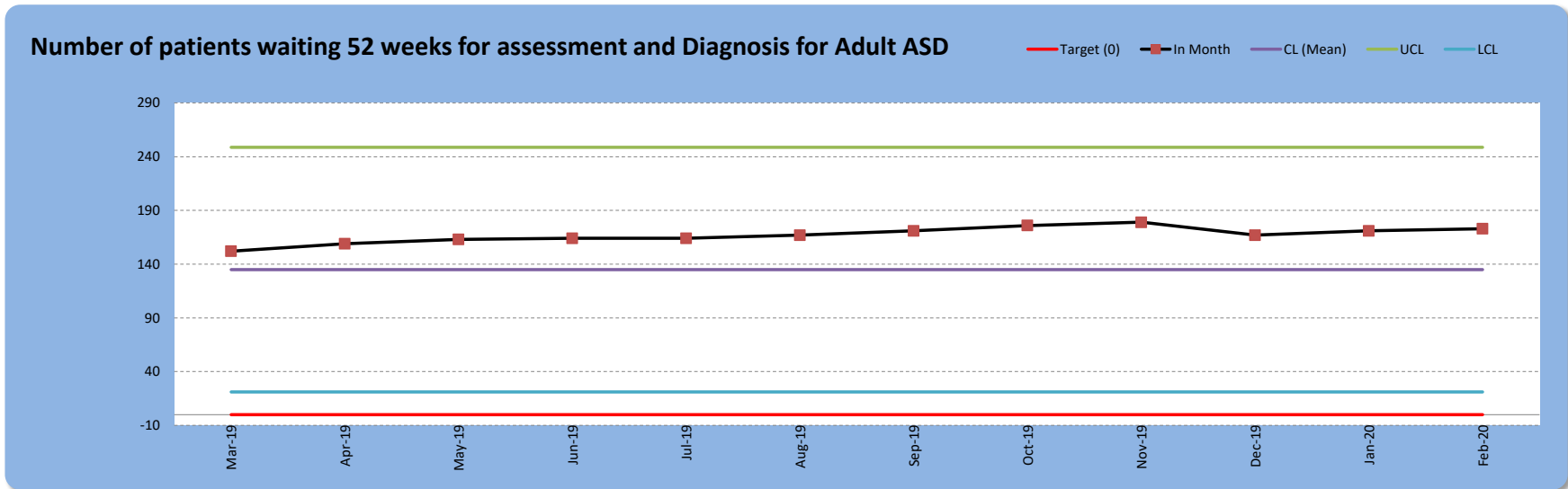
**Narrative**

Increased by 4 when compared on the previous reporting period.

Target: 0

Amber: 0

Current month stands at 173



### Exception Reporting and Operational Commentary

This service is commissioned by both Hull and East Riding CCGs on a cost per case service only – this has meant that assessments have only occurred as core service capacity, demand and staff availability has allowed. The historic referrals were added to Lorenzo in June 2018 when the full waiting list position was validated and incorporated into the operational reporting arrangements which highlighted the need for a more focussed piece of work by the service. Commissioners are fully aware of the historical position and supportive of an approach to address the waiting times. The proposal is for a trajectory for the service to be 18 week compliant within 12 months from the point at which the additional staff are available. The CCGs have confirmed that the priority for assessments is a targeted age range – predominantly those people who are likely to benefit most from a diagnosis, i.e. those in higher or further education, struggling to maintain employment, etc. Further work has been undertaken to refine the diagnosis pathway and this is being supported by additional nursing capacity in order to reduce the waiting times. This is a small team that has recently experience staffing shortfalls which have been addressed.

### Business Intelligence



# PI RETURN FORM 2019-20

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2020**

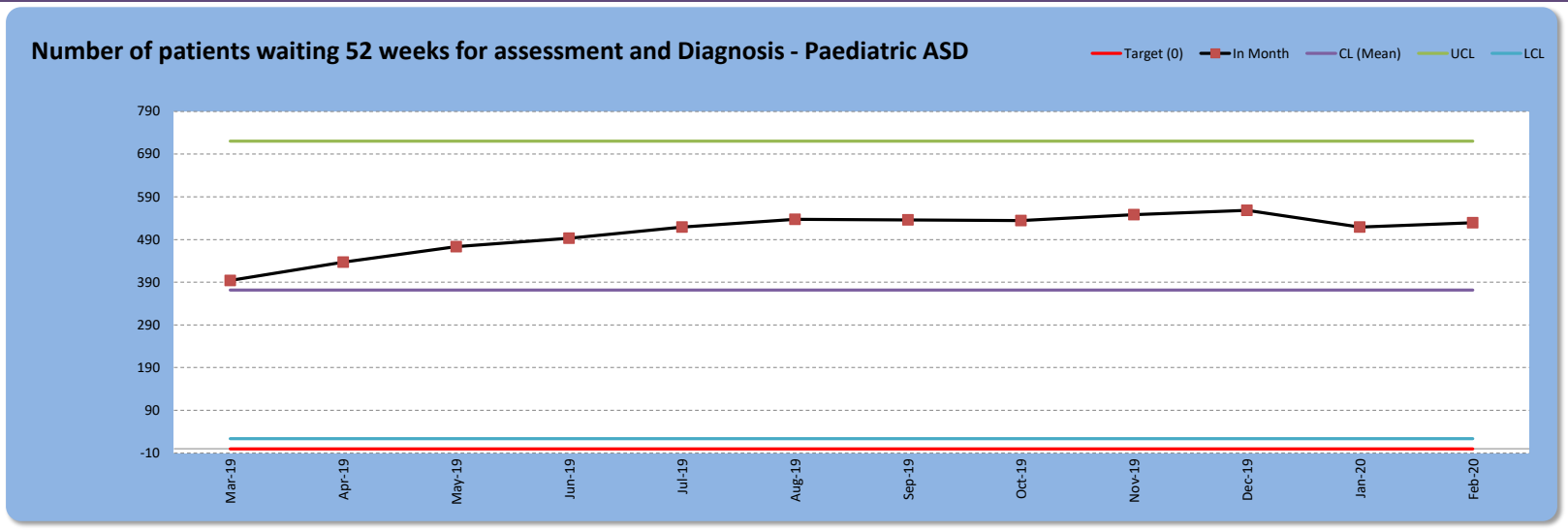
Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - Paediatric ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Children and have been waiting more than 52 weeks	Lynn Parkinson	OP 22s

**Narrative**

Reduction of 39 when compared to the previous month.

Target: 0  
Amber: 0

Current month stands at 529



### Exception Reporting and Operational Commentary

**Hull:**  
Hull autism waiting list overall has started to reduce however those waiting over 52 weeks continues to rise. This is due to CCG request to prioritise pre school children, 16 and over school leavers, LAC and those in contact with the criminal justice system which has resulted in a marked drop in those waiting less than 12 weeks. We have agreed with commissioners to re balance the prioritisation process for those waiting over 52 weeks. The overall waiting list has now reduced further in December 2019. The numbers waiting 0 -13 weeks appears to be reducing, however this is due to reduced referrals following pre-screening not because they are being prioritised over long waiters. The consequence of this is that the number waiting over 52 weeks continues to rise. CCG have invested further additional capacity from the 3rd sector which will be mobilised without delay.

**East Riding:**  
All ER posts are now recruited to and have commenced. The overall waiting list in ERY has also reduced further in December as has the number waiting over 52 weeks.

**Hull and East Riding:**  
The overall autism waiting list for both localities are now reducing. We have successfully bid for some waiting list monies which includes additional capacity for the ASD pathway. This runs from December 2019 to end of March 2020. Ongoing requests for prioritisation from commissioners is based on clinical risk, this means that the 52 week waiters will not necessarily reduce at the same rate as the overall waiting list. Both waiting lists are continuing to reduce and following increased uptake of the Helios online resource we are also seeing a reduction in the over 52 week waiters.

### Business Intelligence

Business Intelligence section content.

# PI RETURN FORM 2019-20

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2020**

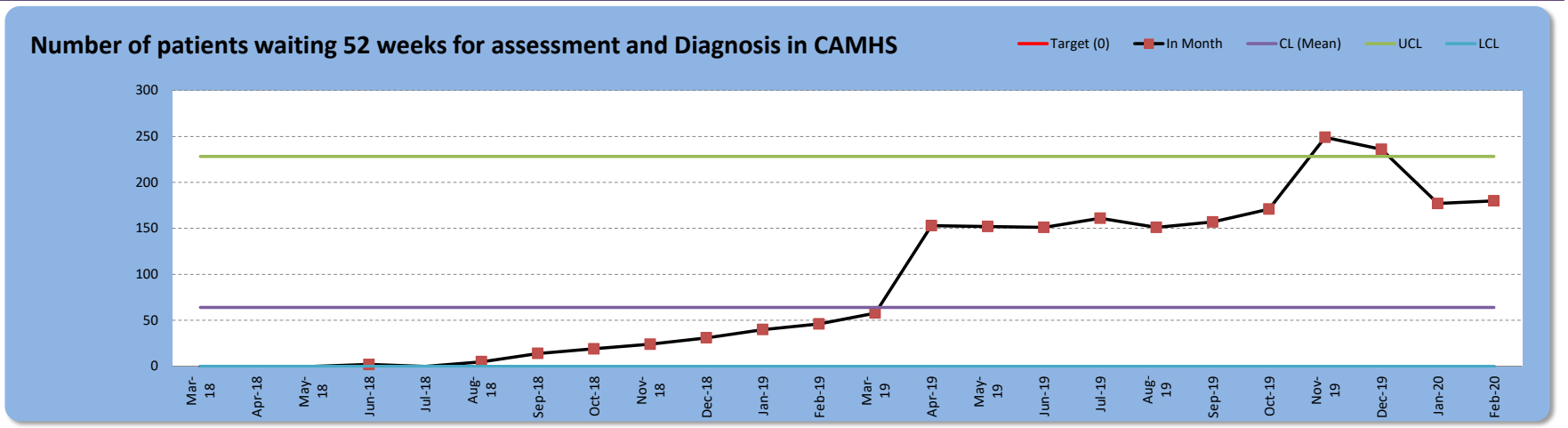
Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks (excluding paediatric ASD)	Lynn Parkinson	OP 22j

**Narrative**

Reduction of 59 since last month

Target: 0  
Amber: 0

Current month stands at 180



### Exception Reporting and Operational Commentary

The increase in those waiting over 52 weeks in November 2019 is a consequence of the second tranche of ADHD cases transferred from CHCP (total 151 of which a significant number have been waiting over 52 weeks). Future performance reports will be amended to reflect their date of transfer rather than original referral, this change can be seen in the January report.

Hull: We have a robust waiting time reduction plan in place and as part of this we continue to refer to Mind for CPWP or counselling input. We are a placement site for trainee psychologists who, under the supervision of Clinical Psychologists, pick up a non-complex caseload and undertake evidence based interventions. Temporary bank staff and an agency CBT therapist are being used as a part of a waiting list initiative.

The Helios contract has now been mobilised over for over 52 weeks waits and are now picking up families. Commissioners have also agreed to fund additional contact point capacity via Mind. The majority over 52 week waits in Hull are ADHD (also 3 anxiety cases and 3 conduct).

**East Riding:** There are currently no young people waiting over 52 weeks in ERY on the CAMHS or ADHD pathways. The waiting list initiative has had a positive impact with additional weekend CBT clinics.

**Hull & East Riding:** Hull & East Riding: We have successfully bid for some waiting list monies which includes additional capacity for the ADHD pathway and those on the anxiety pathway who are long waiters and complex cases. This runs from December 2019 to end of March 2020. This initiative is having a targeted impact on those waiting over 52 weeks.

# PI RETURN FORM 2019-20

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2020**

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

KPI Type

OP 9

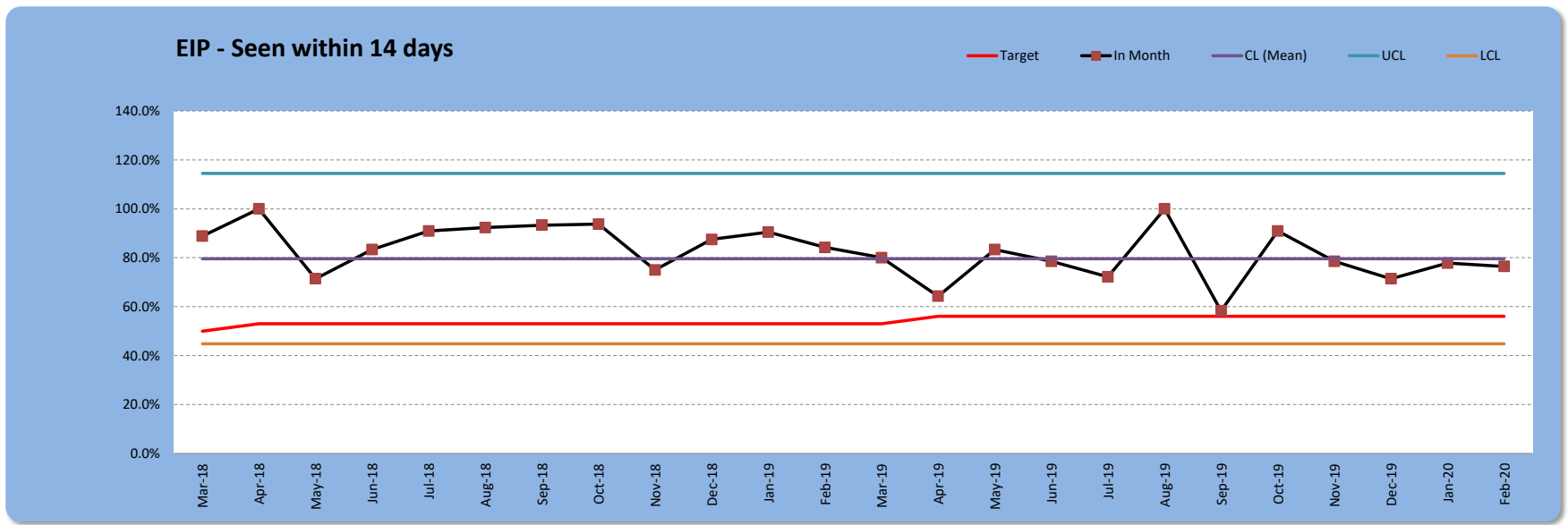
**Narrative**

**Target achieved**

Target: 56%

Amber: 51%

Current month stands at 76.5%



### Exception Reporting and Operational Commentary

The service continues to achieved the requirement for the number of patients to be seen within 2 weeks with a mean average of 80%. The service remains confident that it will continue to achieve the higher target for 2020/21.

### Business Intelligence

Low numbers of referrals may dramatically affect percentage results. The target increased to 56% from 1st April 2019 and by 2020/21 the target will increase to 60%

# PI RETURN FORM 2019-20

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2020**

Indicator Title

Description/Rationale

**Improved Access to Psychological Therapies**

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

Executive Lead  
Lynn Parkinson

KPI Type

OP 10a

### Narrative

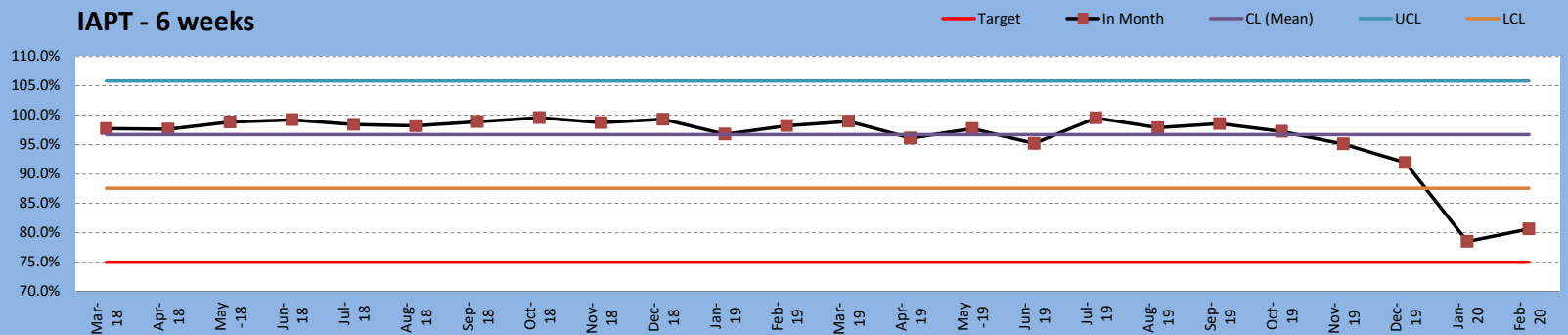
**Target achieved**

Target: 75%

Amber: 70%

Current month  
80.6%

### IAPT - 6 weeks



### Narrative

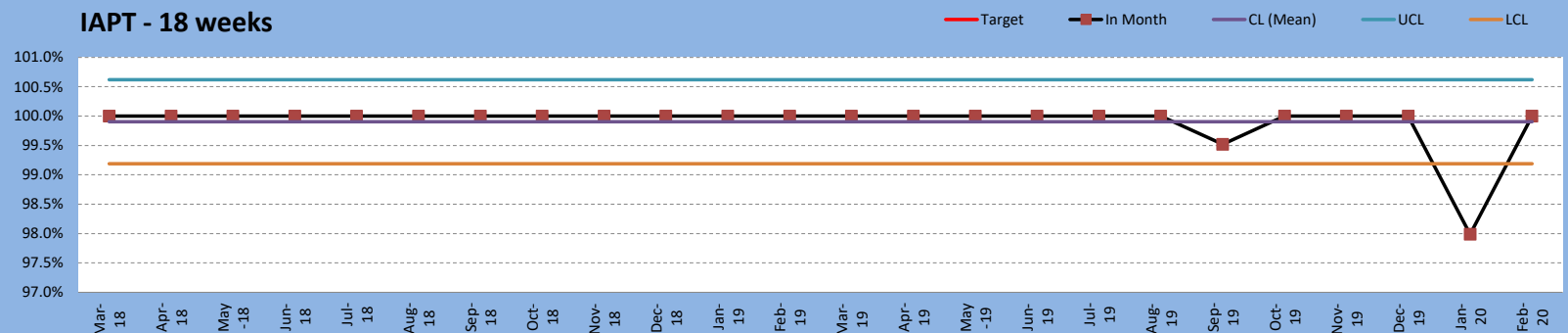
**Target Achieved**

Target: 95%

Amber: 85%

Current month  
100.0%

### IAPT - 18 weeks



### Exception Reporting and Operational Commentary

Whilst performance dipped in January following the Trust becoming the lead provider for the IAPT contract in ERY, this impact was anticipated due to the transfer of waiting lists. This position has started to recover in February. The service has met and exceeded the standard to see new referrals at 6 and 18 weeks consistently through out the year. Rates of referrals vary significantly from month to month and the service continues to work to ensure that it has the capacity match the variation in demand. Changes to the sub contracting arrangements are being made and the impact of this is being reflected in new performance trajectories. The impact of the waiting list that transferred with the lead provider contract will be recovered in quarter 4 (2019/20)

### Business Intelligence

Please note, patients who DNA (Did not Attend) either first and/or second appointment will have their waiting time clock reset (NHSE guidance).

NHS Digital do not factor resetting of waiting times clocks into their published data - so the results will vary.

# PI RETURN FORM 2019-20

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2020**

Indicator Title

Description/Rationale

**Improved Access to Psychological Therapies**

This indicator measures the Recovery Rates for patients who were at caseness at start of therapeutic intervention

Executive Lead  
Lynn Parkinson

KPI Type

OP 11

### Narrative

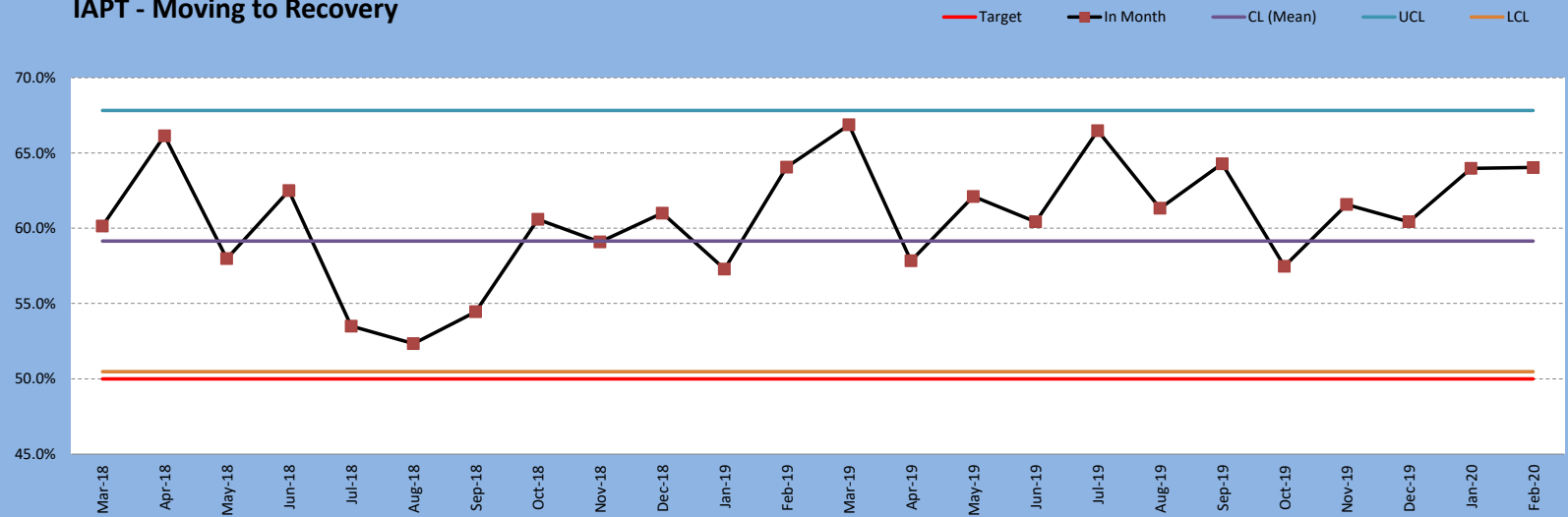
#### Target Achieved

Target: 50%

Amber: 45%

Current month stands at 64.0%

### IAPT - Moving to Recovery



### Exception Reporting and Operational Commentary

The service has met the standard for achieving the recovery outcome measure in the month and remains within the control limits set.

### Business Intelligence

Performance continues to exceed the national target of 50% and performance remains within the control limits.

# PI RETURN FORM 2019-20

## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Feb 2020**

Indicator Title	Description/Rationale	Executive Lead
Under 18 Admissions	Number of patients aged 17 and under who were admitted to an adult ward	Lynn Parkinson

KPI Type

ST 1

### Narrative

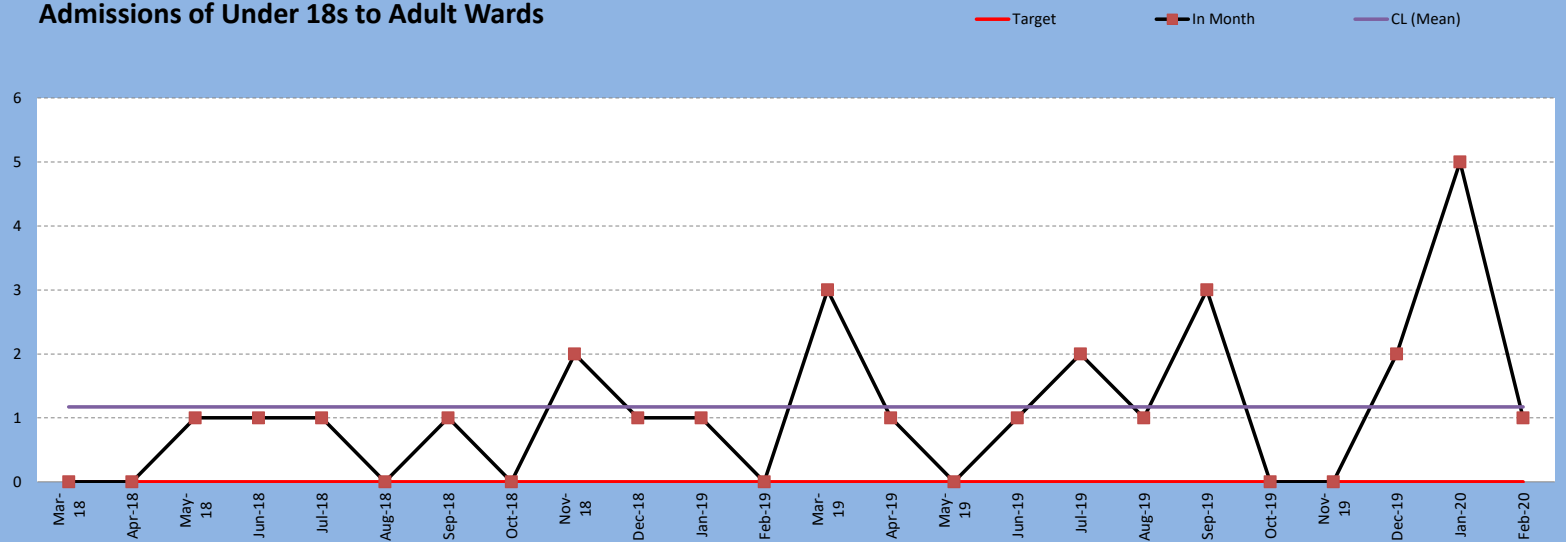
5 admissions in the reporting period.

Target: 0

Amber: 1

Current month stands at 1

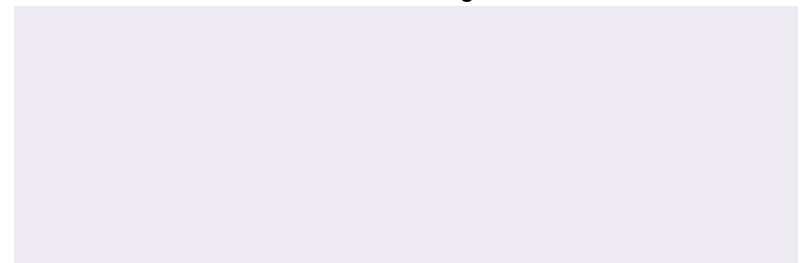
### Admissions of Under 18s to Adult Wards



### Exception Reporting and Operational Commentary

There was one admission in February. The new CAMH's in patient unit opened for admissions at the end of January 2020. Initially these admissions will be focussed on repatriating young people who are in out of area beds however the unit will reduce the need to admit young people to adult beds. Meanwhile we continue to work to avoid unnecessary admissions by intensively supporting young people in the community where we can. CAMHS crisis team is not currently working 24/7 however we expect to reinstate this by the end of February at the weekends initially and this is now in place. In addition the phase opening of beds at Inspire will increase to 9 by the 2nd of March.

### Business Intelligence



# PI RETURN FORM 2019-20

## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Feb 2020**

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

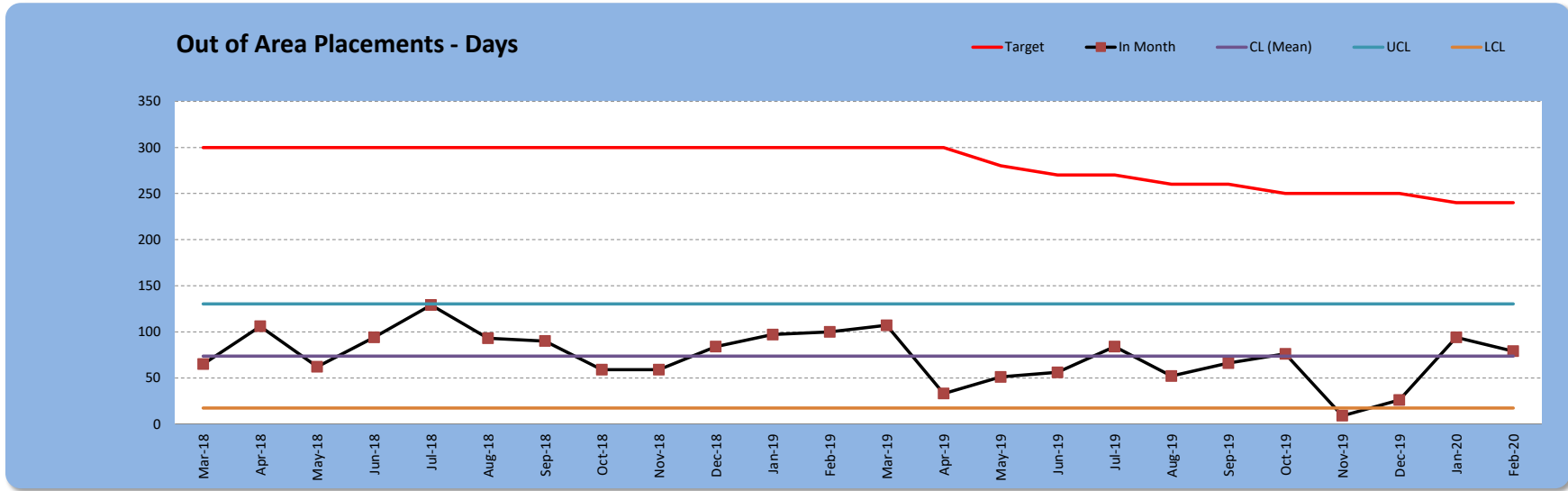
KPI Type
ST 4b

**Narrative**

Out of area days have increased to 94 but remains well below the trajectory set.

Target: 240  
Amber:

Current month stands at 79



### Exception Reporting and Operational Commentary

The Bed management team continue to work with adult and older adult teams to ensure that out of area placements are avoided. All adult OATs are related to either safeguarding requirements (PICU) or service users presenting out of area. Performance continues to demonstrate sustained improvement, increased focus around older age bed demand remains the divisions priority.

### Split of Speciality and Reasons in current month

Patients out of area in month

#### Reasons Split

Unavailability of bed	4
Safeguarding	40
Offending restrictions	0
Staff member/family/friend	19
Patient choice	0
Admitted away from home	16

#### Service Split

	Feb-20
Adult	35
OP	0
PICU	44
Patients out of area in month	5

# PI RETURN FORM 2019-20

## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Feb 2020**

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

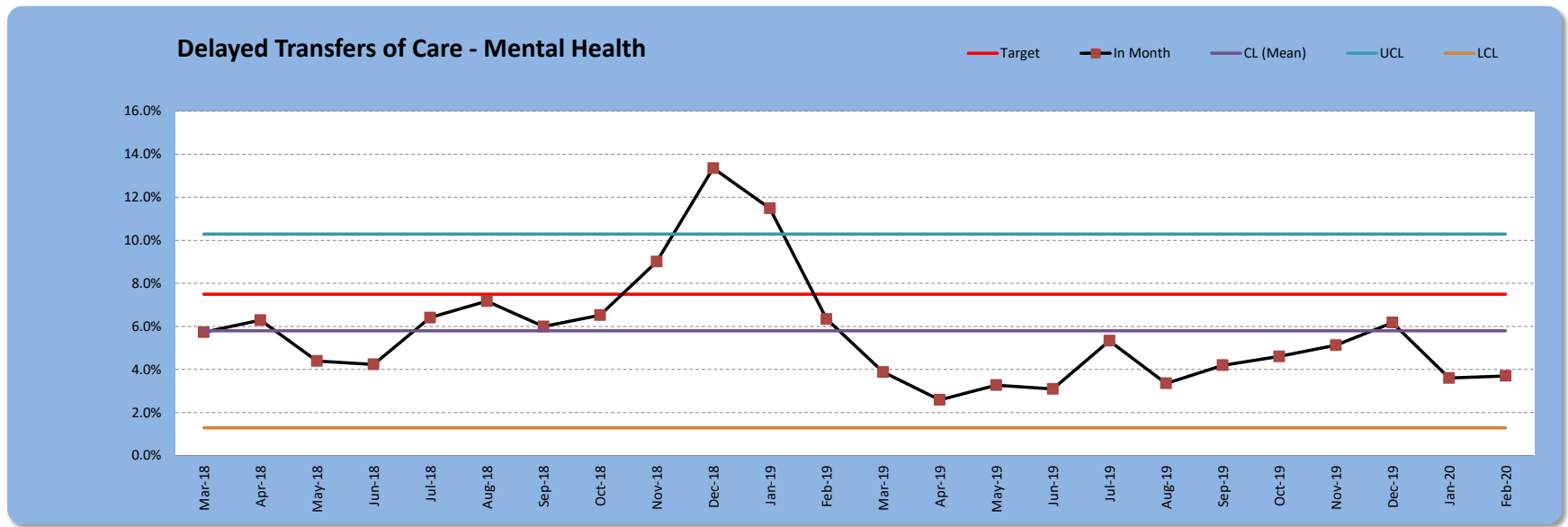
**Narrative**

remains within target

Target: 7.5%

Amber: 7.0%

Current month stands at 3.7%



### Exception Reporting and Operational Commentary

Remains ahead of the required standard this month. Delays continue to be managed rigorously through the approaches in place to manage acute bed demand, capacity and flow. The ongoing partnership work with the Local Authorities has seen sustained improvement despite moving into the winter period. Delays continue to be monitored through our daily system escalation processes and we are actively working to reduce delays in our older peoples beds which has risen in this month.

### Business Intelligence

There were 144 delayed days in mental health during February. This is a reduction of 2 days when compared to the previous month. Six patients in Older People's (54 days) and five patients in Adult services (90 days).



# PI RETURN FORM 2019-20

## Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Feb 2020**

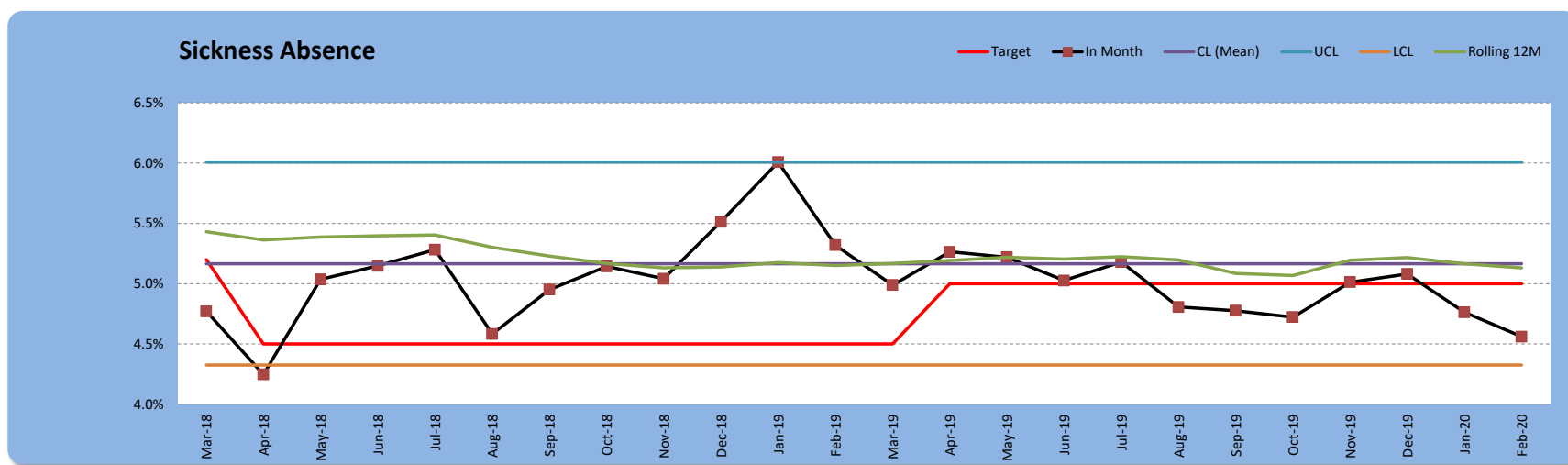
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Sickness Absence	Percentage of staff sickness across the Trust (not including bank staff). Includes current month's unvalidated data	Steve McGowan	WL 1

**Narrative**

In month target achieved.

Target: 5.0%  
Amber: 5.2%

Current month 4.6%



### Exception Reporting and Operational Commentary

An improvement on the monthly figure compared to the previous month of January 2020 and improvement compared to February 2019. Long term sickness (periods of 28 days or over) represents 68% of sickness absence in the Trust. Sickness rates are reported to managers on a monthly basis and details of staff sickness can be accessed by managers via ESR. The trust recognises good attendance (thank you letters) and has in place a policy and procedure to help manage sickness absence which is being reviewed. More detailed information regarding sickness is provided to Workforce and OD Committee.

### Business Intelligence

	Feb Absence % (FTE)	Rolling 12 month period	WTE
Trustwide - Feb	4.6%		
Rolling 12m	5.1%		
WTE			2450.53
338 Adult MH Planned Care (Directorate)	6.13%	5.88%	245.20
338 Adult MH Unplanned Care (Directorate)	5.38%	6.03%	346.68
338 Chief Exec (Directorate)	0.85%	1.36%	14.05
338 Chief Operating Officer (Directorate)	4.52%	4.24%	219.52
338 Childrens Services (Directorate)	3.70%	4.06%	368.41
338 Community Services (Directorate)	4.01%	5.61%	375.01
338 Finance (Directorate)	2.75%	2.87%	97.74
338 General Practices (Directorate)	2.78%	1.83%	103.14
338 Human Resources (Directorate)	2.94%	4.50%	49.93
338 Learning Disability Services (Directorate)	5.18%	5.14%	182.57
338 Medical (Directorate)	3.01%	5.46%	31.79
338 Nursing and Quality (Directorate)	3.59%	3.76%	41.23
338 Older People MH Planned Care (Directorate)	3.23%	6.41%	96.97
338 Older People MH Unplanned Care (Directorate)	4.00%	4.83%	78.67
338 Secure Services (Directorate)	7.24%	7.39%	199.62
Grand Total	4.56%	5.13%	2450.53

# PI RETURN FORM 2019-20

## Goal 4 : Developing an Effective and Empowered Workforce

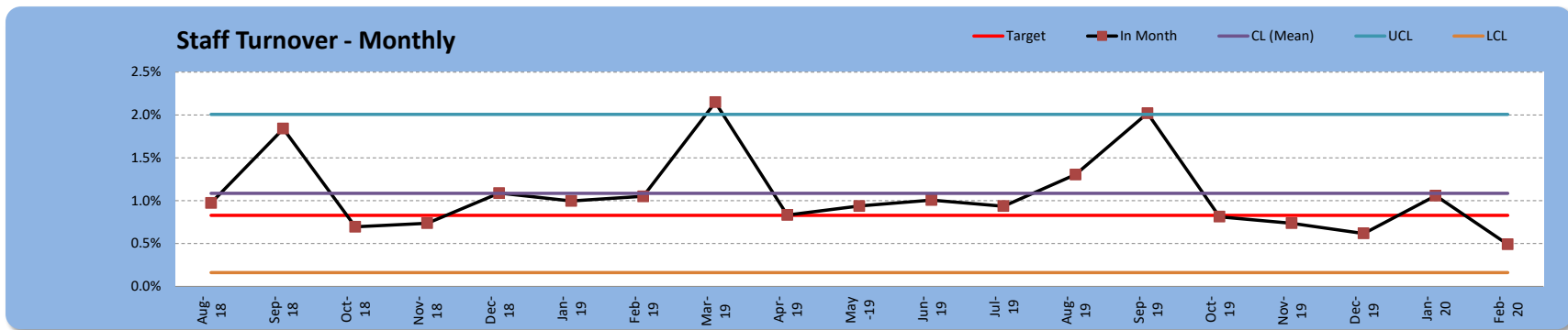
For the period ending: **Feb 2020**

KPI Type  
WL 3 TOM

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

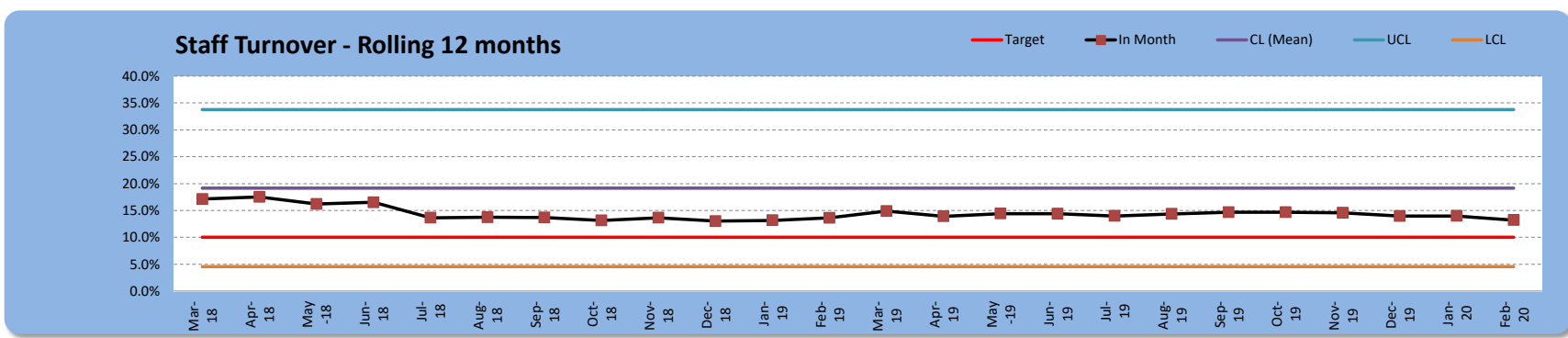
**Narrative**  
  
Within target

Target: 0.83%  
Amber: 0.70%  
Current month stands at 0.5%



**Narrative**  
  
Exceeds Target

Target: 10%  
Amber: 9%  
Current month stands at 13.2%



### Exception Reporting and Operational Commentary

The rolling 12 month figure is a reduction on the previous month and within target for the current month. The Trust is actively trying to recruit to vacant posts within the Trust, and encourages retire and return where possible. The Care Divisions are working up recruitment and retention plans to address vacancies and turnover in their areas and a task and finish group has been introduced to focus on recruitment and retention. More detailed information on turnover is provided to the Workforce and OD Committee as part of the Workforce Insight Report.

### Main Reasons for Leaving - Year to Date

Excludes Students, Psychology Students and Bank

Year to Date	No.
Voluntary Resignations	150
Retirement	77
Work Life Balance	66
Other	16
End of Contract	8
<b>Total</b>	<b>317</b>

# PI RETURN FORM 2019-20

## Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Feb 2020**

Indicator Title

Description/Rationale

KPI Type

Staff Appraisals

Percentage of staff who have received an Appraisal within the last 12 months (excludes staff on maternity)

Executive Lead  
Steve McGowan

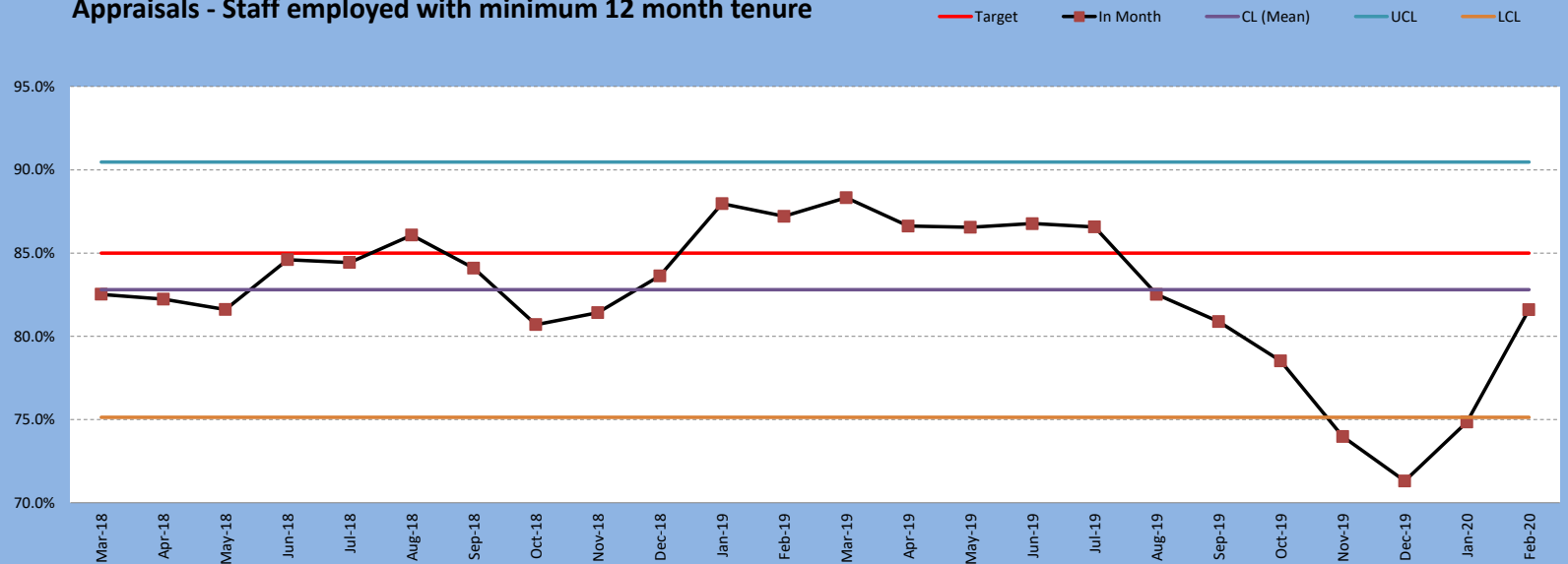
WL 4 (ii)

### Narrative

in month target not achieved

Current month stands at 81.6%

Appraisals - Staff employed with minimum 12 month tenure



### Exception Reporting and Operational Commentary

Appraisal rates are picked up with divisional managers as part of accountable reviews and also within the Operational Delivery Group (ODG). All managers have been reminded of the need to still conduct appraisals that are due for renewal whilst we await the introduction of the new appraisal window - April to June.

### Business Intelligence

#### Care Group and Corporate Splits Below

Divisional Split	Feb-20
Childrens and LD	75.6%
Primary Care	83.8%
Corporate	85.0%
MH Planned	83.0%
MH Unplanned	77.7%
Secure Services	90.9%

Chief Exec	100.0%
Chief Operating Officer	76.6%
Finance	100.0%
Human Resources	89.1%
Medical	96.7%
Nursing and Quality	77.5%

# PI RETURN FORM 2019-20

## Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Feb 2020**

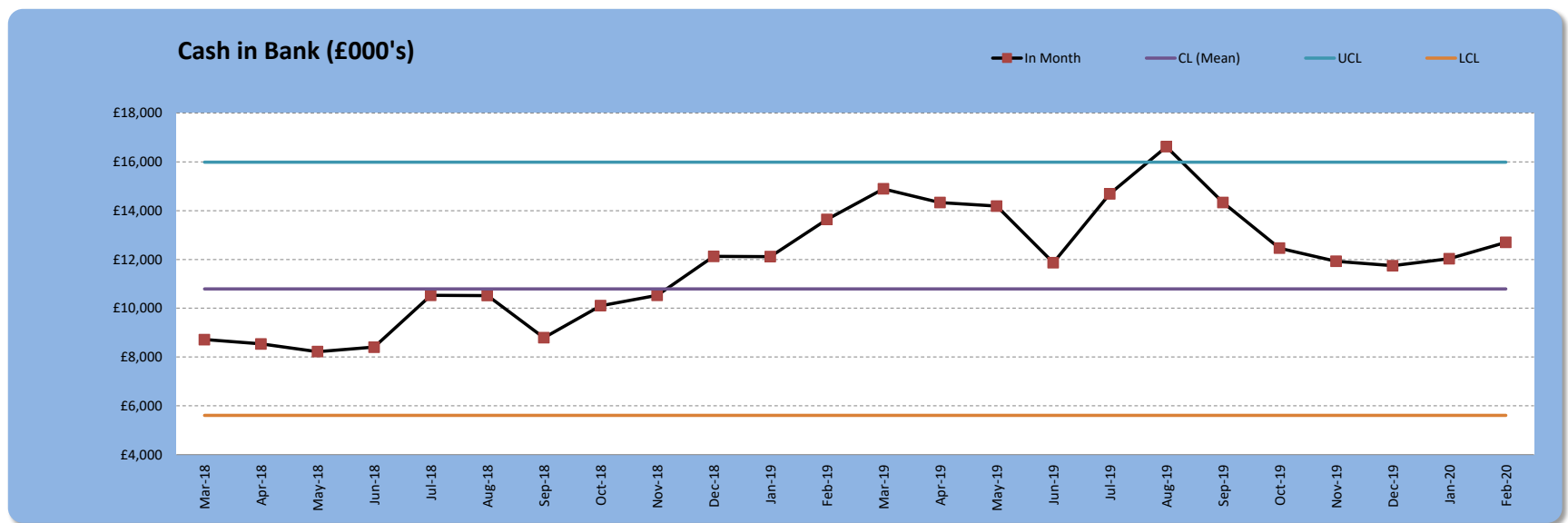
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Cash in Bank (£000's)	Review of the cash in the Bank (£000's)	Peter Beckwith	F 2a

**Narrative**

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

Target:  
Amber:

Current month stands at £12,702 ,000



### Exception Reporting and Operational Commentary

As at the end of February 2019 the Trust cash balance was £12.702m.

### Business Intelligence

The cash figure represents the cash balances held by the Trust (Government Banking Service, Commercial Account and Petty Cash).

# PI RETURN FORM 2019-20

## Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Feb 2020**

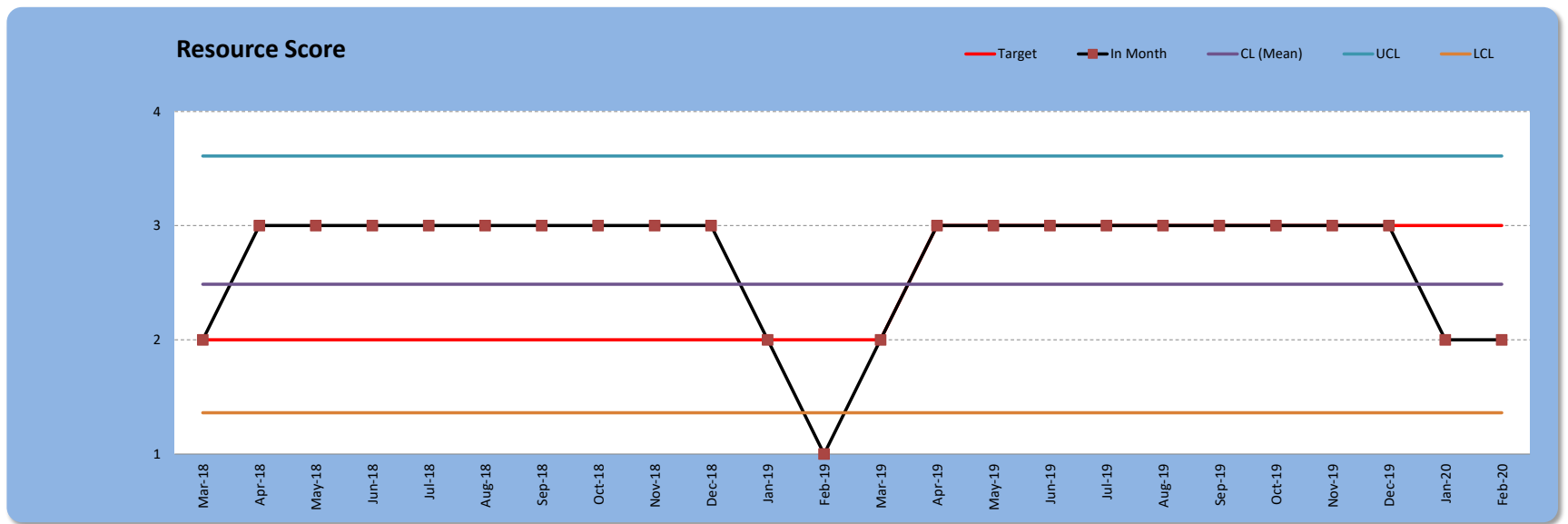
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Resource Score	The Single Oversight Framework assesses the Trust's financial performance across different metrics	Peter Beckwith	F 2b

**Narrative**

No change

Target: 2  
Amber: 3

Current month stands at 2



### Exception Reporting and Operational Commentary

The 2019/20 assessment is based on the Trusts NHSI plan.

The Use of Resources score has been maintained at a 2 in February, consistent with the NHSI Plan.

### Business Intelligence

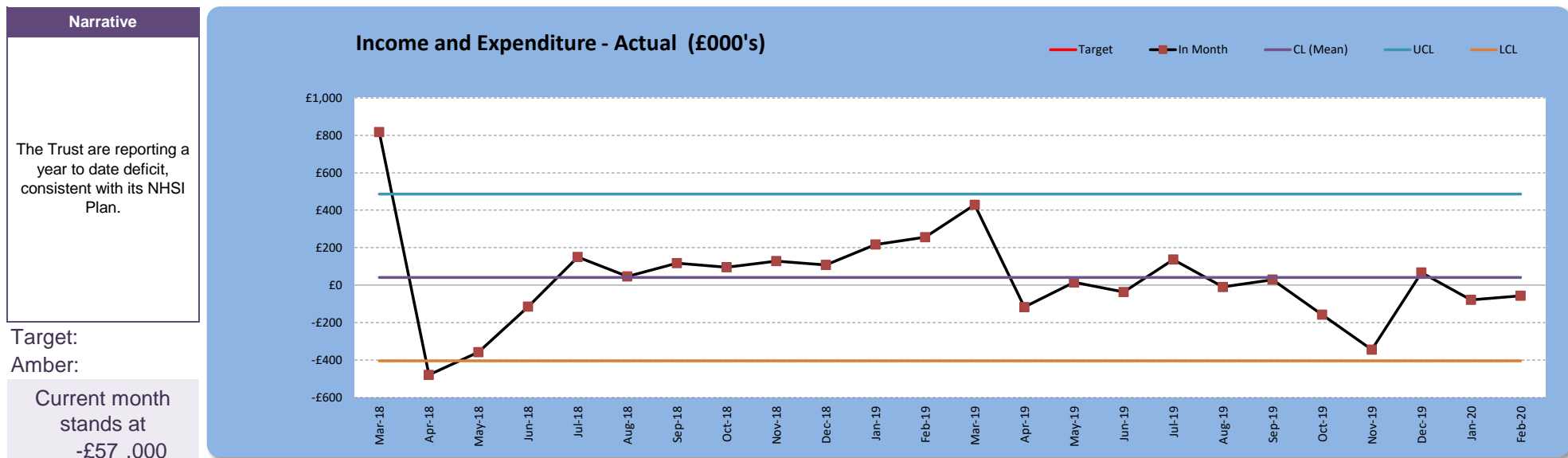
The 'Use of Resource' framework assesses the Trust's financial performance across different metrics, the Trust can score between 1 (best) and 4 (worst) against each metric, with an average score across all metrics used to derive a use of resources score for the Trust.

# PI RETURN FORM 2019-20

## Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Feb 2020**

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



### Exception Reporting and Operational Commentary

The submitted financial plan for the Trust is a £0.566m deficit (£0.350m deficit when donated asset depreciation is excluded), which is consistent with the NHSI control total target.

The year to date position is consistent with the profiled NHSI Plan.

### Business Intelligence

The figures above represent the monthly financial position, and report the difference between income received in month and expenditure incurred in month.

# PI RETURN FORM 2019-20

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

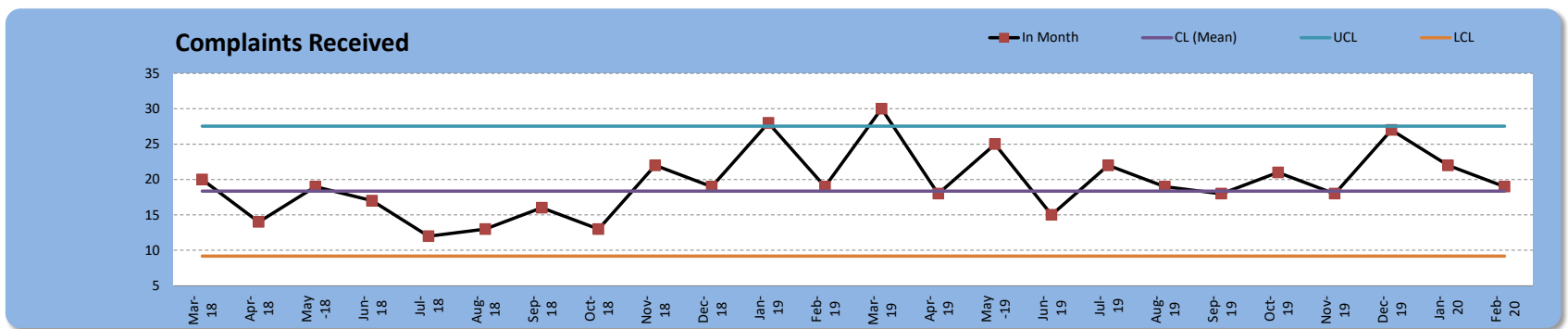
For the period ending: **Feb 2020**

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

**Narrative**

within tolerance

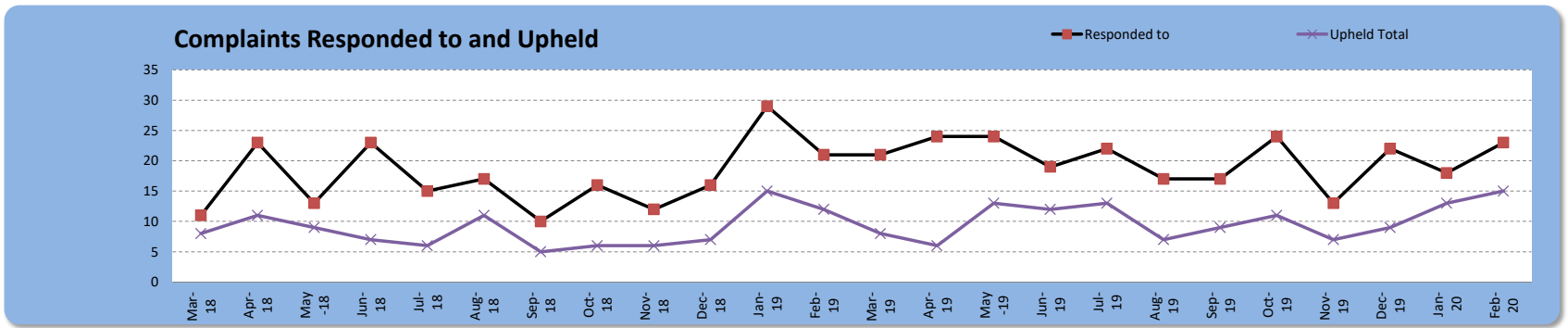
Current month stands at 19



**Narrative**

Upheld YTD 115 51.6%

Current month upheld stands at 15



### Exception Reporting and Operational Commentary

The Trust responded to 23 complaints in the month of February 2020. Of the 23 complaints, 8 complaints were not upheld (34.8%) and 15 complaints were partly or fully upheld (65.2%). The top theme for complaints responded to (year to date) continues to be patient care with 47 complaints followed by communications with 36 complaints.

### Top 5 Themes of All Complaints Responded to - Year to Date

Patient care	47
Communications	36
Appointments	34
Values and behaviours (staff)	26
Clinical treatment	15
All Complaints responded to YTD	223
All Complaints Upheld	115

# PI RETURN FORM 2019-20

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

For the period ending: **Feb 2020**

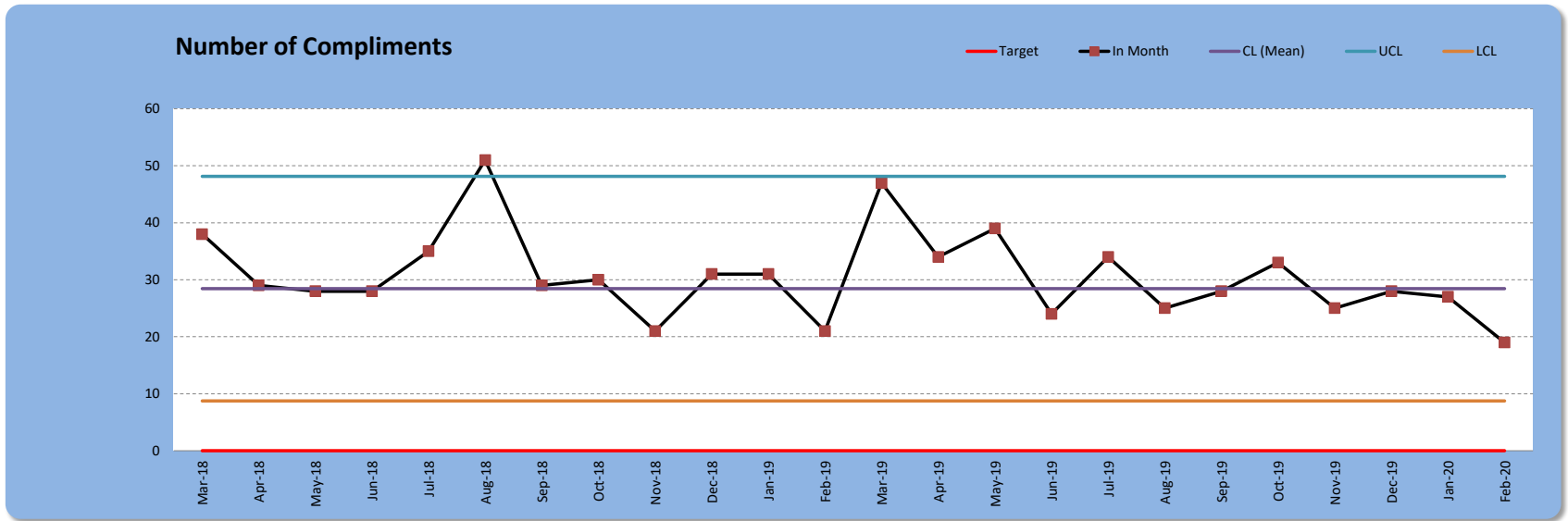
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Compliments	Chart showing the number of compliments received into the Trust	John Byrne	IQ 7

**Narrative**

within control limits

Target: 0  
Amber: 0

Current month stands at 19



### Exception Reporting and Operational Commentary

The Complaints and PALS team are looking at additional ways for patients, service users and carers to log a compliment, e.g. on the Trust website.

### Business Intelligence

19 Compliments logged for the current month





Executive Team:

Chief Executive: Michele Moran

Chairman: Sharon Mays

Chief Operating Officer: Lynn Parkinson

Director of Finance: Peter Beckwith

Director of Workforce and Organisational Development: Steve McGowan

Medical Director: John Byrne

Director of Nursing: Hilary Gledhill

Issue Date: 17/03/2020



**Agenda Item: 9**

Title & Date of Meeting:	Trust Board Public Meeting– 25 <sup>th</sup> March 2020			
Title of Report:	Finance Report 2019/20: Month 11 (February)			
Author/s:	Name: Peter Beckwith Title: Director of Finance			
Recommendation:	To approve		To receive & note	X
	For information	X	To ratify	
Purpose of Paper:	<p>This report is being brought to the Trust Board to present the financial position for the Trust as at the 29<sup>th</sup> February 2020 (Month 11). The report provides assurance regarding financial performance, key financial targets and objectives.</p> <p>The Board are asked to note the financial position for the Trust and raise any queries, concerns or points of clarification.</p>			
Governance: <i>Please indicate which group or committee this paper has previously been presented to:</i>	Name of group (please list all)	Date	Name of Group (continued)	Date
	ODG	17.03.2020		
			Other type of review (please detail)	
Key Issues within the report:  <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<ul style="list-style-type: none"> <li>• An operational deficit position of £0.367m was recorded to the 29<sup>th</sup> February 2020.</li> <li>• Year to date net expenditure for clinical services was lower than budgeted by £1.555m.</li> <li>• Year to date net expenditure for Corporate Services was £0.253m lower than budget.</li> <li>• A BRS Risk Provision of £0.416m was included in the reported position.</li> <li>• Cash balance at the end of January was £12.702m (Underlying Government Banking Service Cash position was £12.654m)</li> <li>• Capital Spend as at the end of February was £10.632m</li> </ul>			

**Monitoring and assurance framework summary:**

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



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



## FINANCE REPORT – February 2020

### 1. Introduction

This report is being brought to the Trust Board to present the financial position for the Trust as at the 29<sup>th</sup> February 2020 (Month 11). The report provides assurance regarding financial performance, key financial targets and objectives.

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

### 2. Income and Expenditure

2.1 The Trust reported a deficit of £0.783m, £0.036m favourable to the month 11 NHSI planned deficit of £0.819m. The reported position includes BRS allowance of £0.416m, therefore the operational position pre BRS is a £0.367m deficit.

After allowing for donated asset depreciation (£0.191m) the ledger position was a £0.974m deficit. Donated Asset Depreciation does not count against the Trust's NHSI Control Total.

The income and expenditure position as at 29<sup>th</sup> February 2020 is shown in the summarised table below:

**Table 1: 2019/20 Income and Expenditure**

	19/20 Net Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
<b>Trust Income</b>	<b>107,651</b>	<b>9,252</b>	<b>9,263</b>	<b>11</b>	<b>98,366</b>	<b>97,680</b>	<b>(686)</b>
<b>Net Expenditure</b>							
<b>Clinical Services</b>							
Children's & Learning Disability	21,730	1,950	2,034	(84)	19,779	19,003	776
Community & Primary Care	16,442	1,343	1,274	69	15,098	14,674	424
Mental Health	35,259	2,925	2,954	(28)	32,269	31,595	674
Secure Services	8,550	687	751	(64)	7,863	8,182	(319)
	<b>81,981</b>	<b>6,906</b>	<b>7,013</b>	<b>(107)</b>	<b>75,009</b>	<b>73,454</b>	<b>1,555</b>
<b>Corporate Services</b>							
Chief Executive	2,246	202	179	23	1,869	1,860	9
Chief Operating Officer	5,865	522	551	(29)	5,269	5,325	(56)
Finance	8,956	786	737	49	8,163	7,642	522
HR	2,761	213	209	4	2,525	2,284	241
Director of Nursing	1,851	165	160	4	1,686	1,673	13
Medical	1,795	150	130	19	1,646	1,638	8
Finance Technical items (including Reserves)	415	36	84	(48)	383	866	(483)
	<b>23,890</b>	<b>2,074</b>	<b>2,051</b>	<b>23</b>	<b>21,541</b>	<b>21,288</b>	<b>253</b>
<b>Total Net Expenditure</b>	<b>105,871</b>	<b>8,980</b>	<b>9,064</b>	<b>(84)</b>	<b>96,550</b>	<b>94,742</b>	<b>1,808</b>
<b>EBITDA</b>	<b>1,781</b>	<b>272</b>	<b>199</b>	<b>(73)</b>	<b>1,815</b>	<b>2,938</b>	<b>1,123</b>
Depreciation	2,774	245	211	34	2,533	2,342	190
Interest	148	12	9	4	135	55	80
PDC Dividends Payable	2,116	178	176	2	1,938	2,093	(155)
PSF Funding	(1,343)	(157)	(157)	-	(1,188)	(1,186)	(2)
<b>Operational Position</b>	<b>(1,914)</b>	<b>(7)</b>	<b>(40)</b>	<b>(33)</b>	<b>(1,603)</b>	<b>(367)</b>	<b>1,235</b>
BRS	(1,564)	(377)	(409)	32	(784)	416	(1,200)
<b>Operating Total</b>	<b>(350)</b>	<b>370</b>	<b>369</b>	<b>(1)</b>	<b>(819)</b>	<b>(783)</b>	<b>35</b>
<b>Excluded from Control Total</b>							
Donated Depreciation	216	18	17	1	198	191	7
<b>Ledger Position</b>	<b>(566)</b>	<b>352</b>	<b>352</b>	<b>(0)</b>	<b>(1,017)</b>	<b>(974)</b>	<b>43</b>
<b>EBITDA %</b>	<b>1.7%</b>	<b>2.9%</b>	<b>2.1%</b>		<b>1.8%</b>	<b>3.0%</b>	
<b>Surplus %</b>	<b>-1.8%</b>	<b>-0.1%</b>	<b>-0.4%</b>		<b>-1.6%</b>	<b>-0.4%</b>	



## **2.2 Trust Income**

Trust income year to date was £0.686m behind budget.

## **2.3 Net Expenditure**

Net expenditure for clinical services was lower than budgeted by £1.555m year to date.

## **2.4 Clinical Services Expenditure**

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

Year to date net expenditure of £19.003m represents an underspend against budget of £0.776m. This relates to pay related savings.

### **2.4.2 Community and Primary Care**

Year to date net expenditure of £14.674m represents an underspend against budget of £0.424m.

There are budget pressures within the General Practices budgets. A recovery plan is in place for the General Practices department.

### **2.4.3 Mental Health**

An underspend of £0.674m was recorded year to date for Mental Health. This was as a result of lower than planned pay costs due to vacancies

### **2.4.4 Secure Services**

An overspend of £0.319m was recorded YTD for Secure Services, relating to additional staffing costs being incurred including bank staff to provide cover for enhanced packages of care and cover staff absences due to sickness.

## **2.5 Corporate Services Expenditure**

The overall Corporate Services expenditure was £0.253m underspent year to date.

- Within the Finance directorate a year to date underspend of £0.522m is shown for month 11.
- The Human Resources directorate has a year to date underspend of £0.241m, due to additional Occupational Health income from external organisations and pay underspends

## **3. Statement of Financial Position**

The Statement of Financial Position in Appendix 1 shows the Trust's assets and liabilities as at 29<sup>th</sup> February 2020. In month, the net current asset position increased by £0.860m to £8.558m. This was related to an increase in other current assets in month, relating to an increase in cash due to LHCRE funding and a reduction in income accruals.



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

### 3.1 Cash

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

**Table 2: Cash Balance**

<b>Cash Balances</b>	<b>£000s</b>
Cash with GBS	12,474
Nat West Commercial Account	204
Petty cash	24
<b>Total</b>	<b>12,702</b>

The GBS bank balance within the table above includes funding received from the Department of Health for both the CAMHS and LHCRE capital projects. The table below shows the composition of the funds within this bank account. The funding received has been netted off by the expenditure on the project so far. The majority of the capital funding received to date has been spent, and a further £1m was received for the LHCRE project in February.

**Table 3 – GBS Bank Balance**

<b>GBS Cash Balances</b>	<b>£000s</b>
<b>Underlying Bank Balance</b>	<b>12,654</b>
<b>CAMHS</b>	
Funding Received	7,750
Capital Spend	(8,343)
	(593)
<b>LHCRE</b>	
Funding Received	7,500
Capital Spend	(7,087)
	413
<b>Cash with GBS</b>	<b>12,474</b>

In month income of £12.931m was received compared to expenditure of £12.359m.

The main expenditure for the month was pay costs, purchase ledger payments, and capital payments of £1.240m comprising of, IT payments for the LHCRE project and Walker Street expenditure.

### 3.2 Capital Programme

The Capital Departmental Expenditure limit (CDeL) for the Trust is £12.554m. This has increased due to external funding being received for HSLI, £0.230m and LHCRE £1.212m.



Year to date capital expenditure of £10.632m comprises expenditure for IT services (£1.174m), Programme and Informatics (£0.366m), LHCRE (£3.774m), Property Maintenance (£1.490m) and CAMHS unit (£3.828m), as detailed in the table in Appendix 3.

The District Valuer is in the process of providing a capital valuation of the Inspire building, which may result in impairment once the asset is added to the Trust's fixed asset register.

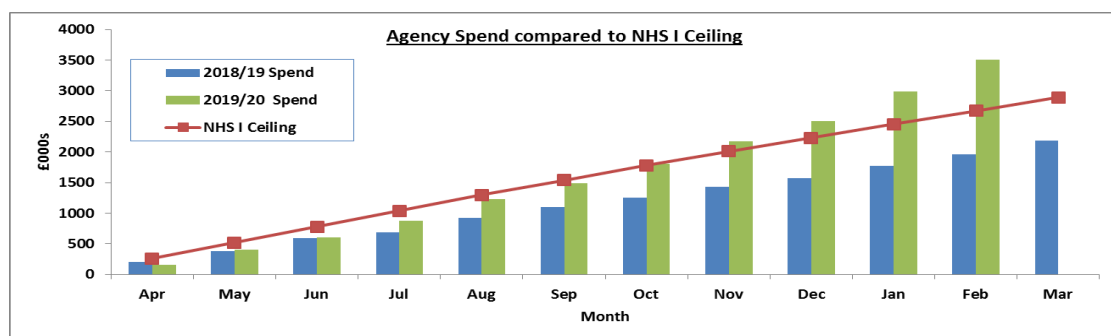
#### 4. Staffing

##### 4.1 Agency

For 2019/20 NHSI has allocated the Trust an agency expenditure ceiling of £2.891m. Actual agency expenditure for February was £0.511m, which is above the ceiling of £0.231m for the month. The year to date spend for January is £3.503m, which is higher than the same period last year where the costs were £1.959m, as shown in the table below. Year to date spend is above the annual ceiling.

The increase in spend compared to the previous year, is due to the increased use of agency Medics within the Mental Health and Children's and Learning Disability divisions to cover staff vacancies. Staff vacancies have also resulted in an increased use of agency nursing staff within Community and Primary Care Division. This has resulted in the year to date spend being higher than the NHS I ceiling.

**Table 3: Agency Spend**



#### 5. Recommendations

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



**Appendix 1**  
**Statement of Financial Position**

	FEB-20 £000	JAN-20 £000	Movement £000	COMMENTS
Property, Plant & Equipment	103,419	103,282	137	
Accumulated Depreciation	24,322	24,118	204	
<b>Net Property, Plant &amp; Equipment</b>	<b>79,097</b>	<b>79,164</b>	<b>(67)</b>	
Intangible Assets	8,992	8,393	599	
Intangible Assets Depreciation	1,846	1,822	24	
<b>Net Intangible Assets</b>	<b>7,146</b>	<b>6,572</b>	<b>574</b>	
<b>Total Non-Current Assets</b>	<b>86,243</b>	<b>85,736</b>	<b>507</b>	
Cash	12,702	12,033	669	
Trade Debtors	7,118	6,366	752	
Inventory	150	150	(0)	
Non Current Asset Held for Sale	2,145	2,145	0	West end, Victoria House and Hallgate assets held for sale
Other Current Assets	678	1,878	(1,200)	Accrued income reduced by invoicing
<b>Current Assets</b>	<b>22,794</b>	<b>22,572</b>	<b>221</b>	
Trade Creditors	5,108	5,329	(221)	
Accrued Liabilities	9,127	9,545	(418)	
<b>Current Liabilities</b>	<b>14,235</b>	<b>14,874</b>	<b>(639)</b>	
<b>Net Current Assets</b>	<b>8,558</b>	<b>7,698</b>	<b>860</b>	
Non-Current Payables	1,175	1,175	0	Local Government Pension Scheme Liability
Non-Current Borrowing	4,313	4,297	16	
<b>Long Term Liabilities</b>	<b>5,488</b>	<b>5,472</b>	<b>16</b>	
Revaluation Reserve	13,293	13,293	0	
PDC Reserve	60,642	59,642	1,000	LHCRE receipt
Retained Earnings incl. In Year	15,379	15,027	352	
<b>Total Taxpayers Equity</b>	<b>89,314</b>	<b>87,962</b>	<b>1,352</b>	
<b>Total Liabilities</b>	<b>109,037</b>	<b>108,308</b>	<b>729</b>	





**Agenda Item 10**

Title & Date of Meeting:	Trust Board Public Meeting – 25 March 2020			
Title of Report:	Trust Board Sub Committee Chairs			
Author:	Name: Sharon Mays Title: Chair			
Recommendation:	To approve		To note	X
	To discuss		To ratify	
	For information		To endorse	
Purpose of Paper:	To present details of Board Sub Committee Chairs for information and noting			
Key Issues within the report:	Identified within the report			

**Monitoring and assurance framework summary:**

Links to Strategic Goals				
√	Innovating Quality and Patient Safety			
√	Enhancing prevention, wellbeing and recovery			
	Fostering integration, partnership and alliances			
√	Developing an effective and empowered workforce			
	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
Have all implications been considered?	Yes	Yes Detail report	N/A	Comment
		Any Action Required?		
Risk	√			To be advised of any future implications as and when required by the author
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	



## **Trust Board Sub Committee Chairs**

### **Introduction**

The report is presented for information and noting and identifies the Non-Executive Directors who chair the Trust Board Sub Committees.

### **Audit Committee**

Chair - Peter Baren

### **Quality Committee**

Chair - Mike Cooke

### **Finance & Investment Committee**

Chair - Francis Patton

### **Mental Health Legislation Committee**

Chair - Mike Smith

### **Remuneration and Nomination Committee**

Chair - Sharon Mays

### **Workforce and Organisational Development Committee**

Chair – Dean Royles

### **Charitable Funds Committee**

Chair – Mike Cooke

### **Recommendation**

The Board is asked to note the report

**Agenda Item 11**

Title & Date of Meeting:	Trust Board Public Meeting – 25 March 2020			
Title of Report:	Workforce & OD Committee Assurance Report			
Author:	Name: Dean Royles Title: Non-Executive Director and Chair of Workforce and OD Committee			
Recommendation	To approve		To note	
	To discuss	√	To ratify	
	For information	√	To endorse	
Purpose of Paper:	<p>The Workforce and Organisational Development Committee is one of the sub committees of the Trust Board</p> <p>This paper provides an update in respect to the Committee meeting due to be held on 18 March 2020. The meeting was cancelled due to operational priorities in respect of Covid-19. However papers were e mailed prior to cancellation and the Chair of the Committee has spoken to the Director of Workforce in order to provide this update.</p> <p>The Director of Workforce will circulate the presentations to Committee members that were due to be tabled in respect of the staff survey and the Trust Workforce Plan</p>			
Governance		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	
Any Issues for Escalation to the Board:	<p>The committee chair recommends that the Board: -</p> <ul style="list-style-type: none"> <li>• Notes the information from the Workforce Insight Report.</li> <li>• Notes the update provided on the Workforce issues in respect of Covid-19.</li> <li>• Notes the Nursing Professional Strategy update.</li> </ul>			
<b>Executive Summary - Assurance Report:</b>				
The aim of this report is to provide an update to the Board around the workforce and organisational development within the Trust and raise any issues that it feels need escalating to the Board for further discussion.				



**Key Issues:**

The key areas of note arising from the March Committee and the discussion between the Workforce and OD Chair and Director of Workforce were:

**Covid-19**

The Workforce and OD Chair had a discussion with the Director of Workforce in respect of staffing issues in respect of Covid-19. This is a fast moving situation, the trust is complying with national guidance and communicating with staff and trade unions. Processes, procedures and protocols are being revised and updated as appropriate.

Early indications are that the revised communications approach is being well received along with effective relationships with local trades unions. Further guidance is expected from NHS Employers in respect of terms and conditions of employment to try and ensure national consistency.

All non-essential training has been stood down and the training team has mobilised into a fast response team to go out and train any new staff/volunteers to work safely onwards. This has been communicated to managers and matrons.

Occupational health has focussed on urgent work and have made themselves available to be deployed clinically as and when needed.

Discussions are ongoing with local agency providers to be able to provide in quick time non clinical staff to help out as may become necessary.

A further update will be provided at the Trust Board meeting on 25 March as part of the Covid 19 update report.

**Workforce Insights Report****Sickness Absence**

- Decline in all areas of the Trust in sickness absence rolling 12 months.
- 38% of staff have had no sickness absence in the last 12 months
- Rolling 12 months return to work interviews are currently 24%
- Final flu vaccination figure was 74.7%.

**Turnover**

- Rolling 12-month target remains above target
- Retire and Return continues to increase with 35 applications since April 2019.
- Retirement age remains the main reason for staff leaving the Trust
- Rolling 12 month turnover higher than 12 months ago

**Vacancies**

- Continues to be a concerning position for vacancies at 12.37% which is higher than 12 months ago.
- Nursing vacancies continue to remain high at 12.6% (103.52 FTE which is a slight decrease)

**Appraisals/Training**

- Are showing a slight improvement following the steady decline since October 2019
- Compliance continues to remain above target but slightly below January 2019
- Non-attendance at training remains a concern at 1473 non-attendees over the last 12 months

**Employee Relations**

- The number of employee relation cases continue to be lower than the position 12 months ago

**Next steps in respect of Nursing Professional Strategy**

- Head of Allied Health Professionals has commenced in post
- Refreshed implementation plan to be shared with work stream leads
- Promotional events to be planned for 2020/21
- Schedule of evaluation of impact and outcomes to be agreed
- Work streams to be linked into workforce/recruitment retention plans and initiatives and PROUD programme

**Update from Operational Delivery Group**

Accountability reviews have also taken place since the committee last met and all key areas of workforce performance and requirements were reviewed as part of this process with plans in place across all areas of workforce and Divisions.

**Agenda Item 12**

Title & Date of Meeting:	Trust Board Public Meeting - 25 <sup>th</sup> March 2020			
Title of Report:	Operational Plan 2020/21			
Author/s:	Peter Beckwith, Director of Finance			
Recommendation:	To approve		To receive & note	
	For information		To ratify	
Purpose of Paper:	The purpose of this paper is to provide the final version of the Operational Plan for Trust Board approval.			
<b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	17.2.20 & 16.3.20
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Trust Board 26.2.20	✓
Key Issues within the report:	<p>The attached Operational Plan ('Plan') has been developed for internal ownership given there is no requirement to submit an organisation operational planning narrative in 2020/2021.</p> <p>The attached plan has been aligned to the Hull and East Riding and York and North Yorkshire subsystems through liaison with commissioners in those areas and comparison with submitted narrative to support the wider STP System Plan.</p> <p>Following consider by Trust Board, EMT and ODG of the working draft the following changes have been made:</p> <ul style="list-style-type: none"> <li>• Inclusion on the NHS Long Term Plan Ambitions and Operational Planning and Contracting Guidance 2020/21 priorities into Appendix One.</li> <li>• Addition of a narrative section that describes our service transformation and corporate priorities (Section 4.2)</li> <li>• Development and addition of an Estates Plan on a Page to Appendix Four</li> </ul> <p>Our priorities linked to the strategic goals have been further developed, cross referenced against the Plan and the draft strategic objective monitoring framework which is currently under development (Appendix 5).</p>			



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**Monitoring and assurance framework summary:**

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



# OPERATIONAL PLAN

2020-2021

Caring, Learning and Growing together  
to deliver excellent services





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## Operational Plan on a Page 2020/2021

### MISSION

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

### VISION

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

### VALUES

**CARING** for people while ensuring they are always at the heart of everything we do

**LEARNING** and using proven research as a basis for delivering safe, effective, integrated care

**GROWING** our reputation for being a provider of high quality services and a great place to work

### STRATEGIC GOALS



Innovating quality and patient safety



Enhancing prevention, wellbeing and recovery



Fostering integration, partnership and alliances



Developing an effective and empowered workforce



Maximising an efficient and sustainable organisation



Promoting people, communities and social values

Reduce unwarranted variations in care  
Develop integrated, community-based service models aligned to Primary Care networks

Right support for people with learning disability and autism available in all services

Peer reviews taking place for all CQC registered services

Self-assessment against 'Safe' domain good for all services

Address gaps in NICE compliance

Embed a Safety II culture: learning from what goes well

Roll out live (Datix) safety dashboard

Recruitment of Safety Partners

Patient experience to inform Quality Improvement

Integration of all prevention, lifestyle and recovery services to focus on a preventative model of care; working to ensure that prevention, wellbeing and recovery is embedded across every division.

Implementation of validated patient reported and clinical reported outcome tools across all clinical services

Co-produced Bridlington Health Town community based integrated care model project plan, developed with partner organisations and implementation commenced during 2020/2021

Implement a new model for Community Mental Health Services aligned to Primary Care Networks focussed on prevention, wellbeing and recovery

Increase our membership base, targeting underrepresented constituencies and younger members  
Target governor and member involvement aligned to the areas of specific interest

Increase the number of system partners involved in our patient pathways to enhance services provided

Engage with Primary Care Networks to realise opportunities for integrated working

Enable voluntary sector to contribute delivering sustainable change in our services

All divisions to plan for inclusion of patients, carers and staff of all grades in service planning, design and transformation

Implementation of Poppulo to streamline and increase effectiveness of staff communication

Improve our NHS Staff Survey engagement score to 7.0

Progress towards all NHS Staff Survey theme results as per national average

Reduce our establishment vacancies towards 2022 goal of 10%

Reduce the number of hard to recruit vacancies

Introduce Peer Support Workers across broad range of services

Work towards an approach to recruitment across all clinical services and senior roles that involves patients, service users and carers

Develop and pilot our demand and capacity forecasting model

Develop our Technology Plan

Move to 100% renewable electricity

Finalise our preferred Mental Health Inpatient Model by December 2020

Commence our interim refurbishment of existing mental health inpatient units

Enhance our staff welfare facilities

Whitby Hospital refurbishment undertaken in line with local needs

Introduce structure required to support provision of the provider Collaborative

Refresh our Trust brand by June 2020

Eliminate inappropriate out of area patient admissions due to lack of capacity, and repatriate all clinically appropriate patients

Expand the number and utilisation of volunteers more widely, reaching a greater number of teams and services

Commence pilot voluntary sector led community hub in Whitby, promoting self-management of conditions, prevention of ill health and Making Every Contact Count

Increase and build corporate supporters/donors to Healthstars

Expand the Healthstars events plans

Increase the number and value of wishes granted by Healthstars

Social Value training to be undertaken and robust methodology for identifying and measuring social value to be embedded



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This Operational Plan sets out our key priorities for 2020/21 that will support our delivery against the NHS Long Term Plan and our own strategic objectives. The NHS Long Term Plan's headline commitment to improve care outside of hospital and keep people in their own homes and independent for longer guarantees that investment in primary, community and mental health care will grow faster than the overall NHS budget. This places us on an exciting journey of unprecedented transformation, with a focus on collaborative working with health, social care and voluntary sector partners to develop integrated, community-based service models, aligned to Primary Care Networks, that improve equity of access, reduce unwarranted variation in care, reduce reliance on inpatient care and empower our population to better manage their own health and care.

We have a significant number of service transformation priorities for 2020/21 across all divisions, which will be supported by a review of clinical models and patient pathways to ensure they are evidence based and standardised. We expect that these service transformations will reduce demand for, and length of stay in, inpatient facilities across physical, mental health, learning disability and autism services, freeing up essential capacity to eliminate the need for placing patients out of our local area inappropriately.

We are proud to say that our new child and adolescent mental health inpatient unit, Inspire, will support the repatriation of all clinically appropriate children and young people that had previously been placed out of area due to insufficient local capacity by June 2020.

Given the breath of service transformation we are experiencing, our workforce remains one of our highest priorities. We are working hard to address areas highlighted by the NHS Staff Survey where staff have indicated there is scope for us to further improve the way we care for their wellbeing. We have an extensive workplan that will contribute to the implementation of the 2019 Interim People Plan priorities, which include taking action to make the NHS 'the best place to work' through:

- Creating a positive, inclusive and compassionate working culture
- Giving voice, influence and value to staff
- Providing effective, safe and health working environments
- Enabling and supporting staff to develop and fulfil their potential
- Ensuring staff can have a predictable and flexible working pattern.

Our workforce planning for 2020/21 has shown the extent to which we need to recruit additional clinical staff to successfully implement the transformations we are aspiring to. Demand for a growing workforce is being felt across the whole of the health and social care system due to the level of transformation but also because of the additional clinical roles being introduced into Primary Care Networks. Therefore, it is more important than ever for us to look at workforce with all of our partner organisations across Humber, Coast and Vale to identify ways to maintain the sustainability of our workforce and support the delivery of high quality services and patient care.

We have a challenging year ahead but are grateful for the ongoing commitment and dedication of our staff, who are the reason that we were named as the Health Service Journal Mental Health Provider of the Year 2019 and provide tireless effort to support our journey to providing outstanding care to our patients, their families and our communities.



Caring, Learning and Growing

## 2. Introduction



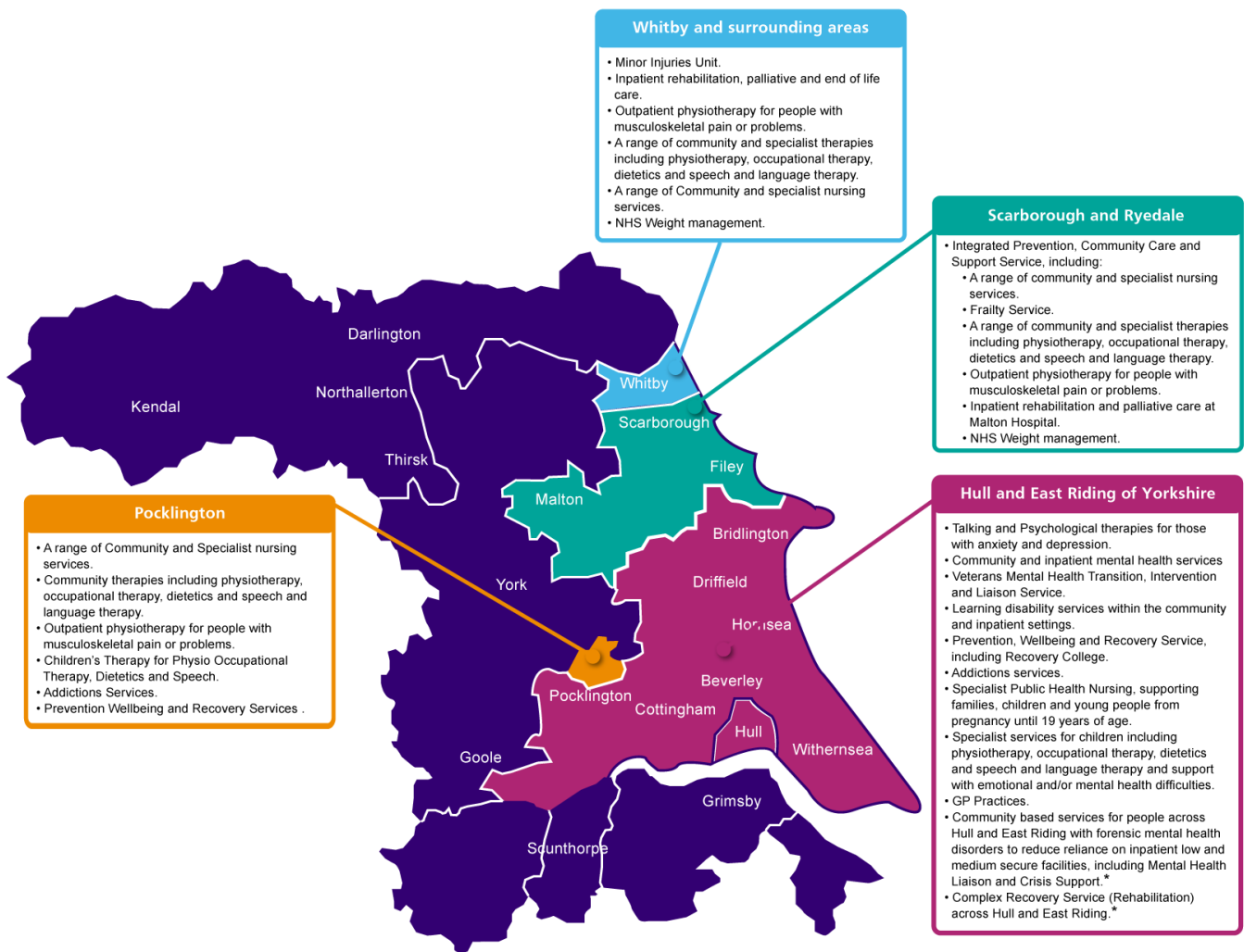
Our Operational Plan ('the Plan') sets out the key priorities for Humber Teaching NHS Foundation Trust ('the Trust') for 2020/2021 that will support achievement of Our Strategic Objectives: Refreshed for 2019-2022.

The Plan will provide a reference for our staff and stakeholders, summarising how we will deliver and maintain high quality services that are aligned to the needs of our service users whilst balancing our requirement to achieve clinical, financial and operational sustainability.

### 2.1. About us

The Trust provides a broad range of services across a wide geographical area, as shown in Figure 1.

Figure 1: Our services by geography



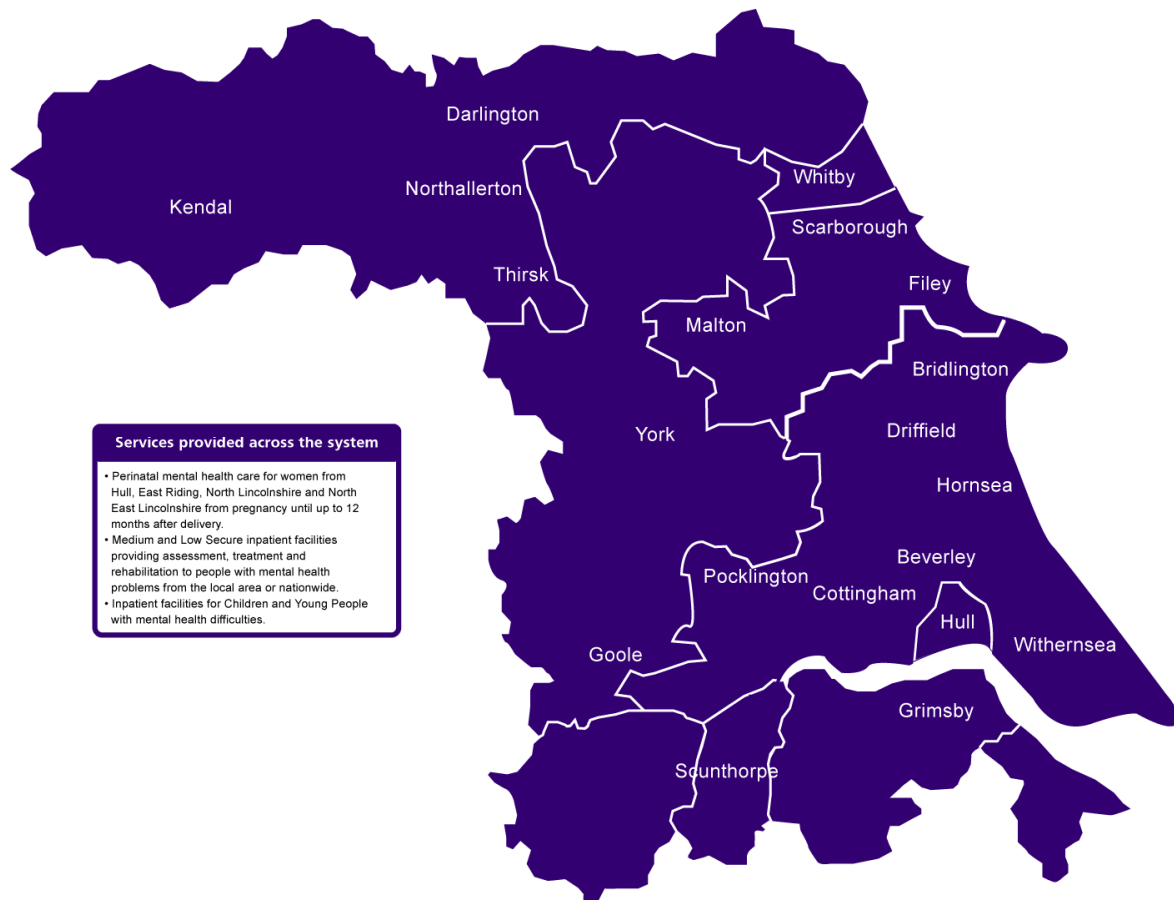
Services marked with an asterisk \* are new services for 2020/2021

We also lead in the delivery of a number of services across our health and social care system, as can be seen in Figure 2.



Caring, Learning and Growing

Figure 2: Services provided across the system



We employ more than 2,800 staff across 79 of our sites at locations throughout five geographical areas; Hull, the East Riding of Yorkshire, Whitby, Scarborough and Ryedale. We provide care to a population of 765 thousand people of all ages who live within an area of more than 4,700 square kilometres, which contains some areas of isolated rurality, dispersed major settlements and pockets of significant deprivation. As a teaching Trust we work closely with our major academic partners; Hull York Medical School and University of Hull and other educational establishments. This close working relationship enables us to nurture the future generation of doctors, nurses and other health care professionals.



## 2.2. Our Strategy

This Plan provides a vehicle for delivery of our Mission, Vision, Values and Strategic Goals, which were introduced in 2017 and are now familiar to our teams.

### MISSION

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

### VISION

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

### VALUES

**CARING** for people while ensuring they are always at the heart of everything we do

**LEARNING** and using proven research as a basis for delivering safe, effective, integrated care

**GROWING** our reputation for being a provider of high quality services and a great place to work

### STRATEGIC GOALS



Innovating quality and patient safety



Developing an effective and empowered workforce



Enhancing prevention, wellbeing and recovery



Maximising an efficient and sustainable organisation



Fostering integration, partnership and alliances



Promoting people, communities and social values

We refreshed our Strategic Objectives in 2019 to ensure that we are prepared for the changing horizon of health and social care that will be brought about by the NHS Long Term Plan (LTP), launched in 2019. We also wanted to ensure that our priorities were aligned with the Humber Coast and Vale Sustainability and Transformation Partnership's journey to become an Integrated Care System (ICS) focussed on population health, improving physical and mental health outcomes, promoting wellbeing and reducing health inequalities across our population.

When identifying our refreshed Strategic Objectives, we invited staff, service users, carers and over 60 health, social care and voluntary sector organisations to 'Have their Say'. This led to over 1,200 comments that were considered by our Board when they set out our priorities for 2019-2022.



## 2.3. 2019/2020 Highlights

### Health Service Journal Mental Health Provider of the Year Award



The Trust was shortlisted for four Health Service Journal Awards this year, and could not have been prouder to be the winners of the prestigious Mental Health provider of the Year award.

The award recognises the dedication and commitment of our teams to ensure that we are delivering the best possible care to the communities that we serve. The Judges said that “The journey for this organisation is exemplary.....they don’t know quite how impressive they are. They retain an understated wow factor in their progress to change, patient safety and embedded positive culture. A unique presentation from a unique Trust”.

### CQC Rating of “Good” Retained



Following inspection by the CQC in February 2019, the Trust was rated ‘Good’ overall in its latest inspection. Inspectors awarded a rating of “Good” to the Trust for being well-led, effective, caring and responsive.

Acute wards for adults of working age and psychiatric intensive care units improved from “Requires improvement” to “Good”, along with mental health crisis services and health-based places of safety improving to “Good” for being safe and well-led.

The report also highlighted examples of "outstanding practice" in the areas of patient feedback and engagement, self-harm and suicide prevention work and the redesigning of acute pathways to reduce out of area transfers for acute admissions.

We were disappointed to be assessed as ‘requires improvement’ for safety in community services, which continued to be an area of focus as we further integrated our community services.

### Introducing Proud



In April 2019, the Trust launched Proud that invests in and values staff; our “**PR**ogramme of **O**rganisational **D**evelopment with **U** at the heart of it”

The aim of the Proud is to:

- recognise and enhance the skills of staff
- celebrate our strengths as individuals and teams
- work collaboratively
- be solution focussed

Significant progress has been made this year to introduce the things that were important to our teams, details of which can be found in Figure 3.





**Figure 3: Progress with Proud**



We continue to move forward with new Proud, implementing new initiatives to support our workforce starting with:

- Bespoke Organisational Development support for the Humber Centre, Whitby and Primary Care
- Introduction of Action Learning Sets
- Behavioural Standards workshops
- Processes for Talent Management
- Values based recruitment
- A refresh of the Workforce and Organisational Development Strategy

### **CAMHS Inpatient Unit**

The Trust's new children's and adolescent mental health inpatient unit, Inspire, serving the young people of Hull, East Riding of Yorkshire, North Lincolnshire and North East Lincolnshire was opened in January 2020.

The unit, based on Walker Street, Hull includes nine general adolescent beds and four Psychiatric Intensive Care beds for young people with severe and complex mental health difficulties. The inpatient unit will treat young people struggling with a wide range of mental health issues such as depression, severe anxiety, psychosis and eating disorders, providing a comprehensive recovery focussed treatment approach and education programme.

Inspire will mark a national step-change in Children and Adolescent Mental Health Services (CAMHS) delivery as a service that has been shaped with young people at its heart. Young people and their families were involved in each stage of the building from identifying a suitable location, designing interiors and developing the best practice and services that will be used during treatment.

Humber Trust Charity, Health Stars raised over £300,000 through their Impact Appeal which has been used to enhance the unit with special touches and enhanced features. The appeal was launched on World Mental Health Day 2018 with the initial ambition to raise £250,000. Funds raised have provided everything from enhanced gardens to gaming equipment and a fully equipped gym to allow occupational therapists to work with young people through art, exercise and more. Health Stars also ran a public competition to name the unit, with the winning suggestion 'Inspire' been selected by a panel of young people.

### **Baby Friendly Initiative Gold Award**



Our Integrated Specialist Public Health Nursing Service (ISPHNS), working in partnership with East Riding of Yorkshire Council, were awarded the prestigious UNICEF Baby Friendly, Achieving Sustainability Gold Award in June 2019.

It is the first integrated service in the UK to achieve the gold award, and the East Riding is also the first children's centre service to achieve the gold accreditation.



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This is fantastic achievement for the service and a testament to the hard work and dedication of everyone involved.

## Electronic Prescribing

We were one of the first 13 trusts to implement electronic prescribing in June 2019. We have taken a phased implementation approach to launch the system, which will help improve patient safety by reducing the risks associated with traditional methods of prescribing and administering medicines.

There are a number of benefits to patients, staff and the organisation of implementing electronic prescribing, including:

- Improving patient safety: transcribing and administration errors will be reduced
- Saving staff time: electronic prescriptions will be automatically transferred to the pharmacy so reducing the time spent managing prescriptions
- Improving prescribing processes: it will help us to manage prescribing data more effectively to see the efficiency and effectiveness of how we are prescribing medicines
- Saving the Trust money - no purchase of paper prescription charts, improved formulary compliance, reduces the risk of fraudulent prescription claims

## Research Conference

Our third annual research conference, held on 15th May 2019, was another great success and generated lots of positive feedback. Around 170 people attended and represented at least 26 organisations including commissioners, universities, NHS trusts, independent providers, local Clinical Research Network, and many different professional groups. Results from research were shared with the audience and new exciting opportunities for participation in future studies presented.

## Quality Improvement Conference

The first Quality Improvement and Always Event Forum took place in June 2019. The audience had the opportunity to hear presentations that included:

- An introduction to Quality Improvement including our Quality Improvement Approach, QSIR (Quality, Service Improvement and Redesign) College and Always Events
- The Patient Experience Toolkit presented by the Improvement Academy
- Presentations from Trust Staff on the Quality Improvement (including Always Events) journey.

## NHS Improvement Films

On Friday 13<sup>th</sup> September, the Trust launched five short films that were commissioned by NHS Improvement. The film themes were 'Culture', 'Leadership', 'Using Patient Experience Data' and 'Our Top Tips' and are a way to share our journey with fellow provider trusts across the country. The films represented an excellent opportunity to highlight the positive impact of involvement in Trust activities for our patients, service users, carers. The films can be found on our website:

<https://www.humber.nhs.uk/patient-and-carer-experience.htm>

## Occupational Health Accreditation

The Trust Occupational Health service was recently awarded the SEQOHS (safe, effective, quality occupational health services) accreditation in June 2019. Accreditation involved both a self-assessment and external peer assessment against accreditation standards to



evidence a culture of continual quality improvement. The service was congratulated on its thorough and documented comprehensive processes including audit of the management of vaccines.

### Launch of the Professional Strategy for Health and Social Care Staff



Our first Professional Strategy for Health and Social Care Staff, developed by professional who represent our diverse, dedicated and highly skilled workforce, was launched in July 2019. The Strategy aims to create the right climate for professionals to be empowered to deliver great care and have fulfilling and lifelong career development opportunities across the service provided by the Trust.

The Strategy is designed to support the Trust’s Mission, Vision and Strategic Goals and the LTP, identifying four key priority areas of delivery:

1. Promoting professional identity and professional collaboration
2. Strengthening professional leadership
3. Shaping new models and pathways
4. Career pathways.

### Whitby Hospital Remodel

The Whitby Hospital Remodel, led by the NHS Property Services, commenced in March 2020 with Phase One: the remodelling of the maternity unit. This will be followed in May 2020 by Phase Two: a 42 week project to remodel the tower block. It is expected that the inpatient facilities will be relocated into the remodelled maternity unit, but this relies on implementation of a successful bed reduction plan.

### Launch of the Patient Safety Strategy at the first World Patient Safety Day



The Trust was proud to support the world Health Organisation’s first ever patient safety day in September 2019 by holding a patient safety educational event for staff, Speak Up for Safety.

At the event we launched our Patient Safety Strategy, which builds on the achievements of our previous strategy (2016-2018) and sets our ambitious goals for the next three years in order to realise our ambition to become an outstanding organisation.

Our Patient Safety Strategy demonstrates that safety is at the heart of all we do and supports a leadership culture that supports staff to feel safe to report patient safety issues without fear of retribution, and be empowered to act swiftly to address risk.

### Health Education England/Fair Health Charity

In November 2019, the Trust hosted a Health Education England/Fair Health Charity sponsored event concentrating on Health Inequalities. Over 70 GP’s including trainees attended the event which attracted positive media attention from Radio Humberside.



## Staff Survey Results 2019

The results of the 2019 NHS Staff Survey show that the Trust has maintained the improvements achieved in 2018 and show that 88% of staff feel that their role makes a difference to patients and service users and more staff would recommend the Trust as a place to work (49%) than last year with 71% of staff enthusiastic about their job and 77% of staff responding to say that time passes quickly when they are working.

More than 1,050 of staff (40%) took part in the 2019 survey to tell us what they like about working for our Trust and where we can improve. However, our response rate of 40% means the Trust was below the average national response rate of 49%.

## NHS England Visit

The Trust hosted an NHS England visit on Tuesday 26th of November where they explored the Trust's approach to Patient and Carer Engagement, Patient Safety and Quality Improvement. It's envisaged that the 'Humber Approach' will subsequently feature in a publication as an exemplar site.

## Launch of the Complex Recovery Service

The Complex Recovery Service was developed during 2019/2020 to provide intensive community rehabilitation people in Hull and East Riding who experience severe and/or enduring mental illness to prevent them being placed in inpatient facilities outside of the local area. It provides a range of accessible and responsive support structures within communities that wrap treatment and support around individuals as needed, ensuring they access inpatient services for the shortest time possible as part of a community focussed service.

## Improving Access to Psychological Therapies (IAPT)

The Trust became the Lead Provider for IAPT service across the East Riding of Yorkshire Clinical Commissioning Group geographic boundary from the 1<sup>st</sup> December 2019. Through the Lead provider arrangement, we are developing an efficient and streamlined pathway that provides ease of access and excellent outcomes for our community. IAPT is supported by robust collaboration with partner organisations including a number of Voluntary, Community and Social Enterprises that provide essential expertise and capacity for the delivery of services to people with specialist needs, such as those that are hard of hearing, need perinatal support or relationship support.

## Community Mental Health Team Redesign

We successfully secured investment to roll-out a new way of delivering community mental health services as part of a national pilot to test new and integrated models of primary and community mental health care.

The new models of care will more closely align community-based mental health teams to the emerging Primary Care Networks, helping to remove barriers between primary care and secondary care to create a seamless service. This will enable people to receive appropriate care from community mental health services within four weeks from referral to treatment in all areas of Humber, Coast and Vale.

## Quality Health Mental Health Inpatient Survey 2019

Quality Health undertook a survey of a sample of our inpatients and found that we were in the highest 20% of trusts for patients assessing us on 'definitely involved as much as wanted in decisions about care and treatment', 'hospital food', 'purposes of medications explained completely' and 'discharge not being delayed for any reason'.



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## Mental Health Community Service User Survey 2019

The Care Quality Commission undertook a survey of people that use our Community Mental Health services and published the report in October 2019. The national response rate was 27%, lower than our Trust response rate of 32%. All of our scores fell within the 'expected' range, with the answers of three questions in the top 20% of trusts nationally. However, the report indicated a higher number of responses in the bottom 20% of trusts compared to previous years.

Whilst the outcome was not as we would have hoped, we are proactively addressing those areas in the report that identified recommendations for improvement. We undertook a workshop with representation from each Community Mental Health Team (CMHT), Pharmacy, Patient and Carer Experience team, service users and heads of professions. The workshop provided a focus to those areas where the Trust was in the bottom 20%, or any other areas that the report had provided recommendations for. As a result of the workshop a coproduced action plan has been developed from which to build improvements upon.

We do not expect to realise the improvements delivered by the co-produced action plan until 2021 but have already scheduled events to review the actions in light of the 2020 report that will be published later this year.



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#### 3.1. Humber Coast and Vale Health and Care Partnership

We continue to work closely with the Humber Coast and Vale Health and Care Partnership (the 'Partnership'), which was established in 2016; bringing together NHS, local council, other health and care providers along with voluntary, community and social enterprises together as partners to consider the challenges facing the health and social care sector.

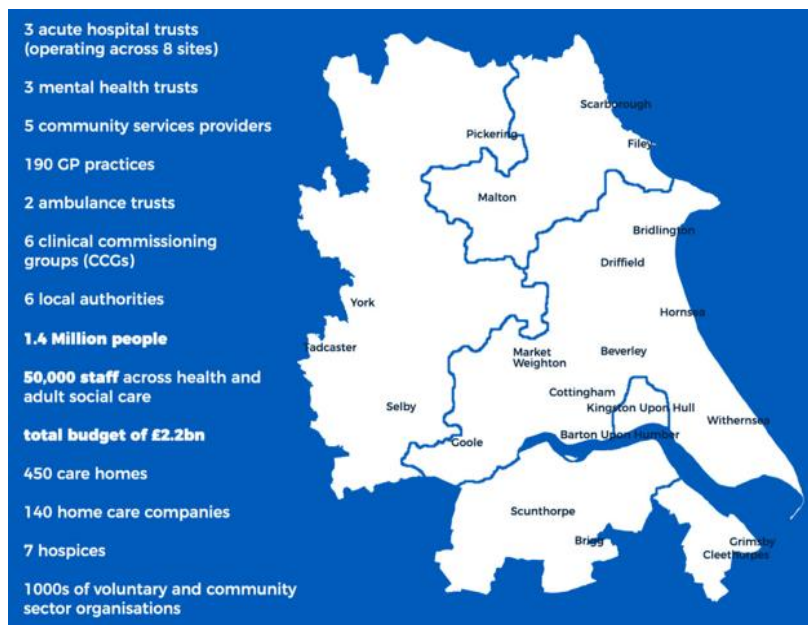


Figure 4: Humber Coast and Vale Health and Care Partnership geography

This partnership is built on the broad agreement that, in order to improve the health and care outcomes for our communities, we need to:

- work harder to keep people as healthy as possible for as long as possible
- Provide better, more proactive support to those with long-term conditions to manage them well so they don't get worse
- Find new ways to meet people's needs that are more effective and efficient so that we can continue to provide good quality care for everyone.

The ambition of the Partnership is to become a **health improving system** rather than an ill-health treating system, and its approach is based on the belief that we will be more successful in bringing about change if partners work together.

The Partnership Long Term Plan for 2019-2024 sets out **four priority areas** that will support delivery of the Partnerships ambition.

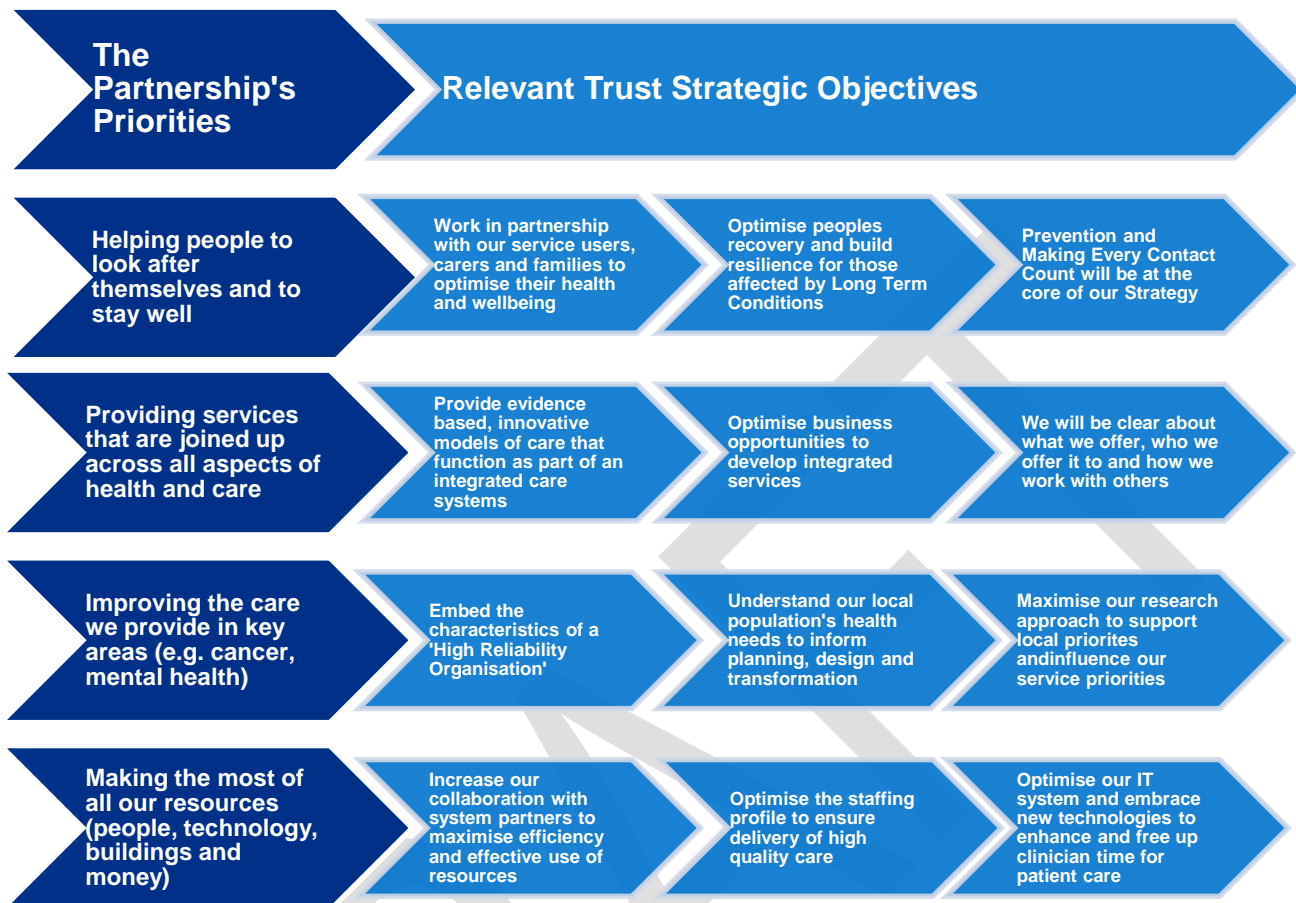
#### The Partnership's Four Priority Areas

- Helping people to look after themselves and to stay well
- Providing services that are joined up across all aspects of health and care
- Improving the care we provide in key areas (e.g. cancer, mental health)
- Making the most of all our resources (people, technology, buildings and money)



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A number of the Trust's Strategic Objectives, refreshed for 2019-2022, link very closely to the Partnership's priorities.



The Partnership operates at different levels depending on the main focus of the work. Most of the focus will be continuing to work together for local communities in each of the six 'Places'.



Figure 5: The Partnership's approach to delivery

There will also be times when more than one 'Place' plans and improves services together; these joined 'Places' are referred to as 'Subsystems'; East Riding and Hull, North and North East Lincolnshire and Scarborough (including Whitby from April 2020) and York.

Where bigger and faster improvements can be achieved by working together across a larger area, the Partnership will work together 'At Scale'.

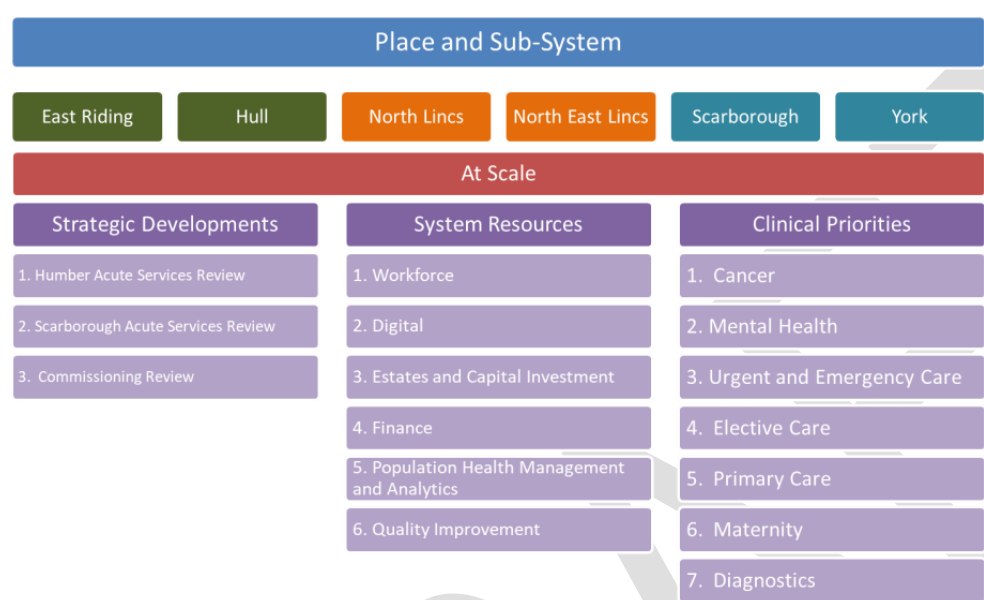
Since November 2018, the Partnership was recognised by NHS England and Improvement as an aspirant ICS. As a result, the Partnership has been supported on its journey to achieve ICS status by the summer of 2020 through the ICS Accelerator Programme.



ICSs will undertake two core roles: system transformation and collective management of system performance.

As part of the Partnership’s journey to ICS status, it has strengthened its Collaborative Programme and established robust governance arrangements. This reflects a proactive response to the national direction of travel, which will embed and strengthen the governance of all systems across the country in a move to a “system by default” operational model preparing all systems to become an ICS by April 2021.

**Figure 6: The Partnership's Collaborative Programmes**



The move to an ICS places greater focus on collaborative working relationships between organisations across the health and social care system, with an aim to integrate services to improve health and wellbeing in local areas. This shift towards a more cohesive healthcare service takes the focus away from promoting competition between provider organisations to a clear expectation that providers will collaborate to make the best use of public funding. This improved

collaboration should also make it easier for staff to work with colleagues from other organisations, which is essential to support the resilience of our workforce.

### 3.2. Mental Health Collaborative Programme

The Partnership has made significant progress on ensuring that people with mental health conditions are treated with the same urgency and level of importance as people with physical health conditions. This is due to a successful Mental Health Collaborative Programme, for which the Trust’s Chief Executive is the Senior Responsible Officer (SRO) and chairs the Metal Health Partnership Board, which has oversight of delivery of the programme.

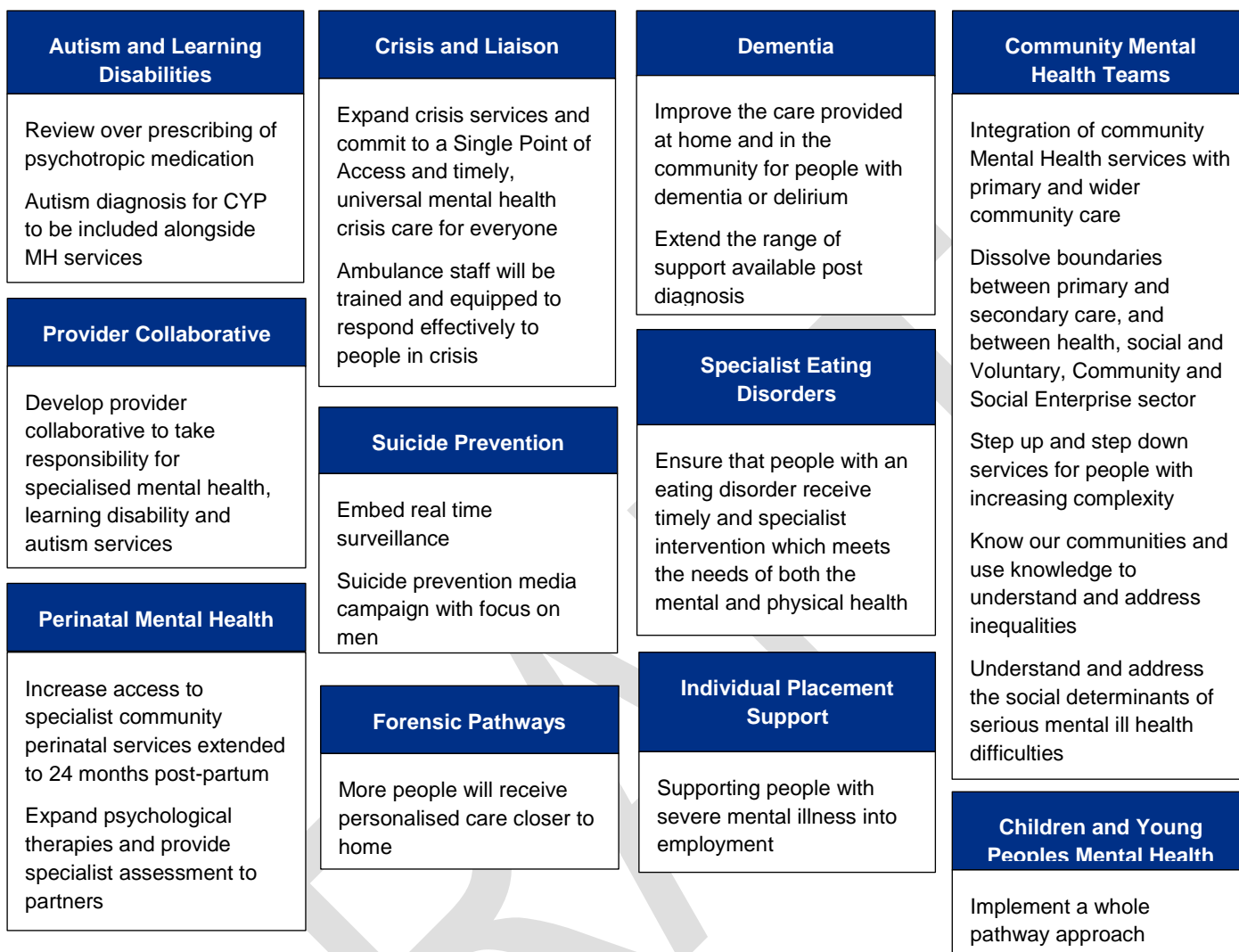
The Partnership Long Term Plan sees a commitment to a significant increase in investment in mental health care across Humber, Coast and Vale, reaching the required ‘Mental Health Investment Standard’ in all six Places during each year from 2019 to 2024. Investment in children’s and young people’s mental health is expected to grow fastest as the partnership prioritises its efforts to ensure that every young person gets the best start in life and is able to fulfil their potential.

As a result of engagement across service users, families, carers, voluntary and third sector organisations, emergency services, schools and colleges, and local healthcare providers and clinicians, the Mental Health Collaborative programme has set out its priorities for the coming years (See Figure 7).





Figure 7: Mental Health Collaborative Programme Priorities



### 3.3. Provider Collaborative/Lead Provider Arrangements

To bring organisations together and provide them with greater freedom to innovate and develop new services that better meet local needs, the Partnership is encouraging new ways of working such as Provider Collaborative and Lead Provider Arrangements.

NHS-led Provider Collaboratives will play an increasing role in commissioning whole pathways of care across ICSs. ICSs must have plans that recognise these collaboratives and align with the ambition that they will be managing all appropriate specialised mental health, learning disability and autism services by 2023/2024.

There are plans for new ways of working to be taken across a number of patient pathways within Mental Health services, leading to improved continuity of care and better meeting local needs. As a result, the Trust will be expected to take on responsibility for commissioning and monitoring the quality of the services provided across entire patient pathways. This is a substantial change for the Trust that requires us to establish a structure that supports robust, effective and efficient commissioning during 2020/2021.

Formal Provider Collaborative arrangements are under development for Forensic Pathways, Children and Young People’s Mental Health services and specialist eating disorders. Lead Provider arrangements will be



established to support multi-agency integrated patient pathways Improving Access to Psychological Therapies, Community Mental Health Teams and Specialist Perinatal Mental Health Services.

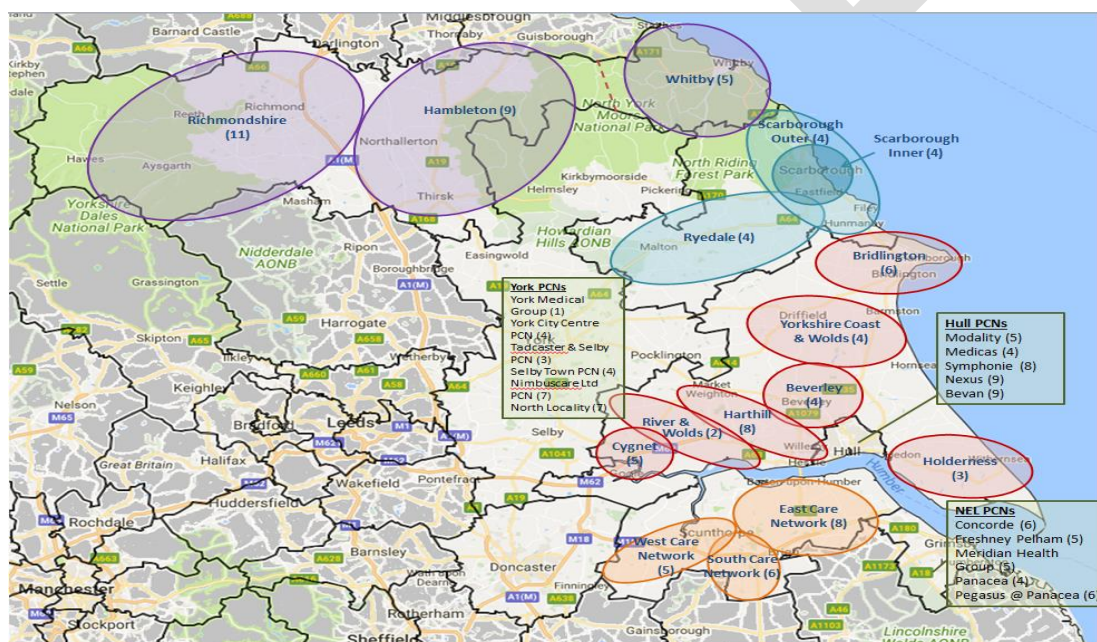
### 3.4. Primary Care Networks

Primary Care Networks (PCNs) became operational in July 2019 and are pivotal to the delivery of the LTP, particularly in relation to boosting out of hospital care by placing greater focus on:

- Integrating primary and community care
- Relieving pressure on urgent and emergency services
- Improving physical and mental health outcomes
- Promoting wellbeing and preventing ill health
- Reducing health inequalities across the population

PCNs, typically built around populations of between 30 and 50 thousand people, will bring together a range of health and social care professionals to work together to provide enhanced personalised and preventative care for their local community. Staff will come together from a range of backgrounds and organisations, such as GP practices, pharmacy, community, mental health, acute trusts, ambulance services, social care and the voluntary sector.

Figure 8: Local Primary Care Networks



PCNs will be key to the Partnerships offer for ‘out of hospital’ care to our communities; providing the care that people need at, or as close to, home so that hospitals only provide those things that absolutely need to take place there. The Partnership plans to bring together local health and care providers in each of its Places to enhance the services offered to patients within local communities so that services are more proactive and responsive to the needs of local communities. These collaborative working arrangements may look different in each of the Places that the Trust provides care but will all lead to providing care that is fully integrated from the perspective of the service user, regardless of which organisation is providing which element of care.



## 4. Our Operational Plan Priorities



### 4.1. NHS Long Term Plan (LTP) Ambitions

The publication of the LTP gives us an opportunity to align our corporate and service transformation priorities against the core ambitions that it sets out. With its headline commitment to 'boosting out of hospital care', the LTP sets out a significant number of ambitions that will impact on the way we deliver our services in the future.

Appendix One contains a list of ambitions taken from the LTP, and the 2020/21 priorities set out by the NHS Operational and Planning Guidance 2020/21 that will support the delivery of the LTP. The list breaks those ambitions and priorities into relevant areas to ease navigation. We have already made pre-emptive progress on this year's ambitions, with work already commenced for 25 of the 59 priorities included. The table below indicates the breadth of transformation across the trust in 2020/21. It is also important to note that of the 11 ambitions with longer term deadlines, only 3 **do not** have deadlines or deliverables required for 2020/21.

Service Area	Total Ambitions/ Priorities for 2020/21	Ambitions/Priorities for which work has commenced	Ambitions/Priorities with longer term deadlines
Mental Health	22	8	4
Children and Learning Disabilities	8	4	2
Community and Primary Care	10	4	-
Digital	3	-	1
Environment	4	1	4
Workforce	12	8	-

### 4.2. Service Transformation Priorities

In response to the LTP and linked to our ICS and commissioners' priorities, we have a number of service transformation priorities for 2020/21 that focus on the development of integrated, community-based service models that improve equity of access, reduce reliance on inpatient care, empower our population to better manage their own health and care, and provide services that are aligned with PCNs. These include:

#### Child and Adolescent Mental Health Services

We are building our CAMHS Tier 4 service to provide high quality inpatient services across the whole ICS. We expect our general adolescent ward, Orion, to reach capacity by March 2020 and our Psychiatric Intensive Care Unit to reach capacity by April 2020.

We are also working hard with our commissioners to repatriate all appropriate children and young people who have been placed out of area by June 2020.

The transformation of our Child and Adolescent Mental Health Services will enable us to focus on early intervention and building emotional resilience in our young people through expansion of our school-based early intervention programme, SMASH (Social Mediation and Self Help).



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We will also be working in partnership across the system to introduce a whole pathway approach based on the 'Thrive' delivery framework for children and young people's mental health that will reduce fragmentation and more consistently support our young people through their care pathway, which will include transition from community into inpatient care.

### **Learning Disabilities and Autism**

We are working across Hull and East Riding to develop integrated care partnerships for attention deficit hyperactivity disorder and autism through introduction of a single, neurodevelopmental pathway to improve access, reduce waiting times and improve outcomes.

Alongside this we are continuing to transform our community services to reduce the number of adults, children and young people with a learning disability admitted to an inpatient setting.

Most importantly, we are focussing on making sure that the right support is available for people with a learning disability or autism across all of our programmes of work. Linking with our ICS, we will work together to agree a common set of standards regarding autism and learning disabilities that will be applied across all our services to ensure greater consistency.

### **Adult and Older Peoples' Community Mental Health Services**

We have secured investment to transform our Community Mental Health Teams in 2020/21 as part of a national pilot, which will lead to the integration of our teams with the emerging PCNs in Hull and East Riding.

We will also grow our community-based model of adult mental health rehabilitative care to allow repatriation of our out of area patients.

Other community-based service transformations include:

- Redesign of our Older People's Mental Health Memory Assessment Service to provide improve and equitable access across our communities.
- Enhance our Mental Health Care Home Liaison to improve the care and support for people in care homes to reduce the number of unplanned admissions and delayed discharges.
- Work collaboratively with other local NHS providers on the introduction of an East Riding frailty model based on the success of the Jean Bishop Integrated Care Centre in Hull, with Humber supporting the older people's mental health and dementia care.
- Establishing a lead provider framework for developing efficient and streamlined pathways for Improving Access to Psychological Therapies to ensure ease of access and excellent outcomes
- Improving access to our Mental Health Response Service telephone triage to reduce waiting times to call answer
- Introducing a Provider Collaborative to provide an integrated care partnership community based model of forensic mental health care to enable repatriation of our out of area patients and reduce reliance on low/medium secure inpatient services

### **Acute Mental Health Inpatient Services**

Our mental health community based service transformations are likely to impact on ongoing demand for inpatient beds as we will be supporting our population to remain at home as long as possible. We need to ensure that our inpatient services provide the right care for those people that need to step into this higher tier of care, both from the perspective of the care we provide and the environments we use.

The Trust's existing mental health inpatient facilities fall short of the current national standards for safety and therapeutic care and the geographically dispersed configuration gives rise to concerns around clinical safety, quality and the sustainability of the workforce (as evidenced by the CQC inspection of 2017).



We have established a comprehensive project group to develop a robust clinical model and Outline Business Case for redesigning our mental health inpatient provision. The project aims to redesign inpatient mental health services to ensure that patients receive the highest quality of care and are cared for in a safe and appropriate environment, and to optimise the use of a limited workforce.

By December 2020, we will have developed and submitted a final Outline Business Case to the Trust Board, demonstrating a robust, future-proofed, clinical model and plan for providing our adult and older peoples' inpatient environments.

## Community Services

In line with our commissioners' ambitions for North Yorkshire, we continue to integrate our community services in Scarborough, Ryedale and Whitby (which will become part of our ICS in April 2020) to enable us to provide care that is aligned to our PCNs. We will also work with commissioners to ensure that there is a consistent pathway for frailty services.

To further support service transformation within Scarborough and Ryedale (S&R), the S&R Partnership Board was established in spring 2019 and has representatives from over 20 organisations; statutory, non-statutory and Voluntary, Community and Social Enterprise (VCSE).

Through strong collaborative working 6 priorities were identified which are expected to have the biggest impact on improving care for people in the Scarborough and Ryedale (S&R) area; Frailty, Carers, Mental Health, Cardiovascular disease, Dementia and Paediatrics/Families. Detailed action plans for Frailty and Carers priorities have been developed. Actions being delivered include developing multi-disciplinary teams with key partners, implementing shared decision making to prepare personalised plans and establishing a process ensuring young carers are included in the design of services. Action plans for the remaining priorities will be developed during the first half of 2020/21.

Additional work in the area includes development of diversionary pathways linking the Trust with Yorkshire Ambulance Service, York Teaching Hospitals Foundation Trust and primary care support to improve resilience of primary care and enable PCN leadership in the existing integrated model. In addition, work to support an East Coast narrative is underway which will link Whitby, Malton, S&R Community and Bridlington. All of this work will be anchored within an agreed North Yorkshire and York framework for an integrated care operating model.

We will also focus on the integration and co-location of all prevention, lifestyle and recovery services to focus on a preventative model of care across Hull, East Riding and North Yorkshire; working to ensure that prevention, wellbeing and recovery is embedded across every division.

## Primary Care

Our Primary care Strategy for 2019/22 sets out our vision to be the *'leading provider of excellent quality, sustainable, integrated Primary Care services, which are delivered by a highly skilled and flexible multi-disciplinary workforce, who are supported by high quality estate, digital solutions and accurate information. Patients will choose to register with our Practices.'*

We have a number of objectives that we are working to achieve in 2020/21, including:

- Development of a Primary Care Academy, working with the local universities and other training practices thereby ensuring access to newly qualified staff
- Achieve financial breakeven for primary care services
- Embed technological opportunities as business as usual
- Co-locate practices where appropriate, in line with our Estate Strategy



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- Establish strong relationships with our partners for enable system wide, fully integrated services
- Ensure that referral of suitable patients onto Trust research projects is embedded as business as usual.

We will also be looking to optimise and increase our Humber Administrative Business Intelligence Team (HABIT) to further integrate administrative and financial processes across Primary Care. This will lead to better working practices and efficiencies that will benefit patient care, staff and the practices.

Looking beyond our own practices, we also want to work in partnership with the PCNs across the ICS through our own service alignment but also through our offer for both clinical and back office functions.

### 4.3. Corporate Priorities for 2020/21

#### Research

Research is central to ensuring services are effective and that new treatments and ways of delivering care continue to be identified that enable recovery and prevention, reduce disease burden, improve quality and increase productivity. Its main purpose is to make a positive difference to the quality of healthcare the NHS provides now and in the future. As an organisation we recognise that our staff are our greatest asset and we are committed to developing a culture whereby research is embedded as a core part of clinical services, enhancing our offer to those who access our services, but also making Humber Teaching NHS Foundation Trust an excellent place for staff to work, learn and innovate.

Our priority is for research to be embedded as a core component of our clinical services since it is a key enabler to delivering high quality services as well as recruiting and retaining the best clinical staff.

All of our staff, services and community can potentially be involved in research and therefore this priority applies Trust-wide. As there is evidence that people do better in organisations that do research, and those who participate overwhelmingly report positive experiences, we therefore see research as a core part of the service we provide for our community. Throughout 2020-21 we want services to work alongside the research team to provide opportunities for patients, carers and service users from as many different specialties as possible to be offered the opportunity to take part in research studies.

#### Marketing and Communications

The Marketing and Communications Priorities for 2020-2021 are grouped around our five key messages; our profile, provider of choice, employer of choice, key partner and excellence and innovation.

Some key projects for 2020/21 include:

- Refresh our brand and launch to staff by June 2020 (including new templates, guidelines and online brand portal)
- Develop and launch new website and intranet site
- Standardise online and print patient information across the Trust
- New Recruitment marketing campaign
- New internal communications platform to redesign, deliver and measure staff emails.

#### Digital

We are proud to be a part of the Yorkshire and Humber Local Health Care Record (LHCR) development, which is recognised as a strong collaboration that has led to a LHCR designed in such a way that it can be used differently at multiple levels; at Yorkshire & Humber regional level, at an ICS level, at Place, Sub-place, PCN or single practice, right down to an individual citizen.



Our LHCR, the Yorkshire and Humber care record (YHCR) will enable us to share appropriate information between health and social care services in Yorkshire and Humber. Due to the phasing of data sharing, we are expecting local ambulance, acute and GP services to go live by 2021. We will follow during the next phase for community and mental health services, due to share data by 2022. Care home will be the third phase by 2023. The benefits of the YHCR are expected to include:

- Joined up and safer care
- More time spent on patient care
- Less paperwork
- All patient information in one place
- No need for patients to repeat the same details to different clinical and care staff.

We also have our own organisational Digital Plan (See Appendix Three: Digital Plan on a Page). We will build on our existing plan in 2020/21 with the development of a Technology Plan to simplify patient access to care, support people to manage their own health and enable us to achieve ongoing priorities e.g. implementation of video-conferencing to contribute to a 20% reduction in business miles by 2023/24.

Our divisions have identified a number of digital aspirations as part of the service planning for 2020/21. These will be considered alongside all digital solutions for inclusion in our Technology Plan, which will be initially scoped by the Digital Delivery Group in early 2020.

## **Estates**

We are continuing with the implementation of our Estates Strategy for 2017 – 2022 to deliver a sustainable, efficient and relevant estate provision through consolidation, centralisation and rationalisation. Key priorities for 2020/21 can be found in Appendix Four: Estate's Plan on a Page.

We are currently developing our Capital Plan for 2020/21 and 2021/22, which will include a number of refurbishment schemes to enhance our mental health inpatient environments in the short/medium term until we have confirmed and able to deliver on our longer term redesign solution. During 2020/21, we will prioritise the refurbishment of Miranda House and Newbridges.

We are also planning to invest to enhance our staff welfare facilities in response to the NHS Staff Survey results, for which we will undertake a 5 facet survey of our entire estate to enable us to understand its condition and prioritise our improvement plan.

In response to the NHS Operational Planning and Contracting Guidance 2020/21, we are pursuing 100% renewable electricity from our existing energy supplier by April 2021. Alongside this, we have committed to reducing our carbon emissions, which forms part of our Sustainability Development Management Plan.

## **Business Development**

The Business Development Team has reviewed its structure and offer to the divisions in view of the changing landscape of the health and care system. In 2020/21, the team will have nominated Business Development Managers aligned geographically across the ICS subsystems: East Riding and Hull, North and North East Lincolnshire, and Scarborough, Whitby, Ryedale and York.

The LTP ambitions for ICSs, Provider Collaboratives and boosting out of hospital care will lead us to a greater focus on partnership working rather than competitive tendering in the health and social care system. Whilst the team will continue to support our divisions with bid and tender writing, we expect demand for this will reduce. A far greater focus will be placed on developing business cases and partnerships with health, social care and Voluntary Community and Social Enterprise organisations; strengthening and



broadening our relationships across the ICS to increase collaborative working across entire patient pathways.

The team will continue to lead on Planning for the Trust and, building on this year's successful service planning cycle, we will support the divisions to continue building their service plans through the facilitation of workshops and provision of planning intelligence as required. The team will also lead on the development of the Trusts Annual Operational Plan and ensure links are in place with the ICS as required.

2020/21 will also see us develop a standard operating procedure for strategy and planning, providing a robust structure across the organisation that supports coherence and rationalisation across all strategies and plans.

Appendix Five of this Plan includes shows our 2020/2021 priorities that will support delivery of our Trust's Strategic Goals. These priorities will form part of our Strategic Objective Monitoring Framework that will be monitored by our Board's formal sub-committees, providing assurance to our Board of our progress towards achieving our strategic objectives.



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### 5.1. Approaching the NHS Long Term Plan (LTP) Vision

Our Service Planning cycle for 2020/2021 not only focussed on how our divisions will support the delivery of our organisational strategic objectives but also how they would implement the vision set out in the LTP.

Where required, clinical models and pathways will be reviewed to ensure they are evidence based and standardised. As a result of these reviews, Service Specifications and Standard Operating Procedures will be updated accordingly to ensure that there is equity in terms of standards that are understood by all.

Where appropriate, we are continuing the development of integrated, community-based service models that reduce reliance on inpatient care, empower our population to better manage their own health and care, and provide services that are aligned with PCNs. We expect these transformed service models to reduce length of stay for inpatients across physical, mental health, learning disability and autism services, freeing up essential local capacity to eliminate the need for out of area placements. Specific examples of these are included in Section 4.2.

Our adult multi-disciplinary Community Services, provided across Scarborough, Ryedale and Whitby, already provide a model of care that supports the LTP vision for a two hour community crisis response and two day reablement response. However, we will improve the pathway further during 2020/2021, addressing capacity issues that create challenges within the service, to ensure that we can consistently deliver the required response times.

### 5.2. Meeting fundamental standards of Quality

During 2019, the Care Quality Commission (CQC) rated the Trust as 'Good' across all domains with the exception of the 'Safe' domain, which was rated as 'Requires improvement'. The 'Safe' domain contains nine of the thirteen fundamental standards of quality that represent the minimum quality bar below which the quality of care must never fall. Whilst we had made improvements across a number of our services that had increased their rating to good since 2017, concerns were raised in two services areas.

In response to the issues raised by the CQC a comprehensive action plan was developed. Progress towards delivery of these actions is monitored through the Quality and Patient Safety Group (QPAS).

The Trust plans to achieve a minimum rating of 'Good' for safety across all services in 2020. Therefore, we have introduced a process of peer review and self-assessment against all Key Lines of Enquiry in order to maintain and improve on our existing rating. Significant progress has been made to address CQC concerns in 2019/2020. However, some priority improvements will continue to be implemented during 2020/2021, and will be overseen by the Quality and Regulations Group.

#### Peer Reviews

The Trust has a process of peer review against all Care Quality Commission Key Lines of Enquiry (KLOEs) to ensure that we maintain our current rating and strive towards 'Outstanding' for all domains and services. Action Plans that are developed as a result of the peer reviews are reported through the divisional Clinical Network Groups (See Figure 11: Clinical and Quality Governance Reporting Structure). Oversight of the peer reviews and progress towards achieving a rating of 'Good' across all KLOEs is undertaken by the Executive management Team, Quality and Regulations Group (QRG) Quality and Patient Safety Group (QPAS) and the Trust Board.

During 2020/2021, we plan to extend our peer review process across 100% of CQC registered services to support them to identify and manage their own Quality Improvement priorities.



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## Quality Improvement Approach

Our Quality Improvement (QI) Approach was published in 2018 and introduced a standardised methodology based on a Plan, Do, Study, Act cycle that could be adopted by any of our teams (See Figure 9).

Figure 9: QIA Methodology

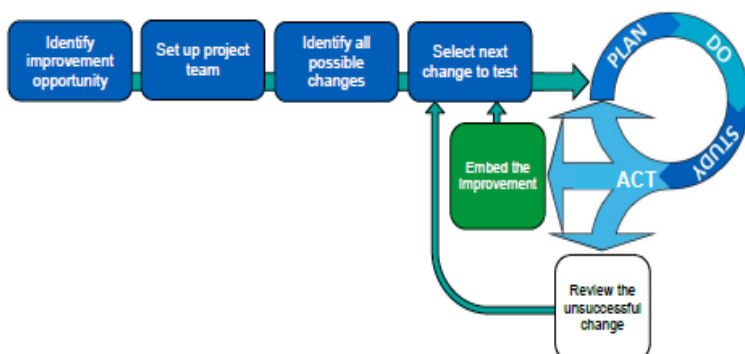


Figure 10: QI Training and Support Pathway



We are on a journey to embed a culture of Quality Improvement by 2021 and, as identified in the LTP, will focus on developing ‘the capability to implement change effectively’ and will provide our staff with the freedom to innovate, driving quality and improvement initiative. Thinking creatively about QI was introduced as a core element of our divisional service planning process for 2020/2021 and is supported by a comprehensive training and support pathway (See Figure 10).

### Clinical Audit

The Trust utilises a robust process of Clinical Audit to maintain and provide assurance that high standards of patient care are being provided and that we are meeting the fundamental standards of quality. There is an ongoing cycle of clinical audit across the organisation, within both corporate and service areas

which include for example; national audits, POMH audits (prescribing observatory for mental health) pharmacy audits, review of practice against NICE guidelines. In addition to this there are audits around the Mental Health Act/Mental Capacity Act, safeguarding monitoring and reviews of practice following serious incidents and significant events to provide assurance of learning and quality improvement. The results of the clinical audits will provide assurance of compliance with clinical standards and best practice. Audit activity identifies and seeks to minimise risk, waste and inefficiencies within our services to improve the quality of care provided and improve patient outcomes.

Within our Service Planning cycle for 2020/2021, divisions identified any local clinical audits or research projects that they would like facilitated to support implementation of their plans. During 2019/2020, the Trust introduced MyAssurance, which is a system for collecting data for audits. MyAssurance enables us to build bespoke audits to monitor compliance with clinical standards and CQC Key Lines of Enquiry.

### National Institute for Health and Care Excellence (Guidance) Compliance

The Trust has a NICE guidance assurance system that we are seeking to improve and refine during 2020/2021. Newly published NICE guidance is reviewed for applicability each month at the clinical networks. Where Guidance is applicable, a baseline audit must be undertaken within three months to identify the actions required to achieve compliance. During 2020/2021, we are seeking to improve ongoing review and governance of implementation of the required actions and overall achievement of the guidance.



### 5.3. Strategic Approach to Quality

#### Governance

The Trust has a robust process for ensuring that quality issues and priorities are “everybody’s business”. Figure 11: Clinical and Quality Governance Reporting Structure shows a clear reporting structure from the Board through to frontline services.

#### Quality Impact Assessment

Our Quality Impact Assessment (QIA) process has been developed in line with NHS Improvements “Developing Workforce Safeguards: Supporting Providers to deliver high quality care through safe and effective staffing” (October 2018), the Care Quality Commission well-led framework guidance (2018) and National Quality Board Guidance (2012). The process is applied to each budget reduction strategy, remodelling of service provision, change to workforce and/or skill mix that affects clinical services.

The QIA is completed by senior managers and senior clinicians for the service to which the change applies and must include key performance indicators critical to quality that will be monitored as part of the change process. The completed QIA is then submitted, accompanied by a report detailing the case for change, to the relevant division clinical lead and general manager for review. A further review is required by the Chief Operating Officer via the Operational Delivery Group prior to final authorisation by the Director of Finance, Director of Nursing and Medical Director.

The QIA process requires an assessment of the quality impact risks in relation to:

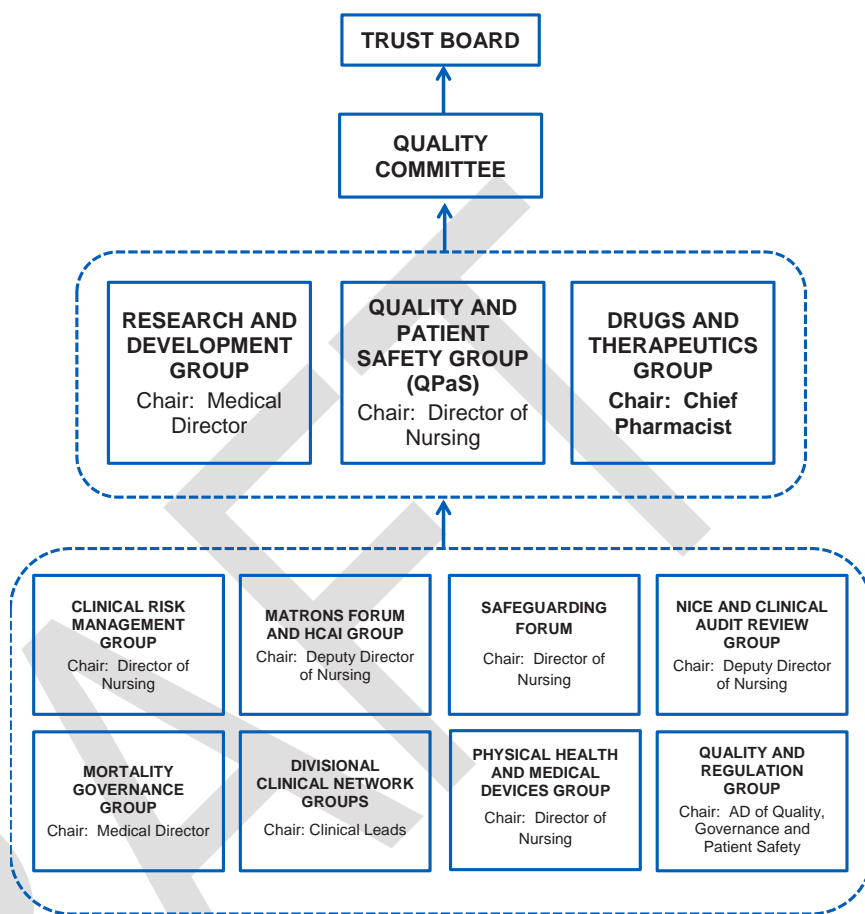
- Duty of Quality e.g. CQC/constitutional standards
- Patient Safety
- Clinical Outcomes
- Patient Experience
- Staff Experience

Where there is a potential quality impact risk identified, a risk assessment and mitigation plan is developed.

All QIAs that require mitigation plans to manage risks are entered into the appropriate risk register where they are managed, monitored and reported in line with the Trust Risk Management Policy and Procedure.

The QIA, along with ongoing monitoring and risk management, is subject to scrutiny by the Trust’s Quality Committee, Board and commissioners.

Figure 11: Clinical and Quality Governance Reporting Structure



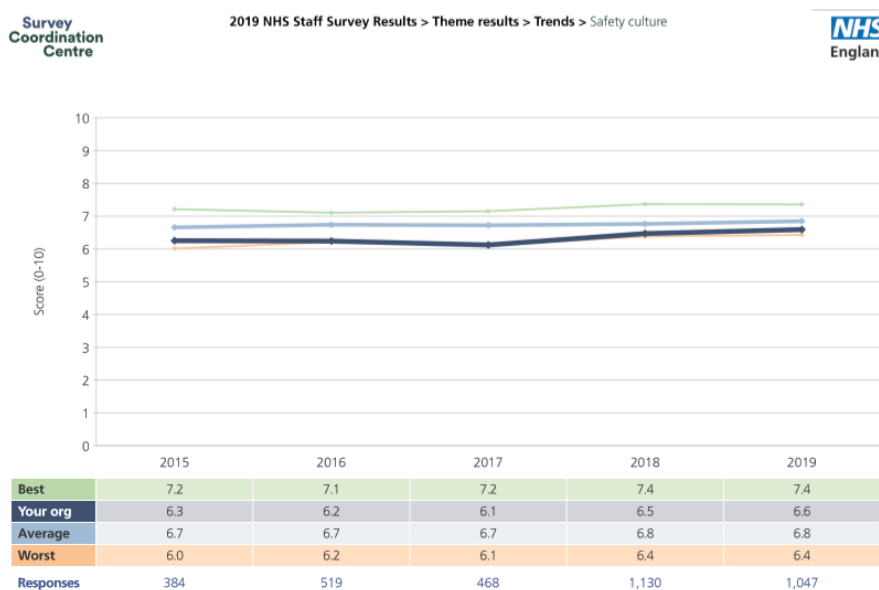
## 5.4. Patient Safety

### Patient Safety Strategy

The Trust formally adopted the Just Culture Guide as part of its Serious Incident Policy (2018), encouraging managers to treat staff involved in a patient safety incident in a consistent, constructive and fair way. This was further reinforced in the publication of the Trust Patient Safety Strategy in 2019. Adoption of the Just Culture Guide and a focus on developing a learning culture is likely to have contributed to an improvement to our NHS Staff Survey result for 'Safety Culture' in 2018 (See Figure 12: NHS Staff Survey 2015 – 2019: Safety Culture).

Our Assistant Director of Quality Governance and Patient Safety has been designated as our Patient Safety Specialist in line with Service Condition 33 of the NHS Standard Contract.

Figure 12: NHS Staff Survey 2015 - 2019 Safety Culture



During 2020/2021, we will be rolling out utilisation of our live (Datix) safety dashboard to all services, which will be used as the catalyst for our staff to ensure they are having conversations about patient safety, identifying and addressing themes routinely within their teams. We are introducing online and face to face training modules in relation to patient safety across 2020/21. Recruitment of our Patient Safety Partners is expected to commence in Quarter 2 of 2020/2021 to ensure that they are active members of our safety related committees by 1<sup>st</sup> April 2021.

### Patient Safety Alerts

As required by Service Condition 33 of the Standard NHS Contract, the Trust has a safe and consistent approach to the management of safety alerts to:

- Ensure that staff members receive adequate notification of relevant safety alerts in a timely manner for actions to be taken and changes in practice to be fully embedded.
- Minimise risk to service users, visitors or staff through the implementation of safety alerts.
- Ensure that the correct teams/staff members are notified of the right alerts at the right time to effective management.
- Provide assurance on the implementation of safety alerts within the organisation and the processes that support delivery.

All responses to safety alerts (including actions taken) by the Trust are communicated and recorded through the HealthAssure system Central Alert System (CAS) module. Responses and actions taken are monitored through internal assurance processes linked to the Physical Health and Medical Devices Group (PHMD), the Clinical Risk Management Group (CRMG) and the Clinical Environmental Risk Group (CERG). The Trust's Drugs and Therapeutics Group (DTG) meets on a bi-monthly basis and reviews all drug alerts issued via the CAS module as well as the status of any required actions and also seeks assurance around completion.

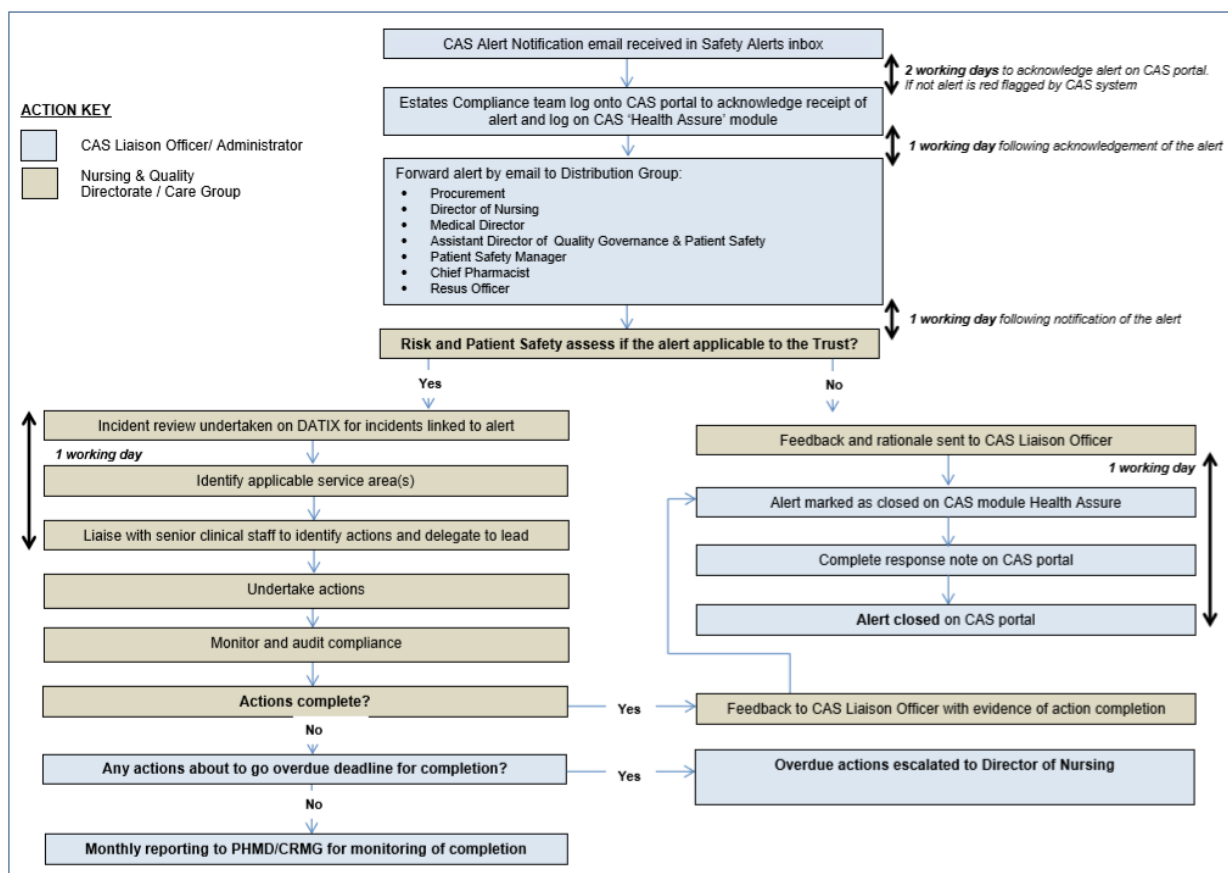


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A report detailing all alerts received and actions taken by the Trust is submitted on a quarterly basis to Quality and Patient Safety Group (QPAS).

National Patient Safety Alert oversight is provided by the Director of Nursing, Allied Health and Social Care Professionals. The internal escalation process is shown in Figure 13.

Figure 13: NHS Improvement Patient Safety Alerts (NHS-PSAS) Process Flow



## 6. Demand and Capacity Planning



Growing demand for health services and pressure on the resources available to deliver those services means that we need to be confident that demand and capacity are in equilibrium.

Historically the Trust approach to demand and capacity management has been based on annual incremental changes and known commissioner intentions.

The Trust is introducing a more sophisticated approach to demand & capacity management in line with NHS England/NHS Improvement moving to a Patient Level Information and Costing System (PLICs), which is designed to provide the costing of the actual care that individual patients receive.

The new methodology will be bringing together healthcare activity and financial information giving greater confidence in our activity management and the comparative costing information that is available to us. This change provides us with an opportunity to review three interlinked elements:

1. The quality of our activity data to ensure that we can rely on it for PLICs and service planning
2. The alignment of the financial and activity data that is submitted for PLICs
3. Our demand and capacity forecasting model to ensure that we can make best use of the information we have to inform the planning of our services.

The information generated will:

- Help our divisions to plan and develop services
- Manage our 'service lines' – looking in detail at the income and costs of services
- Support business cases for investment or disinvestment
- Monitor performance and benchmark services
- Support negotiations for funding and the agreement of local prices

Developing our demand and capacity forecasting model will be led by our Deputy Chief Operating Officer. During 2020/2021, we will establish a project group develop our approach and establish a robust project plan for the development of our proposed methodology.

The methodology will identify and consider areas where performance is expected to change in 2020/2021 and what impact that might have on hospital or community provision, increased collaborative/network arrangements or transfer of services between hospitals or providers. This includes but will not be limited to:-

- Community crisis response within 2 hours
- Reablement care within 2 days
- 2 hour community home response appointments to ambulance and other services
- 100% age appropriate crisis care 24/7
- Eradicate all 52 week waits
- Achievement and maintenance of IAPT access and recovery targets
- Elimination of all out of area inpatients

The development of robust demand and capacity forecasting methodology will allow us to compare demand to staffing resource, allowing us to model future demand and system pressures before they arise. We will be able to plan for changes in performance requirements that are needed to improve the quality of existing services or meet the requirements set out in the Operational Planning and Contracting Guidance and/or LTP.

The model will also consider potential for changes to activity due to service developments/changes as part of the Trust's Operational Transformation Programme:



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- Community Mental Health Team redesign
- Impact of more face to face consultations via technology
- Expansion of alcohol care teams
- Expansion of perinatal services to 24 months post birth
- Partners of women able to access perinatal mental health care
- Reduced inequalities of community mental health care across the population
- Increased Improved Access to Psychological Therapies access
- Increase community provision for Learning Disability and reduced inpatients

The model will also model the impact of demographic changes.

As part of our 2020/2021 Service Planning process, each division selected a service that would be used to pilot the development and implementation of our methodology. The pilots will be run in:-

- Specialist: Inpatient Beds
- Mental health: Hull Community Mental Health Teams – specifically Hull East
- Community and Primary Care: Community nursing
- Children and Learning Disabilities: Child and Adolescent Mental Health Services

Following evaluation of the pilots the final methodology will be rolled out across other services during the 2021/2022 Service Planning cycle.



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## 7. Workforce Planning



Our Workforce and Organisational Development Strategy is built around 4 key strategic priorities:-

- Healthy Organisational Culture
- Capable and Sustainable Workforce
- Effective Leadership and Management
- Enabling Transformation and Organisational Development

Our priorities will ensure that we have the right number of staff with the right skills available to deliver high quality patient care through direct clinical care or in a supportive capacity.

We face a number of challenges, many at a national level, in terms of the ability to recruit to medical, clinical and allied professional roles; this is further compounded by the financial pressures facing NHS organisations. At a local level there are challenges in terms of geographical location and an ageing workforce.

One of our key challenges is the recruitment, retention and availability of qualified nurses, which is especially challenging with an ageing workforce and retirement accounting for the highest reason for employees leaving the profession. To support this we have introduced a Hard to Recruit to Task and Finish Group which is focusing on nursing, consultant and GP vacancies within the Trust. There is a target for these three groups to reduce vacancies to 10% by 31 March 2021. We also encourage staff to retire and return in these staff groups and actively engage with staff to return to either substantive, temporary or bank roles. There is the potential for us to lose a significant number of our qualified nursing workforce over the next five years due to retirement.

In response to national shortages of qualified nursing staff there is consideration to the further development of multi-disciplinary teams and the workforce supporting and caring for our patients and service users. In response to this a Professional Strategy for Health and Social Care Staff has been developed by senior professionals who represent our diverse, dedicated and highly skilled workforce. The Strategy covers the unregistered and registered professional workforce with our medical staff and includes nursing, social work, psychology, family therapy, cognitive behavioural therapy, pharmacists and the allied health professional groups with the aim to recruit, retain and develop our health and social care staff.

There is work to continue to strengthen our relationship with universities offering placements for nursing associates and going forward and supporting unregistered staff to gain a degree as a registered nurse through the funding available with the apprenticeship levy. We also offer placement opportunities to support and encourage newly qualified nurses into the organisation. Plans are in place to attend careers events at the universities, with a view of encouraging newly qualified staff to join our organisation. It should be noted however that due to the supply of nursing staff, we are not alone in trying to attract staff into our organisation. We have also introduced a number of incentives to attract staff to join the Trust and these include a Refer a Friend Scheme for those hard to recruit to posts and the soon to be launched Staff Benefits information which brings together all of the benefits staff can enjoy whilst working here.

We are also in our second year of our Staff Buying and Selling Annual Leave scheme which supports staff with their flexible working arrangements and work life balance. We have a dedicated Equality, Diversity and Inclusion Lead and we are looking to support staff through our Equality, Diversity and Inclusion Group with the introduction of special interest groups such as a Disability Forum, Multi-faith Group and Women's Career Support Development Group.

We recognise there are opportunities to promote roles within the Humber region and the wider NHS through careers events at local schools and colleges and there are already strong links in place with local schools. There is currently a successful medical work experience scheme.



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The workforce plan will be adapted and modified to meet the budget challenges facing our organisation and it is expected there will be a re-alignment of roles, redeployment opportunities, new skills mix and new roles as we look to transform services and take on new services recognising the link with the integrated care system. We will continue to roll out a new eRostering system, supported by an externally resourced project is reviewing and managing progress to ensure that rosters are fair, effective and efficient and that staff can be utilised flexibly to respond to changes in acuity and demand.

We have robust processes to improve compliance with agency price and wage caps and the new requirements set out by NHS Improvement to eliminate the sub-optimal use of agency staff. We are also exploring ways of reducing medical locum expenditure and a possibility of collaborating on a staff bank for medical locums.

### **7.1. Improving Our Staff Health and Well Being**

Our staff are our most important asset in providing high quality safe patient care. We want to build on the work that we have developed during the last 12 months in supporting our staff's health and wellbeing. As well as the Health, Wellbeing and Engagement Group we are continuing to develop new ways of being able to demonstrate how we truly value our staff's dedication and commitment and we are identifying new initiatives to support staff with the aim of keeping staff at work. We have further developed our Health, Wellbeing and Engagement Group with a focus on our staff survey results and development of areas such as menopause awareness for staff and managers and an increase in our counselling provision through Occupational Health to support staff when they need it. We are also developing Health and Wellbeing Champions in the near future who will work across the Trust and be the voice of staff for their health and wellbeing.

We will continue to hold staff awards events locally but also look to how we can support our staff to share their innovative work on a more regional and national basis. We want to continue to demonstrate how we are working within our values of caring, learning and growing.

### **7.2. Developing our staff - "Our PROUD programme"**

As part of our ongoing commitment to our staff our PROUD programme of organisational development 'Investing in you, valuing you' continues to grow and we have introduced a Behavioural Standards Framework, refreshed our Appraisal Process with a focus on values and behavioural standards. We have introduced a Senior Leadership Development Programme and Leadership Development Programme with the focus on self as leader, leader as coach, leader of others and leading into action. We have also refreshed our Senior Leadership Forum and developed a Leadership Forum to support and inform managers. There will be future focus on coaching and mentoring across the Trust and organisational development support to support teams to be the best they can be.

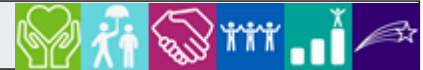
### **7.3. Our Staff Survey Results for 2019**

We were pleased to see our improvements made in the 2018 staff survey remain in the 2019 staff survey response. We had a response rate of 40% from staff with 69 of the response areas showing a strength which is an increase to 2018. There was also a reduction in the areas which need improvement to 12. The Staff Survey themes indicate that 7 of the 11 themes showed improvement against 2018 results which include improved areas including health and wellbeing, morale, team work and staff engagement. It is recognised that there is still have work to do on a range of areas and we will continue to take this forward working closely with our staff during 2020.



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## 8. Finance Planning



The Director of Finance is the executive lead ensuring we have established robust financial and management accounting systems.

The 2020/21 financial plan is based on current financial performance, national planning guidance, NHS Improvement Finance Trajectories and ongoing contract negotiations with commissioners.

### 8.1. Control total and sustainability funding

The Trust has been set a financial target to achieve a deficit of £0.951, if achieved the Trust will receive this amount in Financial Recovery Funding, and therefore the Trust will have a breakeven plan for 2020/21.

### 8.2. Draft income and Expenditure Plan

Table 1 shows a summary of the forecast outturn for 2019/20 and the draft income and expenditure plan for 2020/21 as at 11th March 2020. There may be some minor changes to these figures as we enter 2020/21 subject to final contract negotiations.

Table 1: Income and Expenditure Plan

	2019/20 Forecast (£m)	2020/21 Plan (£m)
<b>Income and Expenditure</b>		
Trust Income	106.797	146.106
Operating expenditure	104.657	143.385
Earnings Before Interest, Taxes, Depreciation and Amortization (EBITDA)	2.140	2.721
EBITDA %	2.0%	1.9%
Net Surplus/(Deficit)	(0.566)	(1.170)
Net Surplus/(Deficit) excluding donated asset depreciation	(0.350)	(0.950)
<b>Other Key Financial Information</b>		
PSF/FRF	2.012	0.950
Year-end Cash Balance	12.5	12.5
Agency Ceilings	2.891	-
Use of Resource Assessments	2	1

### 8.3. Planning Assumptions

Table 2: Planning Assumptions

The most significant cost to us is pay, and assumptions which underpin the financial plan are in Table 2.

	2020/21
Income Inflator	2.5%
Income Deflator	(1.1%)
Pay Award (Variable)	2.6%
Incremental Drift	0.3%
Non Pay Inflation	-



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## 8.4. Contracting

For the NHS Hull and East Riding CCG contracts we expect to continue with the Collaborative Commissioning Arrangements. This ensures that key system partners are committed to work together to not only deliver the agreed contract, but to closely monitor it and adapt to any unexpected variations.

We have yet to finalise contract values with our main commissioners, contract type and length for the main contracts we hold are summarised in Table 3.

**Table 3: Contract Summary**

Contract Name	Contract Type	2020/21 Phase
NHS Hull and East Riding CCG (Mental Health, Learning Disability and Community Services)	NHS Standard Contract + Collaborative Commissioning Governance Arrangements	Under negotiation
NHS England Specialist Commissioning	NHS Standard Contract	Under negotiation
NHS Hambleton, Richmondshire and Whitby CCG (Community Services)	NHS Standard Contract	Year 5 of 7 (5 plus 2)
NHS Scarborough and Ryedale CCG (Community Services) (Due to commence on 01/05/2018)	NHS Standard Contract	Year 3 of 7 (5 plus 2)

## 8.5. Procurement

Procurement will continue to move forward with the key objectives outlined in our Procurement Strategy. We intend to develop further work on key spend areas, where appropriate reducing the range and variety of goods and working with other public sector stakeholders to develop economies of scale and improved terms for us and for the NHS.

We continue to work with our colleagues to deliver significant projects on time and within budget integrating new services to our procurement model to ensure earliest transition and benefits are accrued at the earliest possible opportunity.

## 8.6. Budget Reduction Strategy 2020/210 to 2021/22

Given the current economic climate that we operate in, a challenging Budget Reduction Strategy (BRS) savings target of £5.7m is required to achieve the financial target from NHSI.

We have a strong track record in the historic delivery of Budget Reduction Savings, however the delivery of recurrent plans at the required level continues to be challenging

All BRS proposals go through a robust quality impact assessment process providing a high level of transparency with our main commissioners, governors, members and the public whilst ensuring any budget reductions will not impact adversely on the quality of our services.

Monitoring and tracking of progress of the delivery of BRS schemes is undertaken by the Programme Management Office, with reporting of savings undertaken at divisional Business Meetings and at the organisation-wide Operational Performance and Risk Group, which are formal sub groups of the Operational Management Group.



For Operational Budgets as part of the service planning process a 1.5% savings requirement is asked for. The current levels of savings against this ask is summarised in Table 4:

Table 4: Budget reduction Strategy

Care Group / Corporate	2020/21 Savings Target	2020/21 Pressures	Overall Target Saving	2020/21 Savings Proposals	Gap
	£m	£m	£m	£m	£m
Childrens and LD	0.304	0.019	0.323	0.199	0.124
Community and PC	0.251	0.179	0.430	0.261	0.169
Mental Health	0.519	0.059	0.578	0.578	0.000
Specialist	0.128	0.014	0.142	0.142	0.000
<b>Corporate Services:</b>					
Finance	0.135	0.000	0.135	0.135	0.000
Director Of Nursing	0.027	0.000	0.027	0.027	0.000
Human Resources	0.041	0.000	0.041	0.041	0.000
Chief Operating Officer	0.057	0.000	0.057	0.057	0.000
Medical Director	0.027	0.000	0.027	0.027	0.000
Chief Executive	0.028	0.000	0.028	0.028	0.000
	<b>1.517</b>	<b>0.271</b>	<b>1.788</b>	<b>1.495</b>	<b>0.293</b>

On top of the ask from operational budgets, benefits from Trust Wide scheme are expected to offer circa £4.7m of benefit, details of which are summarised in Table 5.

Table 5: Major Schemes

Major Schemes	Saving	RAG Rating
	£m	
LA Pay Award and 2020/21 Inflation	0.593	Amber
Mental Health Investment Standards	0.750	Amber
Staff Underspend	0.800	Green
Staff Underspend	0.400	Amber
Whitby Year 2	0.400	Amber
STP CMHT/Crisis	0.750	Amber
Pharmacy	0.100	Green
<b>2020/21 Schemes</b>	<b>3.793</b>	
Mental Health Recovery Service	0.283	Amber
CAMHS T4	0.350	Green
Operational Restructure	0.177	Green
FOLS	0.113	Green
TCP Benefits Realisation	0.073	Red
<b>2019/20 Schemes</b>	<b>0.996</b>	
<b>Total Major Schemes</b>	<b>4.789</b>	



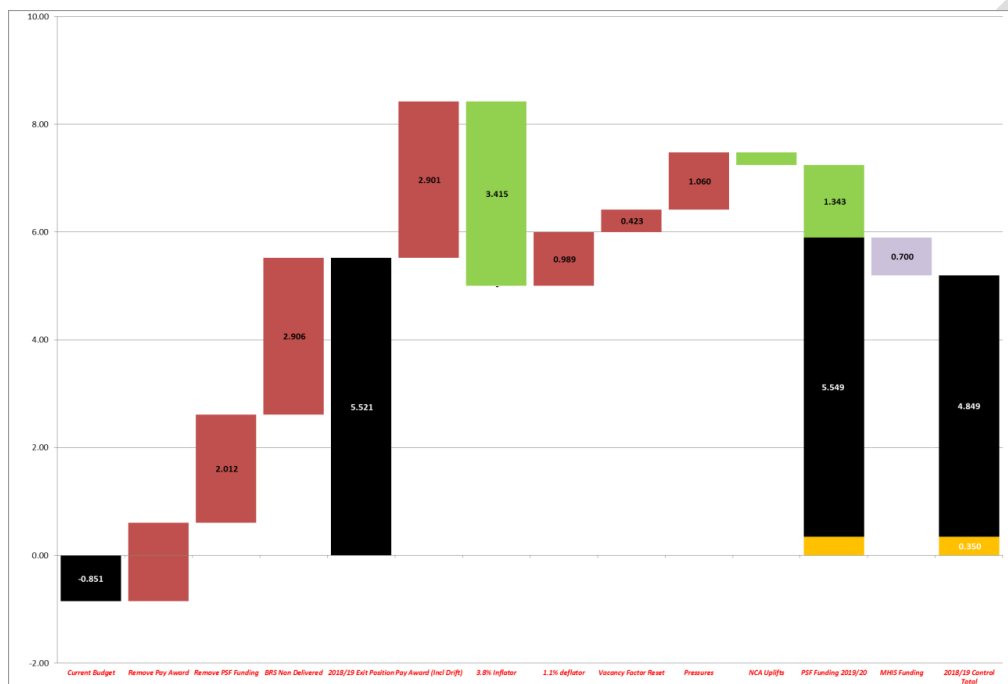
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## 8.7. Summary Chart

The Waterfall diagram below demonstrates how we have moved from a £0.566m planned deficit in 2019/20 (including donated asset depreciation) to a £1.170m deficit position in 2020/21.

Planning assumptions included the removal of any underachieved BRS, allowance made for Pay Award and incremental Drift, net effect of the Budget Reduction Strategy (Pressures and Savings) and assumptions around Mental Health Investment Standard Funding from the CCG's.

Figure 14: Waterfall Diagram



## 8.8. Capital Plan 2020/21

Capital expenditure will be funded from depreciation and planned capital receipts with schemes prioritised to support our strategic direction.

Capital Income and Expenditure plans are set out in Table 6:

Table 6: Capital Plan

	2020/21 £m
<b>Resources Available:</b>	
Capital Receipts	1.000
Depreciation	3.000
<b>Total Resource Availability:</b>	<b>4.000</b>
<b>Planned Schemes</b>	
Digital Plan	1.000
Rolling Compliance Programme	0.800



	2020/21 £m
Environment Upgrade Programme	0.200
Precommitments	0.500
<i>Contingency/to be allocated</i>	<i>0.500</i>
Planned Refurbishments	1.000
<b>Total Planned Expenditure</b>	<b>4.000</b>

### 8.9. Significant Financial Risks

Major risk to our financial sustainability and our ability to deliver the 2020/-21 financial targets are summarised in Table 7.

**Table 7: Significant Financial Risks**

Risk	Details
Contract Negotiation	Contract Values have not yet been secured with commissioners
Demographic Growth	Failure to secure demographic growth in line with STP and Five Year Forward View planning assumptions
Agency	Failure to maintain agency spend within capped levels
Budget Reduction Strategy	Failure to deliver the budget reduction strategy or identify schemes to close the current gap



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### 9.1. Governor Engagement

Our Governors have an essential role to play in running our organisation. They hold our non-executive directors to account for the performance of our Board via the formal sub-committees and Council of Governors, ensuring that they are working in the best interests of our constituencies.

Our Governors also represent the views of our thousands of members and the public, and do so, at least in part, by attending our quarterly Council of Governors' meetings.

Our Governors are encouraged to play an increasing role in engaging our members in recruitment and engagement, particularly those who use our community services.

We will be looking at how we can align Governor and membership activities with key service development changes to ensure local communities are signposted to new services and have an opportunity to produce feedback on existing ones.

During 2019/20, elections took place for four Governors; one staff Governor, two public Governors in Hull and one public Governor for the wider Yorkshire and Humber. All Governors attend a Governor Induction Day and have a one to one welcome meeting with our Chair. There are quarterly development sessions throughout the year, which include a variety of topics for development. In addition, some of our Governors attended the NHS Providers development sessions that included a Membership Engagement Course and Governor Regional Workshop. Governors play a significant role in identifying their own development opportunities each year.

### 9.2. Membership Engagement

One of our strategic objectives for 2019-2022 is to refresh our membership to enhance diversity and productive engagement. An action plan for membership engagement during 2020/2021 has been co-produced by governors and members.

We intend to grow our membership base, targeting under-represented constituencies through Governor engagement and developing an approach to attracting younger members. This will be supported by the development of a marketing and communications plan for attracting new members but also refreshing engagement with our existing members.

During 2020/2021, we will also implement a process to identify areas of specific interest that our members would like to pursue, enabling us to target our involvement invitations to achieve maximum engagement.





Ambition	Priority for 2020/21	Implementation Commenced	Priority for longer term
<b>Community and Primary Care</b>			
Recruitment of additional roles under the Additional Roles Reimbursement Scheme within Primary Care Networks (PCNs)	✓		
Improving patient access times through implementation of online consultation	✓	✓	
Increase personalised care, Personal health Budgets and Social Prescribing	✓		
Expand Alcohol Care Teams	✓		
Further reduction in antibiotic prescribing	✓	✓	
More face to face appointments via technology	✓		
Begin the implementation of video technology	✓		
Crisis response within 2 hours of referral	✓	✓	
Reablement response within 2 days of referrals	✓	✓	
Provide 2 hour home response appointments to ambulance and other services	✓		
<b>Mental Health</b>			
Access to specialist perinatal services until 24 months post birth	✓		
Partners of women able to access specialist perinatal services	✓		
100% age-appropriate crisis care coverage 24/7	✓		
Core 24 liaison services for all ages	✓	✓	
Increase access to Improving Access to Psychological Therapies (IAPT)	✓		
IAPT long term conditions services co-located with primary care	✓		
Meet IAPT access and recover targets	✓		
Integrated community mental health models aligned to PCNs	✓		✓
Reduce inequalities across the population	✓		
Full physical health checks annually for all patients with Severe Mental Illness	✓	✓	





Ambition	Priority for 2020/21	Implementation Commenced	Priority for longer term
Access to Individual Placement Support to help people find and retain employment	✓	✓	
Reduce length of stay in acute mental health inpatient units to 32 days	✓	✓	
Improved interventions and therapeutic activities beyond typical working hours	✓		
Eliminate all inappropriate out of area placements	✓	✓	
Zero suicide ambition	✓	✓	
Suicide bereavement services introduced	✓	✓	
Achieve Early Intervention for Psychosis Access Standard and NICE concordance	60% Access 60% NICE		60% Access 95% NICE by March 2024
A range of complementary and alternative crisis services to A&E and admission (including in VCSE/local authority provided services) offered within <b>all</b> local mental health crisis pathways	✓		
Connection of urgent mental health services to Integrated urgent care services in order to allow access to crisis care 24/7 via NHS 111 in each system	✓	✓	
NHS-led Provider Collaborative to become the vehicle for rolling out specialist community forensic care	✓		
All appropriate specialised mental health services, and learning disability and autism services, to be managed through NHS-Led Provider Collaboratives	✓		✓
<b>Children and Learning Disabilities</b>			
Continue to reduce the number of adults, children and young people with a learning disability admitted to an inpatient setting	✓	✓	
Ensure people are discharged as soon as they are well enough	✓	✓	
As part of Provider Collaborative, develop discharge patients and community alternatives to inpatient care	✓	✓	
Annual health checks for people on the learning disability register	✓	✓	
Increase flu jab uptake for people with a learning disability	✓		

Ambition	Priority for 2020/21	Implementation Commenced	Priority for longer term
Ensure plans are aligned across Special Educational Needs, Mental Health, Justice, learning disabilities and autism	✓		
Achieve 95% Children and Young People (CYP) Eating Disorder Standard	✓		
Coverage of 24/7 crisis provision for CYP combining assessment, brief response and intensive home treatment	35%		100% by March 2024
Comprehensive offer for 0-25 years olds that reaches across mental health services for CYP and adults in place			✓
<b>Digital</b>			
Build digital leadership and digital workforce, identifying specific areas for focussed investment using Global Digital Exemplar blueprints to inform development	✓		
Every person with diagnosed mental health problem will be able to access their care plan	✓		
Digitally enabled models of therapy being rolled out in specific mental health pathways			✓
85% of NHS estate migrated to Windows 10 by Quarter 1 of 2020	✓		
<b>Environment</b>			
Cut business mileage by 20% by 2023/24			✓
Move to purchasing 100% renewable electricity from energy suppliers by April 2021	✓		
Replace lighting with LED alternatives during routine maintenance	✓		✓
All new builds and refurbishments delivered to net zero carbon standards	✓		✓
Reduce single use plastics	✓	✓	✓
<b>Workforce</b>			
Implement actions to make the NHS the best place to work and improve retention, as set out in the interim NHS people Plan:			
<ul style="list-style-type: none"> <li>Create a positive, inclusive and compassionate working culture</li> </ul>	✓	✓	

Ambition	Priority for 2020/21	Implementation Commenced	Priority for longer term
<ul style="list-style-type: none"> <li>Give voice, influence and value to our staff</li> </ul>	✓	✓	
<ul style="list-style-type: none"> <li>Provide a safe and healthy working environment</li> </ul>	✓	✓	
<ul style="list-style-type: none"> <li>Give staff the opportunity to learn, develop and fulfil their potential</li> </ul>	✓	✓	
<ul style="list-style-type: none"> <li>Ensure staff can have a predictable and flexible working pattern</li> </ul>	✓		
Make effective use of the new Continuing professional Development budget	✓	✓	
E-Rostering – Achieve Level 1 attainment by March 2021, which requires 90% of employees to be registered on E-Rostering	✓	✓	
E-Job Planning - Achieve Level 1 attainment by March 2021, which requires 90% of employees to have an active e-job plan	✓		
Take immediate action to increase recruitment and retention of the registered nursing workforce	✓	✓	
Collaborative across the system to make effective use of international recruitment, reduced attrition from training, increase numbers of trainee nursing associates and supporting those nursing associates who wish to go on to become registered nurses	✓		
Ensure suitable, high-quality clinical placement capacity is in place for September 2020 and January 2021 intakes to support growth in undergraduate entry to key professions of nursing, midwifery and Allied health professional	✓		
Increase the use of bank to reduce reliance on agency	✓	✓	



Service Delivery Plan on a Page 2020/2021

Children, Learning Disability and Autism Division

MISSION

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

VISION

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

VALUES

**CARING** for people while ensuring they are always at the heart of everything we do  
**LEARNING** and using proven research as a basis for delivering safe, effective, integrated care  
**GROWING** our reputation for being a provider of high quality services and a great place to work

STRATEGIC GOALS

-  Innovating quality and patient safety
-  Enhancing prevention, wellbeing and recovery
-  Fostering integration, partnership and alliances
-  Developing an effective and empowered workforce
-  Maximising an efficient and sustainable organisation
-  Promoting people, communities and social values

Review care pathways to ensure they are evidence based, updating Service Specifications and Standard Operating Procedures accordingly

Improve external and inter-service access to divisional services  
 Implement and maintain effective and transparent waiting list management processes

Staff will receive Quality Improvement (QI) training and division introduces regular protected team forum to agree goals for QI

Implement the national STOMP (Stopping over medication of people with a learning disability)/STAMP (Support treatment and appropriate medication in paediatrics) initiative

Review skill mixing process to produce creative staffing models

Introduce career progression pathways for all staff supported by robust training and development structures

Clear pathways of communication established through the division  
**ALWAYS** involve staff in service consultations and proposed service changes

Appraisals linked to training and service development opportunities

Develop succession plans for future workforce linked to robustly calculated capacity forecasts

Engage with universal strategies underpinned by a preventative approach  
 Work with partners to target support through preventative measures

Implement systems to measure the effectiveness of clinical care delivered across the division

Introduce outcome measures across all patient care

Promote parity of esteem for physical and mental health needs

Support available to staff to maintain well being

Creative therapists available to support activities

Pilot demand and capacity forecasting model in Child and Adolescent Mental Health Service (CAMHS)

Increase and develop the use of technology in managing patient care  
 Introduction of My Health Guide, CAMHS on line referral form, Q interactive testing and video conferencing

Development of a Divisional Training Academy for the delivery of external training

Embrace opportunities for Speech and Language Therapy and CAHMS new business

Review administrative structure within division

Routinely seek and capture the views of service users and their families in service delivery and any proposed changes

Integrate pathways of care internally and externally, focussing on multi agency delivery

Engage with Primary Care Networks to realise opportunities for integrated working

Link to local universities and education establishments to improve recruitment  
 Establish formal links with the Integrated Care System

Joint posts/service delivery with partner organisations including the third sector

Extend the use of volunteers across services

Co-production made core to developing and changing services across the division

Consolidate and develop joint working with third sector to support pathways of support for patients and their families/carers

Ensure model of care within inpatient services that emphasises the importance of Community Networks



## Service Delivery Plan on a Page 2020/2021

### Community and Primary Care Services

#### MISSION

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

#### VISION

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

#### VALUES

**CARING** for people while ensuring they are always at the heart of everything we do

**LEARNING** and using proven research as a basis for delivering safe, effective, integrated care

**GROWING** our reputation for being a provider of high quality services and a great place to work

#### STRATEGIC GOALS

-  Innovating quality and patient safety
-  Enhancing prevention, wellbeing and recovery
-  Fostering integration, partnership and alliances
-  Developing an effective and empowered workforce
-  Maximising an efficient and sustainable organisation
-  Promoting people, communities and social values

Deliver holistic care following robust clinical with high quality as a focus  
Introduce a 2 Hour community health response  
Explore opportunities for Specialist Service delivery innovation  
Implement effective caseload management tools  
Fully understand Quality Outcomes Framework/prevalence per practice/staffing skill set  
Identify Quality Improvement (QI) Champions in all teams and access QI training for all levels of staff  
Encourage culture of inquisitive questioning to identify QI opportunities

Safe staffing numbers / workforce fit to deliver care (from a staff wellbeing and a competency perspective)  
Development and implementation of a safe community staffing framework / tool  
Explore joint training opportunities  
Associate Practitioner and Nursing Associate roles within community teams  
Leadership Training Band 6 and 7 staff  
Pharmacist role in each practice to complete medication reviews  
Upskill existing nurses as prescribers  
Explore using Mental Health Nurse for reviews  
Allied Health Professional career structure to include clinical development

Embed wellbeing elements of care into core service delivery  
Identify scope for MSK First Contact Practitioner roles  
Develop/embed Frailty and Elderly Medicine services  
Consider benefits of implementing a Social Prescribing model for community  
Falls training delivered to staff  
Embed Care Navigation to promote Self Care  
Utilise Occupational Health/Human Resources to support staff health, wellbeing local staff wellbeing events  
Staff-walking groups / Fit-Bit challenges/Fun activities

Pilot demand and capacity forecasting model in Community Nursing services  
Develop digital solutions, e.g. Electronic Palliative Care Coordination Systems (ePACCS), Immedicare (video enabled telemedicine), Engage, NHS 111, NHS App, Push Doctor  
Review Whitby OOH's Contract (Work with CCG's to deliver quality cost effective patient care on ward and MIU)  
Joint/transparent discussions with all stakeholders in relation to Whitby Hospital redevelopment, ensuring site is fit for purpose for patients and staff now and during the refurbishments  
Streamline systems including SystemOne/Emis and explore potential access to external agencies' systems

Increase joint pathway working (e.g. Yorkshire Ambulance Service Diversionary Pathway)  
Continue to improve links with acute patient flow teams.  
Embed and develop Primary Care Network structures/New clinical roles, ensuring appropriate skill mix  
Increase and improve working relationships and integration within the 8 General Practices  
Develop Carers and Cared for plan with Health Trainers  
NHS 111 Direct Bookings promotion along with Self-care/ Pharmacy Minor Ailments Scheme  
Joined up working with City Health Care Partnership re Rapid Response Team, Urgent Treatment Centre and Care Home contracts

Develop enhanced care in Care Homes  
Introduce Volunteer Support Service in community  
Increase the use of Personal Health Budgets  
Increase the community bed base  
Develop a Whitby Community Hub  
Develop the Patient Participation Groups to support patients and staff  
Develop relationships with schools and colleges to support Patient Participation Groups  
Promote work experience within our Primary Care services



Caring, Learning and Growing

## Service Delivery Plan on a Page 2020/2021

### Addictions Services

#### MISSION

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

#### VISION

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

#### VALUES

**CARING** for people while ensuring they are always at the heart of everything we do

**LEARNING** and using proven research as a basis for delivering safe, effective, integrated care

**GROWING** our reputation for being a provider of high quality services and a great place to work

#### STRATEGIC GOALS



Innovating quality and patient safety



Enhancing prevention, wellbeing and recovery



Fostering integration, partnership and alliances



Developing an effective and empowered workforce



Maximising an efficient and sustainable organisation



Promoting people, communities and social values

#### East Riding

Reduce Drug Related Deaths through improved Naloxone training and wider distribution of kits

Identify opportunities to develop and introduce telemedicine across the wider footprint

Introduce wider accessibility to screening and treatment pathways for Blood Borne Viruses

#### Hull

Lead in the transition to a culture that prioritises safety and promotes shared learning/transparency

Introduce Clinical Peer addictions supervision/tutorials for General Practitioners

#### East Riding

Continue to develop peer mentors  
Develop leadership and management to future proof the service

Ensure we have the right people in the right place in the right job

Ensure we create career opportunities and a tiered workforce to continue to deliver /improve our quality

Upskill of the workforce for digital and information technology developments

#### Hull

Embed and implement the right competency framework for addictions staff

Provide professional resilience training

Identifying the need for clinical/ non-clinical staff supervision, creating a value based supervision experience

#### East Riding

Embed specific groups to enhance Physical health, Wellbeing and recovery  
Physical and mental health to be addressed equally in people with a dual diagnosis

Embed Health Improvement Profiles

Provide health promotion in General Practices

Co-production with other services/Health Bus to reach rural areas

#### Hull

Partnership working with Social Prescribing organisations

Provide supportive and regular training and research/tutorials for identifying clinical risk to patients

Introduce evidenced-based outcomes for personalised recovery

#### East Riding

Introduce a mobile hub to enable "One Team" working across the rural footprint  
Invest in our workforce and provide structured career pathways

Develop and grow our own staff

Ensure there is clear and effective communication with teams

#### Hull

Facilitate access to patient records with agile and integrated (shared) technology from health and social care data systems

Use data to inform new safe strategies, to provide demonstrable cumulative benefits for patients

Develop standards for shared data collection in Primary Care

#### East Riding

Work with the strength based disciplines from both the medical and pro social model

Service configuration/service level agreement equity across the partnership making it less complex

#### Hull

Develop a shared leadership approach in Primary Care that is patient-centric

Mobilise Peer Mentor/Champion engagement across the Primary Care patch to harness alliance and support connectivity

Development of a Patient Safety and Advisory Working Group

Clearly defined pathways of care between Humber other organisations to prevent duplication

#### East Riding

Clearly define/identify what social value means to the local population and Local Authority

Remove stigma and judgement within the view of communities/media

Undertake community asset mapping

Introduce peer mentors

Make every contact count (MECC) and develop ambassadors across our services and communities.

#### Hull

Provide education that identifies what contributes to patient harm to build confidence of patients and their families and provide harm reduction advice.

Raise awareness and embed the White Ribbon Campaign in local communities



Caring, Learning and Growing

## Service Delivery Plan on a Page 2020/2021

### Prevention, Wellbeing and Recovery

#### MISSION

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

#### VISION

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-  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

Identify and address population need within locality areas  
 Evidence best practice across our preventative health service  
 Ensure Standard Operating Procedures are developed and refreshed in line with service change  
 Identify and build on Quality Improvement opportunities  
 Enhance the patient feedback loop and share feedback with staff, review and maximise actions through action planning  
 Create research opportunities across all prevention and lifestyle provision

Integrate all prevention, recovery and lifestyle provision under one service area to define the strategic goal  
 Develop internal staff health and wellbeing charter and Standard Operating Procedure for workforce  
 Support the trust to embed staff health and wellbeing strategy  
 Build on staff health offers to reduce sick days  
 Integrate prevention across all patient facing areas across the trust  
 Embed Making Every Contact Count principles across Trust  
 Share / link directory of services  
 Develop a stronger communications platform for the Prevention Wellbeing and Recovery service

Support trust business with existing partnerships and alliances we have created – sharing good practice  
 Ensure the Prevention Wellbeing and Recovery service is integrated as one  
 Integrate Prevention Wellbeing and Recovery alongside mental health and primary care as a 'business as usual' offer  
 Enhance the use of technology  
 Integrate and embed social prescribing across all primary care and Primary Care Network areas  
 Develop Standard Operating Procedure for engaging with communities

Integrate the Prevention Wellbeing and Recovery service as "One Team"  
 Complete a full review of job role and responsibilities across the service  
 Create opportunities for career progression  
 Create training opportunities (internal training champions and leaders)  
 Provide opportunities for system champions to have responsibility for subject areas within the team  
 Create a staff e-bulletin and an ideas drop-box  
 Ensure a robust and clear induction and training plan for new starters  
 Ensure appraisals are delivered with meaning, confidence and become opportunistic

Develop a clear and valuable commercial business offer  
 Streamline reporting and Information Technology functionality  
 Improve audit reporting across all service areas  
 Utilisation of videoconferencing to reduce travel and be more connected  
 Develop a clear business plan and share with staff  
 Share data and position with staff ensuring they understand cost versus activity  
 Create opportunities to utilise external funding ( Non NHS)  
 Be responsive – Bring the team with you

Create a charity function (fundraising through Health Stars)  
 Embed the social prescribing approach across the primary/mental health services  
 Evidence our work with local communities and share our approach with organisation  
 Invest as a service area in our social value as a team – share with staff as part of wellbeing strategy  
 Integrate Yourhealth, Recovery College and Positive Assets  
 Make 'social value' our core business  
 Develop the trusts position on 'self-care' as part of the teams vision  
 Work with community partners to enhance the volunteer position  
 Develop our veterans offer



Caring, Learning and Growing

## Service Delivery Plan on a Page 2020/2021

### Mental Health Division

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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

Identify local Patient Safety Champions  
Deliver a Patient Safety Practice  
Development Day sharing the local team successes

Implement the CQC recommendations of the sexual safety on mental health wards report (2018)

Reduce incidents of self-harm and violence through the implementation of safe wards programme

All those admitted to hospital will have a full physical screen and care plan to meet any identified needs

Increase research opportunities for patients, families and carers

Introduce mixed clinical research posts into planned and unplanned care

Prepare, publish and implement a full Workforce Strategy capable of meeting anticipated demand, including new roles, support, training and development

Clinical supervision will be made available to all clinical staff and taken up by at least 95%

Establish a training needs and career development programme

Establish peer support workers as integral to the delivery of modern mental health services

Work with Human Resources to reduce time taken recruiting to vacant posts

To establish links with Step Into Health to promote opportunities for working with veterans

To establish evidence based outcomes measures in the redesign of Community Mental Health Services which are commonly used, measured and understood

Develop a specific approach to the prevention of falls and provide training in OTAGO for staff in Older People's Mental Health

Develop a new model for Community Mental Health Services aligned to primary Care Networks focussed on prevention, well-being and recovery

Provide physical health checks routinely to all those accepted for community mental health services

Pilot demand and capacity forecasting model in Community Mental Health Teams (CMHT), starting with CMHT East  
Complete final full business case for the redesigned inpatient environment by December 2021

Progress plans for the provision of Mother and baby Inpatient Services

Implement and maintain a sustainable Improve Access to Psychological Therapies service

Seek opportunities to extend the range and availability of Veterans Services

Implement plans for community rehabilitation services and develop rehabilitation pathways to reduce out of area placements

Engage partners in the development of a full implementation plan for new models of mental health care aligned to Primary Care Networks to be implemented by April 2021

To develop the approach to co-production in the planning and delivery of transformational change in Community Mental Health Services

Develop collaborative care planning to improve patient centred care

Develop relationships with voluntary sector in the delivery of a single pathway for people with dementia

Identify opportunities for voluntary sector to contribute to delivery sustainable change to acute care and reduce reliance on inpatient facilities

Develop a structured approach to the deployment of volunteers across mental health services

Establish links with social providers which enhance the quality of care and services

Establish Individual Placement Support within CMHT

Work with colleagues in Recovery College to strengthen the partnership

Strengthen and formalise our approach to and delivery of co-production principles in practice



Caring, Learning and Growing



## Service Delivery Plan on a Page 2020/2021

### Specialist Division

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Developing an effective and empowered workforce



Maximising an efficient and sustainable organisation



Promoting people, communities and social values

Introduce robust governance structures to enhance patient safety and quality  
Staff understand the science of science of safety

Introduce integrated service model pathways that support reduction of length of stay and use of out of area facilities

Minimum two staff trained as trainers for Quality Improvement (QI) methodology and involve all grades in QI training  
QI idea generation regular agenda item on clinical network and patient council  
Ensure we triangulate outcome, experience and incident data through the Clinical Network to continuously improve service provision

Identify staffing model required to deliver clinical model in view of demand and capacity forecast

Foster culture of shared leadership  
Ensure everyone is accountable for improving the patient experience whilst in our care

Develop culture of high quality safe care that embraces change and improvement  
Identify opportunities to introduce new and/or hybrid roles

Identify career and development pathways and introduce a talent pool  
Invest in the service to deliver team days, in-house training, staff wellbeing initiatives and protected time

Continue to embed the role of the Primary Care team.

Continue to invest in the physical health skillset of the staff, to ensure a culture of 'whole health'

Ensure patient is at the centre of Care Programme Approach process

Invest in the Recovery College in the service

Improve on staff wellbeing through a culture of opportunities and development

Provide opportunities for staff to be a part of patients' recovery from admission to community

Use outcome measures to inform and evaluate effectiveness of interventions

Pilot demand and capacity forecasting model across inpatient services to determine bed base

Improve on technology to enable video link for court processes, high secure CPA's and complex cases

Ensure we can be more fluid with our business to ensure under occupancy does not reduce to below 95%

Optimisation of e-rostering to ensure effective working across the service, to minimise use of bank spend

Ensure the development of a robust Budget Reduction Strategy to include new business and growth

Ensure ward environments meet required minimum standards

Minimum of two involvement leads in all areas to ensure service users, families and carers are fully involved in care and service improvements

Embrace our role as a lead provider  
Identify gaps in service provision and promote different ways of working and innovation

Improve our relationships with voluntary/statutory/non statutory and private sector partners

Develop a clear communication pathway to deliver information effectively

Ensure effective engagement takes precedent to support the change cycle

Identify opportunities for staff to work with other services to gain new skills

Establish improved links with community and voluntary services

Promote peer working and the use of volunteers

Involve staff from all disciplines with the Involvement strategy

Promote recruitment opportunities and career pathways

Identify leadership opportunities for qualified staff to attend at all grades

Introduce community based service to reduce overall demand for inpatient facilities



Caring, Learning and Growing



# Digital Plan 2020-21



**Mission**  
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**Vision**  
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**Values**

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

**Goals**

- Innovating quality and patient safety.
- Enhancing prevention, wellbeing and recovery.
- Fostering innovation, partnership and alliances.
- Developing an effective and empowered workforce.
- Maximising an efficient and sustainable organisation.
- Promoting people, communities and social values.

- Implement Agile working across our organisation
- Start to implement single sign on for staff
- Pathology and GP information to be included to the patient search portal
- Transfer of care to be implemented
- Complete the implementation of SNOMED
- Replaced 100% of windows 7 with windows 10 operating system.
- Implement Power BI
- Start the implementation of a patient held record
- Complete the to implement the electronic referral service for Mental Health services
- Regional organisation access our information using the Local Health Care Record Exemplar.
- Implemented of electronic prescribing across our community teams
- Implemented electronic consultations



Caring, Learning and Growing



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**VISION**

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**STRATEGIC GOALS**

-  Innovating quality and patient safety
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**Estates**  
**Plan on a Page 2020/2021**



-  Whitby Hospital redevelopment to commence with works to decant commencing March 2020 with completion of the project expected Autumn 2021.
-  Continue with the development of the Outline Business Case (OBC) and identification of preferred option for the redesigned mental health inpatient services for presentation to the Board in December 2020
-  Westend to be vacated upon completion of the Children's Campus Development in spring 2020
-  Hallgate and Chestnuts Surgeries to co-locate within the Cottingham Clinic in Quarter 3 of 2020/21 upon completion of the extension
-  Secure suitable alternative accommodation for the Department of Psychological Medicine to enable vacation of Victoria House in September 2020
-  Beech Ward refurbishment to be completed from March until October 2020 with decant from Hawthorne Court to Beech ward to follow thereafter
-  Establish the future plans to maximise the use of Alfred Bean Hospital, identifying opportunities to consolidate community services where appropriate and increase efficient use of estate by July 2020
-  Confirm feasibility for the consolidation of a range of services into a single site in Bridlington with view to completion in Quarter 3 2020/21
-  Develop our Capital Plan for 2020/21 and 2021/22
-  Plan for our essential refurbishment of mental health inpatient provision in anticipation of the outcome of the OBC to ensure short/medium term suitability, which will include Miranda House and Newbridges in the first instance in 2020/21
-  Move towards purchase of 100% renewable electricity from energy suppliers by March 2021 via existing contractual arrangements if possible
-  Strive towards reduced core emissions by 19% and total carbon emissions of 11%
-  Understand our compliance against the NHS Premises Assurance Model, ensuring that we have our estates and facilities plan leads us to assurance that our estate is safe, efficient, effective and of high quality





## Appendix Five: 2020/2021 Priorities: Supporting delivery of our Strategic Goals



### Innovating quality and patient safety

Review care pathways and clinical models to ensure they are evidence based and standardised to reduce unwarranted variation in care

Continue the development of integrated, community-based service models that provide ease of access, improve outcomes, reduce reliance on inpatient care, empower our population to better manage their own health and care, and provide services that are aligned with Primary Care Networks

Eliminate the need for out of area placements due to insufficient local capacity

Repatriate all clinically appropriate children who have been placed out of area for their inpatient care by June 2020

Ensure that the right support is available for people with a learning disability or autism is available across all of our services and considered as part of all transformational programmes

Increase our self-assessment rating against the CQC 'Safe' domain key lines of enquiry to 'Good' for all services

Roll out peer reviews against all Care Quality Commission(CQC) Key Lines of Enquiry across 100% of CQC registered services

Address capacity challenges within Scarborough and Ryedale Community Services to enable consistent achievement of the 2-hour community crisis response standard

Further embed our Quality Improvement Approach through increased numbers of completed QI project charters and engagement with the Training and Support Pathway

Each clinical network will identify key NICE guidance where there are known gaps in compliance and have clear plans for addressing these gaps

Embed a Safety II culture (learning from what goes well)

Roll out of our live (Datix) safety dashboard to all services to ensure teams have access to patient safety data and we can demonstrate improvements based on the data

Introduce online and face to face training modules in relation to patient safety to embed a culture of high reliability in line with our Patient Safety Strategy

Recruitment of patient safety partners to strengthen our approaches to service design, safety governance and developing strategies and policies

Develop systems and processes to better understand patient experience information to inform Quality Improvement including Always Events and The Patient Experience Toolkit

All services to work alongside the research team to provide opportunities for patients, carers and services users from as many different services as possible to be offered the opportunity to take part in research studies.



Caring, Learning and Growing



## Enhancing prevention, wellbeing and recovery

Integration and co-location of all prevention, lifestyle and recovery services to focus on a preventative model of care across Hull, East Riding and North Yorkshire; working to ensure that prevention, wellbeing and recovery is embedded across every division.

Implementation of validated patient reported and clinical reported outcome tools across all clinical services

Embed the Making Every Contact Count principles across the Trust

Co-produced Bridlington Health Town community based integrated care model project plan will be developed with partner organisations and implementation commenced during 2020/2021

Introduce a Staff Health and Wellbeing Charter

Implement a new model for Community Mental Health Services aligned to Primary Care Networks focussed on prevention, wellbeing and recovery



## Fostering integration, partnership and alliances

Work collaboratively with our key partners in Scarborough and Ryedale to progress the six priority improvement areas identified by the Scarborough Partnership Board

Increase our membership base, targeting under-represented constituencies and younger members

Increase engagement with our governors and members through targeted involvement aligned to their areas of specific interest

Align Governor and membership activities with key service developments to ensure local communities are signposted to new services and have an opportunity to feedback on existing ones

Increase the number of system partners that are involved in our patient pathways and service delivery to enhance the services delivered to our population

Clearly defined integrated pathways of care that ensure clarity of roles across provider organisations, prevent duplication and minimise areas of unmet need in our population

Engage with Primary Care Networks to realise opportunities for integrated working

Identify opportunities for the voluntary sector to contribute to delivering sustainable change in our services

All services/divisions will have a plan to engage and involve service users, patients, carers, families and staff in service planning, design and transformation



Caring, Learning and Growing



## Developing an effective and empowered workforce

Implement Poppulo, a new internal communications system to streamline and increase the effectiveness of staff communication

Support our divisions to attract, recruit and retain staff

Help our staff to do their job productively

Provide the support needed to facilitate excellent teamwork and leadership through Proud

Promote and value difference in our workforce

Help develop and train our staff for the future, working to develop our talent and providing clear career progression pathways across all staff groups

All divisions to develop succession plans for the future workforce linked to robustly calculated capacity forecasts

Ensure that our staff are well rewarded and recognised for their contribution

Ensure we have processes in place to support workforce redesign, innovation and planning, including the provision of opportunities to introduce new and/alternative roles such as Associate Practitioners and Nursing Associates

Improve our culture and staff engagement

Improve our NHS Staff Survey engagement score to 7.0

Reduce our establishment vacancies towards 2022 goal of 10%

Reduce number of hard to recruit vacancies: Consultants towards 2022 goal of 15%

Reduce number of hard to recruit vacancies: Qualified Nurses and Nurse managers towards 2022 goal of 12%

Increase statutory and mandatory training compliance towards 2022 goal of 90%

Appraisal compliance towards 2022 goal of 85%

Progress towards achieving NHS Staff Survey theme results of national average at a minimum by 2022

Introduce Peer Support Workers across a diverse range of services including mental health, learning disabilities, children and adolescent mental health services and specialist forensic mental health services.

Provide all staff with opportunities to influence service planning and design

To work towards an approach to recruitment across clinical services and senior roles that involves patients, service users and carers in the recruitment process

Develop an inventory of skills that is specific to individual roles which clearly outlines essential training and assessment requirements. This will include the frequency and means of reviewing and refreshing competency



Caring, Learning and Growing



## Maximising an efficient and sustainable organisation

Develop our demand and capacity forecasting model by way of a pilot during 2020/2021 for roll out of the final methodology during the service planning cycle for 2021/2022

Implement our Digital Plan for 2020/21 (See Appendix Two)

Continue to work with our system and develop a region wider Digital strategy

Continue with our leadership role in the Yorkshire & Humber Care Record Local Health Care Record Exemplar

Work toward being fully digital as summarised in Chapter 5 of the NHS Long term plan by 2024

Develop our Technology Plan to simplify patient access to care, support people to manage their own health and enable us to achieve our ongoing priorities

Reduce business mileage by 20% by 2023/24

Move to purchasing 100% renewable electricity from energy suppliers

Replace our lighting with LED alternatives throughout the organisation

Reduce single use plastic within the Trust

Reduce our carbon emissions in line with our Sustainability Development Management Plan, striving towards reduced core emissions by 19% and total carbon emissions by 11%

By December 2020, we will have developed and submitted a final Outline Business Case to the Trust Board, demonstrating a robust, future-proofed, clinical model and plan for providing our adult and older peoples' inpatient environments.

Commence short/medium term refurbishment schemes to enhance our mental health inpatient environments

Enhance our staff welfare facilities in response to the NHS Staff Survey results

Achieve financial breakeven for Primary Care Services by March 2021

Whitby Hospital refurbishment to be undertaken between March 2020 and Autumn 2021, providing facilities in line with the local community's needs

Put in place the structure required to support provision of a Provider Collaborative, ensuring we are able to take responsibility for managing the budget and patient pathway for specialised mental health, learning disability and autism care including Child and Adolescent Mental Health Services (CAMHS), Adult low and medium secure services and adult eating disorder services.

Refresh our Trust brand and launch to staff by June 2020, including new templates, guidelines and online brand portal)

Develop a Standard Operating Procedure for strategy and planning to provide a robust structure across the organisation that supports coherence and rationalisation across all strategies and plans

Deliver our Budget Reduction Strategy savings target of £5.7m



Caring, Learning and Growing



## Promoting people, communities and social values

Expand the number and utilisation of volunteers more widely across the Trust, reaching a greater number of teams and services

Commence a pilot of a voluntary sector community hub providing befriending and social support with health sector in-reach to focus on promoting self-management of conditions, prevention of ill health and Making Every Contact Count

Promote awareness of our Charity, Healthstars, across all of our staff

Increase and build our corporate supporters/donors to Healthstars

Expand the Healthstars events plans, both geographically and to include a wider range of active and non-active activities

Increase the number and value of wishes granted by our charity, Healthstars

Business Development Team representatives to undertake Social Value training and embed robust methodology for identifying and measuring the social value delivered by our services

Develop Patient and Carer Experience Training Programme for patients, service users and carers



Caring, Learning and Growing



Title & Date of Meeting:	Trust Board Public Meeting 25 <sup>th</sup> March 2020			
Title of Report:	2019 Staff Survey Results			
Author/s:	Name: Steve McGowan Title: Director of Workforce and OD			
Recommendation:	To approve		To receive & note	x
	For information	x	To ratify	
Purpose of Paper:	This paper provides details of the staff survey results for 2019 for the Board to note.			
Governance: <i>Please indicate which group or committee this paper has previously been presented to:</i>	Name of group (please list all)	Date	Name of Group ( <i>continued</i> )	Date
			Other type of review (please detail)	
Key Issues within the report:	<ul style="list-style-type: none"> <li>• 2,610 staff were invited to participate in the 2019 survey. There were 1,051 staff who completed the survey giving a response rate of 40%. This was below the national average of 49%. The 2018 response rate was 45%.</li> <li>• The response rates from each area of the Trust varied from 96% to 26%.</li> <li>• The response rates from each staff grouping varied from 58% to 25%.</li> <li>• 69 questions scored in the most positive perceptions and are considered a strength (65% or more);</li> <li>• 91 questions scored in the mid-range and are considered an opportunity for improvement (41% - 64%);</li> <li>• 12 questions scored in the least positive perceptions and are considered to need improvement (40% or less).</li> <li>• 59 scores improved, 31 had no change and 32 deteriorated.</li> </ul>			

**Monitoring and assurance framework summary:**

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



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

## **Staff Survey 2019 Results**

### **Introduction**

The Board had high level staff survey results in January when the information was under embargo.

The results have recently been publicised and a full set of results is attached at Appendix 1.

### **2018 Survey – A reminder**

- The Trust exceeded the national average with a 45% response rate (43% nationally);
- Every area of the Trust had a response rate of at least 36%;
- 51 questions were considered to have had a positive change, 5 no change and 9 a negative change;
- 68 questions are considered to represent a strength, 36 an opportunity for improvement and 15 needing improvement;
- From the 2017 Survey, 7 areas moved from opportunity to improve to strength, 2 from needs to improve to opportunity to improve, 1 slipped from strength to opportunity to improve;
- Of the nine questions used to measure staff engagement, all improved in 2018;
- Of the six questions used to measure job satisfaction, all improved in 2018.

### **Background to 2019 Survey**

The survey was distributed in October 2019 with a closing date of 29 November 2019. The Trust surveyed all staff through mixed mode (electronic and paper based).

Out of the 2,610 staff invited to undertake the survey 1,051 completed the survey giving a response rate of 40%. This was below the national average of 49%.

### **High Level Analysis**

- 69 questions scored in the most positive perceptions and are considered a strength (65% or more);
- 41 questions scored in the mid-range and are considered an opportunity for improvement (41% - 64%);
- 12 questions scored in the least positive perceptions and are considered to need improvement (40% or less). Of these 12, 8 improved in 2019 compared to 2018, 2 declined and 2 stayed the same. 2 scores from 2018 improved enough to go into the next category;
- of all questions 8 showed significant improvement, 79 no significant change and 4 significant deteriorations;
- 59 scores improved, 31 had no change and 32 deteriorated.
- Of the theme results (Appendix 2), when benchmarked against 32 other mental health and community trusts, for three themes (Immediate Managers, Staff Engagement, Quality of Appraisals) we have the lowest score, one theme is above

average (Equality, Diversity and Inclusion), two themes average (Safe Environment – Bullying and Harassment and Safe Environment – Violence) and 5 are below average (Health and Wellbeing, Morale, Quality of Care, Safety Culture and Team Working).

- Overall the results showed a very similar outcome to the results in 2018 with no questions scoring higher or lower than 5% compared to the previous year.

### **Breakdown of staff groups**

#### **By divisions and corporate functions**

<b>Area</b>	<b>Base</b>	<b>Response</b>	<b>Rate</b>
Finance	45	43	96%
Chief Executive	14	13	93%
Nursing & Quality	40	37	93%
Medical	36	29	81%
Human Resources	52	38	73%
Estates, Informatics & BI	63	41	65%
Chief Operating Officer	71	35	49%
Primary Care & Community	556	225	40%
Mental Health - Planned Care	352	136	39%
Children's & Learning Disability	548	201	37%
Secure Services	202	69	34%
Mental Health - Urgent & Unplanned	451	137	30%
Hotel Services	180	47	26%
<b>Grand Total</b>	<b>2610</b>	<b>1051</b>	<b>40%</b>

#### **By staff grouping**

<b>Area</b>	<b>Base</b>	<b>Response</b>	<b>Rate</b>
Administrative and Clerical	548	316	58%
Allied Health Professionals	193	105	54%
Medical and Dental	68	33	49%
Add Prof Scientific and Technic	156	74	47%
Nursing and Midwifery Registered	752	287	38%
Additional Clinical Services	687	185	27%
Estates and Ancillary	206	51	25%
<b>Grand Total</b>	<b>2610</b>	<b>1051</b>	<b>40%</b>

### **Next Steps**

- Full results will be discussed at EMT timeout in April;
- Discussion to take place at the next Board time out;
- Presentations will be made to each relevant committee on how the trust is using the survey results to help shape its services and approach, with a particular area on the 12 areas to improve;

- Directorate results have been shared with general managers and action plans will be drawn up;
- The April Senior Leadership Forum will be dedicated to the staff survey results.

**Steve McGowan**  
**Director of Workforce and OD**

**Agenda Item: 14**

Title & Date of Meeting:	Trust Board Public Meeting - 25 March 2020			
Title of Report:	Q4 2019/20 Board Assurance Framework			
Author/s:	Oliver Sims Corporate Risk Manager			
Recommendation:	To approve		To receive & note	√
	For information		To ratify	
Purpose of Paper:	The report provides the Board with the Quarter 4 2019/20 version of the Board Assurance Framework (BAF) allowing for the monitoring of progress against the Trust's six strategic goals.			
Governance:		Date		Date
	Audit Committee	xx/02 2020	Remuneration & Nominations Committee	
	Quality Committee	xx/02 2020	Workforce & Organisational Development Committee	
	Finance & Investment Committee	xx/02/ 2020	Executive Management Team	15/03 2020
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	
Key Issues within the report:	<ul style="list-style-type: none"> <li>- Progress against the aligned risks is reflected within the framework to highlight the movement of current risk ratings from the previous position at Quarter 3 2019/20. The format allows for consideration to be given to the risks, controls and assurances which enables focused review and discussion of the challenges to the delivery of the organisational objectives.</li> <li>- Each of the Board Assurance Framework sections will continue to be reviewed by the assigned assuring committee alongside the recorded risks, to provide further assurance around the management of risks to achievement of the Trust's strategic goals.</li> </ul> <p><b>Main changes to the Board Assurance Framework from Quarter 3 2019-20 to Quarter 4 2019-20.</b></p> <p><b>Strategic Goal 2 – Enhancing prevention, wellbeing and recovery</b></p> <ul style="list-style-type: none"> <li>- Overall rating amended to Yellow for Quarter 4 2019/20 position. New risk entry <i>NQ47(As a result of the development and spread of the COVID-19 there is a risk that Trust services may be affected if the virus is</i></li> </ul>			



	<p><i>detected within the Trust's geographical service area and that it may impact on the safety of patients and staff) added to section of BAF.</i></p> <p><b>Strategic Goal 4 – Developing an effective and empowered workforce</b></p> <ul style="list-style-type: none"> <li>- Overall rating remains at Yellow for Quarter 4 2019/20 position reflecting the assurance linked to the strategic goal. New risk entry <i>LDC44 (Unviable CAMHS on-call rota which may impact the quality of service delivery and the safety of patients)</i> added to section of BAF.</li> </ul> <p><b>Strategic Goal 5 – Maximising an efficient and sustainable organisation</b></p> <ul style="list-style-type: none"> <li>- Overall rating has been reduced to Green for Quarter 4 2019/20 position reflecting the assurance linked to the strategic goal and discussions at the Finance and Investment Committee and Trust Board.</li> </ul>
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**Monitoring and assurance framework summary:**

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

BOARD ASSURANCE FRAMEWORK					Trust Board						
ASSURANCE OVERVIEW					25 <sup>th</sup> March 2020						
Strategic Goal	Assurance Level	Reason for Assurance Level	Executive Lead	Assuring Committee	Risk Appetite	Assurance Rating					Highest current risk
						Q 4	Q 1	Q 2	Q 3	Q 4	
Innovating Quality and Patient Safety	A	Overall rating of 'good' from 2019 CQC Inspection Report. 'Requires Improvement' rating for Safe domain in CQC report. 'Must do' actions underway within Trust including safer staffing and supervision.	Director of Nursing	Quality Committee	OPEN	A	A	A	A	A	12
Enhancing prevention, wellbeing and recovery	Y	Robust monitoring arrangements developed through monthly operational delivery group to monitor waiting times. Areas of long waits reviewed and monitored through ODG and Quality Committee. Waiting list challenges continue within the Paediatric ASD (autism assessment and diagnosis), Adult ASD (autism diagnosis), Hull CAMHS and Children speech and language services but there are indications across some of these waiting lists, that they are beginning to reduce. ODG Divisional Accountability reviews in place across each of Trust Divisions.	Chief Operating Officer	Quality Committee	SEEK	A	A	A	A	Y	12
Fostering integration, partnership and alliances	G	Active engagement continues across all stakeholder groups with demonstrable benefits. Extensive work has taken place in partnership work including the Mental Health Partnership and Zero Suicide Alliance. Further work undertaken with community groups such as the Veterans Association. Trust involvement in Primary Care Networks. ICS accredited programme in place. Trust taking active role in partnership work.	Chief Executive	Audit Committee	MATURE	G	G	G	G	G	6
Developing an effective and empowered workforce	Y	Statutory and mandatory training performance continues to remain above target. Rolling 12 month sickness performance has marginally increased compared to 12 months ago. Staff survey scores have increased in 51 of 64 questions with a 45% response 2% higher than the national average. Overall turnover rate reduced compared to 12 months previous. Appraisal completion has fallen slightly below target. 103.52 total registered nursing and 11.9 total consultant vacancies at January 2020.	Director of Workforce and OD	Workforce and OD Committee	SEEK	A	Y	A	Y	Y	15
Maximising an efficient and sustainable organisation	Y	Trust financial position Month 8 reported year-to-date deficit of £0.351m and is on plan. Cash position has stabilised and the Trust has maintained BPPC above 90% throughout 19/20 for non-NHS invoices. The Trust has identified surplus estate and has a strategy to maximise disposal value. To date sale proceeds of 0.9m have been agreed.	Director of Finance	Finance and Investment Committee	SEEK	A	Y	Y	Y	G	15
Promoting people, communities and social values	G	Place plans and Patient Engagement Strategy implemented and positive service user surveys received. Social Values Report launched and a section has been incorporated into the annual report. More work is to be undertaken to promote service users/ care groups. NHSI videos launched. Co-production work continues with regular meetings. Involvement with local groups.	Chief Executive	Quality Committee	SEEK	A	A	A	G	G	9

ASSURANCE LEVEL KEY		
<b>Green</b>	Significant Assurance	<ul style="list-style-type: none"> <li>- System working effectively / limited further recommendations.</li> <li>- Effective controls in place.</li> <li>- Satisfied that appropriate assurance is available.</li> </ul>
<b>Yellow</b>	Partial Assurance	<ul style="list-style-type: none"> <li>- System well-designed but requires monitoring/ low priority recommendations.</li> <li>- Some effective controls in place.</li> <li>- Some appropriate assurances are available.</li> </ul>
<b>Amber</b>	Limited Assurance	<ul style="list-style-type: none"> <li>- System management needs to be addressed/ numerous actions outstanding.</li> <li>- Controls thought to be in place.</li> <li>- Assurances are uncertain and/or possibly insufficient.</li> </ul>
<b>Red</b>	No Assurance	<ul style="list-style-type: none"> <li>- System not working / actions not addressed.</li> <li>- Effective controls not in place.</li> <li>- Appropriate assurances are not available.</li> </ul>



BOARD ASSURANCE FRAMEWORK				Assurance Level	Q4	Q1	Q2	Q3	Q4
STRATEGIC GOAL 1	INNOVATING QUALITY AND PATIENT SAFETY	Lead Director: Dir. Nursing	Lead Committee: Quality Committee		A	A	A	A	A

Positive Assurance	
Assurance	Source
- Quality and Regulations Group has been formed to drive and receive assurances in relation to all aspects of CQC compliance. CQC Engagement Meetings.	QPAS
- Continued improvement maintained in relation to clinical supervision.	Quality Ctte Trust Board
- Overall rating of 'good' in 2019 CQC inspection report	
- Launch of Patient Safety Strategy 2019-22	
- All outstanding CQC 'must do' actions confirmed as on track for completion within approved timescale.	Quality Ctte

Negative Assurance	
Assurance	Source
Completion of 'must do' actions including safer staffing and supervision.	Trust Board CQC Report
'Requires Improvement' rating for Safe domain in CQC report.	CQC Report

Gaps in Assurance
What do we not have
Good rating in 'safe' domain for CQC rating.

Objective	Key Risk(s)	Q3 19-20 Rating	Q4 19-20 Rating	Target	Movement from prev. Quarter
Embed the characteristics needed to be recognised as a High Reliability Organisations	NQ37 – Inability to meet Regulation 18 HSCA (RA) Regulations 2014 regarding Safer Staffing.	12	12	8	↔
	NQ38 – Inability to achieve a future rating of 'good' in the safe domain at CQC inspection.	9	9	6	↔
	NQ44 – Staff are not maintaining auditable trails of clinical supervision compliance in some clinical teams to support assurance that teams are delivering high quality care.	9	9	4	↔
Provide evidence based, innovative models of care that function as part of the integrated care system, developed in collaboration with patients, carers and commissioners that is clearly understood by the teams and improves the safety of patients within the local and wider system	NQ45 – Inability to develop robust processes that demonstrate thorough investigations undertaken in line with significant event analysis (SEA) methodology and can evidence organisational learning from SEAs.	9	9	3	↔
Understanding of our local population's health needs to inform service planning, design and transformation	No risks identified.				
Our research approach will be maximised through education and teaching initiatives and will support local priorities and influence our service user priorities					

Key Controls	Sources of Assurance – Reporting Mechanisms
(NQ37) Routine monitoring of staffing establishments and daily staffing levels review by care groups.	6-month safer staffing report.
(NQ37) Validated tool to agree establishments	
(NQ37) Consideration of nursing apprenticeships and nursing associate roles and greater use of the wider multi-disciplinary team in providing clinical leadership to units	Quality Committee Trust Board
(NQ38) Trust self-assessment against CQC standards.	Quality Committee Trust Board
(NQ38) Review undertaken of safety across Trust services.	
(NQ44) Improved compliance with general upward trend across Trust	
(NQ44) Policy has been reviewed to clarify minimum standard of 6 weeks for clinical supervision.	
(NQ45) SEA action plans developed in collaboration with teams	Clinical Risk Management Group

Gaps in Control	Actions
(NQ37) Focus on safer staffing from a multidisciplinary team approach.	Development of work plan with focus on safer staffing from a multidisciplinary team approach to ensure the Trust has robust systems and processes in place in relation to safer staffing (31/03/2020)
(NQ38) Trust identified as requires improvement under 'safe' domain for 2018/19 CQC inspection.	Continued drive across Trust Division in identified areas for improvement (31/03/2020)
(NQ44) Timeline for ESR self-service being available to record and report supervision.	Training Lead establishing timeline for ESR self-service being available to record and report supervision (31/03/2020)
(NQ44) Robust tool for the capture and monitoring of Trust clinical supervision data.	Implementation of Health Assure for recording and monitoring of clinical supervision compliance (31/03/2020)
(NQ45) Timely completion and submission of SEA investigations.	Monitoring of SEA investigation status through Clinical Risk Management Group and escalation to Operational Delivery Group (31/03/2020)
(NQ45) Evidence of SEA action plan completion.	Ongoing review of SEA action plan tracker and supporting evidence undertaken by the Clinical Risk Management Group on regular basis (31/03/2020)

BOARD ASSURANCE FRAMEWORK				Assurance Level	Q4	Q1	Q2	Q3	Q4
STRATEGIC GOAL 2	ENHANCING PREVENTION, WELLBEING AND RECOVERY	Lead Director: Chief Operating Officer	Lead Committee: Quality Committee		A	A	A	A	Y
<b>Positive Assurance</b>		<b>Negative Assurance</b>			<b>Gaps in Assurance</b>				
<b>Assurance</b>		<b>Source</b>		<b>Assurance</b>		<b>Source</b>		<b>What do we not have</b>	
<ul style="list-style-type: none"> <li>- Waiting times continue to be an area of focus as and are reviewed monthly by the Operational Delivery Group. Waiting list update reported into Quality Committee for oversight and consideration of quality impact.</li> <li>- Proactive contact with patients on waiting list within challenging services.</li> <li>- Collaborative working between Trust and CCGs supportive of additional interventions to reduce waiting times</li> <li>- CMHT Transformation programme – requires Trust to achieve referral to treatment waiting time of no more than 4 weeks – looking to achieve by end of March 2020.</li> </ul>		Trust Board ODG Quality Ctte ODG / CLD Delivery Group		<ul style="list-style-type: none"> <li>- Waiting list challenges continue within the Paediatric ASD (autism assessment), Adult ASD (autism diagnosis), Hull CAMHS and Children speech and language services.</li> </ul>		Trust Board Quality Ctte		Recovery-focussed culture within the Trust. Audit into CAMHS compliance with waiting list policy and associated SOPs identified gaps and actions underway to address the identified issues.	
Objective	Key Risk(s)	Q3 19-20 Rating	Q4 19-20 Rating	Target	Movement from prev. Quarter				
Work in partnership with our service users, carers and families to optimise their health and wellbeing Optimise peoples recovery and build resilience for those affected by Long Term Conditions	OPS08 – Failure to equip patients and carers with skills and knowledge need via the wider recovery model.	9	9	3	↔				
Prevention and Making Every Contact Count will be at the core of our strategy to optimise expertise for physical and mental health across our teams and the people they care for	OPS05 – Inability to meet early intervention targets (national – IAPT,EIP, Dementia)	9	6	3	↓				
	OPS06 – Inability to meet early intervention targets (local – CAHMS , ASD, CYP)	12	12	3	↔				
	OPS04 – Patients don't have the right level of physical healthcare support and there is not a cohesive alignment of mental health and physical health services to get parity of esteem.	9	9	6	↔				
	LDC31 – Vacancies within the CAMHS Crisis team may lead to gaps in service delivery preventing response to urgent referrals and inability to provide the crisis service overnight which may lead to other Trust services being impacted such as MHRS as well as reputational harm to the organisation.	16	12	4	↓				
	LDC32 – As a result of increased demand for ADHD assessment and limited capacity within the service, there is a significant waiting list which may lead to increased safety risk for patients and others, impacting on the wellbeing of staff as well as reputational harm to the Trust.	12	12	4	↔				
	LDC34 – Demand for access to Speech and Language Therapy services for children and young people in Hull exceeds capacity and funding, which may result in patients being unable to access timely diagnostic specific intervention and support services as well as potential reputational harm to the Trust.	12	12	4	↔				
Bridlington Health Town to be used as an exemplar to demonstrate model, associated benefits and opportunity for a community-based model of care	No risks identified.								
Enhance prevention of illness and improve health and wellbeing of our staff, both physically and emotionally	NQ47 – As a result of the development and spread of the COVID-19 there is a risk that Trust services may be affected if the virus is detected within the Trust's geographical service area and that it may impact on the safety of patients and staff.	16	12	4	NEW RISK				
Key Controls	Sources of Assurance – Reporting Mechanisms	Gaps in Control		Actions					
(OPS08) Trust Recovery Strategy		(OPS08) Service configuration feeding in to wider recovery approach.		Review of operational arrangements and pathways (31/03/2020)					
(OPS08) CMHT transformation work underway which will impact Recovery College due to its status as a discharge pathway.	Trust Board	(OPS05) New national standards in dementia care		Review of GP and IAPT national targets (31/03/2020)					
(OPS06) Monthly Waiting List monitoring	Monthly report to Care Group Business Meeting	(OPS06) East Riding service under-funded for level of demand		Clarity on future investment for supporting activity (SMASH, MIND, Counselling Services) to be obtained from Commissioners (31/03/2020)					
(OPS06) Ongoing capacity and efficiency demand reviews	Operational Delivery Group Weekly / Monthly Care Group Reports	(OPS06) Limited response to increased demand from Commissioners		Contract variations to be agreed (31/03/2020)					
(LDC32) Waiting list reviewed weekly by MDT meeting.		(LDC32) Increased in waiting list following commissioning decision.		Ongoing discussion with commissioners regarding additional resources to expand capacity (31/03/2020)					

<b>STRATEGIC GOAL 3</b>	<b>FOSTERING INTEGRATION, PARTNERSHIPS AND ALLIANCES</b>	Lead Director: Chief Executive	Lead Committee: Audit Committee	Assurance Level	Q4	Q1	Q2	Q3	Q4
					G	G	G	G	G

Positive Assurance	
Assurance	Source
<ul style="list-style-type: none"> <li>- STP/ ICS partnership events.</li> <li>- Mental Health Partnership Board and MOUs in place.</li> <li>- Health Expo event and Planned Members meeting.</li> <li>- High profile visits to Trust.</li> <li>- Visioning event across Humber Coast and Vale</li> <li>- Lead provider role within STP</li> <li>- Refreshed Operational and Strategic plans shared with stakeholders.</li> <li>- Hull Health and Wellbeing Board.</li> <li>- ICS Accredited Programme</li> <li>- Scarborough Acute wait</li> </ul>	Board of Directors           HCV Exec Committee

Negative Assurance	
Assurance	Source
<ul style="list-style-type: none"> <li>- Further work needed to take place in engaging with patient, carers and local communities to develop plans.</li> <li>- Continued development of relationships with communities and development of membership and Governors.</li> <li>- Clear Governor links to constitutions.</li> </ul>	Board of Directors

Gaps in Assurance
What do we not have
<ul style="list-style-type: none"> <li>- No gaps identified against overall assurance rating of this strategic goal.</li> <li>- Full ICS system in place – but still developing long-term plans.</li> </ul>

Objective	Key Risk(s)	Q3 19-20 Rating	Q4 19-20 Rating	Target	Movement from prev. Quarter
<b>Be a leader in delivering Sustainability and Transformation Partnership plans</b>  We will be clear about what we offer, who we offer it to and how we work with others	<b>FII174 - Lack of Trust involvement or influence in work-stream activity associated with Sustainability and Transformation Programmes (STPs), will in turn impact on our ability to influence and shape local commissioning plans. This may result in a failure to deliver strategic priorities, with an associated risk of developing a poor reputation and reduced business/income opportunities that may challenge future sustainability.</b>	6	6	3	↔
<b>Continue to provide opportunities for all service users, patients, carers, families, staff and communities to influence service planning and design</b>	<b>FII180 - There is a risk to future sustainability and reputation, arising from a failure to compete effectively because we have not maintained and developed strategic alliances and partnerships and not increased our commercial/market understanding.</b>	6	6	3	↔
<b>Demonstrate increased collaboration with system partners to maximise efficiency and effective use of resources available across health and social care services.</b>	<b>FII185 - Failure to utilise evidence based practice to inform and influence business decisions, resulting in the delivery of outdated service models, an inability to effectively compete with other providers and a subsequent loss of business/ income and reputation.</b>	6	6	3	↔
<b>Host partner organisations' staff and vice versa, to enable system workforce resilience</b>	No risks identified.				

Key Controls	Sources of Assurance – Reporting Mechanisms
(FII174) Trust Strategy, values and goals aligned with Humber, Coast and Vale STP	Regular STP updates to Trust Board Formal and informal dialogue with Commissioners
(FII174) Alignment clearly demonstrated within two year operational plan	
(FII174) Chief Executive is Senior Responsible Officer for Mental Health Work-stream.	
(FII185) Enhanced staff structure in Business Development team to explore evidence-based practice	Assurance systems for Service Plans/ Strategies Internal Clinical Audit programme R&D programme
(FII185) Formal programme to review and benchmark Trust position.	
(FII180) Marketing and communications activity available and used.	Assurance systems for Service Plan Regular feedback and dialogue to Trust committees.
(FII185) Enhanced staff structure in Business Development team to explore evidence-based practice	Assurance systems for Service Plans/ Strategies Internal Clinical Audit programme R&D programme

Gaps in Control	Actions
(FII174) Feedback arrangements with STPs representing Whitby are currently limited.	Identify Governance Structure within the STP representing Whitby and seek representation at relevant group level (31/03/2020)
(FII185) Showcasing and marketing opportunities not exploited	Recruitment of Communications and Marketing Manager to increase capacity within Trust Communications Team (31/03/2020)
(FII185) Limited internal mechanism in place to support delivery of different models	Develop skills training to support operational and corporate teams (31/03/2020)
(FII180) Trust Communications team not automatically included in external groups	Organisational review required of internal mechanisms to support the delivery of different models of care (31/03/2020) Improve Communications sections of Service Plans to ensure opportunities are exploited to showcase/market our services (31/03/2020)

BOARD ASSURANCE FRAMEWORK			Assurance Level	Q4	Q1	Q2	Q3	Q4
<b>STRATEGIC GOAL 4</b>	<b>DEVELOPING AN EFFECTIVE AND EMPOWERED WORKFORCE</b>	Lead Director: Dir. of Workforce and OD		Lead Committee: Workforce and OD Committee	A	Y	A	Y

Positive Assurance	
Assurance	Source
<ul style="list-style-type: none"> <li>- Statutory and mandatory training – Performance still remains above target.</li> <li>- Rolling 12 month sickness has reduced compared to 12 months ago.</li> <li>- Staff survey scores have increased in 51 of 64 questions with a 45% response 2% higher than the national average.</li> <li>- Overall turnover rate reduced compared to 12 months previous.</li> </ul>	Trust Board  Workforce and OD Committee Assurance Report / Workforce and OD Committee Workforce Insight Report

Negative Assurance	
Assurance	Source
<ul style="list-style-type: none"> <li>- Sickness levels above Trust target and national median at 5.2% (most recent dataset – Nov 2019)</li> <li>- Vacancies levels for Registered Nurse, Consultant and GP, and OT roles.</li> <li>- Poor Staff Survey Scores in 3 of the 10 categories when benchmarking against other similar Trusts - Morale, Quality of Appraisals, and Staff Engagement</li> <li>- Rolling turnover remains above Trust target and national median.</li> <li>- 103.52 total registered nursing and 11.9 total consultant vacancies at January 2020.</li> </ul>	Trust Board  Workforce and OD Committee Assurance Report / Workforce and OD Committee Workforce Insight Report

Gaps in Assurance
What do we not have
<ul style="list-style-type: none"> <li>- Clarity at team/service level regarding how poor workforce indicator performance issues are managed locally.</li> </ul>

Objective	Key Risk(s)	Q3 19-20 Rating	Q4 19-20 Rating	Target	Movement from prev. Quarter
Development of a health and engages organisational culture, clinical and support services working together as “One Team” to free up time for patient care.	WF07 – The quality of leaders and managers across the Trust is not at the required level which may impact on ability to deliver safe and effective services.	9	9	6	↔
Enable transformation and organisational development through shared leadership.					
Optimise the staffing profile to ensure delivery of high quality care.	WF03 – Current qualified nursing vacancies may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce.	15	15	10	↔
	WF04 – With current national shortages, the inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	15	15	10	↔
	WF05 – Current Consultant and GP vacancies may impact on the Trust's ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact on the credibility/reputation of the organisation.	15	15	10	↔
	WF10 – With current national shortages, the inability to retain Medical staff impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	15	15	10	↔
	LDC44 – Unviable CAMHS on-call rota which may impact the quality of service delivery and the safety of patients.	16	16	4	NEW RISK
Demonstrate that we are a diverse and inclusive organisation.	WF09 – Staff Survey scores for staff with protected characteristics are worse than for staff not declaring a protected characteristics (particularly staff declaring themselves as not heterosexual and/or disabled)	9	9	6	↔
Increase our service offer to support work in partnerships with the STP/ICS and PCNs to optimise the workforce within the system.	No risks identified				
Ensure a well-trained digital ready workforce.	No risks identified				

Key Controls	Sources of Assurance – Reporting Mechanisms
(WF03) Issues discussed at STP level around place-based recruitment strategies for hard-to-fill roles across the health sector.	Trust Board Workforce and OD Committee ODG
(WF03) Recruitment and retention initiatives (refer a friend, CAMHS Band 6 Nurse Golden Hello).	
(WF04) PROUD programme.	
(WF10) Leadership and management development programmes	
(WF07) Mentoring and coaching support.	

Gaps in Control	Actions
(WF03) Refreshed Nurse Preceptorship programme.	Review and refresh of current Nurse Preceptorship programme taking account of previous feedback from newly qualified nurse who have previously undertaken the course (31/03/2020)
(WF03) Nurse Preceptorship programme for Nurse Associates.	Development of Nurse Preceptorship programme for Nurse Associates (31/03/2020)
(WF04) Lack of career development opportunities	To identify opportunities for career pathways/development opportunities (31/03/2020) Working Group to develop recruitment and retention packages linked to qualified nurse development (31/03/2020)
(WF05) National workforce shortages	Implementation of Workforce plan for 19-20 (31/03/2020)

BOARD ASSURANCE FRAMEWORK				Assurance Level	Q4	Q1	Q2	Q3	Q4
<b>STRATEGIC GOAL 5</b>	<b>MAXIMISING AN EFFICIENT AND SUSTAINABLE ORGANISATION</b>	Lead Director: Dir. Finance	Lead Committee: Finance and Investment Committee		<b>A</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>

Positive Assurance	
Assurance	Source
- Financial position Month 8 – Trust reported a YTD deficit of 0.351m and is on plan.	Trust Board
- Trust cash position has stabilised – underlying GBS bank balance was 11.795mat Month 8 and is expected to end the year at £12.370m	Finance and Investment Ctte 2019
- Trust has maintained BPPC above 90% throughout 19/20 for non-NHS invoices.	
- Budget Reduction Strategy to deliver 4.6M of savings. month 8savings of 2.434m have been recorded.	
- The Trust has identified surplus estate and has a strategy to maximise disposal value. To date sale proceeds of 0.9m have been agreed.	
- Upgraded IT infrastructure replacing old N3 network.	
- Agency expenditure for the Trust has remained within NHSI ceiling.	

Negative Assurance	
Assurance	Source
- NHSI Control Total 2019-20 set a significant challenge for the Trust, with unfunded pay award (1.0M) and a reduction in sustainability funding (0.7M)	Board Report
- Financial Improvement Targets for Trust do not take into account impact of the Agenda for Change Pay Award funding pressure	Finance and Investment Committee

Gaps in Assurance
What do we not have

Objective	Key Risk(s)	Q3 19-20 Rating	Q4 19-20 Rating	Target	Movement from prev. Quarter
Optimise business opportunities to develop integrated services	FII180 – There is a risk to future sustainability and reputation, arising from a failure to compete effectively because we have not maintained and develop strategic alliances and partnerships and not increased our commercial/market understanding.	6	6	3	↔
Effective marketing plan that ensures clear and effective communication pathways and celebrates our successes jointly with our partners					
Embrace new technologies to enhance patient care across the health and social care system	FII177– Adverse impact of inadequate IT systems, failing to effectively support management decisions, performance management or contract compliance	8	8	4	↔
Optimise our IT system to improve access for staff and free up time for patient care	FII186 – Trust IT systems are compromised due to a Cyber Security attack/incident - this could be a malicious attack from an external third party or an accidental attack from inside the trust network due to inappropriate actions taken by staff, patients or visitors that compromise the IT systems security.	12	12	8	↔
Reduce our reliance on sustainability funding to achieve long term financial balance	FII205 – Risk to longer-term financial sustainability if we are unable to deliver Trust savings targets and income declines through implementation of tariff or commissioner targets.	15	15	10	↔
	FII200 – The Trust's cash position deteriorates adversely where day to day functioning and financial independence is impacted.	5	5	5	↔
	FII213 – If the Trust cannot achieve its Budget Reduction Strategy for 2019-20, it may affect the Trust's ability to achieve its control total which could lead to a significant impact on finances resulting in loss of funding and reputational harm.	12	12	4	↔
	FII214 – Failure to achieve the NHS Improvement Use of Resources Score for 2019/20 may result in reputational harm for the Trust and significant reduction in financial independence.	4	4	4	↔
	FII213 – Risk of fraud, bribery and corruption.	12	12	4	New Risk
Have an efficient estate that provides a safe and cost effective environment that is conducive to operational delivery	FII58 – Inability to address all risks identified as part of the capital application process due to lack of capital resource.	8	8	4	↔
	FII181 – Inability to improve the overall condition and efficiency of our estate.	8	8	4	↔

Key Controls	Sources of Assurance
(FII205) Budget Reduction Strategy established with MTFP.	Finance & Investment Committee Reports
(FII205) Monthly reporting, monitoring and discussion with budget holders.	- Cash
(FII200) Daily monitoring of the cash position and weekly update to CE	- Financial Position
(FII200) Reporting to board and Finance committee which includes cash-flow projection and sensitivity analysis.	- BRS
(FII213) Trust Control Total agreed.	- Debtors/ Creditors
(FII205) NHSI allocation funding secured (0.4M)	Trust Board Reports
	- Financial Position
	- Cash

Gaps in Control	Actions
(FII205) Delivery of BRS.	Budget Reduction Strategy implementation 2019-20 (31/03/2020)
(FII213) Full year BRS plan of £4.6M	Continued work to find further savings to mitigate any potential failure of the approved BRS (31/03/2020)
	Ongoing Accountability review process (31/03/2020)
	Review of workforce looking at staffing savings/ agency expenditure (31/03/2020)
	Continue to explore opportunities for additional revenue in STP bids (31/03/2020)

BOARD ASSURANCE FRAMEWORK				Assurance Level	Q4	Q1	Q2	Q3	Q4
<b>STRATEGIC GOAL 6</b>	<b>PROMOTING PEOPLE, COMMUNITIES AND SOCIAL VALUES</b>	Lead Director: Chief Executive	Lead Committee: Quality Committee		A	A	A	G	G

Positive Assurance	
Assurance	Source
<ul style="list-style-type: none"> <li>- Continual development of the Recovery College.</li> <li>- Health Stars developing</li> <li>- Wider community engagement developing through changes to constitution and more work with Governors.</li> <li>- More internal Trust focus on promoting wellness and recovery.</li> <li>- Positive service user survey results.</li> <li>- Trust developed in year social values reporting arrangements</li> <li>- Hull Health and Wellbeing Board</li> <li>- Project Group established to develop wider wellbeing and recovery approach bringing in a focus on both mental and physical elements of recovery.</li> <li>- 'Making Every Contact Count' being led by Trust across ERY</li> <li>- Launch of Social Values Report</li> <li>- NHSI scheme launched</li> </ul>	Board of Directors

Negative Assurance	
Assurance	Source
<ul style="list-style-type: none"> <li>- Negative media outweighs positive media regarding promotion of communities.</li> <li>- Trust membership base is not fully operational and negative assurance around membership involvement.</li> <li>- Limited feedback on how local communities are influencing our Trust Strategy.</li> </ul>	Board of Directors

Gaps in Assurance
What do we not have
Patient outcome measures. Detailed Community engagement strategy or Relationship strategy.

Objective	Key Risk(s)	Q3 19-20 Rating	Q4 19-20 Rating	Target	Movement from prev. Quarter
<b>We will work with our partners to develop voluntary sector led, multi-specialty community hubs that focus on prevention, wellbeing and recovery</b>	<b>OPS08 – Failure to equip patients and carers with skills and knowledge needed via the wider recovery model.</b>	9	9	3	
	<b>MD05 - Inability to implement the Trust's Equality and Diversity strategy may impact on the Trust's ability to have a workforce trained and engaged with the equality and diversity agenda, limit accessibility to services and prevent achievement of the Trust's E&amp;D aims.</b>	6	6	3	
	<b>MD06 - Reduction in patients likely to recommend Trust services to friends and family may impact on Trust's reputation and stakeholder confidence in services provided.</b>	8	8	4	
<b>Increase the utilisation and spread of our charity, Health Stars</b>	No risks identified.				
<b>Embrace and expand our use of volunteers</b>					

Key Controls	Sources of Assurance – Reporting Mechanisms
<b>(OPS08)</b> Trust Recovery Strategy	Trust Board
<b>(OPS08)</b> CMHT transformation work underway which will impact Recovery College due to its status as a discharge pathway.	
<b>(MD05)</b> Supporting forums established for development of equality and diversity work within the Trust.	Quarterly reporting to Quality Committee and Clinical Quality Forum
<b>(MD05)</b> Equality and Diversity Leads identified for 'patient and carers' and 'staff' respectively.	
<b>(MD06)</b> Task and finish group identified	Reports to QPaS and Quality Committee
<b>(MD06)</b> All clinical teams give out FFT forms and results are fed into services through level 3 reporting system.	

Gaps in Control	Actions
<b>(OPS08)</b> Secured funding for Recovery College	Ongoing communication with commissioners regarding funding (31/03/2020)
<b>(OPS08)</b> Recovery focussed practice still to be fully embedded across the Trust	Review the overall recovery strategy and align with service changes (31/03/2020)
<b>(OPS08)</b> Monitoring of patient outcomes	
<b>(MD05)</b> Awareness of equality and diversity issues within the Trust.	Development of internal EIA training (31/03/2020)
<b>(MD05)</b> Robust approach to Equality Impact Assessments	Implementation of EIA approval process (31/03/2020)

RISK SCORING MATRIX

			IMPACT/ CONSEQUENCE				
			Negligible	Minor	Moderate	Severe	Catastrophic
			1	2	3	4	5
LIKELIHOOD	Almost Certain	5	5 x 1 = 5 <b>Moderate</b>	5 x 2 = 10 <b>High</b>	5 x 3 = 15 <b>Significant</b>	5 x 4 = 20 <b>Significant</b>	5 x 5 = 25 <b>Significant</b>
	Likely	4	4 x 1 = 4 <b>Moderate</b>	4 x 2 = 8 <b>High</b>	4 x 3 = 12 <b>High</b>	4 x 4 = 16 <b>Significant</b>	4 x 5 = 20 <b>Significant</b>
	Possible	3	3 x 1 = 3 <b>Low</b>	3 x 2 = 6 <b>Moderate</b>	3 x 3 = 9 <b>High</b>	3 x 4 = 12 <b>High</b>	3 x 5 = 15 <b>Significant</b>
	Unlikely	2	2 x 1 = 2 <b>Low</b>	2 x 2 = 4 <b>Moderate</b>	2 x 3 = 6 <b>Moderate</b>	2 x 4 = 8 <b>High</b>	2 x 5 = 10 <b>High</b>
	Rare	1	1 x 1 = 1 <b>Low</b>	1 x 2 = 2 <b>Low</b>	1 x 3 = 3 <b>Low</b>	1 x 4 = 4 <b>Moderate</b>	1 x 5 = 5 <b>Moderate</b>

RISK TERMINOLOGY DEFINITIONS		RISK APPETITE DEFINITIONS	
<b>Initial Risk Rating</b>	The initial risk rating represents the inherent or gross risk. It is the assessment of the risk prior to the consideration of any controls or mitigations in place.	<b>Minimal (Low risk)</b>	Preference for ultra-safe business delivery options that have a low degree of inherent risk and only have a potential for limited reward.
<b>Current Risk Rating</b>	The current risk rating presents the residual risk level. It is the assessment of the risk after identification of controls, assurances and inherent gaps, reflecting how the risk is reduced in either likelihood of occurrence or impact should it occur.	<b>Cautious (Moderate risk)</b>	Preference for safe delivery options that have a low degree of residual risk and may only have limited potential for reward.
<b>Target Risk Rating</b>	The assessment of the anticipated score following successful implementation of identified actions to create further controls. Target risk ratings must also be considered with regard to risk appetite and the level of risk the organisation is willing to accept.	<b>Open (High risk)</b>	Willing to consider all potential delivery options and choose the one that is most likely to result in successful delivery while also providing an acceptable level of reward (and value for money etc.).
<b>Control</b>	Risk controls represent any action that has been taken to mitigate the level risk. Controls can reduce the likelihood of a risk being realised or the impact of risk should it occur.	<b>Seek (Significant risk)</b>	Eager to be innovative and to choose options offering potentially higher business rewards, despite greater inherent risk.
<b>Assurance</b>	Sources of evidence used to demonstrate the effectiveness of identified controls. Assurances sources also allow for monitoring of risk controls to ensure that they are appropriate.	<b>Mature (Significant risk)</b>	Consistent in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.

**Agenda Item: 15**

Title & Date of Meeting:	Trust Board Public Meeting - 25 March 2020														
Title of Report:	Risk Register Update														
Author/s:	Oliver Sims Corporate Risk Manager														
Recommendation:	To approve		To receive & note												
	For information		To ratify												
Purpose of Paper:	The report provides the Board with an update of Trust-wide risk register (15+ risks) including the detail of any additional or closed risks since last reported to Trust Board in November 2019.														
Governance:		Date	Date												
	Audit Committee		Remuneration & Nominations Committee												
	Quality Committee		Workforce & Organisational Development Committee												
	Finance & Investment Committee	xx/02 /2020	Executive Management Team												
	Mental Health Legislation Committee		Operational Delivery Group												
	Charitable Funds Committee		Other (please detail)												
Key Issues within the report:	<ul style="list-style-type: none"> <li>The Trust-wide risk register details the risks facing the organisation scored at a current rating of 15 or higher (significant risks) and agreed by Executive Management Team.</li> <li>There are currently <b>6</b> risks held on the Trust-wide Risk Register which was last reviewed by the Executive Management Team on 16 March 2020.</li> <li>The current risks held on the Trust-wide risk register are summarised below:</li> </ul> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #d9e1f2;">Risk Description</th> <th style="background-color: #d9e1f2;">Initial Rating</th> <th style="background-color: #d9e1f2;">Current Rating</th> </tr> </thead> <tbody> <tr> <td><b>WF03</b> – Current qualified nursing vacancies may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce.</td> <td style="background-color: red; color: white; text-align: center;"><b>20</b></td> <td style="background-color: red; color: white; text-align: center;"><b>15</b></td> </tr> <tr> <td><b>WF04</b> – With current national shortages, the inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.</td> <td style="background-color: red; color: white; text-align: center;"><b>20</b></td> <td style="background-color: red; color: white; text-align: center;"><b>15</b></td> </tr> <tr> <th style="background-color: #d9e1f2;">Risk Description</th> <th style="background-color: #d9e1f2;">Initial Rating</th> <th style="background-color: #d9e1f2;">Current Rating</th> </tr> </tbody> </table>			Risk Description	Initial Rating	Current Rating	<b>WF03</b> – Current qualified nursing vacancies may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce.	<b>20</b>	<b>15</b>	<b>WF04</b> – With current national shortages, the inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	<b>20</b>	<b>15</b>	Risk Description	Initial Rating	Current Rating
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<b>WF03</b> – Current qualified nursing vacancies may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce.	<b>20</b>	<b>15</b>													
<b>WF04</b> – With current national shortages, the inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	<b>20</b>	<b>15</b>													
Risk Description	Initial Rating	Current Rating													





	<b>WF05</b> – Current Consultant/ GP vacancies may impact on the Trust's ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact on the credibility/reputation of the organisation.	20	15
	<b>WF10</b> – With current national shortages, the inability to retain Medical staff impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	20	15
	<b>FII205</b> – Risk to longer-term financial sustainability if tariff increases for non-acute Trusts are insufficient to cover a/c pay award and if sustainability funding is not built into tariff uplift for providers who are not using PBR tariff.	25	15
	<b>LDC44</b> – Unviable CAMHS on-call rota which may impact the quality of service delivery and the safety of patients.	16	16

### Monitoring and assurance framework summary:

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



## Risk Register Update

### 1. Trust-wide Risk Register

There are currently **6** risks reflected on the Trust-wide risk register which records all risks currently scored at a rating of 15 or above and is reflected in **Table 1** below:

**Table 1 - Trust-wide Risk Register (current risk rating 15+)**

Risk ID	Description of Risk	Initial Risk Score	Current Risk Score	Target Risk Score
WF03	Current qualified nursing vacancies may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce.	20	15	10
WF04	With current national shortages, the inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	20	15	10
WF05	Current Consultant/ GP vacancies may impact on the Trust's ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact on the credibility/reputation of the organisation.	20	15	10
WF10	With current national shortages, the inability to retain Medical staff impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	20	15	10
FII205	Risk to longer-term financial sustainability if tariff increases for non-acute Trusts are insufficient to cover a/c pay award and if sustainability funding is not built into tariff uplift for providers who are not using PBR tariff.	25	15	10
LDC44	Unviable CAMHS on-call rota which may impact the quality of service delivery and the safety of patients.	16	16	4

### 2. Closed/ De-escalated Trust-wide Risks

There have been two risks closed/ de-escalated that were previously held on the Trust-wide risk register since last reported to Trust Board in November 2019.

**Table 2 - Trust-wide Risk Register closed/ de-escalated risks**

Risk ID	Description of Risk	Reason for closure	Initial Risk Score	Current Risk Score
CAMHS-C7	There is a risk to the delivery plan for the CAMHS inpatient unit due to the inability to recruit a consultant psychiatrist with appropriate skills and expertise.	Risk reduced to target risk rating and closed following successful recruitment to consultant psychiatrist post.	20	4



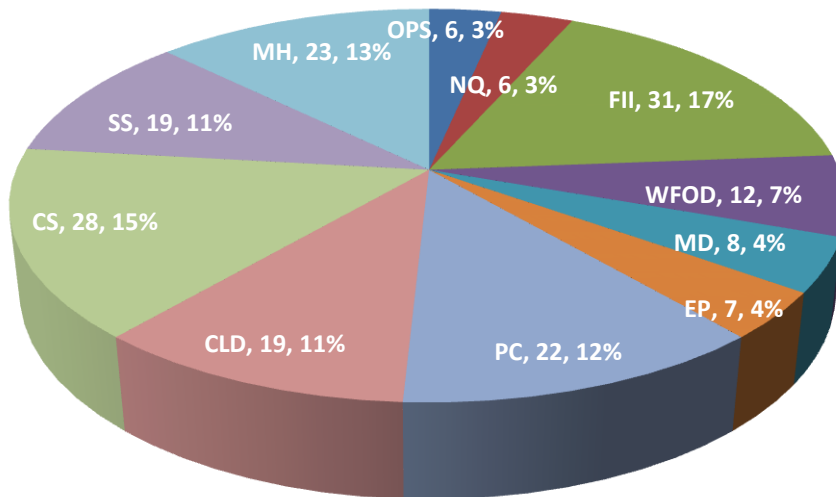
### 3. Wider Risk Register

There are currently **181** risks held across the Trust's Division, Directorate and project risk registers. This is an overall decrease of **20** risks from the **201** reported to Trust Board in November 2019. The table below shows the current number of risks at each risk rating in comparison to the position presented to the November 2019 Board.

**Table 4 - Total Risks by Current Risk level**

Current Risk Level	Number of Risks – November 2019	Number of Risks – March 2020
20	1	0
16	0	1
15	5	5
12	53	44
10	6	4
9	55	55
8	29	25
6	48	39
5	1	4
4	2	3
3	1	1
2	0	0
<b>Total Risks</b>	<b>201</b>	<b>181</b>

**Chart 1 – Total Risks by Division/ Directorate**



**Key:**

- OPS** – Operations Directorate
- NQ** – Nursing & Quality
- FII** – Finance, Infrastructure & Informatics Directorate
- WFOD** – Workforce & OD Directorate
- MD** – Medical Directorate
- EP** - Emergency Preparedness, Resilience & Response
- PC** – Primary Care
- CLD** – Children's and Learning Disabilities
- CS** – Community Services
- SS** – Specialist Services
- MH** – Mental Health Services



## Trust-wide Risk Register

Row	Risk ID	Description of Risk	Impact/Consequence Type				Key Controls	Sources of Assurance	Gaps in Controls/ Controls currently failing	Gaps in Assurance	Likelihood (Current)				What additional actions need to be completed?	Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score	Target risk			
			Likelihood (Initial)	Impact (Initial)	Initial Risk Score	Initial Risk Rating					Possible	Impact (Current)	Current Risk Score	Current risk												
1	WF03	Current qualified nursing vacancies may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce.	Objectives	Likely	Catastrophic	20	Significant	<ol style="list-style-type: none"> <li>Recruitment strategy.</li> <li>Issues discussed at STP level around place-based recruitment strategies for hard-to-fill roles across the health sector.</li> <li>Streamlining proposal at STP level reducing time to recruit.</li> <li>Recruitment and retention initiatives.</li> <li>Skill-mix reviews within Trust services.</li> <li>Paper to EMT in relation to utilising funds around healthcare, clinical posts, nursing and nursing associate with proposal to take forwards posts and to utilise levy to develop foundations to 'grow our own' staff.</li> <li>Recruitment and Retention Summit.</li> <li>Leadership and management programme dates for 2020.</li> <li>Workforce planning and alternative ways of working.</li> <li>Hard to recruit task and finish group (Nursing, GPs and Consultant - vacancies down to 10%)</li> </ol>	<ol style="list-style-type: none"> <li>Workforce and OD Committee.</li> <li>Divisional ODG Meetings.</li> <li>EMT.</li> <li>Trust Board</li> <li>ODG.</li> </ol>	<ol style="list-style-type: none"> <li>New roles for Associate Practitioners.</li> <li>Expansion of Advanced Clinical Practitioner roles.</li> <li>Refreshed Nurse Preceptorship programme..</li> <li>Nurse Preceptorship programme for Nurse Associates.</li> <li>Trainee Nurse Associates support programme.</li> <li>Band 5 Nurse recruitment bespoke career development package.</li> </ol>	1. 103.52 total registered nursing vacancies at January 2020.	Possible	Catastrophic	15	Significant	<ol style="list-style-type: none"> <li>Development of new roles for Associate Practitioners.</li> <li>Expansion of the number of Advanced Clinical Practitioner roles.</li> <li>Review and refresh of Preceptorship programme taking account of previous feedback from newly qualified nurse who have previously undertaken the course.</li> <li>Development of Nurse Preceptorship programme for Nurse Associates.</li> <li>Implementation of programme to support Trainee Nurse Associates through courses with aim to reduce likelihood of attrition.</li> <li>Working Group to be established to develop recruitment and retention packages linked to qualified nurse development.</li> </ol>	Helen Lambert	Steve McGowan	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	10	High		
2	WF04	With current national shortages, the inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	Objectives	Likely	Catastrophic	20	Significant	<ol style="list-style-type: none"> <li>Organisational Development (OD) and Workforce Strategy Implementation Plan.</li> <li>Appraisal process.</li> <li>Leadership and management development programmes</li> <li>Staff engagement though TCNC (Trust Consultation and Negotiation Committee),</li> <li>Staff Health &amp; Wellbeing Group and action plan.</li> <li>Trust retention plan as agreed with NHSI.</li> <li>PROUD programme launched.</li> <li>Recruitment and Retention Summit</li> <li>Trust-wide workforce plan.</li> <li>Divisional Accountability Reviews.</li> <li>Health and Social Care Professional Strategy.</li> </ol>	<ol style="list-style-type: none"> <li>Trust Board monthly performance report on turnover and on rolling 12 month basis.</li> <li>Staff surveys.</li> <li>Local Stress Survey.</li> <li>Staff Family and Friends Test.</li> <li>Workforce and OD Committee.</li> <li>EMT</li> <li>Workforce and OD Insight Report</li> </ol>	<ol style="list-style-type: none"> <li>Trust-wide workforce plan delivery.</li> <li>Formalised Band 5 Nurse career development provision.</li> </ol>	<ol style="list-style-type: none"> <li>Current annual turnover 14.10% as at January 2020</li> <li>Lack of career development opportunities indicated through employee exit interviews/questionnaires.</li> <li>Overall position worsened from previous year.</li> </ol>	Possible	Catastrophic	15	Significant	<ol style="list-style-type: none"> <li>HR Business Partners to review exit questionnaire results and identify any hot spots.</li> <li>To identify opportunities for career pathways/development opportunities.</li> <li>Working Group to be established to develop recruitment and retention packages linked to qualified nurse development.</li> <li>New starter survey to help understand when new members of staff commence in post</li> </ol>	Helen Lambert	Steve McGowan	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	10	High		

## Trust-wide Risk Register

Row	Risk ID	Description of Risk	Impact/Consequence Type				Key Controls	Sources of Assurance	Gaps in Controls/ Controls currently failing	Gaps in Assurance	Likelihood (Current)				What additional actions need to be completed?	Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score	Target risk			
			Likelihood (Initial)	Impact (Initial)	Initial Risk Score	Initial Risk Rating					Likelihood (Current)	Impact (Current)	Current Risk Score	Current risk												
3	WF05	Current Consultant/ GP vacancies may impact on the Trust's ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact on the credibility/reputation of the organisation.	Objectives	Likely	Catastrophic	20	Significant	<ol style="list-style-type: none"> <li>1. Consultant roles advertised at NHS jobs</li> <li>2. Medical Workforce attendance at recruitment fairs.</li> <li>3. Arrangement in place with recruitment head-hunter partner to identify consultant resource.</li> <li>4. Attendance at recruitment fairs.</li> <li>5. Recruitment and retention initiative.</li> <li>6. Recruitment Plan.</li> <li>7. Contract in place for consultant roles to be advertised through the BMJ.</li> <li>8. Primary Care Divisional plan around GP recruitment</li> <li>9. Recruitment and Retention Summit.</li> <li>10. Primary Care Recovery Plan.</li> <li>11. Reviewing where we recruit (wider than NHS jobs) Looking at skill-mix proactively ECP / Flexible working for GPs.</li> <li>10. Hard to recruit to task and finish group (Nursing, GPs and Consultant - vacancies down to 10%)</li> </ol>	<ol style="list-style-type: none"> <li>1. Agency spend considered at Finance and Investment Committee</li> <li>2. ODG.</li> <li>3. EMT.</li> <li>4. Workforce and OD Committee</li> </ol>	<ol style="list-style-type: none"> <li>1. National workforce shortages.</li> <li>2. Trust-wide workforce plan.</li> <li>3. Different ways of working linked to GP roles.</li> </ol>	<ol style="list-style-type: none"> <li>1. 11.9 total consultant vacancies January 2020.</li> </ol>	Possible	Catastrophic	15	Significant	<ol style="list-style-type: none"> <li>1. Primary Care Division to review current GP recruitment opportunities and way that Trust recruits with HR Directorate.</li> <li>2. Review of GP practice skill mix and different ways of working.</li> </ol>	Helen Lambert	Steve McGowan	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	10	High		
4	WF10	With current national shortages, the inability to retain Medical staff impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	Objectives	Likely	Catastrophic	20	Significant	<ol style="list-style-type: none"> <li>1. Organisational Development (OD) and Workforce Strategy Implementation Plan.</li> <li>2. Trust appraisal process</li> <li>3. Leadership and management development programmes</li> <li>4. Staff engagement though TCNC (Trust Consultation and Negotiation Committee),</li> <li>5. Staff Health &amp; Wellbeing Group and action plan.</li> <li>6. Trust retention plan as agreed with NHSI.</li> <li>7. PROUD programme.</li> <li>8. Recruitment and retention incentives</li> <li>9. LMC - Positive staff engagement with medical workforce.</li> </ol>	<ol style="list-style-type: none"> <li>1. Trust Board monthly performance report on turnover and on rolling 12 month basis.</li> <li>2. Staff surveys.</li> <li>3. Local Stress Survey.</li> <li>4. Staff Family and Friends Test.</li> <li>5. Workforce and OD Committee.</li> <li>6. EMT</li> <li>7. Workforce and OD Insight Report</li> </ol>	<ol style="list-style-type: none"> <li>1. Trust-wide workforce plan.</li> <li>2. Lack of career development opportunities indicated through employee exit interviews/questionnaires.</li> </ol>	<ol style="list-style-type: none"> <li>1. Current annual turnover 27.37% as at January 2020.</li> <li>2. Workforce and OD Committee newly established and developing governance processes around workforce.</li> <li>3. Lack of career development opportunities indicated through employee exit interviews/questionnaires.</li> </ol>	Possible	Catastrophic	15	Significant	<ol style="list-style-type: none"> <li>1. HR Business Partners to review exit questionnaire results and identify any hot spots.</li> <li>2. Completion of PROUD programme implementation plan</li> </ol>	Helen Lambert	Steve McGowan	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	10	High		
5	FI1205	Risk to longer-term financial sustainability if tariff increases for non-acute Trusts are insufficient to cover a/c pay award and if sustainability funding is not built into tariff uplift for providers who are not using PBR tariff.	Objectives	Almost Certain	Catastrophic	25	Significant	<ol style="list-style-type: none"> <li>1. Budgets agreed.</li> <li>2. Monthly reporting &amp; monitoring and discussion with budget holders.</li> <li>3. Small contingency / risk cover provided in plan.</li> <li>4. Project management approach to delivery of BRS</li> <li>5. MTFP developed to inform plans.</li> <li>6. Service plans.</li> <li>7. Finance and Investment Committee.</li> <li>8. Budget Reduction Strategy established which will produce a MTFP, incorporating the brs process.</li> <li>9. Non-recurrent savings.</li> <li>10. BRS reporting to FIC on a monthly basis.</li> <li>11. Trust Control Total agreed</li> <li>12. Financial plan agreed</li> </ol>	<ol style="list-style-type: none"> <li>1. Monthly reporting to Board and FIC.</li> <li>2. Monthly &amp; Quarterly reporting to NHS I and NHS I feedback</li> <li>3. ODG monitoring progress of BRS plans.</li> <li>5. Budget Reduction Strategy policy and procedure agreed by Finance and Investment Committee and Trust Board.</li> <li>6. BRS reporting to Finance and Investment Committee on a monthly basis.</li> <li>7. External Audit position.</li> </ol>	<ol style="list-style-type: none"> <li>1. Delivery of BRS.</li> </ol>	Financial Improvement Targets for Trust do not take into account Impact of the Agenda for Change Pay Award funding pressure	Possible	Catastrophic	15	Significant	<ol style="list-style-type: none"> <li>1. Budget Reduction Strategy implementation.</li> </ol>	Iain Omand	Peter Beckwith	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	10	High		

## Trust-wide Risk Register

Row	Risk ID	Description of Risk	Impact/ Consequence Type				Key Controls	Sources of Assurance	Gaps in Controls/ Controls currently failing	Gaps in Assurance	Likelihood (Current)				What additional actions need to be completed?	Target risk						
			Likelihood (Initial)	Impact (Initial)	Initial Risk Score	Initial Risk Rating					Likelihood (Current)	Impact (Current)	Current Risk Score	Current risk		Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score
6	LDC44	Unviable CAMHS on-call rota which may impact the quality of service delivery and the safety of patients.	Safety	Likely	Severe	16 <b>Significant</b>	1. One CAMHS consultant currently supporting the rota. 2. Initial meeting undertaken with Consultants	1) Senior Responsible officer in place. 2) CAMHS Consultant meeting. 3) CAMHS In-patient Unit Mobilisation Board. 4) ODG 5) EMT 6) Divisional Service Meetings	1) Development of support and training for existing staff in covering rota inclusive of new inpatient services. 2) Individual conversations to be undertaken with consultant body.	Rota requests compromises consultant cover for every other Monday.	Likely	Severe	16 <b>Significant</b>	1. Meeting to be arranged with Adult services consultants to identify potential solutions to cover rota arrangements. 2. Development of support and training for existing staff in covering rota inclusive of new inpatient services. 3. Individual conversations to be undertaken with consultant body to discuss potential solutions. 4. Ongoing rota to be developed and agreed.	Peter Flanagan	Lynn Parkinson	CAMHS In-patient Mobilisation	EMT	Rare	Severe	4	<b>Moderate</b>