

**Council of Governors
Public Meeting – Thursday 8 July 2021**

For a virtual meeting to be held at 2.00pm by Microsoft Teams

		Lead	Action	Report Format
	Standing Items			
1.	Apologies for Absence	SM	To note	verbal
2.	Declarations of Interest	SM	To receive & note	√
3.	Minutes of the Meeting held on 15 April 2021	SM	To receive & approve	√
4.	Actions Log and Matters Arising	SM	To receive & discuss	√
5.	Patient Story – My Journey – Tom Nicklin	MD	To receive & note	√
6.	Chair's Report	SM	To note	verbal
7.	Chief Executive's Report	MM	To receive & note	√
	Corporate			
8.	Public Trust Board Minutes – March, April & May 2021	SM	To receive & note	√
9.	Appointments, Terms and Conditions Committee Effectiveness Review	SMu	To receive & approve	√
	Performance & Delivery			
10.	Performance Update	PBec	To receive & note	√
11.	Finance Report	PBec	To receive & note	√
	Governor Issues			
12.	Governor Groups Feedback & Activity	All	To receive & note	√
13.	Responses to Governor Questions – no questions received	All	To note	verbal
14.	Any Other Business			
15.	Date, Time and Venue of Next Meeting Thursday 7 October 2021, 2.00pm, by Microsoft Teams			

Agenda Item 2

Title & Date of Meeting:	Council of Governors Public Meeting – 8 July 2021			
Title of Report:	Declarations of Interest			
Author/s:	Name: Jenny Jones Title: Trust Secretary			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	To provide the Council of Governors with an updated list of declarations			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Appointments, Terms & Conditions Committee		Engaging with Members Group	
	Finance, Audit, Strategy and Quality Governor Group		Other (please detail)	Quarterly report to Council
	Trust Board			
Key Issues within the report:	Governors are asked to note the report and to inform the Trust Secretary of any further changes to their declarations. Any declarations made by Governors are included on the publicly available register.			

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 Disclosure?			No	

Governors' Declaration of Interests

Constituency	Governor	Interests Declared
Elected – Hull Public	Eric Bennett	None
	Helena Spencer	<ul style="list-style-type: none"> • Trustee/Director of the Homeless Charity, Emmaus Hull
	Vacant	
	Vacant	
Elected – East Riding Public	John Cunnington	None
	Vacant	
	Huw Jones	<ul style="list-style-type: none"> • Vice Chair, Oakfield School, Hull • Mobilisation Lead, Maldaba Ltd • Director, Innov8 Consulting • Undertaking a review of LD Inpatient beds for the Humber, Coast and Vale ICS. It is a short term project due to finish in mid January 2021. I am doing that as part of my work in Innov8 Ltd
	Sue Cooper	<ul style="list-style-type: none"> • Membership as a retired Nurse of the Royal College of Nursing
	Sam Muzaffar	<ul style="list-style-type: none"> • Councillor, Elloughton-cum Brough Town Council • Director of a Limited Company providing General / Performance management Consultancy.
	Fiona Sanders	TBC
Elected – Wider Yorkshire & Humber Public	Tim Durkin	<ul style="list-style-type: none"> • Member of Hull and East Yorkshire Mind • Member of (National) Mind • Member of MIND
Elected Whitby	Doff Pollard	<ul style="list-style-type: none"> • Cleveland Ironside Mining Museum • Action with Communities in Rural England (ACRE) • Volunteer - Captain Cook Memorial Museum and Skinningrove Bonfire Committee, Whitby Community Transport • Member of the Whitby Group Practice - Patient Participation Group and represent them on the Patient and Partner Network of the HRW section of the NYCCG
Service User and Carer	Jean Hart	<ul style="list-style-type: none"> • NHS PACE Champion for Humber • NHS Humber Research Volunteer • Alzheimers Society Research Network Volunteer • Hull City Council - Library Links (Reading Rooms Volunteer • Older Peoples Partnership Hull & East Riding Charitable Trust Member • Hull University Dementia Advisory Board

		<ul style="list-style-type: none"> • Marfleet Community Gardens Volunteer & The Green Corridor (Cycle Path) Working Group Member
	Vacant	
Elected - Staff	Craig Enderby (clinical)	None
	Jack Hudson (clinical)	None
	Tom Nicklin (non clinical)	TBC
	Mandy Dawley (non clinical)	None
	Anne Gorman (non clinical)	None
Appointed	Gwen Lunn (Hull City Council)	TBC
	Cllr Nigel Wilkinson, East Riding of Yorkshire Council	<ul style="list-style-type: none"> • Ward Cllr of East Riding of Yorkshire Council • Trustee of the Yorkshire Cadet Trust • Trustee of the Spaldington Educational Foundation • Volunteer with the Army Cadet Force
	Jacque White Hull University	<ul style="list-style-type: none"> • Mental Health Strategy Lead • I sometimes accept fees and expenses for speaking at meetings organised by the Pharmaceutical industry. In the last year this was on two occasions for Janseen-Cilag Ltd. I presented my own work. This activity was approved by my Dean. • Member of the Labour Party • Trustee of The Warren Youth Centre
	Voluntary Sector, Andy Barber, SMILE	<ul style="list-style-type: none"> • Charity Manager for SMILE currently working on the Charitable Funds redevelopment for the Trust • Health Stars • Sub Contract for VCSE contract
	Paul McCourt, Humberside Fire and Rescue	<ul style="list-style-type: none"> • Director of Public Safety, Humberside Fire and Rescue Service
	Jenny Bristow, Humberside Police	None

Agenda Item 3

**Minutes of the Council of Governors Public Meeting held on
Thursday 15 April 2021 via Microsoft Teams**

Present: Sharon Mays, Chair
Michele Moran, Chief Executive
Sue Cooper, East Riding Public Governor
Mandy Dawley, Staff Governor
Tim Durkin, Wider Yorkshire & Humber Public Governor
Anne Gorman, Staff Governor
Jean Hart, Service User & Carer Governor
Jack Hudson, Staff Governor
Huw Jones, Lead Governor & East Riding Public Governor
Gwen Lunn, Appointed Governor, Hull City Council
Paul McCourt, Appointed Governor, Humberside Fire & Rescue
Sam Muzaffar, East Riding Public Governor/Lead Governor
Tom Nicklin, Staff Governor
Doff Pollard, Whitby Public Governor
Fiona Sanders, East Riding Public Governor
Helena Spencer, Hull Public Governor
Jacquie White, Appointed Governor, University of Hull
Nigel Wilkinson, Appointed Governor East Riding of Yorkshire Council

In Attendance: Peter Baren, Non Executive Director
Mike Cooke, Non Executive Director
Francis Patton, Non Executive Director
Dean Royles, Non Executive Director
Peter Beckwith, Director of Finance
Steve McGowan, Director of Workforce & Organisational Development
Lynn Parkinson, Chief Operating Officer
Jenny Jones, Trust Secretary
Katie Colrein, Membership Officer

Apologies: Andy Barber, Appointed Governor, Smile Foundation
Eric Bennett, Hull Public Governor
Jenny Bristow, Appointed Governor Humberside Police
John Cunnington, East Riding Public Governor
Craig Enderby, Staff Governor

The meeting was held virtually via Microsoft Teams due to the restrictions of Covid 19. The meeting was also live streamed.

The Chair welcomed Cllr Nigel Wilkinson to his first meeting as the appointed Governor for East Riding of Yorkshire Council.

16/21	Declarations of Interest
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	<p>Any changes to declarations should be notified to the Trust Secretary. The Chair requested that if any items on the agenda presented anyone with a potential conflict of interest they should declare the interest and remove themselves from the meeting for that item.</p> <p>Mrs Cooper declared that she is a member of the Royal College of Nursing.</p>
17/21	<p>Minutes of the Meeting held on 15 January 2021 The minutes of the meeting held on 15 January 2021 were agreed as a correct record.</p>
18/21	<p>Matters Arising and Actions Log The action log was reviewed and noted.</p>
19/21	<p>Staff Survey Mr McGowan gave a presentation on the national staff survey results. The survey is completed by all provider trusts and results are benchmarked against the 52 other mental health/learning disabilities/community organisations.</p> <p>Response rate for this year was 43% compared with 40% last year. Information has been shared with managers to help them shape their plans for the coming year. The results can be broken down in different ways. An area of focus is on estates and auxiliary staff as there is work to be done to ensure this group is engaged going forward.</p> <p>Nationally three of the scores increased, one went down and 6 remained the same. Every theme in the Trust saw an increase in scores. Within these themes area of strength were 77, 32 areas for opportunity and 8 required improvement. 29 of the 32 areas for opportunity did increase, but not to a significant level. There is some work to do to reach the average scores with other organisation. We are above average for 3 and below average for 6 areas.</p> <p>Two key questions are would you recommend the organisation as a place to work and to have treatment. Scores improved in both of these areas and a big increase in recommendation as a place to work.</p> <p>Mr McGowan explained there are reasons to celebrate and some good news stories. Questions around the areas of equality and discrimination scored above average with our comparator trusts. The investment that has been provided through equality groups and staff groups is positive. Investment in our managers has been progressed and we have two leadership programmes as part of Proud programme. Themes within this included leaving the organisation and a more positive response was recorded in the survey. Wellbeing is important to the organisation and there has been real improvement in this score and opportunities to improve team work.</p> <p>Wellbeing was an area we wanted to improve. The Trust has a staff wellbeing group. It is good to see that this is working its way through as to how staff feel to work for the organisation.</p> <p>We still have some work to do on Musculo-Skeleto (MSK) and as a result have introduced a fast track physio service for staff from 1 March.</p> <p>The organisation is still, below average on immediate managers supporting staff and will continue to invest in managers and staff.</p> <p>Incidents and how staff are treated is positive, but there are some areas where further improvement is required.</p> <p>The lowest scoring, must improve areas below 40% have been priorities for the organisation. There has been a reduction from 12 areas (in 2019) to 8 which is good. The areas which was a reduced score and an area of investment is rest areas for staff and a programme of work is being progressed over the next year. In every other area scores are going in the right direction.</p>

The survey showed that the right areas are being focussed on, recruiting more staff, resetting of establishments, filling vacancies and allowing staff to take breaks which is critical to the recovery agenda. Directorates are given their results to help their planning for the year and presentations are given to the Workforce and Organisational Development Committee.

The Chair said that during her time on the Board this has been the best set of results and is something to be celebrated. There is more to do but the results are a testament to the hard work that has been put in by all the teams. Well done to all.

Cllr Lunn felt the figures are reassuring and would like to see if there is an analysis how long people have been in the organisation and how things may have changed. Mr McGowan confirmed that data is broken down by age range and length of service and it is something that could come back to the Council at a later date.

Mr McGowan explained that there are catch up sessions for staff when they have been in post for 6 months to ask if there is anything that has not gone right.

Mrs Sanders asked that as staff are given time to complete the survey how will those who are reluctant to complete it being encouraged. Mr McGowan said that this will be done by targeting some of the areas but as we have been in a pandemic some people may not have been able to complete it. Protected time is given to complete the survey but there may be other issues that prevented this, but all that can be done to encourage participation will be progressed. It is clear in vodcasts that the message is going across corporately. The survey is anonymous so there is only so much that can be done.

Mrs Sanders asked if this is part of the Proud programme. Mr McGowan confirmed that each year we show what has been done as a result of listening and it gives people confidence.

The Chair said that you can see that the results are used and owned by teams. The Staff Health and Wellbeing Board use the information and it becomes real for staff about what they can do with a real cultural shift that can help make real change. Mr Patton acknowledged that the presentations given at the Workforce & OD Committee have been well received and welcomed.

Mr Nicklin asked with the staff survey areas that receive positive feedback, if there are any links with the Friends and Family Test (FFT) for example where there are good staff results in the same areas as the FFT and whether there is any correlation. Mr McGowan felt there is some correlation and it is discussed as part of the Accountability reviews where the high levels of engagement and positive scores are seen. The Patient and Carer Experience team also use this data to focus on areas that need to be improved.

The Chief Executive recognised that steady progress has been made over the last four years when the organisation was bottom of the league table. There is a lot of research that shows that happy staff is better for the patients and it is important to take this as a dashboard and suite of information, FFT, length of stay and sickness absence etc that brings it all together. It is also a good recruitment tool. There is more work to do as a collective and to triangulate the suite of information that can be used to improve areas.

Mr Jones said that building on these points the governor group that looks at these areas would be a good place to pick up on quality link to workforce agenda in the Autumn. It is good to see such an overall improvement in these areas.

Mrs Dawley reiterated that on the back of last year's results PACE reached out to corporate services to identify staff champions as well as clinical services. The team attended various team meetings to talk about how teams can include patients and service users in their work. These results are valuable to help to see where the progress has been made.

	<p>Mr Royles added that the results go through the Workforce Committee and Quality Committee and the Committee often identify areas of linkages between the two eg pharmacy technicians based on wards new ways of working through wards and the work on health inequalities and diversion and it would be a good idea to pick up in the Governor Group</p> <p>Resolved: The presentation was noted.</p> <p><u>Update on length of service and experience of staff to be provided at the next meeting to see how their views may have changed Action SMCg</u></p> <p><u>The next Quality, Workforce and Mental Health Legislation Governor Group to have a focus on the quality link at its next meeting Action DR</u></p>
20/21	<p>Chair's Report</p> <p>The Chair provided a verbal update on her activities and news since the last meeting. These included:-</p> <ul style="list-style-type: none"> • Attended various regional and ICS meetings. Met with partners from HCV • Met with other chairs to discuss new ways of working and encourage joint working. • Met with the Regional Director who was positive about the Trust • Attended the Patient and Care Experience Forums • The Chair is the staff wellbeing champion and attended. The Staff and Health Wellbeing group who have recently agreed their priorities • Continued to hold (in conjunction with the Chief Executive) the virtual staff awards. • Attended the Trust's Easter service • Met regularly with Governors and the Chair is grateful for the time they give as volunteers. • Two Governor sessions were held on the mental health pathway including the Mental Health Inpatient Redesign and Community Services pathways for patients <p>A reminder was given of the 23 April session on ICS for Governors for anyone who wants to join.</p> <p>Resolved: The verbal update was noted</p>
21/21	<p>Chief Executive's Report</p> <p>The Chief Executive presented her report which gave an update on the local issues and drew attention to the following areas:-</p> <ul style="list-style-type: none"> • The Trust circulated Flu vaccination certificates to peer vaccinators. Figures have improved year on year. • Thank you certificates and badges are being circulated to Covid vaccinators • The organisation continues to support and thank staff and have allocated an extra annual leave day to be taken on or around their birthday to spend time with friends and family • An Anniversary video has been made to show positivity and journey how much people have been through over last year. • The Trust has relaunched the Trust's book around positive stories and continue to update this. Copies are available to buy. • Well done to the Communications team for achieving recognition for the changes to the website. It is great to be in the top 5 in the country with all the work being done inhouse. Thanks to the team for their hard work! • Youth Board – this will be a great forum for getting feedback from our young people and will be an influencing group. • The contract with Shiny Minds has been extended and the app is being used by staff. • Social Values report – the report was recently published. • Mental Health Awareness Week is taking place • Accommodation at Trust HQ and the blended approach going forward. It has been

	<p>made clear to staff that working will not look the same as it did before the pandemic and plans are taking place on how we take this forward.</p> <ul style="list-style-type: none"> • The Trust is looking at organising a celebration event for staff and a survey has been sent out to gain staff views on how this can be done. • ICS - Legislation starts to go through Parliament in May, nothing about Foundation Trusts as yet. The Chief Executive is involved in governance and continues to lead the two pieces of MH/LD work and another piece of work about what provider collaboration looks like. Part of the Act relates to provider collaboratives and working together around the tendering process. <p>Mr Jones said it was fantastic that the organisation is looking at social values and to being involved in this. He wished to congratulate everyone on the work of the Youth Board and it is fantastic to see structure and a process for this.</p> <p>In relation to the corporate accommodation Mr Jones referred to a book on the Medici Effect ensuring there are spaces where people can come together, share and be innovative.</p> <p>Mrs Pollard explained that there is a huge amount of work going on in Whitby and plans are moving forward especially with the fund raising suggesting that the plans could perhaps be shared at a Development session. In terms of the blended approach, personally she found it a challenge to travel to all meetings and it had been great with virtual meetings and she was keen that attention should be given so there can still be virtual attendance in the future. The Chief Executive said that staff are also saying this and are content and happy with the approach. They reflected that it was difficult at first, but it gets easier especially with more social interaction becoming available. The organisation is looking at meetings and most meetings will be on MST as staff saying less travel and more availability. It is also being looked at from an environmental approach too. An update will be brought to the June Development Day on Whitby fundraising.</p> <p>Resolved: The report and verbal updates were noted. <u>It was agreed to send the round MH awareness brief when finalised and the link to the anniversary video. Action KC</u> <u>An update on the Whitby fundraising to be provided at the June Development Day Action SMcG</u></p>
22/21	<p>Council of Governors Effectiveness Review</p> <p>The Chair thanked the Head of Corporate Affairs for producing the report which forms part of a suite of documents and included the Terms of Reference. The Engaging with Members review is on the agenda for today's meeting and the remaining two Governor groups reviews will come to the next meeting.</p> <p>Resolved: <u>The report was noted and the Terms of Reference for the Council of Governors approved.</u></p>
23/21	<p>Public Trust Board Minutes November 2020, January and February 2021</p> <p>The minutes of the public Board meetings for November 2020 and January and February 2021 were provided for information.</p> <p>Resolved: <u>The minutes were noted.</u></p>
24/21	<p>Covid 19 Update</p> <p>The report provided an overview of the ongoing arrangements and continuing work in place in the Trust and with partner organisations to manage the Covid 19 emergency. Mrs Parkinson reported that the national alert level reduced from 4 to 3 due to the improved position of admissions to acute hospitals and improved infection rates. Further reduction has also been seen since the report was produced.</p>

The report demonstrated that the anticipated pressures across some services are being seen due to the impact of Covid 19. This is particularly impacting on mental health services and some demand for inpatient beds. Actions are being taken to mitigate these pressures. Community services in Scarborough and Ryedale are also experiencing pressures due to the impact of the pandemic to support people for early discharge and there has been some success in this area which needs to be maintained although demand remains high in the area.

An increase in demand for Primary Care has been seen with the vaccination programmes and the GP practices are busy. The vaccination programme for staff is nearing completion and will end after the weekend.

The Staff Health and Wellbeing agenda has a continued focus on staff as it has during Covid 19. With the pandemic abating, the agenda has started to look at the trauma informed approach and what staff have been through to ensure robust plans are in place. The expected demand for children and young people's services is being seen with increasing demand for eating disorders and crisis inpatient support. The organisation is working closely with system partners to see what more can be done.

The Chair explained that if there are any questions around vaccinations these can be picked up at the next Development Day as the Medical Director and Director of Nursing will be joining the session.

Professor Cooke appreciated the report and the work undertaken by the Medical Director and Director of Nursing. It has been tragic for a lot of people, but the vaccination programme, staff engagement, visits, leadership team have worked in partnership and collaboration resulting in a successful organisation. Staff are feeling valued, safe and are being able to keep patients safe. Well done to everyone for this.

Regular updates have been circulated to Governors during the pandemic, however the Chair suggested standing these down from today which was supported by Governors.

Resolved: The report and verbal updates were noted

25/21

Performance Update

Mr Beckwith presented the performance as at the end of February 2021. Information was provided on the following areas, which had fallen outside the normal variation range:-

- Cash in Bank
- Waiting Times
- Sickness Levels

A separate update was included on waiting lists.

Mr Patton complemented the team for the financial performance of the Trust during a difficult time and under challenging circumstances. A session on finance is planned for Governors. Mr Jones reported there was a meeting of the Finance and Audit Governor group recently and it was good to see the audit and finance papers which were positive. He also thanked the team for their work over this time. Planning guidance has been published and he is looking forward to seeing the profiles for the organisation. From reports on Covid 19 cities like Hull have been affected horrendously by this especially around inequalities and children. Sooner rather than later an understanding of what is being put in place to tackle these areas and waiting lists is needed.

Mr Beckwith will be providing further detail at the next meeting on the Development Day with a focus on the cash position and opportunities and explaining why we cannot necessarily spend the cash in the bank. The Chief Executive explained that it is not just about the money it is the

	<p>factors and complexity issues in relation to waiting lists. She is leading a piece of work in the HCV around children and young people to see how we can operate better across the patch. Capacity and recruitment are challenges and inter relationships with Local Authority and how we maximise and support them with the Looked After Children system. More funding is coming from the allocation but a creative solution is needed which is a challenge with ongoing issues. It is not just about being different, but also in a more radical way.</p> <p>Mr McCourt said that given the reports from Mrs Parkinson and debate at the last meeting there were elements that are out of the control of the Trust and he wondered if now is the time to revise control limits and threshold limits to help. The Chief Executive said it is not about control limits it is about how we move this forward in the system more creatively and hopefully ICS and provider collaboratives will allow this to happen.</p> <p>The Chair said it is encouraging that this is being looked at through the system to find a creative solution rather than a temporary fix</p> <p><u>Resolved:</u> The report and verbal updates were noted.</p>
26/21	<p>Finance Report</p> <p>The report provided the Council of Governors with a summary of financial performance for the Trust for the 3 month period December 2020 to February 2021. Mr Beckwith drew the Council's attention to:-</p> <ul style="list-style-type: none"> • For 2020/21 normal contracting arrangements between NHS organisations have been ceased and the Trust is receiving a block income allocation. • As at the end of February 2021, the Trust had recorded an operational breakeven position. • Cost in relation to the COVID pandemic for Months 1 – 11 total £13.186m. • The Cash Balance at the end of February 2021 was £43.753m, which is inclusive of 1 months advance block income (circa £10m). <p>Mr Durkin referred to the Income and Expenditure summary which showed that clinical services spent more in February which would hopefully reduce the underspend of clinical services. He felt this was good to see as a result of his queries at the last meeting but it showed that resources are being put in and staff are being employed. Mr Beckwith said this contributes of the profiling of budgets and the CMHT pilot which is nearly fully recruited to. Operational expenditure and clinical services has accelerated over the last three months.</p> <p>Mr McCourt congratulated the team to achieve this level of sustainability in a dynamic and moving environment.</p> <p>The Chair agreed that it had been an achievement to maintain the position in a pandemic and congratulated everyone involved.</p> <p><u>Resolved:</u> The report was noted.</p>
27/21	<p>Annual Declarations</p> <p>The report provided the Council of Governors with a summary of the annual declarations that are required to be made by the Trust, evidence of how the Trust meets these declarations and ensuring that the views of Governors have been taken into consideration.</p> <p>Mr Durkin had raised some queries outside of the meeting and these have been responded to outside of the meeting.</p> <p>The report will also go to the Board as part of the annual declarations.</p> <p><u>Resolved:</u> The annual declarations were approved</p>

28/21	<p>Engaging with Members Governor Group Effectiveness Review & Terms of Reference Mrs Pollard presented the report. She explained there is a lot of enthusiasm in the group. The Trust has supported Mrs Pollard to go on a course around the expectations of Trust members.</p> <p>The Chair thanked Mrs Pollard for agreeing to chair this group.</p> <p>The effectiveness review was presented to the Council and included the terms of reference.</p> <p><u>Resolved:</u> The report was noted and the terms of reference were approved.</p>
29/21	<p>Governor Groups Feedback and Activity The report provided feedback from the Governors Groups that have been held recently.</p> <p>A new chair is being sought for the Quality, Workforce and Mental Health Legislation Governor Group. If anyone is interested in the role please contact the Chair or Mr Jones.</p> <p><u>Resolved:</u> The report was noted.</p>
30/21	<p>Responses to Governor Questions No questions had been raised since the last meeting.</p> <p><u>Resolved:</u> The verbal updates were noted.</p>
31/21	<p>Any Other Business No other business was raised</p>
32/21	<p>Date and Time of Next Meeting Thursday 8 July 2021, 2.00pm by Microsoft Teams</p>

Signed..... Date
Chair

**Action Log:
Actions Arising from Public Council of Governor Meetings**

Summary of actions from April 2021 meeting and update report on earlier actions due for delivery in July 2021						
<i>Rows greyed out indicate action closed and update provided here</i>						
Date of Meeting	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
15.4.21	19/21(a)	Staff Survey	Update on length of service and experience of staff to be provided at the next meeting to see how their views may have changed	SMcG	8 July 2021	This detail cannot be provided as the results are not broken down in this way.
15.4.21	19/21(b)	Staff Survey	The next Quality, Workforce and Mental Health Legislation Governor Group to have a focus on the quality link at its next meeting	DR	June 2021	Completed
15.4.21	21/21(a)	Chief Executive's Report	It was agreed to send the round MH awareness brief when finalised and the link to the anniversary video.	KC	April 2021	Completed 28.4.21
15.4.21	21/21(b)	Chief Executive's Report	An update on the Whitby fundraising to be provided at the June Development Day	SMcG	June 2021	Newsletter circulated 10.6.21 – update included in Chief Executive's report in Director of Finance update
Outstanding Actions arising from previous Council meetings for feedback to a later meeting						
14.1.21	11/21	Finance Report	Discussion to take place around finance at the relevant	Huw Jones	March 2021	The item was not discussed as Pete

			Governor Group meeting and questions circulated in advance of the meeting			Beckwith was unable to attend the meeting. Mr Beckwith sent his deputy to the meeting who was not able to pick the item up. Mr Beckwith has suggested that the item be discussed at the next Governor Development session.
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A copy of the full action log recording actions reported back to the Council and confirmed as completed/closed is available from the Trust Secretary



Agenda Item 5

Title & Date of Meeting:	Council of Governors Public Meeting - 8 th July 2021			
Title of Report:	My Journey – Tom Nicklin			
Author/s:	Tom Nicklin			
Recommendation:	To approve		To receive & note	
	For information	√	To ratify	
Purpose of Paper:	To inform the Council of Governors about Tom's journey from service user to gaining employment with the Trust.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Patient/Carer Story	√
Key Issues within the report: <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<p>The key messages from Tom's story are:</p> <ul style="list-style-type: none"> The journey service user to being involvement in Trust activities and gaining employment within the Trust. 			

Monitoring and assurance framework summary:

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

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

Agenda Item 7

Title & Date of Meeting:	Council of Governors Public Meeting – 8 July 2021			
Title of Report:	Chief Executive's Report			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve	✓	To receive & note	✓
	For information		To ratify	
Purpose of Paper:	To provide the Council of Governors with an update on local, regional and national issues.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Report to Council	✓
Key Issues within the report:	<ul style="list-style-type: none"> Identified within the report 			

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	

Chief Executive's Report

1 Around the Trust

1.1 Meet Michele

At the last session of 'Meet Michele' over 80 staff members attended. This is a discussion forum for all staff which will continue via MST. Good feedback was given on the recovery and staff support work taking place alongside the capital developments. Concerns centred on raising demand and acuity.

1.2 Recovery and Restoration Work

The recovery and restoration work progresses across the organisation this will support staff taking time away and recharge. This has been a large consultative and joint venture with staff.

You're a Star thank you is part of this and will be developed with staff. More details will be presented on all aspects of our recovery plan to the Workforce & Organisational Development Committee and the Board.

I thank all staff who have been involved, for their comments and suggestions,

1.3 Leadership Programme

The blended approach to the leadership programme continues and is receiving positive feedback. I attend each cohort opening day.

1.4 Staff Health Trainer Post Pilot

The Executive Management Team has agreed to pilot a Staff Health Trainer post which will help support our health and wellbeing work.

2 Around the Region

2.1 Hull Place

At the last Hull place meeting we majored on wealth creation. Wealth creation is vital to our communities and service users it also links strongly to the work that we are doing about access to employment, recovery and being a leading anchor organisation.

2.2 NAVIGO

Jane Lewington currently Chief Executive will replace Tom Hunter as Chair from September.

2.3 South West Yorkshire Partnership Foundation Trust

Rob Wester has signalled his intention to take a full time secondment to carry on his work leading the West Yorkshire ICS. Mark Brooks, South West Yorkshire Partnership FT Director of Finance will be acting Chief Executive.

3 National News

3.1 Integrated Care System Design Framework

The Integrated Care System long awaited design framework has been published.

3.2 NHS Chief Executive Recruitment

Recruitment for Sir Simon Stevens replacement continues. Announcement of his replacement is due in August.

4 Covid-19 Summary Update – June 2021

This update provides an overview of the ongoing arrangements and continuing work in place in the Trust and with partner organisations to manage the ongoing Covid-19 emergency. The NHS national incident level was downgraded to Level 3 on 25th March 2021 due to hospital admissions and the number of deaths reducing.

As of the 12th June 2021 the confirmed cases of Covid-19 for Yorkshire and the Humber are:

Positive Test and Trace Update – Case increase and latest 7-day rate per 100,000.		
Area	Actual increase in positive tests in latest 7 days (06 June – 12 June)	7 day rate per 100,000 for 7 days previous* (06 June – 12 June)
East Riding of Yorkshire	106	31.1
Hull	75	28.9
North East Lincolnshire	149	93.4
North Lincolnshire	29	16.8
Yorkshire and Humber	4,471	81.2
England	42,044	74.7
Source: PHE Daily Briefing		
<i>*Test results are updated every day and so rates are liable to change.</i>		

For the same period the 7 day rate per 100,000 population for Scarborough is 18.0, for Ryedale is 33.0 and Hambleton is 27.0.

As of 16th June 2021, there have been 1,339 hospital deaths due to COVID-19 across the Humber area. This includes 858 deaths registered by HUTH, 453 deaths registered by NLAG, 26 deaths registered by CHCP (East Riding Community Hospital) and 2 death registered by HTFT. York Teaching Hospitals NHS Trust recorded 592 deaths over the same period.

The Trust has recorded no cases of Covid-19 positive inpatients during the last month and staff sickness absence related to Covid has reduced further. Due to this improved and now stabilised position, along with the successful roll out of both the first and second dose of the Covid vaccine, our Emergency Preparedness, Resilience and Response (EPRR) command arrangements remain stood down. The new Covid- 19 Task Group continues to coordinate and oversee our response to any ongoing requirements. The group meets fortnightly, is chaired by the Deputy Chief Operating Officer and reports to the Executive Management Team (EMT). Twice weekly Sitrep reporting remains in place to monitor the ongoing impact of the pandemic on our services. The command arrangements will be quickly stood up again if required, this remains under close monitoring particularly as the infection rates are now rising in some areas due to the delta variant.

Operational service pressures remained high in some areas in May and June with the highest pressures seen in our community services in Scarborough and Ryedale due to high demand from the acute hospitals for discharges to be supported along with increased demand from primary care and in our Children and Adolescent Mental Health services (CAMH's). This led to the Trust

experiencing overall operational pressures escalation levels (OPEL) varying between 2 (moderate) and 3 (severe pressure) predominantly for periods during May and June.

CAMH's services are continuing to experience increased demand for both community and inpatient services in line with the nationally anticipated surge due to the direct impact of the pandemic on children, young people and their families. Break down of placements for young people in residential care is leading to urgent and crisis admissions to the acute hospital and mental health beds. System and ICS work is ongoing to enhance provision to support out of hospital care. Work continues to focus on reducing waiting times in these services, particularly in relation to autism diagnosis.

We continue to have a contingency plan through a mutual aid arrangement with Navigo to access additional mental health beds when required. Work on the new capital scheme at Maister Lodge is progressing well and will provide up to five new functional older peoples beds from early summer 2021. The new day treatment services continues to be effective at avoiding admission for some older people. Our overall bed occupancy has remained above its usual level in May and June with the pressures especially high for mental health beds and our community beds at Malton and Whitby Hospitals, it has been between 74-82%. The overall number of available beds is reduced due to the need to provide isolation/cohort beds for covid symptomatic and positive patients and infection control requirements. To address this shortfall and ensure beds are available when required the Trust has continued to block book independent sector beds and the position is continuing to be monitored very closely. The use of these beds will improve when the capital scheme completes and the additional older peoples beds open. Nationally requirements are in place to eradicate the use of out of area beds and our services are implementing plans to achieve this, this remains a challenge however as covid safe working practice remains in place.

Our primary care practices are also continuing to experience a rise in pressure and activity due to undertaking Covid vaccinations alongside higher than usual demand.

During May and early June the position relating to sickness absence has remained stable, however the business continuity plan for Malton ward was implemented for a short period due to high demand and the number of posts vacant in the service. A bespoke recruitment campaign is underway to address registered staffing shortfalls particularly in the Ryedale area.

Testing and Isolation Arrangements

The Trust continues to carry out swab or polymerase chain reaction (PCR) tests for any patients in our inpatient beds that have symptoms of Covid-19. Isolation areas remain in place for all of our inpatient services. Mill View Court, our Covid-19 positive isolation cohort ward for our mental health and learning disability patients remains operational and isolation beds remain available on Darley ward at the Humber Centre.

Lateral Flow (asymptomatic staff testing)

The Trust continues to encourage all staff to undertake twice weekly Lateral Flow Antigen Testing. Over 54,743 tests have been reported since December with 65 positive results which have been followed up by PCR tests and normal infection control procedures.

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

Covid-19 Vaccine

The Trust vaccination centre at Willerby Hill has continued to operate as a Primary Care Network

Site for Harthill PCN since the second dose programme for delivering vaccine to our staff was completed. The uptake for the 2nd dose has improved and is around 90% of all Trust staff with a

consistently high uptake across all services and divisions. A key area of focus has remained on bank colleagues where uptake has also improved in the last month.

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

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

Safe Working in our Environments

In accordance with the Government published guidance "Working safely during coronavirus (COVID-19)" Covid safe working measures remain in place across the Trust.

The programme of works being undertaken to install mechanical ventilation in clinical areas that have been identified as requiring it, is progressing well. Risk assessments and mitigating actions were already in place in those areas prior to the work commencing.

Staff Health and Wellbeing

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

Our staff have now experienced and worked through the pandemic for 15 months and in some areas service demand and operational pressures remain very high, they are continuing to tell us that they are feeling fatigued. Staff continue to have access to our psychologists for support and the Trust continues enhance its offer of wellbeing resources via the "ShinyMind" app. The Humber Coast and Vale Resilience Hub to support frontline staff remains operational and providing an increased offer of psychological and emotional wellbeing support for our staff.

Our communications team have continued their efforts to maintain a focus on staff health and wellbeing. Frequent "Ask the Exec" sessions continue and the last one took place on 27th May, these are positively received.

Focus has been maintained on those groups of staff that are more vulnerable to Covid-19, such as those with underlying health conditions, older staff, pregnant women, people from Black, Asian and Minority Ethnic (BAME) backgrounds and men. The guidance requires managers to liaise frequently with staff in any of the increased risk groups in order to support them and to consider if adaptations are needed to their roles. Uptake of the use of the risk assessment continues to be monitored closely to ensure that it has been offered to all vulnerable staff. This is a dynamic process and reviews of completed assessments are required to ensure that mitigation being taken to reduce risks and work role adaptations are effective.

Support remains in place for our staff who are experiencing long covid and this has been developed further. The Executive Management Team have undertaken further work and engagement to develop a "Reset and Recovery" plan which will be implemented over the next 12 months. Engagement with staff has been taking place through a range of forums to ensure that it will meet their needs including the Senior Leaders Forum. The plan is now being finalised and will be presented again at the next Workforce and Organisation Development Committee

Covid-19 Clinical Advisory Group

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

- Continuing to ensure that our covid related changes and interventions do not increase restrictive practices.
- Impact of long covid on both patients and staff
- Continuing to review clinical pathways to ensure that use of digital technologies promotes inclusion and maintains recovery rates.

Operational Planning - Recovery and Restore

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

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

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

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

The Trust continues to manage effectively the impact of Covid-19 within its ongoing arrangements. The current continuing phase of delivery and planning is crucial to ensure that we can sustain our services supported with adequate capacity to manage the ongoing anticipated increase in demand. Planning has now commenced for next winter, 2021/2022 which incorporates the learning from the pandemic to date.

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

Staff health, wellbeing and engagement continues to be paramount to our successful ability to achieve our plans and continued focus will remain on this. The efforts our staff make to keep our patients, their colleagues and themselves safe remains exceedingly impressive and we continue to demonstrate our appreciation for that.

5 Director's Updates

5.1 Chief Operating Officer Update

5.1.1 Community Mental Health Team Transformation – Primary Care Mental Health Network

The new Primary Care Mental Health Network (PCMHN) implementation is progressing well across each of the Primary Care Networks (PCN's) in Hull and the East Riding of Yorkshire (ERY). We continue to progress conversations with our colleagues within Primary Care to look at the new Additional Roles Reimbursement Scheme (ARRS) and how we can further enhance the offer available to us, ensuring we work together as a partnership and identify key roles that will help support mental health delivery at the heart of primary care. This work is being undertaken in addition to the current transformation roll out. The funding for these roles is supported by NHS England/Improvement and mental health practitioners were added to the scheme from April 2021. This wider scheme supports PCN's to be able to recruit new roles to expand their care team with NHS with a forecast of 26,000 additional staff working in general practice by 2024. This means that on average, each PCN will have approximately 7 full time equivalent (FTE) staff in 2020/21 rising to 20 FTE by 2023/24 through the ARRS, with the funding. The additional mental health practitioners will be employed by the Trust.

Part of the CMHT transformation work required us to review and develop a new approach which will replace the current Care Programme Approach review and policy. The new review has been developed with the recovery model, strengths based practice and person centred care at its core and has been co-produced with service users, carers and NHS staff along with our Local Authorities partners. The review also embeds the Care Act 2014 within it to reduce duplication of reviews for staff and those accessing services whilst ensuring needs are identified and planned for, promoting partnership working between organisations and achieving the best outcomes for those that access services. A final draft is due to be produced in the next month that will then progress through our clinical governance processes for approval.

Our Mental Health & Wellbeing Coaches within the PCMHN received 100% positive feedback in all areas of our Friends and Family Test over the previous 3 months. We have had some great feedback from people who have accessed a Mental Health and Wellbeing Coach through our Primary Care Mental Health Networks. Examples of this are:

"They delivered as promised. They promised me that I would be able to speak to a pharmacist about my medication and I received a call from a pharmacist within days."

"A service that treats you like a person not a statistic"

"I have received great treatment. I have no complaints"

5.1.2 Redesigning Adult Inpatient Mental Health Services

The target value design process (TVD) is now half way through the 12 week programme. The process involves the design team, mechanical and structural engineering consultants, cost consultants and a team from the Trust, all working together with the aim of achieving the optimum design for the best price.

Stage one of the process was to determine the cost for the current building design based on realistic outturn costs from similar building schemes, and this has already had some impact on reducing the capital costs. Further reductions are expected in stage 2 and stage 3.

As part of the second stage of work a workshop has taken place with the design and engineering team and the clinical and operational leads, to explore alternatives to the current design solution. Further meetings will take place over the next 3 weeks until a final design solution is agreed. The expectation is that further savings can be made.

The TVD process will complete at the end of July and the Strategic Outline Case narrative and financial models will be updated during August.

5.1.3 Mental Health Response Vehicle Pilot (MHRV)

We worked closely with Yorkshire Ambulance Services (YAS) to support the introduction of a Mental Health Response Vehicle Pilot which has now commenced. As part of NHS England's long term plan for mental health, commissioners are supporting investment in ambulance services across 3 key areas:

- Working with partner providers to increase capacity of mental health professionals in ambulance control rooms to improve telephone triage and support and to support other MH initiatives, including increasing opportunities for career development pathways for MH professionals to build experience across providers and sectors
- A national programme to increase mental health training and education for ambulance staff
- Funding for dedicated MH response vehicles to increase capacity to respond to mental health calls in a more timely manner and in a more suitable vehicle

The YAS Mental Health Project has been established to help plan and implement what this national initiative will look like at local level and the MHRV pilot is the first part of that project. The MHRV is based at Hull West Ambulance Station and operates in the Hull YE1 area for a 4 month period initially. It operates Sunday, Monday, Tuesday and Wednesday, 1400-0000 shift. MHRV crew will comprise ambulance service personnel who volunteered for the pilot due to a particular interest and/or experience in supporting patients with mental health issues. The volunteers have a range of backgrounds and credentials in both clinical and clinical support roles.

Prior to working on the MHRV the crew will have completed an approved 'Mental Health for Paramedics' training module. As the pilot progresses, the crews will be supported both individually and collectively by a clinical supervision team through a range of debrief; case review and open forum successes and lessons learned discussions which will not only support their own personal and professional learning and development but also play a key role in the pilot evaluation process. The emergent practice across the country is for the MHRV to be resourced by qualified Mental Health practitioners supported by an ambulance service colleague(s) and we have discussed this model with YAS as the one most likely to optimise outcomes for mental health patients. Whilst recognising the benefits this model would realise both for patients in mental health crisis and for the wider system, we aim to support this with staff from the Mental Health Response Service when we have capacity to do so as part of this pilot.

In line with the national Mental Health plan, the vehicle's prime purpose is response to calls for service for patients in mental health crisis. These will include: Calls to YAS from the public, or system partners that are triaged as suitable for the MHRV team e.g. not medically compromised:

- Requests from Humberside Police for conveyance of patients detained under S136.
- Requests from Healthcare Professionals (HCPs) for conveyance of patients being admitted to hospital, either under the Mental Health Act or informally.
- Requests from crews on scene with patients where the presentation suggests the primary problem is mental health related.
- Responding to Cat 5 – clinical call back - calls which have to be upgraded to an ambulance response because it has not been possible to make contact with the patient or complete a safe telephone triage.

The MHRV is a pilot, so whilst the national guidance and demand analysis have informed the calls to which it will respond at this stage, we expect there may be changes as the pilot moves forward and is evaluated.

5.2 Director of Nursing, Allied Health and Social Care Professionals

5.2.1 International Nurse Recruitment (INR) - Update

As previously reported, working in collaboration with five other Trusts we are looking to recruit 20 international nurses over the next 12 months. The Trust Recruitment Nurse is leading this initiative supported by the Assistant Director of Nursing.

In terms of progress we can report the following:

- An agency with expertise in international recruitment has been procured. The process of agreeing a timeline, recruitment requirements and strategy has now commenced. The framework for this is already complete and was part of the procurement process. We are still working towards a first cohort of five nurses arriving in August; however the timeline will be clearer following the initial meetings with the agency.
- We have employed on secondment an International Nurse Clinical Co-ordinator (INCC) who commenced on 1/6/21. Both the INCC and the Recruitment Nurse have completed the objective structured clinical examination (OSCE) train the trainer session for Registered Nurses in preparation for in house international recruitment OSCE training once our first 5 recruits arrive. This approach will support the nurses in the undertaking of their OSCE, hopefully resulting in more nurses passing first time and becoming registered nurses in line with the Nursing and Midwifery Council requirements.
- We are working with NHSE/I on a mental health OSCE as this does not currently exist, meaning it is currently not possible to register nurses from overseas as Registered Mental Health nurses in the UK without them undertaking an 18 month conversion course. We have two nurses from HTFT who sit on the National Mental Health International Recruitment Operational Group (NMHIR) supporting this work. The purpose of the group is to develop guidance for International Recruitment pathways in Mental Health NHS organisations and ensure that educational and professional development support is in place across all regions. Due to the involvement in these groups we are taking part in the MH OSCE train the trainer session in June. This is a new training session and will enable us to provide effective in house MH OSCE training.
- An initial mandatory/induction and pastoral plan (virtually delivered) has been developed. This will be completed by the international nurse during the quarantine period. Following quarantine the nurse will complete a 3 week OSCE training plan completing their OSCE exam in 4 weeks. This education plan aims to have the nurse working in the clinical area by weeks 5 to 8 as a B4 waiting for their NMC PIN.
- We have developed an online International Recruitment Hub which will provide information to support the nurse with OSCE training, life in the UK and working within HTFT etc. This will be ready to share in the coming weeks.

Progress updates in respect of international recruitment will continue to be reported to EMT and the Workforce and Development Committee.

5.2.2 Professional Nurse Advocate (PNA)

In March 2021 Ruth May Chief Nurse for England announced the role out of a brand new programme called "The Professional Nurse Advocate (PNA)". There is recognition that all sectors of the healthcare workforce were already experiencing widespread stress, mental health problems and burnout before the Covid 19 pandemic hit and the aim of this programme is to support nursing staff as they work towards recovery.

It's the first of its kind for nursing not only in England but the rest of the world. PNA training provides those on the programme with skills to facilitate restorative supervision to their colleagues and teams, in nursing and beyond. The programme has already successfully been delivered to nurses working in maternity and critical care and the outcomes point to improved staff wellbeing and retention, alongside improved patient outcomes.

The training programme equips those on it to listen and to understand challenges and demands of fellow colleagues and to lead support and deliver quality improvement initiatives in response.

The next stage of the roll out is to train Mental Health nurses across the country and Humber FT was asked to submit applications to NHS England for selection onto the programme. We have successfully recruited 5 nurses who started the training in June this year via Lancaster University with a completion date of August 19th.

The programme is accredited at Level 7 and includes academic assessment, poster presentations and competency portfolios. The focus is on restorative supervision and on the four functions of advocating for Education and Quality and improvement. Once completed the 5 nurses will meet with the Director of Nursing, Allied Health and Social Care Professionals to discuss next steps in terms of rolling out the approach across the Trust.

As the programme is the first of its kind NHS England are keen to measure and share its impact, and will commission an economic evaluation and independent research into the initiative.

5.2.3 The Domestic Abuse Act 2021

The Domestic Abuse Act received Royal Assent on 29th April. It gives us the first ever cross government statutory definition of domestic abuse as follows:

Any incident or pattern of incidents of controlling, coercive threatening behaviour violence or abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender or sexuality.

This includes forced marriage, honour based abuse and abuse relating to gender identity or sexuality. Abuse can be perpetrated by partners, ex-partners and family members, including children under the age of 18, adult children or siblings.

Included within the Bill is an important new clause that acknowledges children who see or hear, or experience the effects of domestic abuse, who are related to the person being abused or the perpetrator is also to be regarded as a victim of domestic abuse. Children will no longer be viewed as bystanders of domestic abuse, but victims in their own right.

In addition the Domestic Abuse Bill will implement/amend the following offences:

- A new offence of non- fatal strangulation/ suffocation.
- Extend the existing offence of disclosing private sexual photographs and films without the consent of the individual
- An amendment to the offence of coercive control will apply to former partners and family members who do not live together.

What does this mean for the NHS?

It has been estimated that nearly half a million victims and survivors of domestic abuse seek assistance from the NHS every year. Guidance for health professionals says that “domestic violence and abuse is so prevalent in our society that NHS and other provider staff will be in contact with adult and child victims (and perpetrators) across the full range of health services.

The Domestic Abuse Commissioner, Nicole Jacobs, has said that health must be central to strategic thinking. The Commissioner notes that health settings are trusted environments which can reach people “from every background and walk of life subjected to domestic abuse”. And it is therefore “critical” to ensure awareness about domestic abuse is embedded in the practices of all health settings.

A domestic abuse strategy is due to be published by the Government in 2021, alongside a new Violence against Women and Girls Strategy 2021-2024.

The Domestic Abuse Act will be in the revision of the national Safeguarding Accountability and Assurance Framework and the Standard NHS Contract with domestic abuse assurance to be included in the Safeguarding Commissioning Assurance Toolkit.

We will update our safeguarding training to encompass the Act and refresh our White Ribbon action plan in line with the Domestic Abuse Strategy and Violence against Women and Girls Strategy when it is published this year.

5.3 Medical Director

5.3.1 Annual Medical Education Awards

The Annual Medical Education awards were held on the 9th of July. It marked the final day of Dr Stella Morris as Director of Medical Education. The award ceremony can be viewed here [https://nhs-my.sharepoint.com/personal/j_lloyd_nhs_net/Documents/Microsoft%20Teams%20Chat%20Files/Annual%20Medical%20Education%20Awards%2020202021-20210609_102626-Meeting%20Recording%20\(1\).mp4](https://nhs-my.sharepoint.com/personal/j_lloyd_nhs_net/Documents/Microsoft%20Teams%20Chat%20Files/Annual%20Medical%20Education%20Awards%2020202021-20210609_102626-Meeting%20Recording%20(1).mp4)

5.3.2 Research Team Annual Review

The Research team completed its annual review with the Yorkshire and Humber Clinical Research Network (CRN). It allowed us to share our work over the past year including our new research strategy as well as discussing the work the team did during the wider pandemic response. The CRN were positive about our approach and performance and a confirmed outcome of the meeting has been their commitment to support the development of research pathways into Primary Care. We have received additional funding which will enable us to recruit into a dedicated primary care research nurse post for 1 year. The Trust has also been working with Professor Kieran Walsh and his Health Management research team at Manchester University with a view to becoming an active site for some Health Care research focussing on Locum use in primary care and Mental Health services. This is a positive development and is in line with our research strategy to broaden the scope of our current research portfolios

5.3.3 Mental Health Legislation Team

The Mental Health Legislation team have successfully completed their transfer into the Medical Directorate.

5.3.4 Virtual Armed Forces Veterans Festival

The Patient and carer experience team held a successful Virtual Armed Forces Veterans Festival which built on the work which has been ongoing over the last year since we were awarded Veteran Hospitals status.

5.4 Director of Workforce & Organisational Development

5.4.1 2021/22 Workforce Plan

The finalised plan will be presented to Workforce and OD in July.

5.4.2 Virgin Step Challenge

Teams across the Trust are signing up for step challenge which starts in July. So far 95 staff have

signed up with many more expected. Communications have gone out across the trust and a presentation was given to the Senior Leadership Forum in June. A member of our Humber High Potential Development Scheme is organising and managing this event as part of their development.

5.4.3 2021 HPMA Awards

The Workforce and OD Directorate have been shortlisted for the Analytics award. The submission was based on the workforce scorecard and Insight reports. The awards will be decided in October.

5.4.4 Sickness Absence and Leavers 12 month Deep Dives

A review of sickness absence and leavers across the last during the last financial year was considered at EMT in June. Both have been scheduled for discussion at Workforce and OD Committee in July.

5.4.5 NHS Employers

The Trust was contacted by NHS Employers regarding the excellent progress made on the National Staff Survey, in particular that we were among the top most improved trusts for scores on staff engagement, bullying and harassment, health and wellbeing, and immediate managers. We have committed to do a case study and speak with other trusts to explain our journey and some of the actions we have put in place.

5.5 Director of Finance Update

5.5.1 BCS Fellowship

Lee Rickles Chief Information Officer and Yorkshire and Humber Care Record Programme Director has become a fellow of the BCS the Chartered Institute for IT. Becoming a fellow demonstrates leadership in IT recognising an individual's eminence, authority and seniority in the field

5.5.2 Care Certs

There are two types of CareCert notifications,

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

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

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

	Issued	Deployed or no Action required	Awaiting deployment, action or testing	Not Applicable (do not use the system the Care Cert relates to)
High Priority	3	2	0	1
CareCert Bulletins	31	30	3	0

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

5.5.3 Sale of West End

West end has been declared surplus to operational requirements and board has previously approved the sale of the property. Following acceptance of the board approved unconditional offer contracts have now been exchanged and the sale is due to complete imminently.

The purchaser has agreed to leaseback part of the building to the Trust for a 12 month period (from the date of completion) at a peppercorn rent, this will ease accommodation pressures caused by the covid pandemic.

5.5.4 Whitby Hospital Build Update

The Main contractor has now completed the new electrical supply into the Tower Block (completed 9th June) due to the delay in completing the shutdown the Tower Block will now be handed over on the 16th August 2021.

Work is progressing to manage the plan transfer of services into the Main Tower Block once the building is handed over and further communications are planned to inform staff, patients and the general public.

5.5.5 Office 365

The project brief for the Office 365 project was signed off by the project team and presented to EMT for approval on the 16th June. The deployment of Office 365 will see the trust migrate from the current Office 2010 suit of applications (which are now over 10 years old), to the new Office 365 products. This is not just a software upgrade but a migration to applications with more powerful productivity, cloud and device management and different ways of working.

The move to Office 365 will support the Trust's ambition for cyber essential accreditation which provides a level of assurance in relation to the Trust's cyber security. EMT supported a transitional approach and the establishment of a project group to provide oversight of the project across the Trust.

5.5.6 ICS Planning Target

Following submission of the financial plan an efficiency ask across the Integrated Care System has allocated the Trust a target to achieve a surplus of £0.315m for the period 1st April 2021 to 30th September 2021.

5.5.7 Corporate Benchmarking 2020/21

The Trust has been advised that NHS England and Improvement will be launching the corporate services data collection in July 2021.

The data collection ends on the 5th August 2021 and an option exists for Trusts to submit 2019/20 data. The return will be coordinated within the finance team, with review and sign off by each executive lead for their relevant area.

5.5.8 0-19 Tenders

The Business Development Team are supporting the Trust in relation to the two 0-19 tenders for Hull and East Riding Council.

- The Trust are the incumbent provider for the East Riding Tender which is being run as a traditional tender process with submission due on the 25th June.
- The Hull Tender process will follow a dialogue process with final bids due to be submitted in December 2021.
-

5.59 Whitby Hospital Appeal Progress Report June 2021

Fundraising for the Whitby Hospital Appeal has had a positive start since the appeal was first launched in January 2021 to 'add sparkle' to the hospital rebuild. Whilst COVID19 has caused a number of restrictions for our usual face to face fundraising plans we are pleased with the support we have received and the fundraising income generated to date.

As we transition through the COVID19 roadmap and restrictions continue to ease we have lots more exciting plans on the horizon all of which will contribute to the fundraising target.

All donations received to the Whitby Hospital Appeal are held in a designated 'fund zone' for Whitby Hospital and these have been ring fenced to ensure that these are solely spent on the enhancements of the hospital which will have a lasting impact for many years to come. Areas of enhancements that are being supported through the appeal include the dementia friendly garden, artworks and patient/staff health and wellbeing.

To date, donations received and funds raised are as follows:

- Whitby League of Friends (Donated May 2020) £24,558.05
- Sale of Face Masks (Aug to Dec 2020) £ 950.00
- On-Line Raffle (Mar 2021) £ 46.80
- Cake Decorating Virtual Event (Mar 2021) £ 60.00
- Whitby Football Club (Donated May 2021) £ 1,000.00
- Cllr. Joe Plant Locality Budget (Donated June 2021) £ 5,000.00

TOTAL £31,614.85

Future Events include:

- Mulgrave Castle 10k Run - 8 Aug 2021
- WI Teddy Bears Picnics - July to Sept 2021
- Dr Kranks Ghost Walks - Aug 2021
- Miniature teddy bears workshop - Date to be confirmed
- Rugby Club Fundraiser - Date to be confirmed
- Whitby to Willerby Cycle – Date to be confirmed

The team continues to engage with the local community, voluntary sector and local schools surrounding fundraising opportunities and involvement with the enhancements.

Grant applications continue behind the scenes to support the larger areas of the enhancements, these include applications to: Screwfix Foundation, National Lottery Funding, The Hospital Saturday Fund, Tesco Community Grants and NISA.

With thanks to the Trusts EMT committee we are pleased to report that the Fundraising Bricks have been approved; more information on how to purchase a brick which will be located within the hospital grounds and will form a part of the rebuilds history for years to come will be published soon.

In summary, we are aiming to raise the following amounts (to date):

- Dementia Friendly Garden £37,000
- Artwork £30,000 (£15,000 will be applied for through the Arts Council as match funding)
- Furniture £37,800
- Dementia Friendly Clocks £4,800
- TV's for the wards £24,000

Total £133,600

Work continues with the Trust and staff working groups surrounding the health and wellbeing attributes of the appeal.

If you would like to find out more about the appeal or get involved with fundraising you can contact the team: hello@healthstars.org.uk

6 Trust Policies

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

7 Communications Update

Key Projects

- **Marketing & Events Apprentice**

We have worked with our Apprenticeships Manager to create this role, an 18-21 month apprenticeship with an excellent training programme to provide a great career opportunity for someone interested in a career in marketing, events and communications.

This role will centralise the events function and provide additional capacity to the team. By enabling the team to delegate responsibility for administrative and less specialist tasks we will free up capacity to support events and further develop our digital/broadcast communications.

The apprentice role will be Band 3 progressing on completion to a Band 4 Marketing and Events Assistant. A new member will join the team in late July/early August.

- **Brand Centre**

Our online Brand Centre is central to the successful roll out of our Trust rebrand. Access to the portal shows a steady improvement in staff engagement as it achieves the highest recorded usage since launch. Our brand workshops continue every six weeks to support staff to use the brand in their day to day work. Over 250 staff have now attended a workshop and interest and attendance has been sustained with over 30 staff attending the June workshop.

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

- **Humblebelievable – Recruitment Campaign**

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

- Producing new practical guide to creating a successful recruitment advert guide for managers.
- Proactive marketing and advertising campaign for North Yorkshire nursing including; four videos with Trust staff, tesco digital advertising campaign, media partnership and social media.
- Advertising for Psychiatry including; three videos and a full page BMJ advert
- Nurse Recruitment Fair marketing and event support

Users	Page views	Avg Session Duration	Most viewed page
3,817 (+25%)	7,359 (+18%)	00:50 mins	/jobs/ (4,006 views)

join.humber.nhs.uk performance.

With a 25% increase in website visitors and a 28% increase in first-time visitors, we continue to see the recruitment website exceeding its targets for engagement. The most viewed page (/jobs/) has seen almost double the amount of views since the last report. As this page continues to outperform the others, it's clear that the majority of users are viewing the site for its intended purpose of displaying jobs and opportunities for application. As well as this, we can also see a steady increase in views of our other pages that give more information on the local area and specific roles. The Digital Development Plan for 2021/22 outlines plans to develop this digital platform, along with our other sites.

External Communications

• **Service Support**

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

– **Mental Health Helpline.**

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

– **International Recruitment Hub:**

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

– **0-19 ISPHNS Tender:**

The team have been working closely with and supporting the ISPHN Service and tendering team to identify and key digital information to support the contract bid. This has included analytical data from both the Trust and Service websites and social media channels.

• **Media Coverage**

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

We have worked closely with teams to develop stories that attract positive media attention and promote timely Trust and national key messages such as the announcement of our new Trust Chair and our Mental Health Awareness Week activities.

Positive new stories published		Negative new stories	
Local media	13	Local media	4
Humber website	16		
TOTAL	29		4

• **Awareness Days**

This period has seen us mark a number of important dates including; Hoarding Awareness Week, Volunteers Week and Carer's Week

The week commencing 10th May was Mental Health Awareness Week, one of our largest campaigns of the year.

Mental Health Awareness Week is an annual event which focuses the whole of the UK on achieving good mental health. This year, the theme was 'nature'. Our aim was to work together with

various teams across the Trust to promote and celebrate our services, knowledge and the support available to those in the Hull and East Riding communities.

In addition, our goal was to run an internal communications campaign which reassures staff that we cover these important awareness days and also support them with their health and wellbeing.

Engagement rates for external campaign:

- Reach (views): 14,000+
- Engagement (shares + likes): 700+

- **Trust Website Update**

	Target	Performance over period
Bounce Rate	50%	65%
Social Referrals	12%	6%
	(a 10% increase in 2019 position)	

- **Social Media**

Due to a great response to the video content and profiles created to mark Volunteer Week and our Humbelievable recruitment activity, engagement rates and reach have exceeded our monthly targets.

	Target	Performance over period
Engagement Rate	4%	13%
Reach	+50,000 p/m	118,169
Link Clicks	1500 p/m	1,276

Internal Communications

Events and Campaigns

There are a number of campaigns of note that are been launched and shared with staff over this period. Including;

- NHS Birthday Celebrations

The national campaign for the NHS Birthday (5 July) this year is the 'Big Tea' - 'it's time to brew a national thank you'. As part of this, we will join with the nation to pour out our love, thanks, joy and reflection, and help raise funds to support our services. It's an opportunity for a feel good moment and a time to celebrate what's great about our Trust and the NHS.

All Trust staff will receive a Birthday gift (branded tote bag, cake and birthday card), fundraising pack and information to support them to engage with the celebrations.

- Staff Thank you & Celebration Event

Our first event Staff Thank You and Celebration Week, 'You're a Star', is our way of showing our appreciation to our #Humbelievable team for their resilience, resolve and dedication over the last 18 months. It will be a week of us celebrating our stars and thanking them and as well as an opportunity to colleagues to thank and celebrate each other for everything they've done

during this time. The week will be launched to managers at the end of June and staff in early July.

Activity Summary;

Pre-Launch – End June	
Launch the 'You're a Star Fund'	A summer of funded celebrations for services to get together in a way that's right for them. Team budgets allocated per person into Service Manager budgets.

A week of celebration, reflection and sharing - September				
Monday	Tuesday	Wednesday	Thursday	Friday
Launch event Staff Challenge Staff thank you gift distributed	Spotlight On: Extraordinary East Riding	Spotlight On: Super Scarborough	Spotlight On: Heroic Hull	Spotlight On: Wonderful Whitby Virtual lunch event and quiz

Poppulo – Internal Emails

Our internal communications system continued to support our awareness day campaigns and staff health and wellbeing agenda for staff. On 10 June we launched the VP GO, a nine-week fitness challenge to encourage staff to get more active, to staff. Since the launch, 91 people have signed up take part in the challenge.

Between the 7 May and 11 June we issued 38 internal communications to staff. The engagement rates still remain above the national average.

	Trust average engagement rates	National Average
Open Rate	66%	65%
Click Through Rates	20%	10%

Intranet

Development of the new intranet platform is well underway, with the Communications team continuing to work with all teams to transfer the content to the new site.

The new site layout and navigation system will allow staff to find services and items on the intranet easier when the new platform is launched. The new platform will be launched to staff at the end of July.

Current performance:

	Target	Performance over period
Bounce Rate	40%	56%
Visits	+20% on 2020 average	+45%

8 Health Stars

Whitby Appeal

The team continue to make great headway with the Whitby Hospital Appeal continuing to build relationships within the local community by being in attendance to the project groups.

Following the recent 'Extraordinary Whitby Engagement' meeting a generous donation from Cllr. Joe Plant of £5,000 was pledged and the team continue to work closely with Cllr. Plant to ensure the kind donation has the biggest impact.

The team continue to be proactive and diverse within their working roles and grant applications continue this month to support the larger areas within the project such as the garden & landscaping, artwork and sculpture.

A range of events are now in planning with the Mulgrave Estate 10k run fast approaching on 8 August 2021, Loftus and Whitby Athletic Club have kindly gifted Health Stars 20 free places for the event and Participants will be asked to raise £100 in sponsorship fees for the Appeal, if anyone would be interested in participating please email hello@healthstars.org.uk .

There is great progress being made in all areas of the rebuild and each month we see significant change as we head closer to the completion date, this is an exciting journey for us all to be a part of and we look forward to supporting Health Stars with "adding sparkle" to the hospital.

NHS Big Tea 2021

Work continues in preparation for this year's NHS birthday, which will see us celebrate 73 years of our wonderful NHS.

This year Health Stars have been working closely with NHS Charities Together to connect with the wider celebrations of which are being publicised and supported nationally, Teams will be encouraged to host their own tea parties either in the workplace or at home with friends and family.

With thanks to partnership work between our Trust Charity Health Stars, Trust Communications Team and Voluntary Services we are excited to celebrate and show our thanks to our wonderful staff teams.

In Whitby the Local Women's Institute groups will be hosting their own 'Teddy Bears Picnic' to celebrate the occasion. WI members will knit or crochet teddies with an NHS theme and, on the weekend of 3rd and 4th July, host their own tea parties in their local villages with the proceeds going to support the Whitby Hospital Appeal. There is a great sense of community spirit with more local groups wanting to participate by hosting their own event.

Dost Project

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

In recent weeks, the project has been reacting to individual referrals and requests such as arranging covid vaccination appointments for a client who is non-English speaking and who has severe mental health issues. The team have been assisting one of our local authorities with collating support resources for a survivor of stroke in order to aid his recovery and rehabilitation. The team continue to be proactive in their work. For example, they have taken the lead in

arranging football training sessions and kit for a group of vulnerable young people under care of a local authority. The aim is to help them improve their physical and mental wellbeing by working towards a local football tournament.

The work continues to make great improvement to the lives of those who the project are supporting and I look forward to providing further updates as the project continues to flourish.

Events

As we continue on our journey transitioning out of lockdown, Health Stars have been making plans in partnership with Burton Constable later this year. They plan to host a charity “Starlight Ramble”, plans are well underway and the event will focus on supporting children’s mental post pandemic. As a family friendly event Health Stars are keen to raise awareness of support available whilst raising vital funds for areas within Humber Teaching NHS Foundation Trust specialising in this area of care, Hull and East Riding Astronomical Society will be supporting for an educational element making this a fun filled evening for all of the family. More details on the event will be available over the coming weeks.

Michele Moran
Chief Executive
July 2021

Agenda Item 8

Title & Date of Meeting:	Council of Governors Public Meeting – 8 July 2021		
Title of Report:	Public Trust Board Minutes –March, April & May 2021		
Author/s:	Name: Sharon Mays Title: Chair		
Recommendation:	To approve		To receive & note <input checked="" type="checkbox"/>
	For information		To ratify
Purpose of Paper:	The public minutes of the Trust Board meetings held in March, April & May 2021 are presented for information.		
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date	Date
	Appointments, Terms & Conditions Committee		Engaging with Members
	Finance, Audit, Strategy and Quality Governor Group		Other (please detail)
	Trust Board	April, May & June 21	
Key Issues within the report:	Any issues identified in the minutes		

Monitoring and assurance framework summary:

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

√ Tick those that apply

<input checked="" type="checkbox"/>	Innovating Quality and Patient Safety
<input checked="" type="checkbox"/>	Enhancing prevention, wellbeing and recovery
<input checked="" type="checkbox"/>	Fostering integration, partnership and alliances
<input checked="" type="checkbox"/>	Developing an effective and empowered workforce
<input checked="" type="checkbox"/>	Maximising an efficient and sustainable organisation
<input checked="" type="checkbox"/>	Promoting people, communities and social values

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

Trust Board Meeting
Minutes of the virtual Public Trust Board Meeting held on Wednesday 31 March 2021
by Microsoft Teams

Present:

- Mrs Sharon Mays, Chair
- Mrs Michele Moran, Chief Executive
- Mr Peter Baren, Non Executive Director
- Prof Mike Cooke, Non Executive Director (up to item 61/21)
- 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, Head of Corporate Affairs
- Mrs Jenny Jones, Trust Secretary
- Mr Adam Dennis, Communications Officer
- Mr Oliver Sims, Corporate Risk and Compliance Manager (for item 64/21 & 65/21)

Apologies: None

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

48/21 **Declarations of Interest**

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

49/21 **Minutes of the Meeting held 24 February 2021**

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

50/21 **Matters Arising and Actions Log**

The actions list was discussed and noted.

51/21 **Staff Survey Story**

Mr McGowan gave a presentation on the Staff Survey results for the Trust. He explained that the survey is completed by all NHS provider organisations with the option of having a sample survey or across the whole organisation. The Trust surveys the whole organisation and has done for the last few years. There are 111 questions that are asked as part of the survey covering 10 themes.

The response rate for this year was reported as being 43% compared with 40% last year which given the challenges that have been seen, is an achievement. The national average is 45%.

The presentation contained details of how the Trust had fared with the questions and themes compared with last year. Two areas were highlighted for significant deterioration which were in the areas of Musculo-Skeletal and places for staff to go for rest and recuperation.

Benchmarking against 52 other mental health/learning disability organisations for the key themes placed the Trust above average for equality, diversity and inclusion and safe environment, bullying and harassment. There is more work to do but it is a positive position overall with the themes and the work will feed into the top priorities.

The Friends and Family test in recommending the Trust as a place to work or for family and friend to have treatment scores increased from last year. With recommending a place to work scoring 61% from 49% and 66% recommended for treatment compared with 58% last year.

Areas of celebration in the results included experience of discrimination or career progression which was above average, support for managers and how staff felt about leaving the organisation. These areas have had investment with the PROUD programme and the benefits are being seen. Opportunities to show initiatives and wellbeing were other areas that scored better, with staff showing initiative through the quality improvement programme.

The Trust has invested in health and wellbeing and additional money has been used to support wellbeing initiatives across the organisation. There is more work to do to sustain this, but the positive work is reflected in the survey results.

Work has started in the last few weeks to give staff space to recover. To address the Musculo-Skeletal issue fast track for access to physio via PhysioMed has been launched. It was noted that there is further work to do around stress, feedback around near misses and errors but it is going in the right direction.

The “must improve” areas are those questions that score 40% or below. There is a real focus by the Executives team to improve these areas building on the work that has already started. The Workforce and Organisational Development Committee has discussed the survey results and what they identify. There will be continued focus on recruiting more staff and 300 additional people are in post compared with last year.

In terms of the space for staff, it was recognised that some areas had been used to facilitate donning and doffing requirements and provide additional accommodation where it was needed due to Covid 19. The Staff Health and Wellbeing Group supported proposals to have areas with standard furnishings and equipment as a priority for 21/22 capital investment for improving staff accommodation. Plans are in place to progress these areas.

The Chair thanked Mr McGowan for his presentation. She noted that these results have been the best that she has seen during her time with the

organisation. She acknowledged there is more work to do, but recognised the significant improvements that have been made.

The Chief Executive informed the Board that a piece of work has been commissioned around the workforce recovery programme which will be led by Mr McGowan. Staff will be seconded to work with the Health and Wellbeing Board and PROUD to progress the work around recovery in future months. In terms of the survey results the Chief Executive agreed there is more work to do and that the Humbeleivable campaign should be used as a recruitment tool and in communications to promote the organisation.

Professor Cooke thanked Mr McGowan for his presentation. He supported the comments made about the results and for the proactive work that is taking place to improve areas. Staff are noticing and patients will also notice improvements as a consequence of the work that is being done. He passed his thanks on to the team for all their work.

Mr Patton explained that discussions at the Workforce & Organisational Development Committee had focused on how to retain staff as we start to come out of Covid 19. Staff may have had a change of mind given the pressures they have been under.

Mr Baren acknowledged the survey results pointing out that the Communications Team should be given credit for their work on the website that has helped to give the positive results. He reminded Board members that Charitable Funds are available for staff health and wellbeing wishes as they have reduced significantly during the pandemic.

Mr Smith agreed with the comments made and the achievement of the results during a difficult year. He noted the work that will be undertaken by estates and procurement to improve staff accommodation and asked if there is sufficient resource within these areas to facilitate this. Mr Beckwith explained that a workforce plan will be submitted to the Finance and Investment Committee and for the capital programme or next year. The Trust also uses partners to support projects through the strategic partnership agreement with Citycare. No issues have been raised in terms of procurement, but Mr Beckwith will review.

The Chair has seen at the staff Health and Wellbeing Group and around the Trust ownership and a desire to look at areas for improvement. There has been ~~is~~ a cultural shift which is fantastic to see.

52/21

Chair's Report

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

- Meetings held with Richard Barker, Regional Director and Kath Lavery Chair of Yorkshire Ambulance Service
- The Chair has continued to attend the Humber Coast and Vale (HCV) meetings and has also attended an East Riding Health and Wellbeing workshop where a presentation was given by the Chief Executive and the Chief Executive of MIND on health and wellbeing.
- Meetings held with teams and staff
- In her role of Staff Wellbeing Guardian, the Chair attended a meeting of the staff health and wellbeing group and the group is keen to use the staff

survey results to inform their work and priorities for the next year.

- Attendance at the patch wide Patient and Carer Engagement group meeting. It was good to hear from patients and carers about their experiences with the Trust's services
- Governors remain active and an introductory meeting was held with the new East Riding appointed Governor.
- A Governor session was held on community services and pathways for patients which was well received. The Chair thanked everyone who was involved in facilitating this session.

Resolved: The verbal updates were noted

53/21

Chief Executive's Report

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

Flu Certificates - Flu peer vaccinators have been given certificates to thank them for helping with the campaign. This will also be extended to the Covid 19 vaccination Centre volunteers. Without volunteers the Trust would not be able to provide as much as it does and the Chief Executive thanked all volunteers on behalf of the Board.

Staff Thank You - The additional annual leave day for staff to take around their birthday as a thank you has been well received.

Covid Anniversary - the anniversary of the official start of the pandemic on the 11th was marked with a video demonstrating some of the amazing work our staff have been involved with. A minutes silence was held on the 23 March, the anniversary of the start of the first lockdown to mark our respects to all those who have lost their lives or loved ones in the pandemic. The anniversary was also used to relaunch our book - 'together we can' which includes new footage.

Website – following a review of 211 NHS organisations website, the Trust has come fourth in the country for its website. This is a fantastic achievement with all work on the website being done inhouse. The Chief Executive thanked Mr Dennis and the Communications Team for their excellent work in making the website and interactive platform.

Youth Board – the development of a Youth Board will actively involve children and young people in the work of the Trust and help influence our future developments.

White Paper – key dates for the White Paper to go through the House were included in the report

Social Values Report – the report will be launched w/c 19 April 2021.

Easter Eggs – Easter Eggs will be distributed to all staff by our fantastic volunteers.

Vaccination Centre – the Chief Executive has spent time in the Centre this week and thanked Dr Byrne and the team for their work in the programme.

Team Meetings – the Chief Executive continues to attend team meetings with staff.

Health Stars Chief Executive’s Challenge – the Chief Executive’s challenge is being planned for this year to raise funds for the staff health and wellbeing fund.

Mrs Hughes highlighted the Communications report which is supported with performance data. GP practice websites have been reviewed by the team working with primary care colleagues and practices to provide an up to date informative website. In addition it was noted there have been a number of PR and media interests this month with 25 in total dealt with by the team.

Two policies were approved by the workforce and Organisational Development Committee at its recent meeting which were not included in the report due to timing. The Board was asked to ratify the Relocation Policy and the Apprenticeship Policy. The policies were ratified by the Board.

Mr Patton commented on the GP website and general website which had significantly improved thanks to the work of the Communications Team. He referred to the Multi-Agency Public Protection Arrangements (MAPPA) update asking if it would be possible to observe the meeting in the future. Mr Smith would also like this opportunity and the request will be taken forward by Mrs Parkinson. Mr Patton was interested in participating in the Financial Wellbeing Webinar Series: ‘Focusing on your financial health’ if it was possible. He also felt the corporate accommodation project was interesting. Mr Beckwith will circulate further details outside the meeting.

Resolved: The report was noted and ratified the policies discussed.
Arrangements to be made for Mr Patton and Mr Smith to observe a MAPPA meeting Action LP
Further details of the corporate accommodation project to be circulated outside the meeting Action PBec

54/21 **Publications and Highlights Report**
The report provided an update on recent publications and policy with updates provided by the Lead Executives.

Resolved: The report was noted.

55/21 **Performance Report**
Mr Beckwith, Director of Finance, presented the report which informed the Board on the current levels of performance as at the end of February 2021. Indicators that have fallen outside of the normal variation range included

- Cash in Bank – this was due to additional funding received and the hosting of resources for services including transfer of care
- Waiting Times – an additional report was appended to give further information
- Sickness Levels

The Chair appreciated the update on waiting lists which was helpful. Mr Baren asked about the vacancies at Malton hospital which seemed high for a small team. He was informed that recruitment has taken place although it is difficult to recruit in this area possible due to the local hospital. The unit has had some

investment in leadership training and quality improvement work which is making a difference. Mrs Parkinson clarified that additional nurses have been recruited for Malton but are not yet in post. As already mentioned there has been significant work undertaken around leadership and an opportunity to focus this on Malton and Scarborough and Ryedale for newer types of roles.

Mr Patton noted the use of Bosun and Helios in areas. Mrs Parkinson explained that Bosun is being used to optimise all aspects of the autism pathway and an opportunity to give a focus on clinical standards. Helios has been used in the past and first engagement to diagnosis capacity has been doubled from March using Helios and our own staff. Mrs Parkinson was disappointed not to see improvement in the February data, but was expecting the March data to show an improvement. Work has been ongoing to look at other organisations and with system partners. The introduction of mental health support teams in schools is being implemented looking at the prevention end of the pathway and what input there is in schools. A combination of both of these should help to have an impact in this area.

The Chair noted the figures for adult ASD appeared to have slightly increased. Mrs Parkinson explained that the same work being used for children have been apportioned to the adult pathway and work is underway with Hull City Council to help prevent people coming through for a diagnosis by having earlier support in the pathway.

In relation to core Child and Adolescent Mental Health Services (CAMHS), Mrs Parkinson explained that this is going in the right direction and improvement is being seen. There is a pressure around Eating Disorders referrals in the East Riding and we are working with commissioners to see what can be done to augment this pathway further. It is a national and Integrated Care Service (ICS) pressure and a dedicated work stream led by the Chief Executive is looking at what more can be done. The CAMHS surge is a significant pressure across the system in terms of mental health demand. The Chief Executive confirmed this has been raised at regional and national levels. There are no beds nationally available and there are flow and pathway issues. Children and young people in the community are poorly and there is high activity. In the planning guidance recently published, there is £500m for mental health services which equated to approximately £18m for the HCV area, some of which may be used to address the continuing rise in demand. Mutual support from partners and the HCV is being used as robust plans are needed from providers and local authorities.

The Chair noted from the report that there had been a drop in Early Intervention in Psychosis which was outside of plan. She was informed that this was due to two members of staff being absent from work. The team is small and this had an impact. Remedial measures are now in place.

The Chair asked about the cash in the bank noting it was inclusive of the block income and capital. She asked how much of this the capital element was. Mr Beckwith will circulate an update to the Board regarding this query.

Resolved: The report and verbal updates were noted
Update on the capital element of the cash position to be circulated to Board
members **Action PBec**

56/21 **Finance Report**

Mr Beckwith presented the report which showed the financial position for the Trust as at February 2021 with the main points being:-

- A break even operational position was recorded to 28 February 2021
- Year to date Covid expenditure of £13.186m
- Cash balance at the end of February was £43.753m, which is inclusive of an additional Block payment of £9.8m and capital funding released in March.

Progress was reported with debtors payments received which had helped the financial position. Mr Baren suggested that the good finance position is fed into the the strategy and estates strategy when they are reviewed to show how things have been improved for staff and patients. It would be useful for a session to be arranged to go through these in more detail. Mr Beckwith explained that the estates strategy has been refreshed and includes some benefits reflective of the financial architecture and operating guidance allocations for the next six months. There is caution that there will be some level of austerity going forward due to the response to the pandemic.

Resolved: The report was noted.

57/21 **Trust Board Sub Committee Chairs**

Details of the Sub Committee Chairs were provided in the report which is presented annually to the Board.

Resolved: The report was ratified by the Board

58/21 **Quality Committee Assurance Report and 9 December 2020 Minutes**

Professor Cooke reported that a good meeting was held and updates were provided verbally at the last Board meeting. The setting up of the Vaccination Centre was seen as a successful programme and sent a positive message to staff and partners.

Resolved: The report and minutes were noted.

59/21 **Workforce & Organisational Development Committee Assurance Report & 20 January 2021 Minutes**

The assurance report was presented by Mr Royles. He explained that there is good engagement in the programmes and in the groups that are taking place. The insight report was received and discussion on the staff survey gave the opportunity to look at the data and targets and triangulate the information.

The Committee noted the achievement with turnover and sickness during what has been an exceptional year. The Relocation Policy and Apprenticeship Policy were approved outside of the meeting.

Mr Baren referred to the relocation Policy asking how the fairness of expenses will be monitored. Mr McGowan explained that this was discussed at the meeting as the policy had only previously applied to doctors. There is an expectation that with the widening of the policy to cover the hard to recruit to posts, that managers would set the level of the package before the post is advertised.

Resolved: The report and minutes were noted.

60/21

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

Mr Baren, Mr Beckwith and the Chief Executive drew attention to their role as Chair and attendees respectively in HFTs Lead Provider Collaborative Commissioning Committee acting as a commissioner for Inpatient CAMHS, Adult Secure and Adult Eating Disorders services for any matter being discussed at this meeting.

A Board session was held on 18 March and Mr Baren has been impressed with the way the Committee is working and the quality of reports that are being seen from the work streams. Areas of focus are the Partnership Agreement, which is yet to be seen, but will come to a future Board meeting and the financial due diligence where a significant gap remains.

The Chief Executive explained that in terms of the Partnership Agreement, a session will be held for Board members after the April Board meeting. Discussions have taken place with the regional team around the financial envelope. The planning guidance suggests that the base budget should be applied but this is currently not the case. Discussions continue with regional and also the national team to protect the go live date of 1 July 2021. Mr Beckwith said that planning guidance is clear about maintaining the stability of providers and the financial gap is the only thing preventing the go live date being achieved.

Resolved: The report was noted.

61/21

Covid 19 Update

Mrs Parkinson presented the report which provided an overview of the ongoing arrangements and continuing work in place in the Trust and with partner organisations to manage the Covid- 19 emergency. She informed the Board that the NHS national alert level has reduced from four to three in line with the infection rates reduction, reduced hospital admissions and death rates which have also reduced. Hull continues to have higher infection rates although these have reduced slightly since the report was written and Public Health is addressing these issues.

There are no Covid positive patients in inpatient wards and therefore the adjustment has been made to the bed cohorts. Some Covid beds remain at Millview Court, but other beds have reverted back to treatment beds for mental health service users allowing the out of area bed usage to be reduced. Work is underway at Maister Lodge to increase the number of older people's beds.

Operational pressures continue to be seen including the significant surge in CAMHS and Children's and Young Peoples services which was predicted and is the national picture. Work is ongoing to look at this. Pressures were also reported in Scarborough and Ryedale due to the stepped changes to support timely discharge and home first which was the direction of travel before Covid. Demand for community services remains high and the acuity of complexity of cases is high. More support for the community teams is needed to ensure they are appropriately equipped and resourced.

Staff absence has been reducing over time and the clinical group is focussing on

the Government's road map out of restrictions. The staff health and wellbeing group agenda focussed on this throughout Covid 19. Guidance will be issued for Emergency Preparedness, Resilience & Response (EPRR) as we go into the recovery phase of the crisis and giving time to recuperate from the pressures.

Dr Byrne provided an update on the vaccination programme with 52% of staff having had their second dose to date. The current percentage of update for the programme is 83%. It is difficult to know which staff have been vaccinated via the Primary Care Networks (PCNs) as the data cannot be drawn down in the system. Discussions have taken place at the Workforce and Organisational Development Committee on how to support the vulnerable groups and shielding colleagues. It is pleasing to see that vaccine hesitancy is not being seen for the second dose.

Mr Baren referred to CAMHS services and the opening of beds at Inspire. He noted that there were five vacancies for nurses on the unit and asked for assurance that there is sufficient staff to support the clinical care for the unit and additional beds. Mrs Parkinson confirmed that only two beds will open and when it is appropriate and safe to do so, the other two beds will be opened. A directive has been received from NHS Improvement/ NHS England about opening any closed beds, however this will only be done if it is safe to do so. Selected bank and agency staff are being used with appropriate training. Orion ward has been open for just over a year and the skills and experience of staff is excellent. Experienced staff will be used to maintain safeguarding and quality.

Resolved: The report and updates were noted

62/21

Strategy Refresh

The current Trust Strategy was developed in 2017 and objectives were refreshed for the period 2019-2022. Service Plans have been refreshed and Plans on a Page appear on the Trust's intranet site.

The Chief Executive explained that as the strategy is embedded within the organisation over the last few years it provides the architecture to drive policies, processes and appraisals which underpin the Trust values. The current strategy is due to expire in 2022 and it has been agreed to review using a co-production approach that will give consideration to the White Paper, Integrated Care Service (ICS) and the move into a commissioner role. The Chief Executive will oversee the work which will be supported by Mrs Parkinson and Mr Beckwith.

Mrs Parkinson explained that the first phase is to have a stock take of where we are with the current strategy and objectives using available data and information. When completed this will be brought back to the Board with a plan about how the refreshed strategy will be taken forward. Mr Beckwith suggested that the refreshed strategy would come back to the Board in October 2021 and suggested using a future Board Time Out to ensure there is the right level of engagement.

Mr Patton supported the suggestions of using a Board Time Out session for further discussion. He wondered whether the White Paper, Long Term Plan and People's Plan should also be included as part of the refresh. Mr Royles queried whether calling it a refresh was curtailing some level of ambition and to cover areas that have been used over the last year including estates, technical aspects and patient pathways. The Chief Executive said that it was not about not

allowing the organisation to do its normal business. It is about what it looks like and where it wants to be in five years. Mr Royles noted that some areas such as estates and digital technology were enablers especially during the last year.

Resolved: The Board noted the report
Dates for discussion at a Board Time Out and for Governors to be identified
Action PBec/LP

63/21

Operational and Service Planning 2021/2022

This report outlined the current national position around Operational Planning Guidance for 21/22 and the Trust's Divisional Service Planning process in line with the anticipated publication of the Operational Planning Guidance in April 2021. As such, operational planning is currently paused. However, by way of guidance, Amanda Pritchard (CEO NHS I) and Julian Kelly (NHS CFO) wrote to senior leaders in December 2020 outlining operational priorities for winter 2020/21 which included an overview of the 2021/22 Financial Framework.

The report detailed the work undertaken in preparation for the guidance being published. A plan on a page has been developed and more details provided on the Intranet.

Mr McGowan commented that the operational plan needed to pick up recovery and ambition of what this is and having recovery as part of the operating plan. Mr Patton supported the suggestion of bringing this back to the Board in light of the potential planning guidance.

It was agreed an updated report would be brought to the April meeting following the publication of the guidance.

Resolved: The report was noted.
An updated report to be brought back to the April meeting **Action LP/PBec**

64/21

Board Assurance Framework (BAF)

Mr Sims attended the meeting to present the quarter 4 report. He explained there have been some changes to the format to include the Commissioning risks from the HCV provider collaborative risk register. This the first time the format has been reviewed and any comments were welcomed. It was agreed at the Commissioning Committee that the risks should be separate from the Trust's risks and this has been achieved with the report. The Chief Executive explained that there are no other examples of formats that could be used and thanked Mr Sims for his work in creating this version. It is a work in progress and will change as it matures and develops.

Mr Baren noted that the Provider Collaborative has not yet gone live and will not until the financial envelope issues have been agreed. He felt that if this is not done the red risks will not be relevant.

Mr Patton liked the format and looked forward to discussions at the Finance and Investment Committee. He referred to strategic goal 3 asking if there was any data for the gaps in controls. Mr Sims apologised as the information had not been included. He will update and share the page outside the meeting. The Chair supported the format which is a live document.

Resolved: The report was noted.

Strategic goal 3 to be updated and circulated outside the meeting **Action OS**

65/21

Risk Register Update

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. In line with the Trust's business continuity arrangements which were implemented during the COVID-19 pandemic, a risk register was developed to support the Trust's command structure and to capture all COVID-19 related risks. The COVID-19 risk register is subject to review by both Silver command operational and tactical meetings and is received weekly by Gold Command for Executive review.

There are currently 10 risks held on the Trust-wide Risk Register. A process is in place for the highest rated risks (15+) captured on the COVID-19 risk register to be incorporated into the Trust-wide risk register for ongoing management where required. The highest rated risks identified for inclusion on the Humber, Coast and Vale Provider Collaborative have been included on the Trust wide risk register under the Commissioning Risk section and aligned to the Trust's Board Assurance Framework.

The report provided is the end of year position and details on individual risks were included in the update.

Mr Royles commented that the way the Provider Collaborative risks were worded implied that the Trust was accepting the risks despite the financial due diligence not being completed. He was concerned that it there would be an interpretation that the risks had been accepted by the organisation especially for Risk CC13 around the long term sustainability. The Chief Executive clarified that it had been made clear that it will not go live until the financial aspect has been resolved and it was the way the risk was described.

Dr Byrne recognised the financial risk, but that there may be quality risks around recruitment and retention changes. Running a provider collaborative some pressures will be transferred into services and the challenge would be covering these and this needed consideration as well as the financial element. The Chief Executive explained that quality due diligence is being looked at currently. Risks will be mitigated as much as they can be before go live. It is a small team currently which will be developed to give more capacity.

Resolved: The Board noted the update on the Risk Register

66/21

Disciplinary Case Reviews

Mr McGowan presented the report which has also been discussed at the Workforce Committee. The review was commissioned as an annual exercise following a tragic event at Imperial College Healthcare NHS Trust (ICHT) where a nurse, who at the time was the subject of an investigation and disciplinary procedure, tragically took their own life.

As a result of this NHSEI requested that Boards review current disciplinary cases on an annual basis. A review was carried out of all the disciplinary case work for the last 12 months. The review provided assurance that processes, checks and balances are in place to give assurance and to mitigate against this happening in the organisation. These checks and balances have been in place for a while.

Mr Smith complemented the team for providing this report and for sharing it in a

public meeting. As a Board member he felt there was appropriate and transparent process in place.

Resolved: The report was noted by the Board

67/21 **Items for Escalation**
No items were raised

68/21 **Any Other Business**
No other business was raised.

69/21 **Exclusion of Members of the Public from the Part II Meeting**
It was **resolved** that members of the public would be excluded from the second part of the meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.

70/21 **Date and Time of Next Meeting**
Wednesday 28 April 2021, 9.30am by Microsoft Teams

Signed Date
Chair

Trust Board Meeting
Minutes of the virtual Public Trust Board Meeting held on Wednesday 28 April 2021
by Microsoft Teams

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

In Attendance: Mrs Michelle Hughes, Head of Corporate Affairs
Mrs Jenny Jones, Trust Secretary
Mr Adam Dennis, Communications Officer
Ms Sarah Chew, Band 6 RMN, Inspire (for item 74/21)
Mr Liam Smith, Psychology Assistant, (for item 74/21)
Ms Clarissa Thompson, Autism Access Lead (for item 86/21)
Mrs Trish Bailey, General Manager (for item 86/21)
Mrs Victoria Winterton, Head of Smile (for item 90/21)
Mrs Rachel Kirby, Communications and Marketing Manager (for item 91/21)

Apologies: Mr Mike Smith, Non Executive Director

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

- 71/21 **Declarations of Interest**
The declarations were noted. Any further changes to declarations should be notified to the Trust Secretary. The Chair requested that if any items on the agenda presented anyone with a potential conflict of interest, they declare their interest and remove themselves from the meeting for that item.
- 72/21 **Minutes of the Meeting held 31 March 2021**
The minutes of the meeting held on 31 March 2021 were agreed as a correct record
- 73/31 **Matters Arising and Actions Log**
The actions list was discussed and noted.

62/21 Strategy Refresh

The Chief Executive asked for the timeline to be provided as it has been agreed.

53/21(a) Chief Executive's Report

Mr Patton reported that dates have been provided for the MAPPA training.

36/21 Audit Committee Assurance Report

Mr Patton confirmed that the Internal Audit plan was discussed at the Finance and Investment Committee and that it had been circulated to Board members.

74/21

Patient Story – Inspire One Year On

Due to confidentiality the patient story was not live streamed. The Board heard from staff about the patient's journey and the experiences of the family and heard about the impact that Inspire Unit has had for the patient. Board members found the story inspirational and thanked them for sharing it.

The unit has been opened for over a year and Mrs Parkinson asked if there was anything that the Board could help with or if there was anything that could have been done differently. Liam said it had been difficult to open in January and then go into lockdown with the processes in place having to change due to restrictions. This had particularly impacted on home leave and outside activities. He hoped that now these are being eased that some out of the unit activities could be done. Sarah felt there could be a better transition pathway for people who move from children's services into adult services. Mrs Parkinson will take these issues forward. Professor Cooke suggested that there could be an exchange of key workers from each of the services to help with transition arrangements and perhaps a visit to the new environments.

The Board asked to be kept updated on progress. The Board expressed its thanks to all at Inspire Unit for the work they do to support the young people.

75/21

Chair's Report

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

- The Council of Governors approved an extension to the term of office for Mr Smith, Non-Executive Director at its recent meeting. His term of office will run until 31 August 2022
- Recruitment for the Associate Non-Executive Director (NED) post is progressing.
- The Chair has met with Public Governors and the Lead Governor. The Governor development session was well attended and included a session on Trust finances and an opportunity to discuss areas with the Medical Director and the Director of Nursing and Allied Health Professionals.
- An Integrated Care Services (ICS) session was held recently for Governors, jointly hosted by the Chief Executive and the Programme Director for Mental Health
- The Chair has continued to meet and have discussions with members of staff
- The Chair attended the Humber Advisory Board where there was a focus on inequalities and it was agreed that there will be an upcoming session focussing on mental health.
- A meeting was also held with the Chair of Tees, Esk and Wear Valley (TEWV) NHS Foundation Trust.

Resolved: The verbal updates were noted

76/21

Chief Executive's Report

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

- The Chief Executive continues talking with staff virtually. Morale remains high although staff report being tired and fatigued. Work is being led by Mr McGowan around recovery and restoration and asking staff what they need to help them recharge.
- Dr David Harvey has been appointed as the Clinical Director within the Humber Coast and Vale Provider Collaborative Commissioning Team and will be joining the team later in the year.
- Mental Health Awareness week is taking place 10 – 16 May and lots of events are taking place. More details are available on the website.
- A letter was received from Health Education England during the month thanking the organisation for all our health and support developing the educational programmes during such a challenging period.
- Matthew Taylor currently the Chief Executive of the Royal Society for Arts, Manufactures and Commerce (RSA), will be joining the NHS Confederation as the new Chief Executive.
- The Chief Executive was pleased to be able to spend time with the Community Mental Health Team (CMHT) which is fully recruited to and links into Primary Care. The team is seeing capacity and demand issues across the services and the transformation work should alleviate the pressures.
- Social Values sessions have held and have been well received across the organisation
- A quarterly staff survey will be sent out and the results will help with the rewarding of and engagement of staff.
- The Communications and Health Stars updates provided significant information on what is happening in and around the Trust
- Relocation packages have helped with recruitment for hard to fill posts and interest is being expressed. This forms part of the Humbeivable campaign. Targeting in specific areas is being done including Inspire Unit to maximise staffing.
- 12 May 2021 is International Nurses Day and the organisation will be celebrating staff on this day
- Work continues on the Integrated Care Service (ICS) and geographical partnership are being developed. The Chief Executive continues to lead the Provider Collaborative work which is developing across the patch.

Mrs Gledhill provided an update on the Quality Accounts. The quality priorities were approved at the last Quality Committee after consultation with patients and carers. Progress is being made with the priorities and an update will be provided in the next Chief Executive's report. This year may be the last time that the organisation is expected to produce the report and in future years, it will go into the annual report to show quality and performance. The Quality Account report will come to the July meeting.

Mrs Hughes drew the Board's attention to the communications update explaining

that the investment in the Poppulo system for targeting and tracking staff engagement is coming to fruition. Evidence has shown that 71% of internal emails are read by staff which is above the national average and there are good statistics for the Humbeleivable and website hits too. The brand centre is started to become embedded and there were 1200 views in March alone. Dr Byrne recognised there had been significant improvement in communications over the last few years and important topics may only result in certain people opening e mails. There are 10 – 15% of hard to reach group in the organisation and a change of approach may be needed eg visual or texting to ensure these people are reached and Mrs Hughes stated this is something the team continue to consider.

Professor Cooke thanked everyone for their updates and for a good report. He referred to the CMHT programme and waiting times of four weeks are impressive and that the work by the Deputy Chief Operating Officer was seeing the benefits. He was interested to know how the learning from this will be maximised across the community services that will add resilience in these services so there are less waiting times. Mrs Parkinson said that learning and good practice is being shared to make waiting times better and resilience to address the demand pressures. She was pleased that the Trust was successful in being an early implementer for the CMHT Primary Care integration as it is proving to be an asset. There are general pressures in Primary Care and the stepped change is being seen. It also supports CMHTs with extra capacity and resilience and changed the service user experience around integrated care and community support CMHT to maintain the waiting times and focus on the complex interventions that are being seen. Professor Cooke was pleased to hear this.

Professor Cooke asked what the objective is and who was leading the education review across the organisation. Mr McGowan said it was a good time to review the provision in the Trust and is being led by Karen Bellor from Leeds Teaching Trust who will be talking to individuals in the organisation. A report will be provided to the Executive Management Team with some proposals to move forward.

Mr Patton referred to Mental Health Awareness week and wondered if there was an opportunity to have a competition if pictures are submitted to produce a calendar. It was agreed this would be discussed outside of the meeting. Mr Patton was impressed with the CMHT work that has been undertaken. He noted that the quality priorities did not seem to be SMART in the measures and assessment of achievement. As previously mentioned an update will be provided at the next meeting on this area. Mr Patton found the Social Values session interesting with good presentations and he extended his congratulations to the team for these sessions. He felt the apprenticeships work looked really good and was growing

Mr Baren was interested to read the Older People's Acute Community Service update and the pilot. He asked if this would mean there would be extra capacity in the future and whether out of area beds would be a thing of the past. The Chief Executive explained capacity and demand is increasing and there are still Covid 19 restrictions around beds. Mrs Parkinson confirmed that there are further increases in demand to functional Older People's services during Covid 19. Early findings from the community services pilot are encouraging and have been introduced. The plan is to increase the capacity within Covid 19 safe working arrangements to increase capacity although there is some hesitation

around the ongoing impact of Covid 19 for older people. The increase in capacity is getting closer to meet demand and hopefully continue to see this benefit on out of area beds and for service users and their families.

Mr McGowan reported that he has been contacted by NHS Employers with a view to showcasing the work that has been done on the staff survey which is positive for the organisation. The Chair asked if an update could be included in the next report on this which is fantastic recognition for the Trust.

The ambitious capital programme and the amount allocated was noted with works due to start on the Humber Centre imminently. The Chair acknowledged that this is the first time the capital programme has looked like this in years and it was great news that the organisation is in a position to do this.

The Chair thanked Dr Morris for the work she has done in medical education for the organisation and wished Dr Soraya Moret well in her new role as Director of Medical Education.

The Board ratified the Covid Vaccination Handling and Management policy.

Resolved: The report was noted and the policy ratified as detailed.
Quality Accounts priorities and update to be included in the next report Action HG
Quality Account report to come to the July meeting Action HG
Update on showcasing the staff survey work for NHS Employers to be included in the next report Action SMcG

77/21 **Publications and Highlights Report**

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

Professor Cooke drew the Board's attention to a further publication "The Covid Generation – A Mental Health Pandemic in the Making" which he felt was worth a look. The link will be shared with the Board. Professor Cooke felt the report may stimulate strategic discussion at a future development session.

Mr Baren referred to the "New dedicated mental health services for new expectant and bereaved mums" document asking if the timelines for our area were known. The Chief Executive said this was positive news for the area being one of ten sites and builds on the work of the perinatal service. There are detailed plans and the links will be circulated.

Resolved: The report was noted.
Links to the "New dedicated mental health services for new expectant and bereaved mums" to be circulated to Board members Action MM

78/21 **Performance Report**

Mr Beckwith, Director of Finance, presented the report which informed the Board on the current levels of performance as at the end of March 2021. Indicators that have fallen outside of the normal variation range included :-

- Training
- Sickness
- Cash in Bank

- Waiting Times
- Early Intervention in Psychosis (EIP)

Positive performance in training and sickness were reports and cash remains high due to year end although there will be some payments to come out. The underlying cash position is £22m which is positive for the Trust. An oversight group to look at waiting times is being established to look at performance information to ensure it is accurate.

Mrs Parkinson provided additional information on waiting times. Details have been provided to the Quality Committee on the forensic work that is being undertaken for over 52 week waits. The Deputy Chief Operating Officer is working with teams and is identifying that there are issues with the service user/patient pathways and it is as much about the cultural and different approaches and sharing some principled learning. It is a very engaging piece of work and at the level of individual patient detail for those waiting over 52 weeks.

Some data quality issues have been identified for ASD, however with some changes improvement is being seen and reductions noted in the number of patients waiting in East Riding and Hull demonstrating that pathway changes are having an effect. Capacity has been added to support diagnosis and comes into force at the end of the month using Helios. Additional capacity will come on stream which will be incorporated into the trajectories. More momentum is needed, but there is confidence the actions are in the right place.

Mr Baren commented about the units that were showing as red on the dashboard for sickness absence. He also noted that clinical supervision for Inspire Unit and Townend Court had reduced. Mrs Gledhill reported that the sickness was from February and a time when there were pressures on the service due to Covid 19. The levels have now reduced and continue to go in the right direction. This may also have had an impact on clinical supervision, however the figures are increasing with Ullswater at 92% and Townend Court at 75%. Interviews have also taken place so all RMN posts are filled. CAMHS is at 91% for clinical supervision.

Mr Patton noted the growing gap for out of area placements which seemed to be a gap between target and he wondered if it needed reviewing. Mrs Parkinson explained that due to building works at Maister Lodge a small number of beds have been provided by NAVIGO for older people. It is a time limited arrangement and will stop when the new beds are available. Some of the beds will be reopened before the pod at Maister Lodge is completed. Mill View Court is the cohort ward for Covid 19 and has no patients currently. The organisation is not using more beds, it is due to the impact of Covid 19 and the restrictions for safe working and also the demand. Over the Easter weekend there was an increased level of demand which has now reduced and is being monitored.

Mr Royles commented there were lots of good things being progressed particularly around workforce. Vacancies are falling as it turnover and sickness is coming down. He noted that agency spend continues to rise despite these reductions and wondered if there is any opportunity to convert agency into bank or substantive posts. Mr McGowan reported there are 220 more staff at the end of March than last year in the organisation including 37 nurses. Agency spend for nurses is coming down but pressures are due to medics and consultants which remain high. It was noted that five consultants have been offered posts

recently.

The Chair asked if there was any information around mortality. Dr Byrne explained that a report will come to the Board giving a six monthly update for the June meeting.

Resolved: The report and verbal updates were noted

79/21

Finance Report

Mr Beckwith presented the report which showed the financial position for the Trust as at March 2021. He extended his thanks to the Finance team for their work in getting the Trust to its current position and drew the Board's attention to the following areas:-

- An operational surplus of £0.029m was recorded at the end of March 2021 and the financial targets were met.
- Annual leave accrual has been funded by NHSE
- Provision made in the accounts for staff working regular overtime which is expected to continue. Funding will be provided and is expected by the end of September.

Professor Cooke commented that if agency and waiting times are taken out, performance and finance is in the best position it has ever been. The Board thanked the Finance team

Resolved: The report was noted.

80/21

Finance & Investment Committee Assurance Report

Mr Patton presented the assurance report and drew attention to the following areas:-

- After adjustments the Humber Coast and Vale Integrated Care Service had a surplus of £5.6m
- NHSE/I is consulting on a new Oversight Framework on a system basis
- NHS trusts are struggling to appoint external auditors to audit accounts and this will be an issue for trusts going forward.
- Mr Patton complemented the Trust on its work on the Budget Reduction Strategy (BRS) which has delivered savings in a difficult year when other organisations stopped this work.
- Plans for next year will go to the Quality Committee at the earliest opportunity to consider the quality impact assessments.
- Draft budget – the Committee asked questions around the recruitment and vacancy element to ensure it was set at the right level
- The Estates Strategy and Sustainable Development Management Plan were reviewed and discussed.
- The capital plan detail was reviewed and the Humber Centre investment. All of which will go through the usual governance processes

Mr Beckwith added that the sale of Hallgate has been completed and the sale of Victoria House is due to complete this week. Works have finished at Cottingham Clinic which is a positive achievement for the Trust.

Mrs Hughes explained that the effectiveness review referred to in the report will come to the May meeting as a composite document containing the reviews from

all of the Committees.

Resolved: The report was noted

81/21

Quality Committee Assurance Report and 10 February 2021 Minutes

The report from the 7 April meeting was presented by Professor Cooke. He explained that discussion had taken place on minimising self-harm in the built environment and how creative and better environments can be built and have a balance between therapeutic interventions and in patient environments around ligature points. The Deputy Director of Nursing is involved in a national group and early findings of the group will help with the design of the adult mental health inpatient build.

Discussion and debate took place around waiting lists and it will take time but an understanding of the unintended consequences of actions can undermine progress.

Clinical policies are up to date and there has been real success with the vaccination and immunisation programme and Dr Chong has done fantastic work on the programme

Quality priorities were discussed and with four in place the organisation and it was agreed that we should try and do more of the same to follow progress in a difficult year.

The Terms of Reference of feeder groups were reviewed. The Quality and Patient Safety Group does majority of the work as does the Drugs and Therapeutic Group.

Mrs Gledhill explained that the national work that the Deputy Director of Nursing is involved with is to minimise self harm in a clinical environment. This work also includes the Care Quality Commission (CQC).

Dr Byrne recognised that the work completed at Cottingham Clinic to combine three surgeries into one was fantastic creating an appropriate environment for patients. The work of the Estates team in this achievement was acknowledged supported by the clinicians who have had to move from site to site whilst the work was being undertaken. The Chair agreed this was a big undertaking and a great achievement.

Resolved: The report and minutes were noted.

82/21

Charitable Funds Committee Assurance Report & 19 January 2021 Minutes

Mr Baren chaired the recent meeting and presented the report. Discussions started on Whitby and the plans of the Committee around fundraising, but these were deferred so that a deeper discussion around the operational detail could take place. A good report on the BAME wellbeing programme was received funded by Sir Tom Moore's charity.

The Committee noted that low numbers of the Circle of Wishes requests are being reported. Mr McGowan reported that since the meeting a total of 93 Wishes have been received in the last week to support staff and patients. A further update will be provided at the next Committee meeting.

Resolved: The report and minutes were noted.

83/21

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

Mr Baren, Mr Beckwith and the Chief Executive drew attention to their role as Chair and attendees respectively in HFTs Lead Provider Collaborative Commissioning Committee acting as a commissioner for Inpatient CAMHS, Adult Secure and Adult Eating Disorders services for any matter being discussed at this meeting.

Mr Baren reported that it was a good meeting and the go live date remained at 1 July 2020. Updates were received from the work streams and future plans are clear for 0 – 6 months and 6 – 12 months.

A quality dashboard is still to be developed and recruitment is underway for a quality lead with limited success.

The Chief Executive thanked Mr Baren for his chairmanship of this Committee which is starting to embed.

Mr Royles suggested that the wording in the assurance report should be reconsidered as it read as if the lead provider is established. The Chief Executive agreed this was a valid point and will look at different wording. Consideration is being given to whether the name of the Committee should also be changed.

Resolved: The report was noted.

84/21

Covid 19 Update

Mrs Parkinson presented the report which provided an overview of the ongoing arrangements and continuing work in place in the Trust and with partner organisations to manage the Covid- 19 emergency.

Mrs Parkinson explained that operational planning guidance has been published and is covered in the report around the recovery and restore element of Covid 19. Particular focus is around the acute hospital restoration of elective and the direct impact of this on Trust services. Infection rates are reducing although there has been some increase as restrictions ease. There are some areas of increased demand across service areas such as Mental Health Services and Scarborough & Ryedale community services.

Primary care services continue to undertake the vaccination programme. There continues to be a surge in East Riding Eating Disorders and discussions with commissioners continue. Demand continues for tier 4 beds.

Resolved: The report and updates were noted

85/21

Emergency Preparedness, Resilience and Response (EPRR) Annual Assurance Report

The annual report provided the Trust Board with assurance that the Trust has met the EPRR duties and obligations as set out in the Health and Social Care Act (2012) as a responder during the period 1st April 2020 to 31st March 2021.

The report provided an overview of EPRR activities including its response to the Covid19 pandemic and sets out EPRR priorities for 2021/22. The Trust is now fully compliant following undertaking of joint decision making training for Directors on call.

Mr Smith is the Non Executive Director lead for this area and has been involved in the creation of the report.

Mr Baren felt this was a good report in what has been a difficult year. He asked if training is done for cyber attacks on the IT system. An update was included in the report and Mr Beckwith reported that testing is part of the audit programme and done on a regular basis. This includes the recent Cyber Operational Readiness Support that has been to the Audit Committee.

Mr Patton is the Non Executive Director champion for cyber security and added that this is also discussed at the Finance and Investment Committee.

Resolved: The Board noted the report

86/21

Autism Strategy

The first strategic framework for autism has been produced in consultation with staff, patients, carers and experts by experience which aims to deliver excellence in care for autism, and was developed alongside a service improvement project reviewing health services for autistic people across Hull and East Riding.

The framework applies to all services with expectation that all divisions will develop plans to take forward aspects that are relevant to their services included in their specific quality improvement plans.

Ms Thompson gave a short presentation to the Board showing the work that has been done and how the data has been gathered from autistic people, Matthew's Hub and service users of the Trust about users of the health service in general and the information has been used to form the core themes for the strategic framework.

Mrs Bailey said additional funding has been received from the Transforming Care Programme board to help with training which will have an impact on children's services.

Mr Baren enjoyed reading the strategy. He asked if there were employment opportunities within its remit to help people with autism. Mrs Bailey confirmed that we do employ some autistic people and some who have gained part time and interim employment. It is part of the ICS North East Lincs work with the Trust and is an established area employing people with LD and autism. Mrs Bailey mentioned that champions are being sought across the services. The Chair said the Board will take forward this suggestion and discuss further. The Chief Executive said she would be happy to be a champion. It is an exciting opportunity for the system and how can use this people working in autism and other organisations.

The Chair felt that this is a really fantastic piece of work. She thanked Ms Thompson and Mrs Bailey for attending the Board to share the strategy.

Resolved: The report was noted.

87/21

Executive Summary of Our Recovery Strategic Framework – What Matters to Me? 2021-2026

The executive summary of the Our Recovery Strategic Framework – What Matters to Me? 2021 – 2026 was presented. Mrs Parkinson explained that the full document is available. This is a new strategic framework for recovery based on the previous strategy “Bridging the Gap” There is a national focus on developing the Recovery College further and this has been included. Progress has been made and brings the Recovery College into focus in Covid 19 and how we continue to make this offer accessible and visible. The new strategic framework broadens out the work around recovery and underpinning framework for working with service users across service areas.

The strategy has been produced by Natalie Belt and Lauren Saunders using the principles of co-production engaging with service users, stakeholders and staff. There have been step-changes in the organisations with a number of our own staff in paid roles with lived experiences of mental health issues. The next steps are to undertake a number of approaches to embed this further across the organisation. Toolkits are being developed, training plans and workshops are in place. A focus on the outcomes and how we measure the impact of this work and connects with other areas particularly Patient and Carer Experience. The Strategy has not yet been to the Quality Committee for discussion.

Mr Patton noted this was excellent and was impressed with the consultation with people and the workshops. He congratulated all involved in the work.

Professor Cooke liked the strategy and asked that now it has been produced that the organisation commits to it. He would like to see it at the June Quality Committee meeting. In relation to priority five, he felt some time was needed for this and that service users like to see staff having an enabling attitude and can facilitate recovery, which in Professor Cooke’s experience can be a big block. He was pleased to see it however he found the word “agency” a bit odd. Mrs Parkinson accepted the point explaining that some of the language has been part of the co-production process.

The Chief Executive agreed it was good to see the strategy and the work done through co-production. She supported Professor Cooke’s view about it being an enabler for staff and the patients are experts. The Quality Committee can debate how it is embeds and becomes an intrinsic to everyone and to see how it is making a difference as it is important that the Board knows how it is making a difference to community and population.

Dr Byrne said there was a real move between recovery and not just the Recovery College which has been developing over recent years. He felt it would make a managed difference to people’s lives. He thanked Mrs Parkinson and the team for the opportunity to provide feedback on the strategy.

The Chair liked the way the strategy was presented and supported the views of Professor Cooke around the organisation committing to the strategy. She felt it read well and looked forward to hearing the outcomes of discussions at the Quality Committee and how it becomes embedded.

Resolved: The report was noted.

88/21 **NHS Operational Plan Summary**
The paper provided the Trust Board with a summary of the NHS Operational Plan that was published on 25 March 2021. Six key areas were detailed in the report and the plan will be submitted at an ICS level in June. It is also being discussed in various forums.

Resolved: The Board noted the summary

89/21 **Report on the Use of the Trust Seal**
The report provided an update on the use of the seal for the period 1st April 2020 to 31st March 2021. In line with the Trust Standing Orders (8.3.1) a report of all sealings is made to the Trust Board on an annual basis. Over the period 1st April 2020 – 31st March 2021, the Trust Seal has been used nine times and details were provided in the report.

Resolved: The report was noted by the Board

90/21 **Health Stars Key Performance Indicators 2021/22**
The report provided the Board with a proposed suite of KPIs for 2020/21 against which Health Stars performance will be measured. To provide consistency and the opportunity to benchmark performance, the KPIs are the same as for 2021/22.

Mr McGowan explained that discussions have taken place at the Charitable Funds Committee to look at the key performance indicators. Mrs Winterton said that it is an exciting year ahead with Whitby and was looking forward to the Circle of Wishes increasing. Work is taking place with the Communications team to produce a communications plan.

Professor Cooke explained that further discussions will take place when the annual report has been received at the Committee.

The Chief Executive thanked Health Stars for the work that is being done. She felt that some of the targets could be stretched for example 10 Wishes from patients a year and six case studies a year. She welcomed discussion at the next meeting.

The Chair was pleased to see that Wishes from patients had been added in.

Resolved: Trust Board approved the KPIs on the basis that they are reviewed when the annual report has been discussed and with the proviso that they are considered as stretch targets

91/21 **Marketing and Communications Operational Plan**
The current Trust Strategy was developed in 2017 and Objectives were refreshed for the period 2019-2022. In line with that refresh an update to the Marketing & Communications Strategy was approved by the Board in February 2020. The report provided an overview of performance to date against the 2019-2022 Refresh and the operational plan for 2021-2022, the final year of the strategic plan.

Mrs Kirby explained that since the Board signed off the strategy significant progress has been made. There were some big objectives which were impacted

on by Covid 19 and changes in the communications and delivery approaches over that time. There are some areas that have not had as much progress as was planned including the website bounce rates and improving the search facility on the website. Work on internal communications continues and trying to engage with bank staff and other harder to reach groups.

Next steps include embedding transformation changes and continuing to look at moving forward the programme. The brand needs nurturing and engagement with staff continues alongside monitoring of the brand usage. Work is underway with Health Stars to develop a communications plan.

The redevelopment of the GP websites has been successful and has been brought in-house with the King Street Medical Centre being the first. The patient information platform produced in conjunction with Hull University was also a success. There have also been a number of campaigns including World Mental Health Day.

The Chair thanked Mrs Kirby for the plan adding that it did not do justice to the amount of work the team has done.

Mr Baren congratulated the team on the work they have done over the last 12 months. He asked about the Annual Members Meeting (AMM) for this year and whether there would be any relaunching of the brand. The Chief Executive said the format of the AMM will follow previous years however consideration is being given to having market stalls and a video. The AMM itself will be online. Professor Cooke supported the blended approach and that presentations could help to put the organisation on show. He asked how recruitment has been helped by communications activities and whether there was any feedback on this. Mrs Kirby explained that the team supported the work of the organisation with the website and the promotional side including a survey for new starters.

Dr Byrne asked about the feasibility of sending out membership magazines due to the cost and whether there are plans to take this online. The Chair explained that the Governor group is looking at this but there remain a number of members who have not provided e mail addresses despite a survey being sent out. It was noted that a limited number of annual reports are printed to save money. Mrs Hughes is leading a piece of work with the Engaging with Members Governor group to look at increasing the links with the Patient and Carer Experience team which may help with digital formatted moving forward.

Resolved: The report was noted.

92/21 **Items for Escalation**
No items were raised

93/21 **Any Other Business**
No other business was raised.

94/21 **Exclusion of Members of the Public from the Part II Meeting**
It was **resolved** that members of the public would be excluded from the second part of the meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.

95/21 **Date and Time of Next Meeting**

Wednesday 19 May 2021, 9.30am by Microsoft Teams

Signed Date
Chair

Trust Board Meeting
Minutes of the virtual Public Trust Board Meeting held on Thursday 19th May 2021
by Microsoft Teams

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

In Attendance: Mrs Michelle Hughes, Head of Corporate Affairs
Mr Adam Dennis, Communications Officer
Mrs Katy Marshall, Head of Learning and Organisational Development (for item 99/21)
Mrs Alison Flack, Freedom to Speak Up Guardian (for item 110/21)
Mr Alec Saxby, Deputy Freedom to Speak Up Guardian (for item 110/21)
Mr Andy Barber, Chief Executive H&EY Smile (for item 111/21)
Miss Victoria Winterton, Head of Smile Health (for item 111/21)
Miss Jessica Norton, Personal Assistant (minutes)

Apologies: None

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

Congratulations were given to the Rt Hon Caroline Flint on her appointment as the new Chair and Mr Smith was welcomed back after a period of absence.

- 96/21 **Declarations of Interest**
The declarations were noted. Any further changes to declarations should be notified to the Trust Secretary. The Chair requested that if any items on the agenda presented anyone with a potential conflict of interest, they declare their interest and remove themselves from the meeting for that item.
- 97/21 **Minutes of the Meeting held 28 April 2021**
The minutes of the meeting held on 28 April 2021 were agreed as a correct record.
- 98/21 **Matters Arising and Actions Log**

The actions list was discussed and noted. No amendments requested. Mr Patton added that he has been on the MAPPA training and found it very interesting.

99/21

Staff Story – Our Staff Produced Programme

Mrs Marshall played a video which provided an overview of the leadership and senior leadership programmes. The leadership programme has been established to provide support to those leaders from bands 3 to 7 and the senior leadership programme is for bands 8 and above. The video provided an overview of the modules and included views from those that have completed the programmes.

In terms of the current position, Mrs Marshall confirmed that one cohort is completed and the other cohorts have restarted now that the pandemic has eased. Furthermore, they will continue to adapt and improve the course to make it better for those staff who participate.

Mrs Parkinson noted that the impact of the programme is demonstrable with an increase in emotionally intelligent leadership leading to better staff engagement, although there is more that could be done to help the leaders in the organisation.

Dr Byrne added that huge developments have been made in recent years and it is good to have a coordinated and collective programme open to all staff bands which covers leadership and management skills. Feedback from his team is incredibly positive and an example of how investment can benefit the organisation. It is clear from the Staff survey that staff can see the opportunities for personal and professional development in the organisation and he expressed his thanks to Mrs Marshall's team for putting the programme together.

Mr Smith agreed with the comments made from other Board members. He queried what the progression and next stages are for the programme. Mrs Marshall explained that mentoring and coaching as well as action learning sets is being looked at. Another piece of work is with the Integrated Care System (ICS) and looking at how links can be made.

Mr Patton echoed Mr Smith comments and has seen at another organisation a staff programme that runs alongside their leadership programme showing staff what they would expect from their leaders. Mrs Marshall supported this approach and will look at adding this into the programme.

Professor Cooke congratulated the team for getting the cohorts going in the pandemic. He asked how this will be deployed further for those people wanting to go on the course. He also asked whether the Trust is doing enough on resilience and adaptability. Mrs Marshall said that the intention is to set up more cohorts once those already in place have finished to ensure that any gaps are addressed.

The Chief Executive thanked Mrs Marshall for sharing the video. She informed the Board that she attends at the beginning of each cohort and has found the mood very positive. Though there have been challenges with the pandemic, the new blended approach is working well and the work will continue to link in with the behavioural standards.

Mr Royles found it an excellent video with great feedback from participants.

Mrs Gledhill supported all of the comments made and agreed that those who have attended have really benefited. She saw this to be the start of the leadership journey for staff which can be embedded into practice supported by the Trust. She agreed that action sets would assist this process as well as reviewing with the cohorts after six months to see how things are going. Mr Patton suggested that the Trust could use those who have been on the programme to link in with new starters and perhaps develop a course for staff.

Mrs Marshall said there are a number of things planned for the future and she welcomed the positive comments and suggestions made by the Board.

The Chair could see the impact this is making and noted that some staff had fed back to her that they are enjoying speaking to the Trust Board and meeting members of the Executive team and Non-executive Directors in these sessions

Resolved: The video and verbal update were noted

100/21

Chair's Report

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

Apologies were extended for the delay in circulating some of the papers due to the earlier Board meeting date. The Chair thanked everyone for turning papers around quickly. Updates included:-

- New Associate Non Executive Director interviews are taking place next week with the stakeholder groups taking place on Monday.
- The Chair has continued attending the staff health and wellbeing group as the Staff Wellbeing Guardian. There is an active group which is driving priorities for staff. In the run up to the Chair leaving the organisation, Mr Royles will take over this role.
- A positive meeting was held with Caroline Flint who has been appointed as the new chair. The Chair and Mrs Flint will work together to ensure a smooth handover takes place
- The Chair attended the Yorkshire and Humber Chairs meeting with good attendance reported
- There was good attendance at the last virtual Staff Awards for those with long service, retiring and for employees of the month-

Resolved: The verbal updates were noted

101/21

Chief Executive's Report

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

- The Trust stepped down Gold command as the NHS reduced to opal level three. The Steering Group and Clinical Advisory Group continue to meet.
- The Chief Executive visited Whitby recently to see staff and thank them for their work. The development of the new building continues and photos were included in the report for information.
- Pictures of the new brand design livery on Trust vehicles were included

in the report. Mr Beckwith added that the vans look fantastic and gave a sense of professionalism for the Estates Team.

- The Chief Executive remains the Breast Feeding Guardian and was pleased to announce that gold status has been maintained.
- The Trust is sponsoring the Hull Daily Mail awards.
- It was noted that Dr Byrne is the Health and Equality lead for the organisation.
- A blended approach continues to be progressed to allow staff to work both remotely and to be able to book office spaces.
- Restoration and recovery work is underway. Morale remains high but people are tiring. There are a lot of ideas for teams, divisions and the overall Trust to aid recovery and Mr Beckwith is looking to establishing a budget for managers to use to take ideas forward.
- Provider Collaborative work continues and many conversations with NHSE are underway. The Trust is seen as example of best practice.
- The report included a Quality Accounts update for information and attention drawn to the work undertaken by Health Stars.

Professor Cooke congratulated everyone for all their continued work. He noted the consistency of deploying this in terms of the quality and in terms of priorities the Quality Committee is recommending the same ones, but with more stretch.

Professor Cooke commended the blended approach being taken for the fifth Research Conference. He also expressed his thanks to Health Stars on the 93 staff wishes that have been received this month.

Mrs Gledhill highlighted the digital development plan and the key elements included which will further raise the Trust's profile. The plan will be monitored to show progress.

Mr Patton raised queries on the new variant of COVID in the local area and long COVID. Dr Byrne expressed the importance of making sure people are vaccinated and that they continue to comply with guidelines in terms of infection control. It was reported that there have being no Indian variant to date in our geographic area, but there have been small outbreaks in the north of the patch. Mr McGowan confirmed that we have four staff off for currently with long Covid and some others with these symptoms are in work and being managed on a case by case basis.

Mr Patton was pleased to see the uptake in nursing and mental health. Mrs Gledhill confirmed that students are coming in however the difficulty is in finding them a placement. The process is working well in divisions and there have been many successes with thanks extended from the universities they are placed from.

Mr Smith thought that long COVID will probably have a debilitating effect and much support will be needed. Mr Royles commented that there are some calls from some medical bodies for COVID to be classified as an occupational disease.

Mr Patten drew attention to the COVID restrictions with Hull showing the worse impact and slowest recovery. The evidence base is incredibly strong around health outcomes. It was known that the social and economic impact of COVID could be significant but what is interesting is the employment statistic around

Hull, particularly around the nature of the industries Hull has. Over the next year or two it will be more challenging, but the team are exploring how opportunities for paid employment, volunteer roles as well as training roles are opened up.

The Chair commented that at a recent Chairs meeting, the impact the EU exit is having on health and equalities was discussed.

Mr Baren queried the dashboards and asked in terms of safety, how we are making sure the data is accurate and up to date on these dashboards. Mrs Gledhill confirmed that the dashboard is real time and is as accurate as the information submitted. The safety team check the data daily and the Corporate Risk & Compliance Manager is helping teams to train them on using the dashboards.

Mr Baren asked to what extent the auditors will be auditing the accounts figures. Mrs Gledhill reported that she has not heard anything about what they will audit going forward. Professor Cooke said he would like to see the Audit Committee having more input in the audit. It was noted that the Quality Accounts will be shared in other forums before coming back to Board in July to be signed off.

The Board ratified the Access to Health Records Policy and Human Rights and Equality Policy for Service Provision and Practice in relation to the Mental Health Act 1983

Resolved: The report was noted, the Quality Accounts for 2020/21 were approved and the policies ratified as detailed in the report.

103/21

Performance Report

Mr Beckwith presented the report for April. Attention was drawn to cash with a reduction in month which was expected due to the timing difference in allocations received and cash leaving the bank for those schemes.

Mr Patton highlighted that all charts are heading in the right directions which is positive although out of area figures had gone up. Mrs Parkinson said it was positive that the results are now showing the benefits of all the work that has gone in to improve waiting times. Some services are seeing an increase in demand. In terms of out of area placements, this is impacted on by the work taking place at Maister Lodge as only five beds are available due to the capital scheme work that is underway to provide an additional five beds when work is completed. As such the service has contracts with NAVIGO and the clinical input for these users is comprehensive. There is still use of adult out of area beds and the team are working hard to reduce this given there is a national directive to eradicate all out of area beds. Mr Baren asked to be provided with details on those that are planned and unplanned out of area.

Mr Baren noted that the use of bank staff at the Humber Centre has increased. Mrs Parkinson explained that this is monitored closely and that some of the increase is due to the Trust's own staff who are on the bank covering the temporary need for staff and the rise in acuity. All staff meet mandatory training requirements before covering a shift and managers look at the quality indicators to see if the increase in bank causes any difficulties. The current data doesn't show this is causing any increase in risk. Mr McGowan added that it is positive that it is coming from bank rather than agency.

Mr Baren also noted that on the friends and family test, GP surgery recommendations have gone down slightly. Doctors may not have been able to see people as much face to face, but they have offered remote appointments and it is going to take time for primary care to get back up and running. Dr Byrne explained that the data is monitored to review any changes and encouraged people and colleagues to give feedback. The Chief Executive added that the e health consulting has increased work rather than making it more efficient and recently national guidance has been published about moving back to face to face appointments if the patient requests it.

Mr Royles highlighted training compliance being as high as it is during a pandemic. He noted that some areas have compliance although not where it is needed and this is discussed at the Workforce Committee. In terms of GPs, he felt it is important to listen to patients but not to try and get back to how it was before the pandemic as there are some benefits in using the remote virtual approach. Dr Byrne agreed that a blended approach needs to be done properly which cannot always be done easily.

The Chief Executive asked about involvement of care and whether more should be done to involve them in care. Dr Byrne added that the friends and family survey gives data and the team is expecting more inpatient data which so far, has remained strong through the pandemic. Services need to maintain focus on patient feedback to make sure services are as good as it can be. The Chair said this had been a useful debate and further discussion will take place outside the meeting.

The Board agreed that it is good to see waiting lists going in the right direction. An appendix was missing from the papers and was circulated during the meeting.

Mrs Parkinson highlighted that Early Intervention is going in right direction but is still below target. She explained that it is a small team and the model is for small caseloads. There have being unconnected staffing issues which has led to absence and replacement staff are in post, however further issues arose. A recovery plan is in place so improvement is expected.

The Chair appreciated the narrative on the front sheet of the report.

**Resolved: The report and verbal updates were noted
Mr Baren to be provided with details on those that are planned and unplanned
out of area Action LP**

104/21

Finance Report

Mr Beckwith presented the highlights for the finance paper including:

- The Trust continues to operate under block funding arrangements for the first 6 months of the year.
- Guidance is awaited for defunding from October 2021.
- Carrying out a full closedown in month one to keep governance on going.
- A minor surplus was recorded at month one.
- The report has less detail due to timing of the meeting and due to the roll over from previous year adjustments
- Income top up was shown in the report.
- The Finance & Investment Committee next month will have a detailed

report for month two.

- The 332k is a one off from April which is a legacy. Still in process to confirm final block values.

Resolved: The report was noted.

The underlying cash position to be added as a footnote to the report in future reports **Action PBec**

105/21

Workforce and Organisational Development Committee Assurance Report and March Minutes

Mr Royles presented the assurance report and minutes of the March meeting. At the last meeting, the finance directorate provided a presentation on their staff survey, the Freedom to Speak Up Annual report was presented as well as the insight report which was discussed and included mandatory training. There are a number of indicators going in the right direction but for some areas, compliance isn't where it needs to be. A further report on these areas and plans in place will be taken to the next Committee.

Dr Byrne asked about morale data. Mr Royles said that this is subjective and we could draw some indicators in terms of sickness, turnover and the staff survey, but some of this is driven by COVID so this may increase when people start to leave who have stayed due to loyalty. Dr Byrne commented that it is important to keep a focus on this as an organisation as part of staff health and wellbeing and to keep investing in staff as we know this is beneficial. Mr McGowan added that the staff survey showed that morale is in a positive place and better than previous year's but it is good to look at it across a number of indicators.

Resolved: The report and updates were noted

106/21

Mental Health Legislation Committee Assurance Report

The Mental Health Legislation Committee assurance report was taken as read. Mr Smith highlighted three issues:

- The MAPPA public meeting – this is making good progress
- The Consent to treatment - an audit report gave assurance apart from one issue relating to forms and action plans. Mr Smith felt the audit was important to undertake and the team were given the opportunity to be part of the audit. Consent for treatment is fundamental to patient care.
- Links with outside world and particularly with the CQC. The Committee have been using their insight report for benchmarking as well as looking at the human rights policy to try and amend CQC closed culture.

Mr Smith added that this is a team effort and thanks were given to Mrs Nolan and Dr Byrne for their assistance. The Steering Group is also part of the work and he was pleased with the direction the group is going.

Dr Byrne referred to a closed culture and the landmark publication which was previously bought to Board. There is reassurance that the work ongoing in the organisation pre-dates this. The Executive Management Team (EMT) is having conversations about how to communicate this to staff.

In regards to the patient stories for the Reducing Restrictive Interventions report for Mental Health Legislation Committee, Mrs Gledhill added that there have been some excellent DATIX reports submitted by teams showcasing how they

have managed incidents using the least restrictive interventions. Mrs Gledhill will speak to the report author to add some to future reports.

Resolved: The Board noted the report

107/21 **Audit Committee Assurance Report**

Mr Baren provided an overview of the meeting took place last week. The move to Audit Yorkshire has been well received and significant assurance is seen in the report. There has being great achievements by the team and thanks were given to all those who have had audit in the past 12 months. The effectiveness review has been completed and a survey was undertaken to gain Committee members feedback. This included a request for improvement to the format of the Counter Fraud report which has been made. The Committee also approved the 20/21 audit plan, the counter fraud work plans for 21/22, the Access to Records policy and noted the internal audit action follow up recommendations were still at a high standard. The year-end accounts will come to next Committee in June. Mr Beckwith echoed Mr Baren's comments and felt it was positive that counter fraud recommendations are now being monitored which previously were not.

Thanks were extended to Mr Beckwith and his team for their work.

Dr Byrne said, in respect of the recent events in the Northern Ireland cyber-attack, there is reliance on national and external systems and asked what assurance the Audit Committee could provide. Mr Beckwith confirmed that it is a standard agenda item for each meeting for an update on the Cyber Operational Readiness Support (CORS) work plan. The Committee monitors progress against this and nothing is flagging up currently as an issue. The IT department also monitors this regularly. Mr Beckwith added that as part of the programme, IT carried out penetration tests where assurance was given.

The Chief Executive confirmed that EMT receive reassurance enabling assurance to be given to the Audit Committee on these issues. In light of the issue in Ireland, an email was sent out to all staff for reassurance. Mr Patton is the Cyber lead on the Board and has regular meetings so he is kept updated on issues. Mr Beckwith explained that the IT Team under the leadership of Mr Brumpton and Mr Rickles monitor these areas well.

Resolved: The report was noted.

108/21 **Humber Coast & Vale Specialised Mental Health, Learning Disability and Autism Provider Collaborative Commissioning Committee Assurance Report**

Mr Baren provided a verbal update on the position of the group. The work stream updates were working very well and regular updates provided to the Board on the partnership agreement position. More work has been done in workshops on risk and gain share but a final agreement is yet to be seen. The finance due diligence work is still in progress and a call with the national team is being arranged to go over any outstanding issues.

Resolved: The verbal update was noted.

109/21 **Annual Committee Effectiveness Reviews and Terms of References**

The Chair thanked the Committee chairs for the time put into these reviews.

Mrs Hughes presented the composite report which provided a Committee effectiveness review of each subcommittee that looks back over the past year prepared by the Committee with terms of reference for approval.

Mrs Hughes highlighted that the Charitable Funds Committee review was prepared in March and taken back to the Committee yesterday and one update was required to the number of meetings held – 6 meetings were planned, 5 held and all meetings were quorate.

In terms of Committee workplans, as last year, the Audit Committee has requested a collation of Committee workplans to seek assurance and triangulate with the Board Assurance Framework (BAF) so that the Committee can demonstrate awareness of the work of the other Committees. These are being collated for the June Audit Committee meeting.

The Quality Committee review was presented by Professor Cooke. In terms of governance, it needs to be sound, strategic and strong enough and he felt that the Quality Committee met this. He would like to commend the Committee as it covered the business as usual, the COVID response was proactive and quality improvement was done all the time. He further expressed his thanks to Mrs Gledhill, Mrs Parkinson and Dr Byrne in terms of how they have worked together and thanked Mrs Hutchcroft for supporting the Committee. Professor Cooke said it had been a good year for the Committee and Mrs Gledhill felt the Committee had its rhythm and discussions and challenges were all helpful.

The Charitable Funds Committee is developing and has had a reset which will assist going into the next year. All meetings have been quorate and have seen progress in connectivity. Grants have been great and deployed quickly. Whitby is this year's priority and the Committee has had a look back at Inspire for any learning. There is more to do on the ground, however the response has been good over a very stressful time and everyone went the extra mile. The Terms of Reference were changed at the last meeting to include Mrs Jenkinson as an attendee and an amended version will be brought to the next meeting.

The Finance and Investment Committee has seen the quality of papers improve over the year. There is a good challenge in the meeting and the Committee deals with things in the meeting to free up time at the Board. Mr Patton expressed his thanks to Mr Beckwith and Mr Omand for their finance work which has seen an effect on the finance performance. Mr Beckwith added that due to how finances were dealt with during pandemic, it is good to see the positive position and the improved position of primary care.

The Mental Health Legislation Committee is chaired by Mr Smith. He highlighted the Equality, Diversity and Inclusion comprehensive minute extract covering the work being undertaken. The work plan element is yet to be determined and will be discussed in a separate meeting. Dr Byrne added that it captures the work done and the Committee is in a strong position due to the work being undertaken in the Steering Group. For the Terms of Reference, Mrs Gledhill raised that the post of the Assistant Director of Nursing is no longer in place due to a restructure and the replacement is still to be determined.

The Audit Committee assurance was covered as part of the previous agenda item. The annual report is due shortly and the draft internal report on the Board Assurance Framework gives high assurance which bodes well for the Committee

structure. For the Terms of Reference, there is a change to schematics and a typographical error, once amended and agreed at the Committee it will be brought back to the Board for final sign off.

The Workforce Committee is the newest of the Committees. Mr Patton started as the Chair of the Committee, but it is now Mr Royles who is the Chair. This Committee is not just workforce led but is also led by other Directors who all work together to get the results. Mr Royles is a member of other Committees and aims to have the same tone at this Committee which allows challenge but also provides an open environment that is constructive and helpful for those that attend.

The Remuneration and Nomination Committee effectiveness review was noted.

The Trust Board has adapted well to changes as have the Sub committees. Interactions with all has remained strong and grown which is an achievement throughout this pandemic. There is a desire to improve all the time and the changes made have been positive. The Chair thanked Board members and Mrs Jones for all the work over the past 12 months.

The Chief Executive agreed that we need to get the right balance and could see the Committees shaping up due to the hard work of the Executives and the Non-executive Directors. It was good to see the work in the Committees. An external governance review will take place in May 2022 and these effectiveness reviews will be part of this.

Resolved: The report was noted.

The Terms of Reference for the Trust Board, the Quality Committee, the Finance and Investment Committee, the Workforce and Organisational Development Committee and Remuneration and Nomination Committee were approved.

The Terms of Reference for the Charitable Committee were approved subject to proposed changes.

The Mental Health Legislation Terms of Reference were approved subject to removal of the redundant position under membership.

The Terms of Reference of Audit Committee were approved subject to change in schematics and typographical error.

110/21

Freedom to Speak Up Guardian Annual Report 2020/21

Mrs Flack and Mr Saxby attended the Trust Board meeting to provide an overview of the Freedom To Speak Up (FTSU) guardian annual report covering the work which has being done this year. The paper was presented at the Workforce Committee and covered the Freedom To Speak Up (FTSU) work which has been important during the pandemic. Highlights included:

- The Chief Executive is the executive sponsor and Board members have carried out a self-assessment process.
- The annual report continues to raise the profile of Mr Saxby and Mrs Titchener who are the deputy Freedom to Speak Up Guardians.
- The National Guardian's Office is yet to publish their report.
- There are two levels of training. Level one speak up training is now available in the training dairy and runs at every induction for all new starters. This raises the profile of Freedom to Speak Up from day one.
- The team continue to report case numbers which allows comparison with other Trusts and those with similar staff numbers.

- The number of concerns over last 12 months is lower than the last two years. If there are multiple contacts about same issue it is reported as multiple rather than just one. The pandemic may have affected the numbers as well as the change in strategy with some staff feeling more comfortable raising their concerns through managers.
- Concerns raised have been around patient care, COVID 19 working arrangements, bullying and harassment instances and equality and diversity. There were no particular themes or hotspot areas.
- The team haven't stopped raising the profile of Freedom to Speak Up and have been able to dial into meetings virtually and put articles into newsletters. The Chief Executive also raises Freedom to Speak Up in her blogs.
- Speak Up month was in October but communications are ongoing.
- Learning is an important part of speaking up and working with colleagues in area where it has being raised.
- The Chief Executive has commissioned one independent investigation.
- Received low responses on a questionnaire which the team will be focusing on this year.

Attention was drawn to the work plan. Mr Saxby added that he found it reassuring how serious the Trust acknowledges some of the issues that come to the team. They continue to be visible and be approachable to colleagues in the Trust.

Mr Baren commented that the team are doing a great job and it is an important function. The Chair reiterated this and added that Staff Governors are also engaged with the process.

Dr Byrne queried, in the absence of a national report, what the understanding of what Trust data identifies compared to other organisations. Mrs Flack explained that a national report will be available and not all organisations have been submitting data during the pandemic but of those that have, the Trust is not an outlier.

Mr Patton mentioned that the staff survey showed that staff find that they can raise this more easily with managers which may be a reason why the reports are lower.

Thanks were expressed by the Board to Mrs Flack, Mr Saxby and Mrs Titchener for their work.

Resolved: The report was noted by the Board

111/21

Annual Declarations 2020/21 Report

An updated version of the annual declaration report was brought to the Board for information. The report was updated in order to strengthen evidence to reflect a recent Care Quality Commission (CQC) exercise. The Board noted the incorrect dates in 2.1 which will be amended.

Resolved: The report was approved by the Board subject to the change of dates identified.

112/21

Health Stars Strategy Annual Review

Professor Cooke provided an overview of the Health Stars Strategy annual review including the performance indicators. Miss Winterton and Mr Barber attended to present the review and to talk about how they found last year and highlight the activities that were done during the pandemic. This included the addition of Jude Wakefield, the new Whitby Appeal Co-ordinator and Bibhash Dash, the Black Asian Minority Ethnic (BAME) Wellbeing Project Lead who also delivered food hampers during the pandemic.

Mr Barber explained there has been real development which has maximised the partnership with volunteers and staff on the front line. He found that they were able to secure more funds because of the partnership between Health Stars, Smile and the Trust. The team have been focused on people but also the development of the Whitby project. They also finalised elements of the Impact Appeal and challenged themselves to spend the money that is available.

Mr Barber drew the Board's attention to the positive finance report although they slightly missed target and finished with a higher balance than expected. Due to the high balance, the Deputy Chief Operating Officer is helping co-ordinate more spend in the operational divisions. In the future the team will look to bring case studies to the Board on how they have impacted on staff and patients.

The Chief Executive said that there were conversations at the Charitable Funds Committee yesterday where priorities have been reset to take the work forward. It was good to see more Wishes being received and accepted.

The Chair added that it was good to see the work done to support staff during the pandemic and on behalf of the Board expressed thanks to the Team and the Charitable Funds Committee.

Resolved: The report was noted by the Board

113/21

Humber Coast and Vale 2020/21 Annual Report

The Humber Coast and Vale annual report was provided for information and awareness. The report covered the progress on the four priorities of the Integrated Care System (ICS).

Professor Cooke said that it was positive to see the Trust being proactive for which he thanked the Chief Executive. He drew attention to the provider collaborative where the second conference was well attended and received. He added that, having different leads that want to understand the system and the organisation is a healthy sign. Professor Cooke suggested that the report be brought into a Board development session to see if we are aligned to them and what else can be contributed. The Chief Executive supported his suggestion and it will be discussed at the June time out.

Resolved: The report was noted.

114/21

Items for Escalation

No items were raised.

115/21

Any Other Business

No other business was raised.

116/21 **Exclusion of Members of the Public from the Part II Meeting**
It was resolved that members of the public would be excluded from the second part of the meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.

117/21 **Date and Time of Next Meeting**
Wednesday 30 June 2021 9.30am by Microsoft Teams

Signed Date
Chair

Agenda Item 9

Title & Date of Meeting:	Council of Governors Public Meeting – 8 July 2021			
Title of Report:	Appointment Terms and Conditions Effectiveness Review			
Author/s:	Sam Muzaffar, Chair Appointments, Terms & Conditions Committee			
Recommendation:	To approve	✓	To receive & note	✓
	For information		To ratify	
Purpose of Paper:	To present the effectiveness reviews undertaken for the Appointments, Terms & Conditions Committee			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Appointments, Terms & Conditions Committee	11.6.20	Engaging with Members	
	Finance, Audit, Strategy and Quality Governor Group			
	Trust Board			
			Other (please detail) Effectiveness Reviews	✓
Key Issues within the report:	To approve the Terms of Reference for the Appointments Terms and Conditions Committee.			

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	

Governor Appointments, Terms and Conditions Committee

**Annual Review of Committee Effectiveness and Terms of Reference
1st April 2020 to 31st March 2021**

The purpose of the Committee is to advise the Council of Governors and make recommendations on the appointment and terms of service of the Trust Chair and Non-Executive Directors and appointment of the Chief Executive.

1. Executive Summary

Chair to provide a brief written overview of the Committee's work during the year and whether he/she believes that the Committee has operated effectively and added value

The Committee met four times between 1 April 2020 and 31 March 2021.

During 2020/21 amongst other aspects of our work the Committee:-

- Approved Reappointment of Francis Patton
- Approved Reappointment of Mike Smith
- Received update on NED and Chair Appraisals
- Discussed Succession Planning for NEDs
- Discussed Chair and NED Pay Guidance
- Succession Planning for Chair & Chair recruitment
- Appointed the Appointments Terms and Conditions Committee Chair
- Supported recommendation to recruit an Associate NED
- The Chair of the Committee provides a report to the Council of Governors after each meeting

The Committee is chaired by a public governor and is supported by the Trust Chair, Senior Independent Director and Director of Workforce and Organisational Development.

Sam Muzaffar, Chair of the Committee and Public Governor.

2. Delivery of functions delegated by Council of Governors

Functions within ToR	Evidence to support delivery	Outstanding issues / action plan
<ul style="list-style-type: none"> • Nominations and Appointments • Terms and Conditions including Remuneration 	NED Appraisal process NED Recruitment NED and Trust Chair Reappointment Terms of Office	n/a

3. Attendance

The Appointments, Terms and Conditions Committee met on 4 occasions during 2020/21: 11 June, 17 September, 9 November and 23 February 2021.

Members:	No of meetings attended
<u>Public Governors</u>	
Sam Muzaffar	4/4
Ros Jump	3/3
Fiona Sanders	2/3
Eric Bennett	1/4
John Cunnington	0/4
<i>No other public governors attended any meetings</i>	
Trust Chair	4/4
Senior Independent Director	4/4
Director of Workforce & Organisational Development	4/4

3.2 *Chair (and Trust Board lead) to provide a view on whether the membership composition is effective and the extent to which members have contributed.*

Membership of the Committee is regularly reviewed and is predominantly made up of public governors. There were good contributions from members throughout the year.

3.3 *Include any recommendation for change to membership & reasons why*

There are no recommendations for change.

4. Quoracy

The Committee was quorate on all four occasions

5. Reporting / Groups or Committees

Not applicable.

6. Conduct of meetings

Governor Chair and Trust Board lead to consider the following questions

- *Was a workplan agreed at the start of the year and have meetings and agendas been appropriately scheduled to meet the work plan?*

The Committee has a work plan and this is reviewed annually.

- *Are the reports and papers presented of a high quality and prepared in time for issue 5 working days ahead of the meeting?*

Yes

- *Is the quality and timeliness of the minutes satisfactory?*

Yes

- *Is an action log maintained and are actions clearly recorded, assigned to individuals with timelines and followed through?*

Yes

7. Review of Terms of Reference

Governor Chair and Trust Board lead to summarise any recommended changes to the Committee's terms of reference in light of the annual evaluation.

The ToR were last approved in July 2020. No changes are proposed.

The ToR are attached as appendix 2 for the CoG to ratify.

8. Workplan for 2020/21

Has a workplan for the year ahead, 2020/21 been prepared?

Yes [] No []

9. Any Actions Arising from this Effectiveness Review? YES [] NO []

If any, please summarise in bullet point format below

Attendance

Quorum	11 June 2020	17 September 2020	19 November 2020	23 February 2021
2 public governors	1. Sam Muzaffar, 2. Ros Jump, 3. Fiona Sanders,	1. Sam Muzaffar 2. Ros Jump 3. Fiona Sanders	1. Sam Muzaffar 2. Huw Jones	1 Sam Muzaffar 2 Eric Bennett 3 Fiona Sanders
Trust Chair <i>or</i> SID	Sharon Mays Peter Baren	Sharon Mays Peter Baren	Sharon May Peter Baren	Sharon Mays Peter Baren
Director WF&OD	Steve McGowan	Steve McGowan	Steve McGowan	Steve McGowan

Terms of Reference

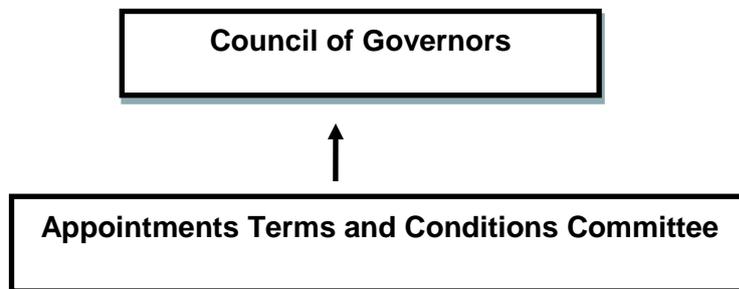
Appointments, Terms and Conditions Committee

<p>Authority</p>	<p>The Council of Governors Appointments, Terms and Conditions Committee is constituted as a standing Committee of the Council of Governors.</p> <p>The Committee is authorised by the Council of Governors to carry out its duties and to make recommendations to the full Council of Governors for approval.</p> <p>The Committee is authorised by the Council of Governors, subject to funding approval by the Board of Directors, to request professional advice and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its function.</p> <p>The Committee is also authorised to request such internal information as is necessary and expedient to the fulfilment of its functions.</p>
<p>Role / Purpose</p>	<p>The purpose of the committee is to advise the Council of Governors and make recommendations on the appointment and terms of service of the Chair and Non-Executive Directors and appointment of the Chief Executive.</p>
<p>Duties</p>	<p>The Committee is responsible for advising and/or making recommendations to the Council of Governors relating to:</p> <p><u>Nominations and Appointments:</u></p> <ul style="list-style-type: none"> • For each appointment of a Non-Executive Director and the Chair, prepare a description of the role and capabilities and expected time commitment required • Identify and nominate suitable candidates to fill vacant posts within the Committee's remit for appointment by the Council of Governors • Periodically review the balance of skills, knowledge, qualifications, experience and diversity of the Non-Executive Directors and the Chair , having regard to the views of the Board of Directors and relevant guidance on Board composition • Ensure compliance with the requirements of Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 5: Fit and Proper Persons Requirement. The Committee will receive an annual report on Chair and Non-Executive Director Compliance • Evaluate the performance of the Chair and Non-Executive Directors • Give consideration to succession planning for Non-Executive Directors and the Chair, taking into account the challenges and opportunities facing the Trust and the skills and expertise needed on the Board of Directors in the future • Advise the Council of Governors in regard to any matters relating to the removal of office of a Non-Executive Director or the Chair • The committee will receive reports from the Chair and Director of Workforce & OD to support deliberations and to enable it to fulfil its duties

	<p><u>Terms and Conditions including Remuneration:</u></p> <ul style="list-style-type: none"> • In accordance with all relevant laws and regulations, recommend to the Council of Governors the remuneration and allowances and the other terms and conditions of office of the Chair and other Non-Executive Directors • Take into account appropriate benchmarking and market testing ensuring that increases are not made where Trust or individual performance do not justify them • In adhering to all relevant laws and regulations and NHS E/I guidance establish levels of remuneration which are sufficient to attract, retain and motivate Chairs and Non- Executive Directors of the quality and with the skills and experience required to lead the Trust successfully, without paying more than is necessary for this purpose, and at a level which is affordable to the Trust • Receive and evaluate reports about the performance of individual Non-Executive Directors and the Chair , review and agree the process for the next year • Recommend to the Council of Governors a remuneration and terms of service policy for Non-Executive Directors and the Chair , taking into account the views of the Trust Chair (except in respect of his/her own remuneration and terms of service), the Chief Executive and any external advisers • Review annually the time commitment requirement for Non-Executive Directors and the Chair • Oversee other related arrangements for Non-Executive Directors and the Chair • The committee will receive reports from the Chair and Director of Workforce & Organisational Development to support the role of the committee and enable it to fulfil its duties
<p>Membership</p>	<p>The Committee will be chaired by a public Governor supported by the Trust Chair.</p> <ul style="list-style-type: none"> • The membership of the Committee shall consist of <ul style="list-style-type: none"> ○ 4 Public Governors, ○ the Chair and ○ the Senior Independent Director ○ the Director of Workforce and Organisational Development • If the number of Governors who express an interest on serving on the Committee is higher than the number of places available, membership will be discussed with a recommendation made to the Council of Governors • Any member of the Committee who has not attended 3 meetings and has not sent their apologies and provided a reasonable explanation, may be asked to step down from the Committee • Only members of the Committee have the right to attend Committee meetings • Other persons may be invited by the Committee to attend a meeting so as to assist in deliberations.
<p>Quorum</p>	<p>The quorum necessary for the transaction of business shall be 2 Public</p>

	Governors and/or the Chair or Senior Independent Director
Chair	The Committee will be chaired by a public governor supported by the Trust Chair. The chair of the Committee will be appointed annually.
Frequency	The Committee shall meet as and when required to discharge its business and fulfil its cycle of business, but at least on two occasions in each financial year.
Agenda and Papers	An agenda for each meeting, together with relevant papers, will be forwarded to members to arrive 5 days before the meeting.
Minutes and Reporting	Formal minutes shall be taken of all Committee meetings and an update provided to the Council of Governors at a general Council of Governors meeting. The Committee shall receive and agree a description of work of the Committee, its policies and all Non-Executive Director and the Chair emoluments in order that these are accurately reported in the required format in the Trust's annual report.
Monitoring	The Committee shall review annually its collective performance and attendance The Terms of Reference of the Committee shall be reviewed by the Council of Governors at least annually
Agreed by Appts, T & C Committee	17 June 2021
Approved by CoG	July 2021 - tbc
Review Date	April 2022

Appointments Terms and Conditions Committee Reporting Structure



Agenda Item 10

Title & Date of Meeting:	Council of Governors Public Meeting – 8 th July 2021																											
Title of Report:	Performance Report - Month 2 (May)																											
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 Council of Governors on the current levels of performance as at the end of May 2021.</p> <p>The report is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits presented in graphical format.</p>																											
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>	<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Audit Committee</td> <td></td> <td>Remuneration & Nominations Committee</td> <td></td> </tr> <tr> <td>Quality Committee</td> <td></td> <td>Workforce & Organisational Development Committee</td> <td></td> </tr> <tr> <td>Finance & Investment Committee</td> <td></td> <td>Executive Management Team</td> <td></td> </tr> <tr> <td>Mental Health Legislation Committee</td> <td></td> <td>Operational Delivery Group</td> <td>✓</td> </tr> <tr> <td>Charitable Funds Committee</td> <td></td> <td>Other (please detail)</td> <td></td> </tr> </tbody> </table>		Date		Date	Audit Committee		Remuneration & Nominations Committee		Quality Committee		Workforce & Organisational Development Committee		Finance & Investment Committee		Executive Management Team		Mental Health Legislation Committee		Operational Delivery Group	✓	Charitable Funds Committee		Other (please detail)				
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Finance & Investment Committee		Executive Management Team																										
Mental Health Legislation Committee		Operational Delivery Group	✓																									
Charitable Funds Committee		Other (please detail)																										
Key Issues within the report: <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<p>Commentary is included below for those indicators that have fallen outside of the normal variation range.</p> <p>Training - The Trust has seen continued improvement in the uptake in training compliance, the overall compliance rate for May stands at 91.2% which is above the upper control limit and exceeds the Trust Target for training compliance, which is 85%.</p> <p>Waiting Times - The report demonstrates that the number of over 52 week waits has continued to reduce overall, with the most significant improvement being in Autism Spectrum Diagnosis (ASD). Improvement plans continue to be developed, implemented and monitored in each area.</p> <p>The appendix attached demonstrates the further ongoing reduction in 52ww for ASD. Digital Assessments are now being completed by a partner organisation, Healios, who are undertaking 16 digital assessments a month. If patient and family outcomes and satisfaction is good we will consider</p>																											

increasing this resource further.

Weekly performance monitoring is in place across those services with the longest waiting patients. The RTT Incomplete performance has improved again slightly this month and stands at 72.8%. Whilst focus has been on over 52 ww it also remains on over 18 week waits too and plans are also in place to improve and address that..

Out of Area Placements - The trust has procured additional out of area bed capacity to secure bed availability to deal both with increased demand and also reduced capacity due to the impact of covid on available beds within the Trust (isolation beds and infection control requirements).

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

The increase in May is again primarily due to the reduction in available beds at Maister Lodge as a consequence of the works taking place to increase the bed base. Additional beds have been provided by Navigo to address this short term position. The works are on track to complete by the end of July 2021.

Early Intervention in Psychosis (EIP) - The EIP service has seen reduced performance in achieving the 14 day access target.

This reduced performance is attributed to a sustained increase in referrals to the service over the last 6 months, across both the under 35 and over 35's age group, especially since January 2021 which has also been compounded by reduction in clinical capacity due to staff absence.

A robust recovery plan is in place and the current mid-month data reflects an improved position of 56% of all new referrals accessing an assessment within 14 days against a target of 60 %. The number of patients currently awaiting an assessment is 3 with the longest wait currently at 23 days, 13 days and then 5 days respectively.

The service manager is providing support to the team and the recovery plan is reviewed weekly and updated fortnightly or as required if any significant changes have been identified.

Incident reporting - based on reporting rates we have seen an increase in the average monthly incident reporting rate. The main teams driving the increase are Inspire, Mental Health

	<p>Response, Ullswater, Pine View and Townend Court; all of whom are experiencing high level of patient acuity/patient contact. The majority of incidents remain low/no harm with harm free care unchanged at 99.7%</p> <p>Safer Staffing Dashboard - Clinical Supervision- Although below compliance for Inspire the general trend is upwards with 74% compliance reported for May (62.5% reported in the dashboard – April figures). Millview Lodge compliance at 66.7% for April also remains below compliance in the May clinical supervision report. This has been reported to the Matron to look into how the team can be supported to ensure clinical supervision is undertaken to achieve compliance with the Trust target.</p>
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Monitoring and assurance framework summary:

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

Financial Year
2021-22

INTEGRATED BOARD REPORT

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

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

Reporting Month:

May-21

Chief Executive: Michele Moran

Prepared by: Business Intelligence Team

Caring, Learning and Growing



Humber Teaching NHS Foundation Trust Integrated Board Report

For the period ending:

May 2021

Purpose	This paper provides a summary on the progress being made against a basket of NHS performance indicators together with executive summary and underpin the Trust's Strategy 2017-2022. A sample of the strategic goals are represented in this report. Particular attention is drawn to the new format and the use of Statistical Process Control (SPC) in the following charts. SPC charts contain upper and lower control limits which are based on 2 standard deviation points above and below the 2 yearly average.
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What are SPCs?	<p>Statistical process control (SPC) charts can help us understand the scale of any problem, gather information and identify possible causes when used in conjunction with other investigative tools such as process mapping. SPC tells us about the variation that exists in the systems that we are looking to improve:</p> <p>S – statistical, because we use some statistical concepts to help us understand processes. P – process, because we deliver our work through processes ie how we do things. C – control, by this we mean predictable.</p> <p>SPC should be used to help to get a baseline and evaluate how we are currently operating. SPC will also help us to assess whether service changes have made a sustainable difference. They give an indication as to whether there is relatively stable variation over time or whether there are special causes creating exceptional variance. This is done by analysing the chart looking at how the values fall around the average and between or outside the control limits. The average and control limits do not indicate whether the indicator is achieving the target that has been set, but they allow us to better understand how stable the performance is and whether or not it is changing.</p>
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Strategic Goal 1	Innovating Quality and Patient Safety	Strategic Goal 4	Developing an effective and empowered workforce
Strategic Goal 2	Enhancing prevention, wellbeing and recovery	Strategic Goal 5	Maximising an efficient and sustainable organisation
Strategic Goal 3	Fostering integration, partnership and alliances	Strategic Goal 6	Promoting people, communities and social values

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

Humber Teaching NHS Foundation Trust

Integrated Board Report

For the period ending:

May 2021

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

PI RETURN FORM 2021-22

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **May 2021**

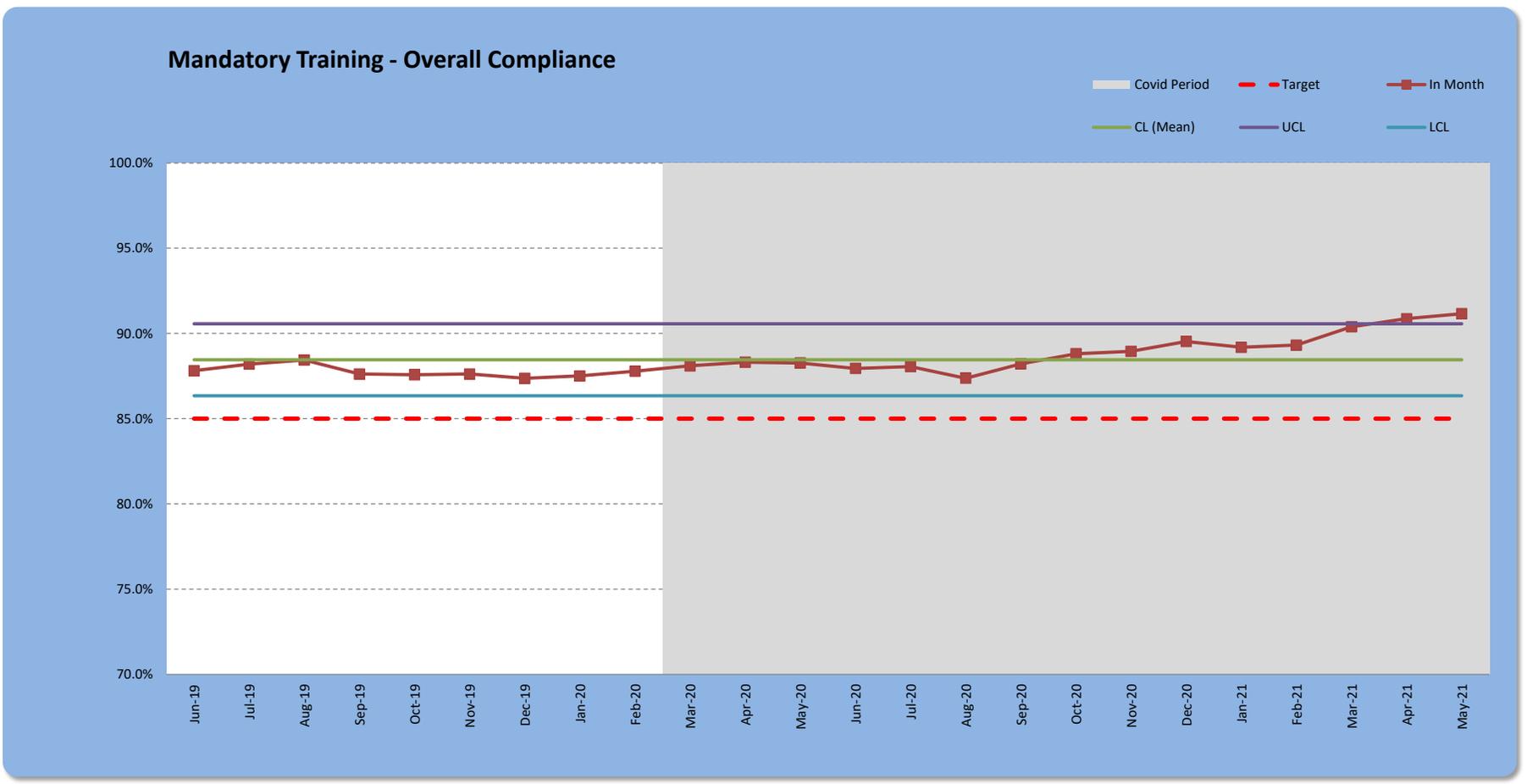
Indicator Title	Description/Rationale	Executive Lead
Mandatory Training	A percentage compliance based on an overall target of 85% for all mandatory and statutory courses	Steve McGowan

KPI Type
WL 5

Narrative

Above target, an increase of 0.6% when compared to April.

Target: 85%
 Amber: 75%
 Current month stands at 91.2%



PI RETURN FORM 2021-22

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **May 2021**

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

KPI Type
WL 2 VAC

Narrative

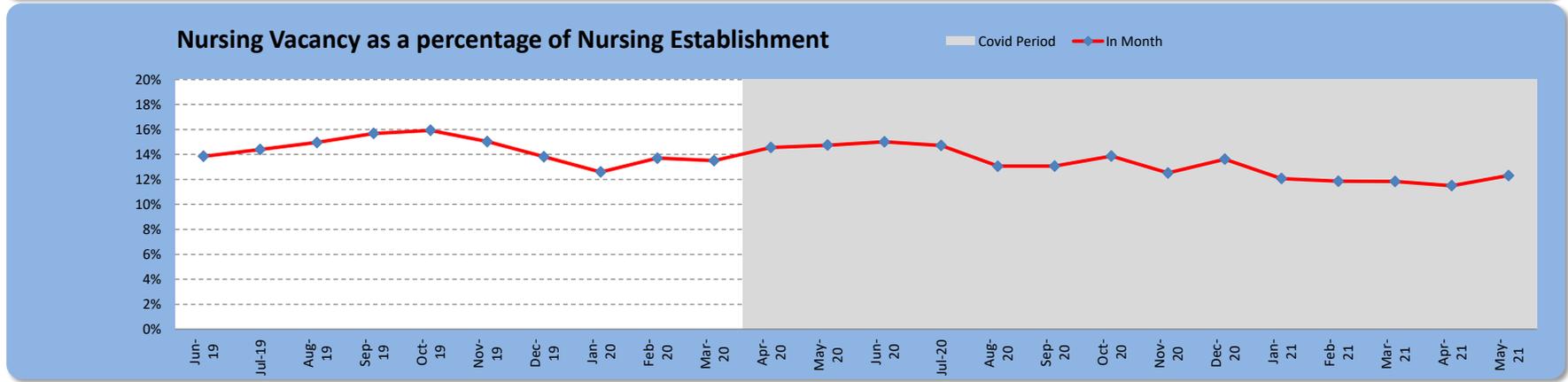
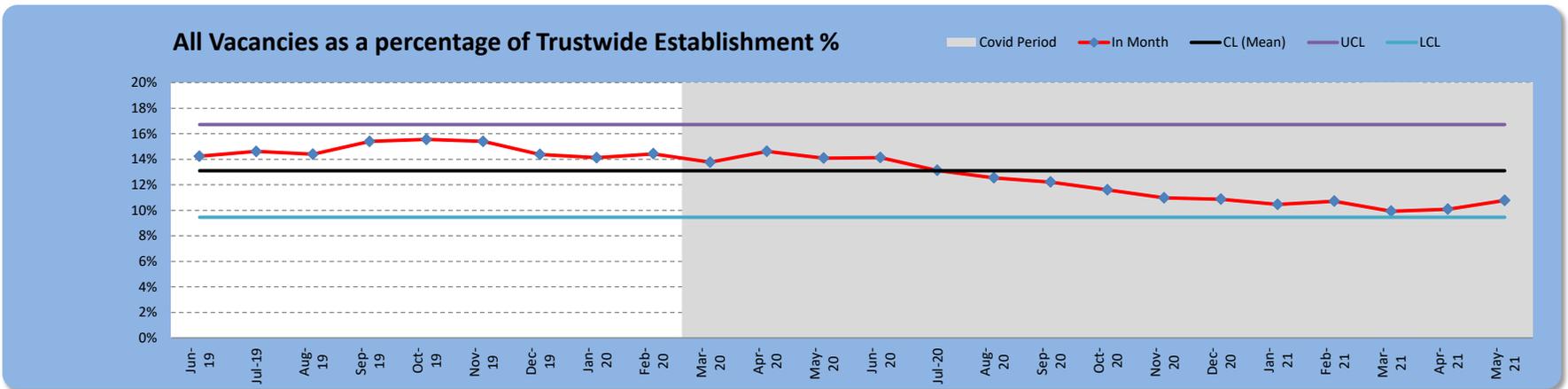
Vacancies remain the same when compared to the previous reporting period.

Nursing Vacancy rate has decreased by 0.8% when compared to on the previous month.

Breakdown for Month

	Trustwide	Nursing
Est	3034.98	850.53
Vac	326.95	104.69
	10.8%	12.3%

Current month stands at 10.8%



PI RETURN FORM 2021-22

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **May 2021**

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

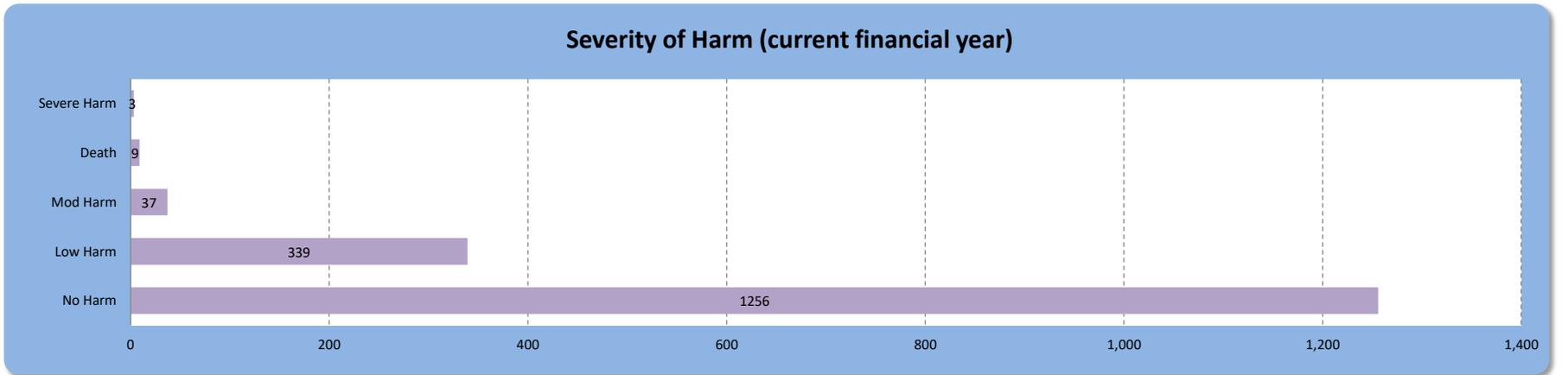
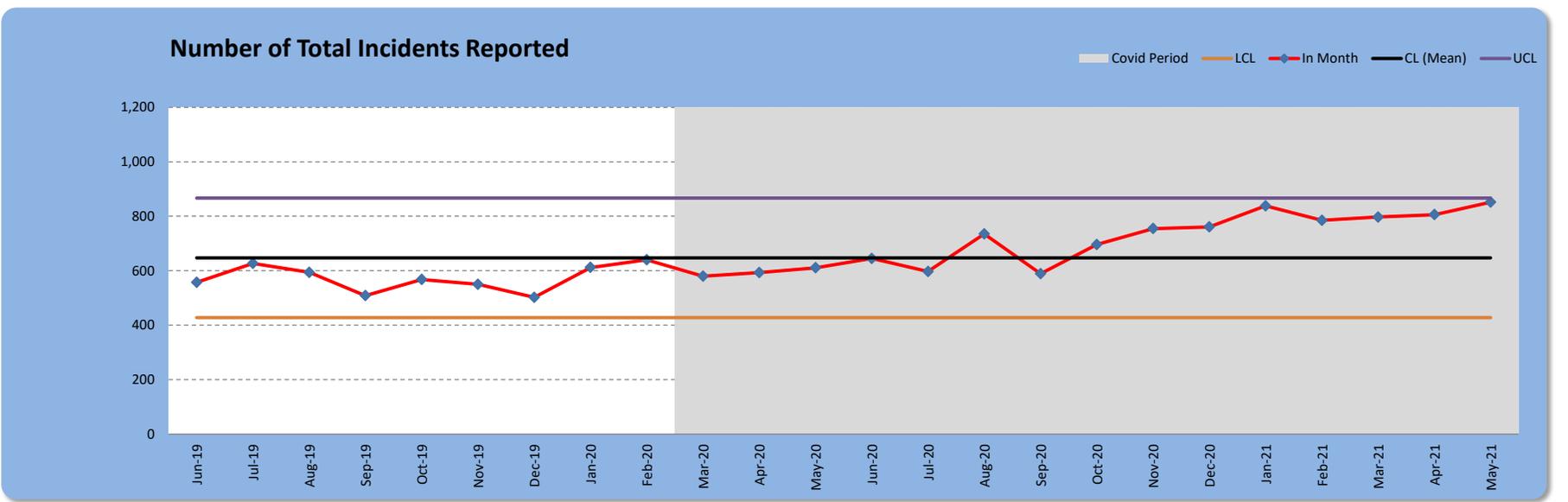
Narrative

Increase of 46 when compared to the previous month

UCL: 867
LCL: 428

Current month stands at 852

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



PI RETURN FORM 2021-22

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **May 2021**

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

KPI Type
WL 9a

Narrative

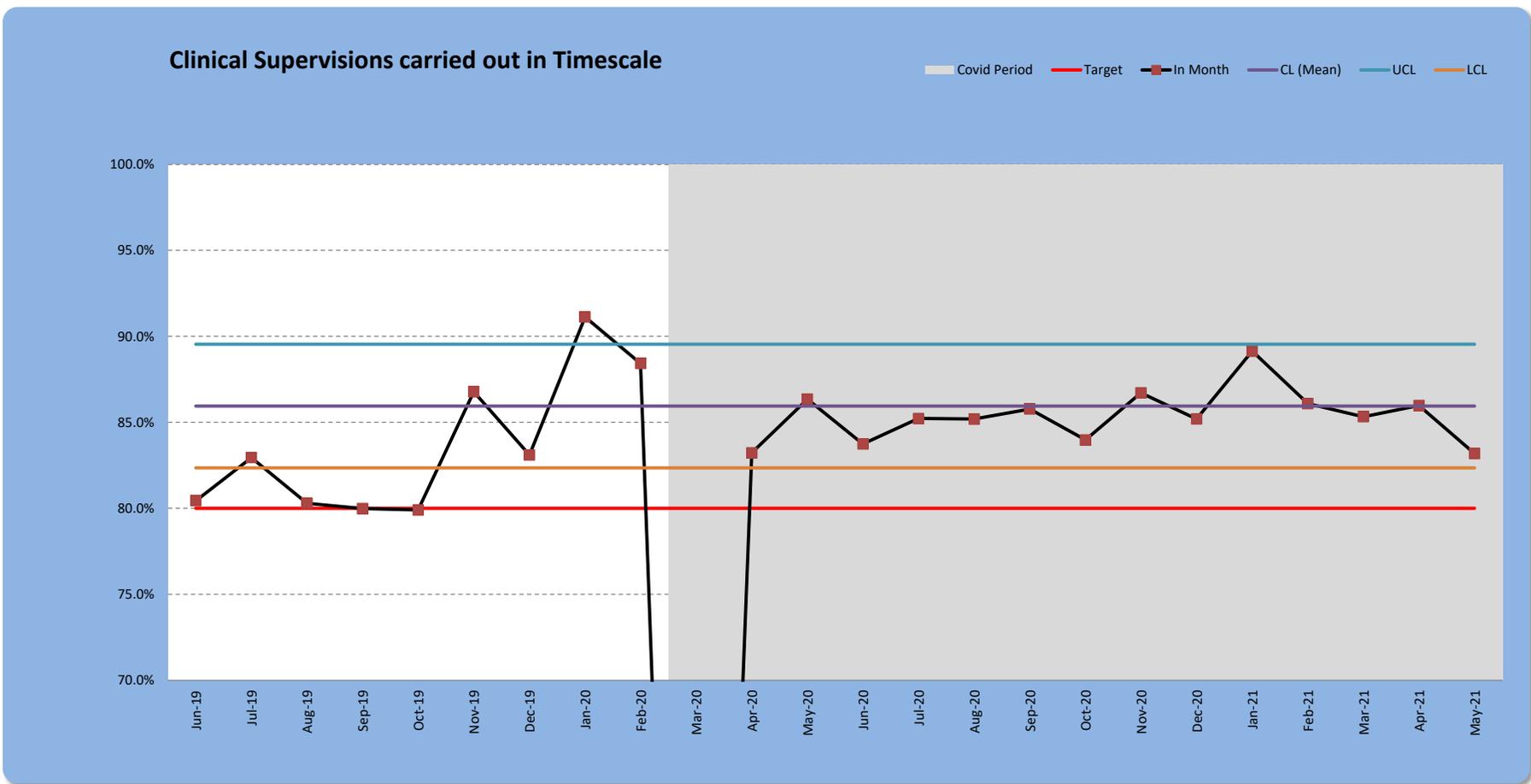
May performance has decreased by 2.8%

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

Target: 80%

Amber: 75%

Current month stands at 83.2%



HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

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



Shown one month in arrears

Speciality	Units					Bank/Agency Hours				Average Safer Staffing Fill Rates				QUALITY INDICATORS (Year to Date)				STAFF QUALITY INDICATORS					Indicator Totals		
	Ward	Speciality	WTE	OBDs (inc leave)	CHPPD Hours (Nurse)	Bank % Filled	Improvement	Agency % Filled	Improvement	Day		Night		Staffing Incidents (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/party upheld)	Failed S17 Leave	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	Sickness Levels (clinical)	WTE Vacancies (RNs only)	Mar-21	Apr-21
										Registered	Un Registered	Registered	Un Registered												
Adult MH	Avondale	Adult MH Assessment	35.4	77%	15.92	20.4%	↑	0.0%	→	83%	84%	100%	102%	0	4	0	0	75.0%	92.6%	100.0%	100.0%	3.8%	0.2	2	0
	New Bridges	Adult MH Treatment (M)	43.5	100%	9.45	17.3%	↑	5.1%	↑	63%	130%	87%	139%	0	3	0	0	88.9%	95.7%	75.0%	85.7%	3.0%	1.7	3	2
	Westlands	Adult MH Treatment (F)	40.1	96%	8.69	21.1%	↑	0.8%	↓	72%	105%	77%	133%	0	12	0	0	77.1%	88.4%	84.6%	73.1%	7.1%	2.0	0	3
	Mill View Court	Adult MH Treatment	36.8	98%	13.55	25.3%	↓	0.0%	→	82%	74%	92%	98%	0	0	0	0	91.7%	95.8%	100.0%	94.1%	9.5%	4.8	1	3
	PICU	Adult MH Acute Intensive	34.7	73%	23.34	29.9%	↓	5.8%	↑	98%	98%	92%	107%	0	2	0	0	100.0%	88.9%	64.3%	94.4%	16.2%	2.0	2	2
OP MH	Maister Lodge	Older People Dementia	32.3	92%	25.59	20.1%	↑	0.0%	→	80%	90%	100%	111%	0	1	0	0	100.0%	95.5%	66.7%	92.0%	9.0%	3.0	2	1
	Mill View Lodge	Older People Treatment	26.1	99%	12.33	14.2%	↑	0.0%	→	98%	221%	100%	111%	0	2	0	0	66.7%	94.7%	86.7%	100.0%	0.8%	0.3	2	2
Specialist	Pine View	Forensic Low Secure	30.7	98%	7.69	11.8%	↑	0.0%	→	74%	92%	50%	100%	0	1	0	0	100.0%	93.6%	72.7%	100.0%	3.9%	2.6	4	2
	Derwent	Forensic Medium Secure	25.3	97%	10.63	15.6%	↑	0.0%	→	63%	88%	100%	99%	0	2	0	0	95.8%	94.1%	87.5%	82.4%	3.4%	1.4	2	1
	Ouse	Forensic Medium Secure	26.1	81%	8.06	8.1%	↑	0.0%	→	85%	84%	100%	94%	0	0	0	0	100.0%	98.5%	100.0%	100.0%	9.4%	0.4	1	1
	Swale	Personality Disorder Medium Secure	26.0	77%	11.71	34.7%	↑	0.0%	↑	79%	92%	103%	130%	0	0	0	0	78.6%	92.5%	60.0%	88.2%	4.5%	2.2	0	1
	Ullswater	Learning Disability Medium Secure	33.7	83%	11.02	24.5%	↑	0.0%	→	73%	133%	100%	94%	0	5	0	0	92.3%	95.2%	88.9%	94.1%	6.7%	1.4	1	2
Child & LD	Townend Court	Learning Disability	42.0	44%	31.50	23.4%	↓	0.0%	→	67%	109%	103%	119%	0	10	0	0	85.3%	88.8%	57.1%	96.0%	11.5%	2.6	3	3
	Inspire	CAMHS	48.1	73%	31.35	21.2%	↓	0.5%	↓	54%	140%	97%	130%	0	8	0	0	62.5%	85.9%	44.4%	90.3%	0.6%	4.4	1	2
CH	Granville Court	Learning Disability Nursing Treatment	52.8	Not Avail	n/a	27.1%	↑	6.2%	↓	100%	91%	100%	103%	0	0	0	0	87.2%	90.5%	88.9%	57.9%	7.6%	2.0	2	2
	Whitby Hospital	Physical Health Community Hospital	43.6	85%	10.49	0.0%	↑	0.0%	→	93%	89%	100%	100%	0	0	0	n/a	86.1%	97.5%	83.3%	100.0%	3.3%	1.5	0	0
	Malton Hospital	Physical Health Community Hospital	22.5	69%	10.77	Not on eRoster	→	Not on eRoster	→	78%	115%	98%	102%	0	0	0	n/a	100.0%	89.8%	88.9%	87.5%	0.3%	5.6	0	0

Exception Reporting and Operational Commentary

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

Millview Court currently has reduced bed occupancy due to the unit being used for COVID patients. Newbridges have a lot of newly qualified nurses and the Charge Nurse is working with the resus officer to get them all through their ILS training. Their supervision compliance has improved to above target in March.

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

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

Registered Nurse Vacancy Rates

Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
12.64%	12.50%	9.60%	9.10%	11.20%	10.60%	10.60%	11.16%	11.90%	10.30%	8.40%	8.80%

Slips Trips and Falls

Rolling 3 months	Mar-21	Apr-21	May-21
Maister Lodge	5	7	8
Millview Lodge	4	3	6
Malton IPU	3	3	0
Whitby IPU	2	3	1

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

PI RETURN FORM 2021-22

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **May 2021**

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

Narrative

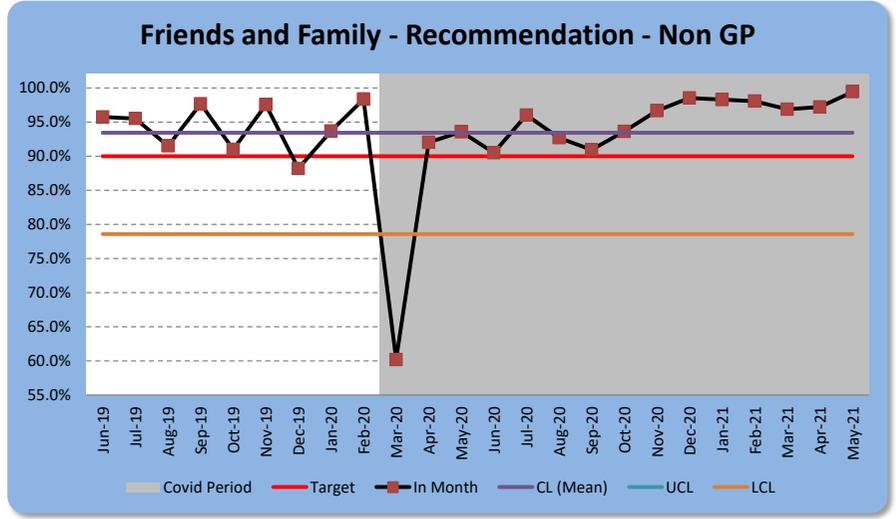
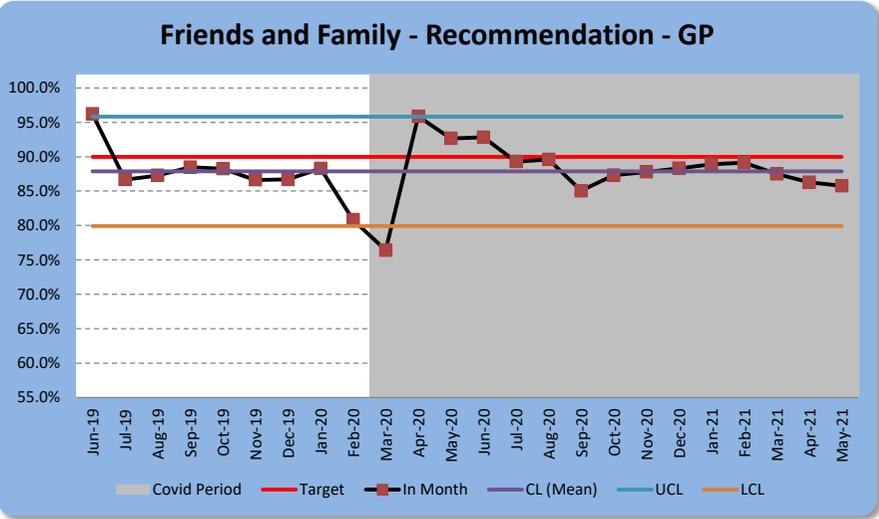
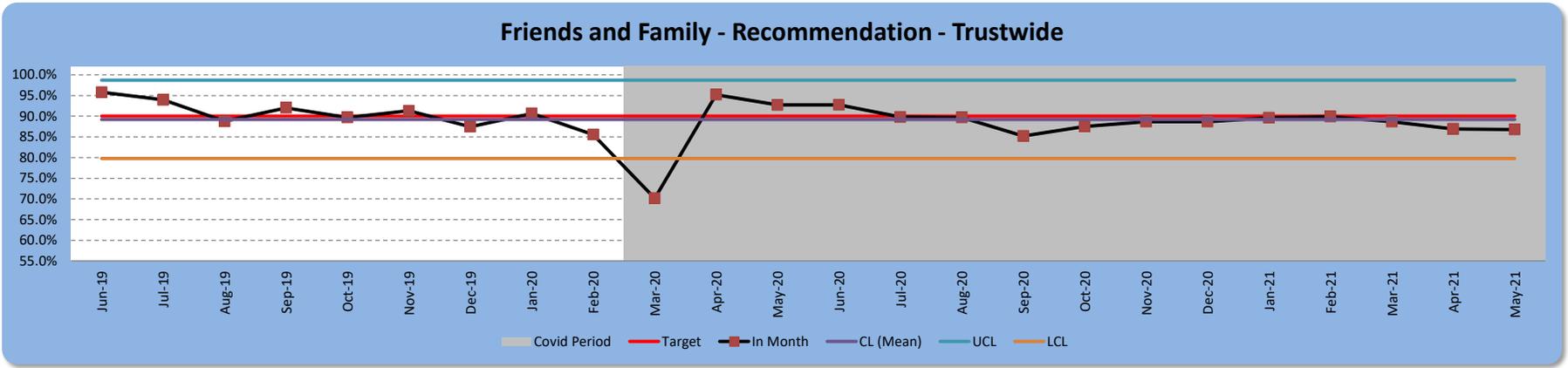
GP Recommendation is below target for May at 85.8%

Non GP is above target at 99.4% for May which is an increase of 2.2%.

Target: 90%

Amber: 80%

Current month stands at 86.8%



PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2021**

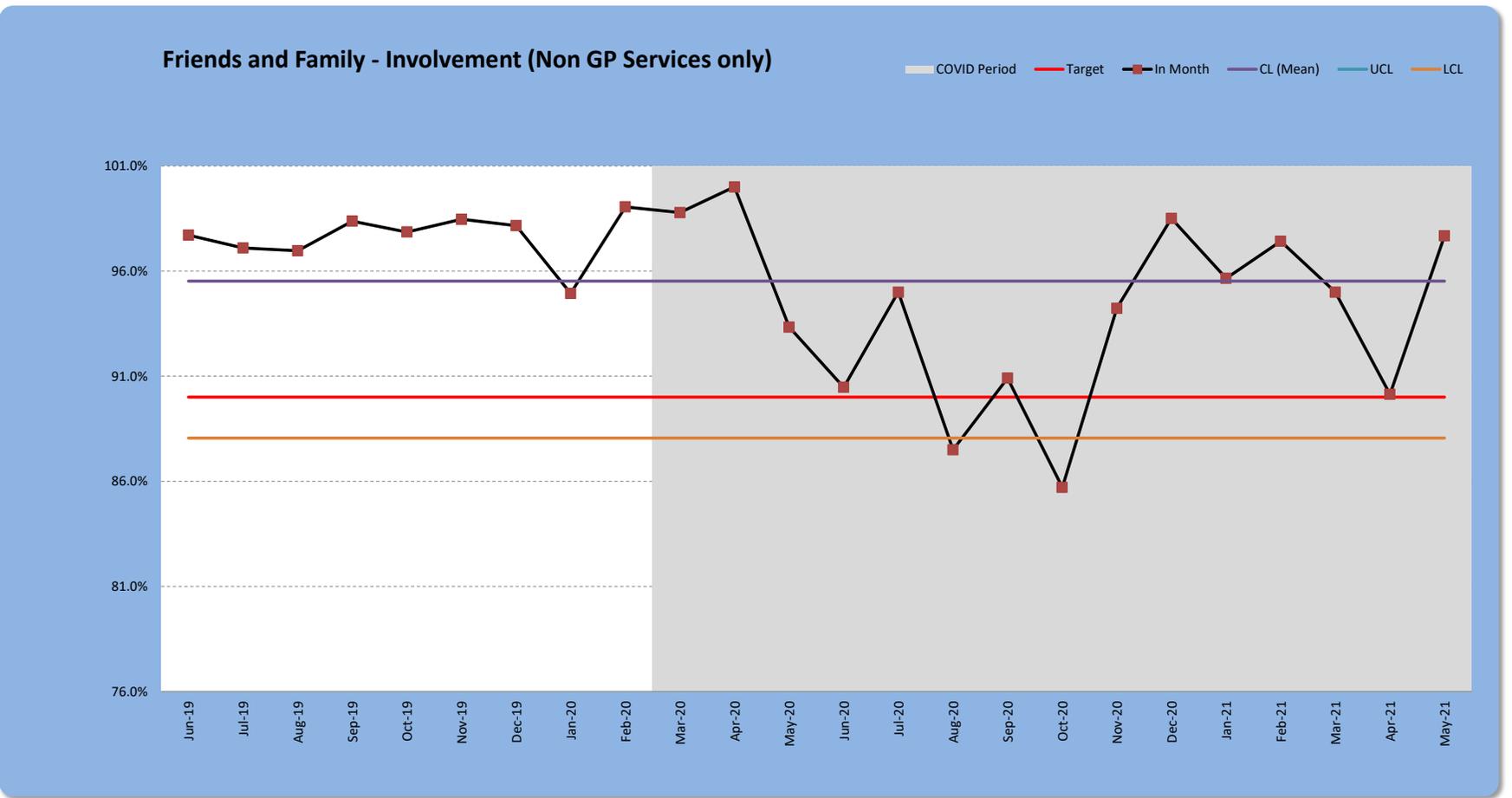
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Friends and Family Test	Results of the overall surveys completed where patients felt they were involved in their care	John Byrne	CA 3c %

Narrative

Performance has increased by 7.6% when compared to the previous month

Target: 90%
Amber: 80%

Current month stands at 97.7%



PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2021**

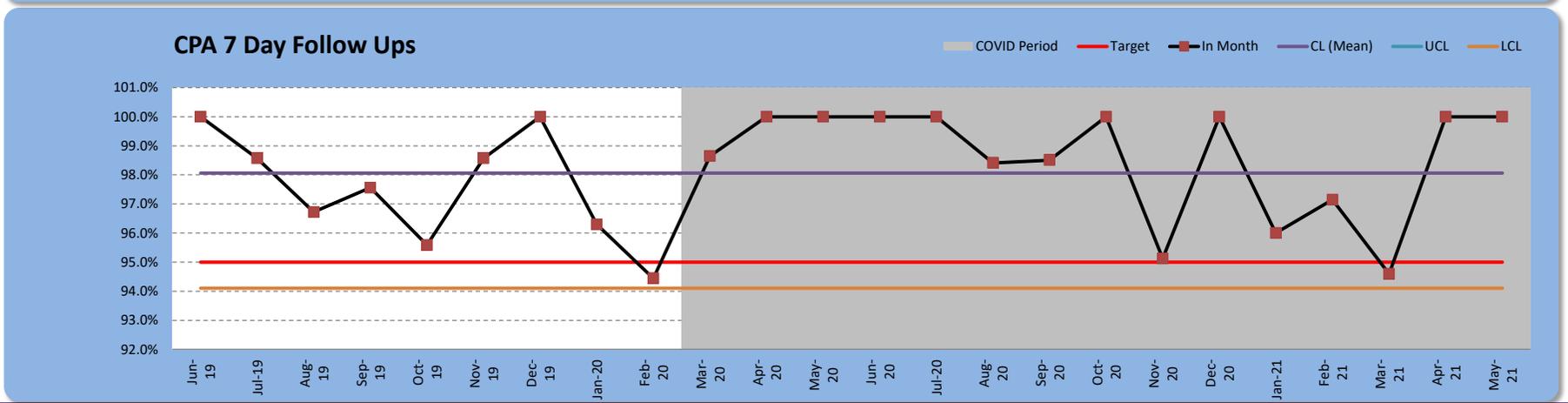
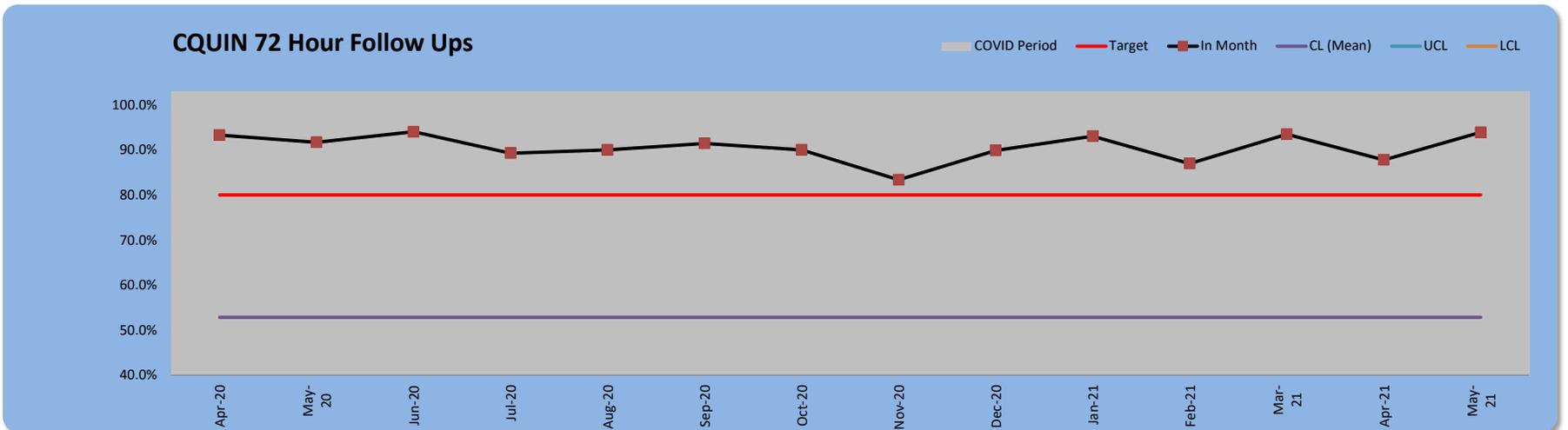
Indicator Title	Description/Rationale	Executive Lead
72 Hour Follow Ups	This indicator measures the percentage of patients who were in the CQUIN scope and had a follow up within 72 hours of discharge	Lynn Parkinson

KPI Type
OP 12

Narrative

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

Target: 80%
 Amber: 60%
 Current month stands at 93.9%



PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2021**

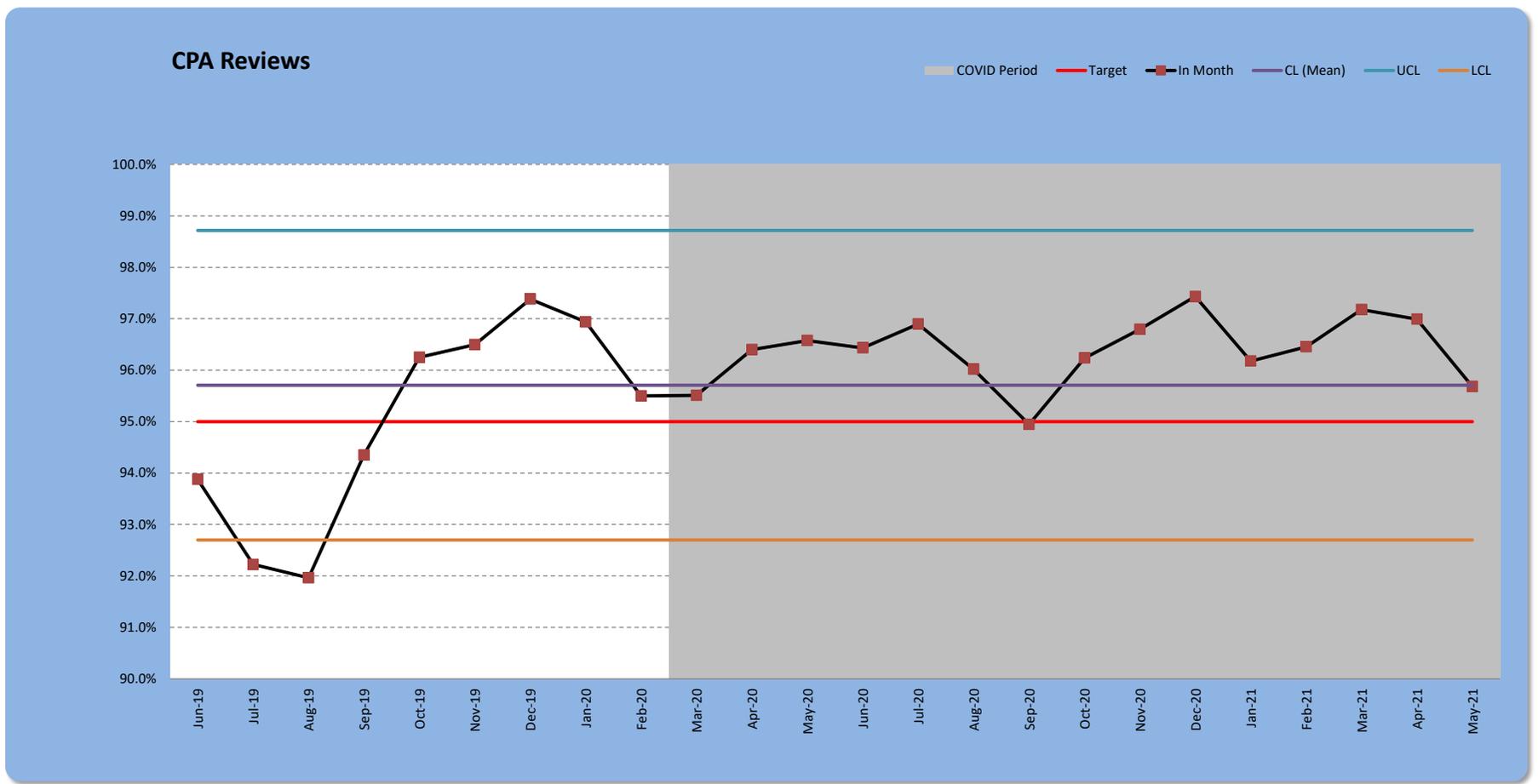
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Care Programme Reviews	This indicator measures the percentage of patients who are on CPA and have had a review in the last 12 months	Lynn Parkinson	OP 7

Narrative

Performance has decreased by 1.3% when compared to the previous month.

Target: 95%
Amber: 85%

Current month stands at 95.7%



PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2021**

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

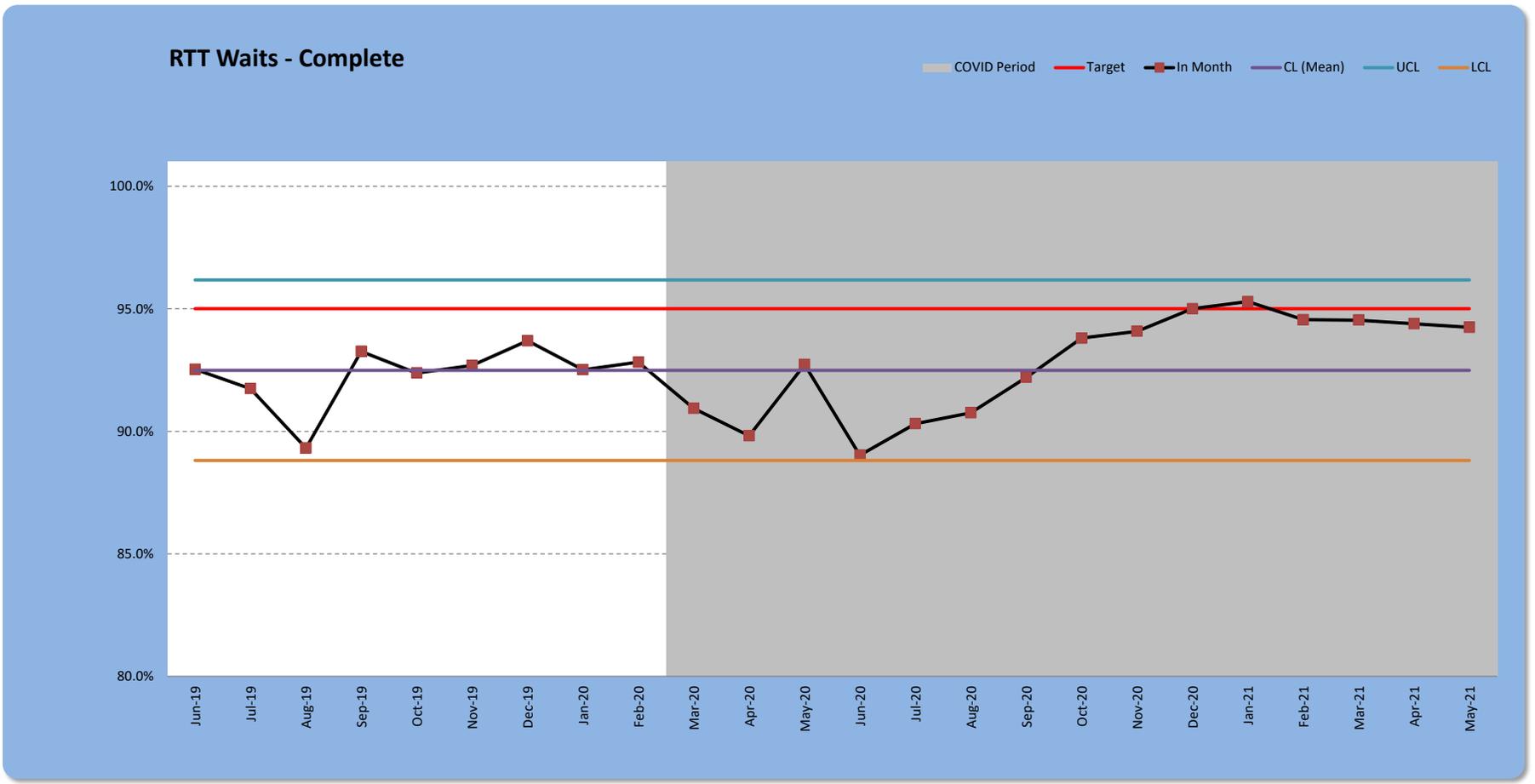
KPI Type
OP 20

Narrative

Decrease of 0.2% when compared to the previous month.

Target: 95%
Amber: 85%

Current month stands at 94.2%



PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2021**

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

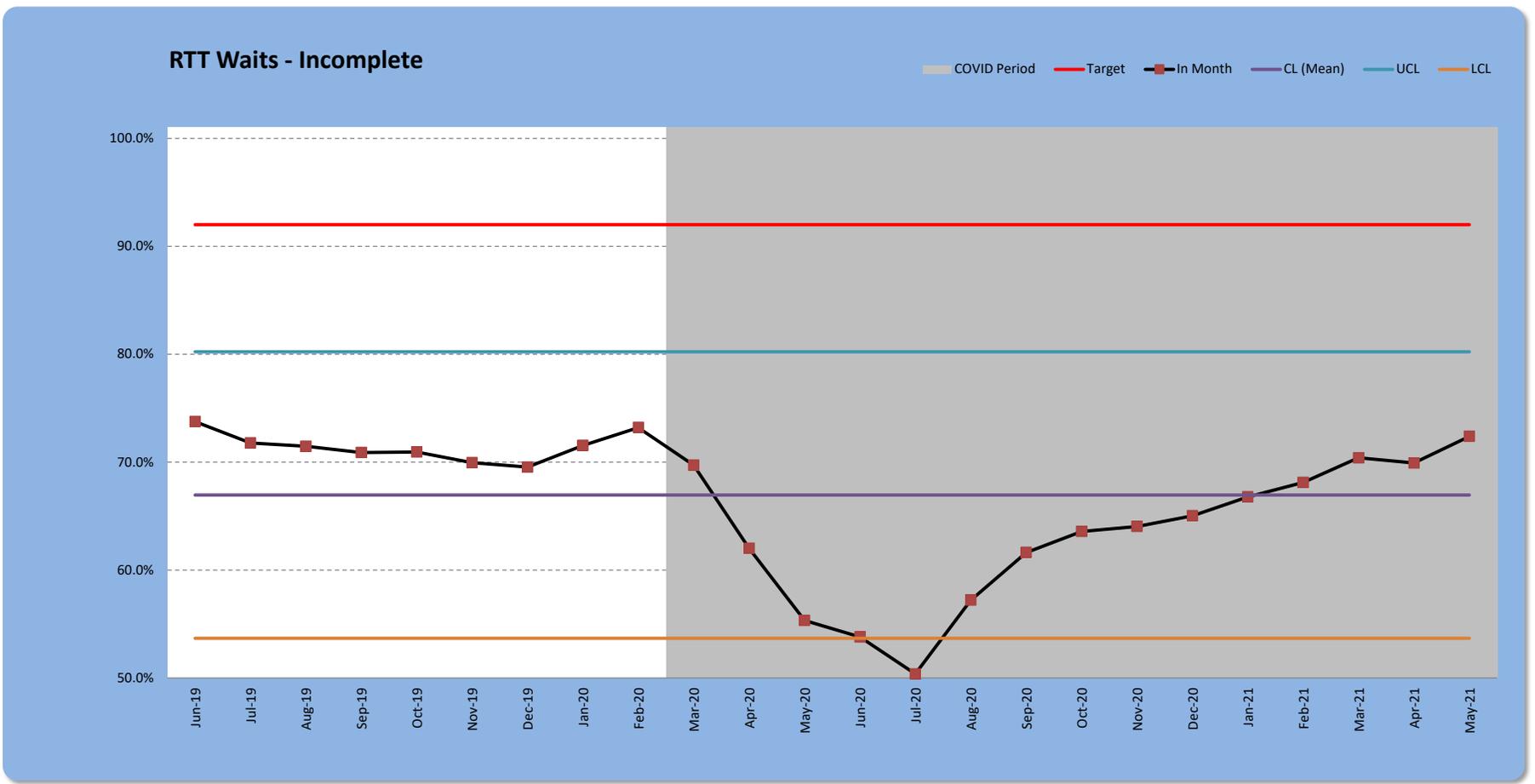
KPI Type
OP 21

Narrative

Performance has increased by 2.5% when compared to the previous month.

Target: 92%
Amber: 85%

Current month stands at 72.4%



PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2021**

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

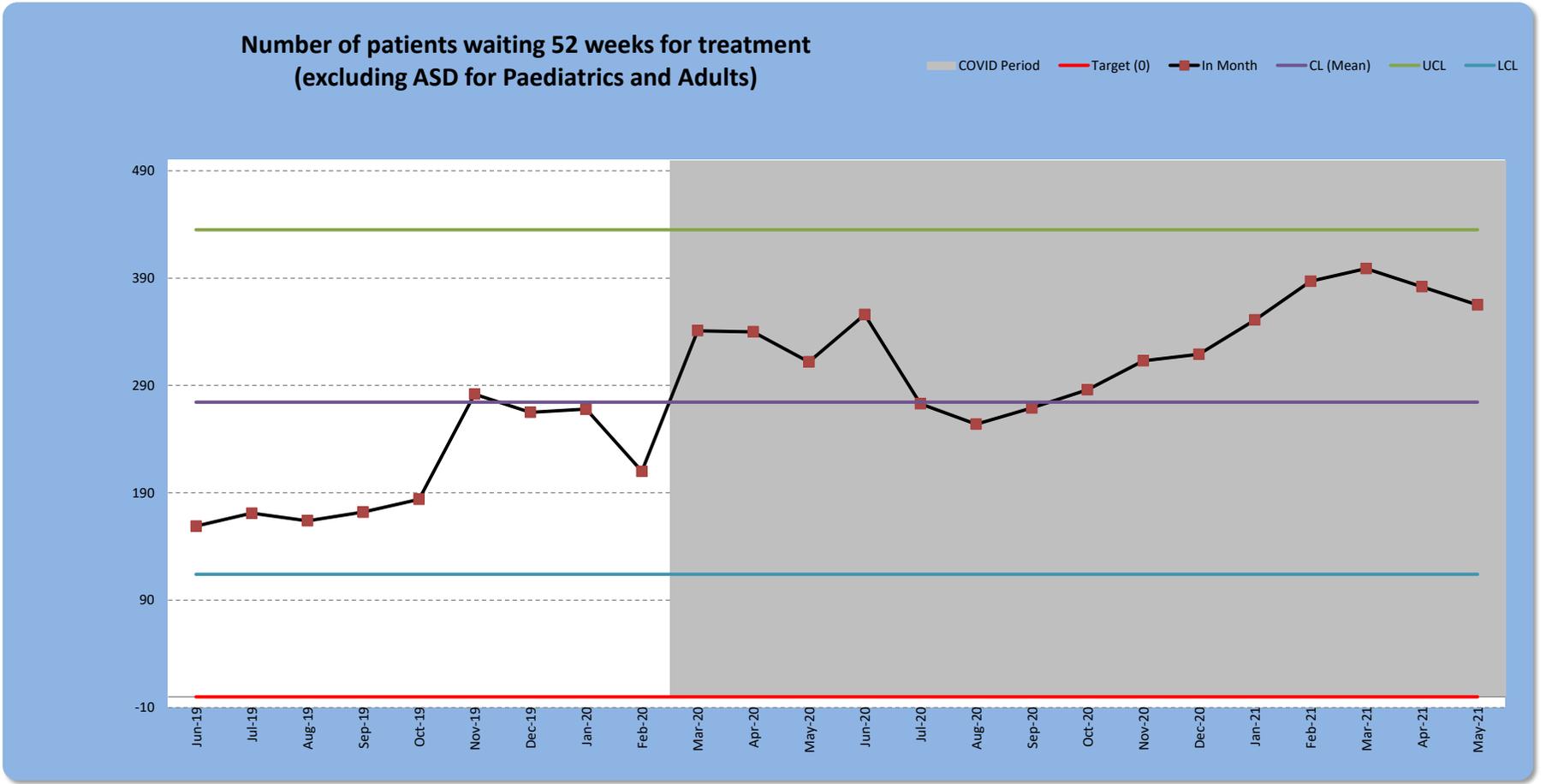
KPI Type
OP 22x

Narrative

Decrease of 17 when compared to the previous month.

Target: 0
Amber: 0

Current month stands at 365



PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2021**

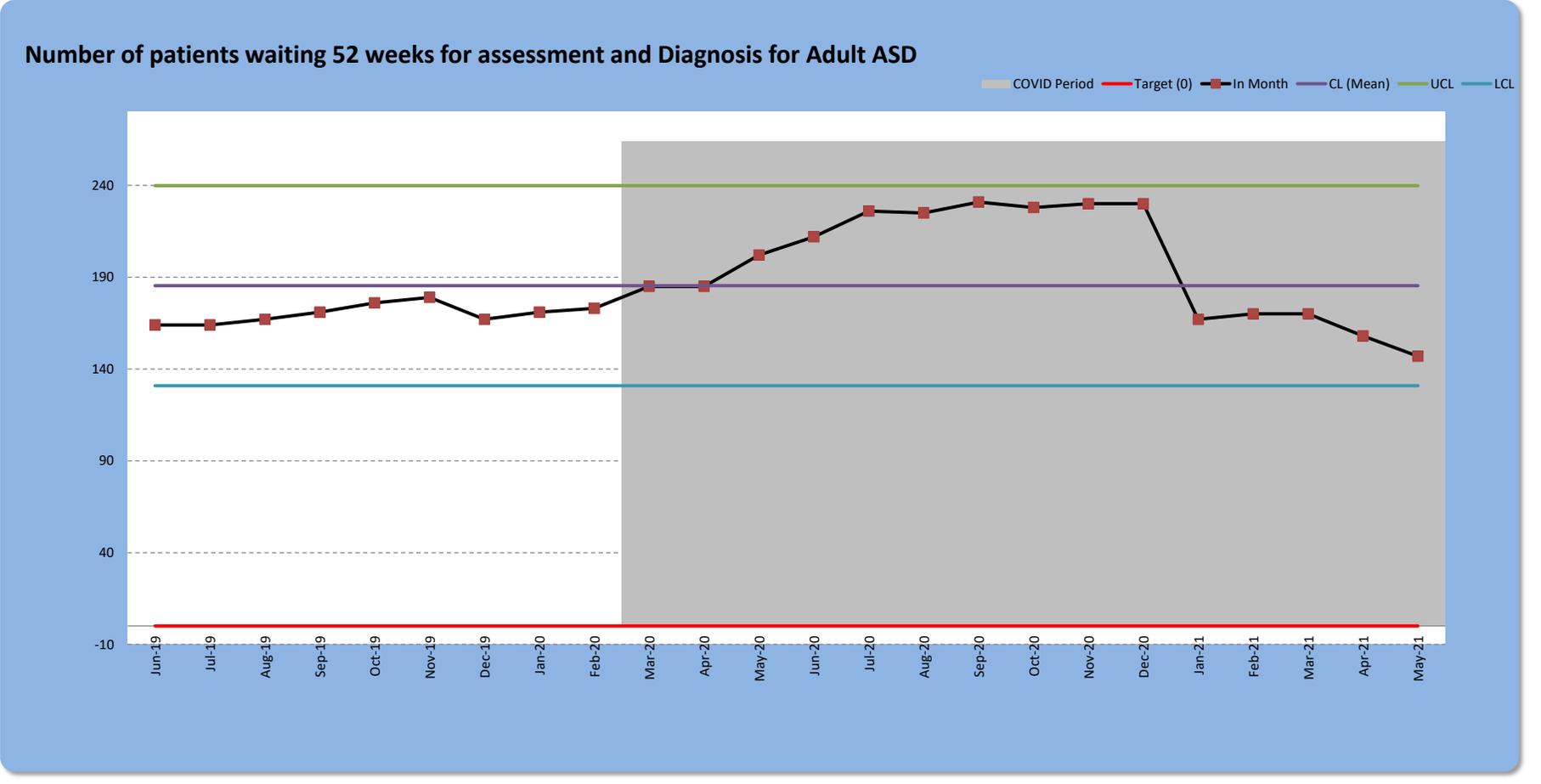
Indicator Title	Description/Rationale	Executive Lead
52 Week Waits - Adult ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Adult and have been waiting more than 52 weeks	Lynn Parkinson

KPI Type
OP 22u

Narrative

Decrease of 11 when compared to the previous month.

Target: 0
 Amber: 0
 Current month stands at 147



PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

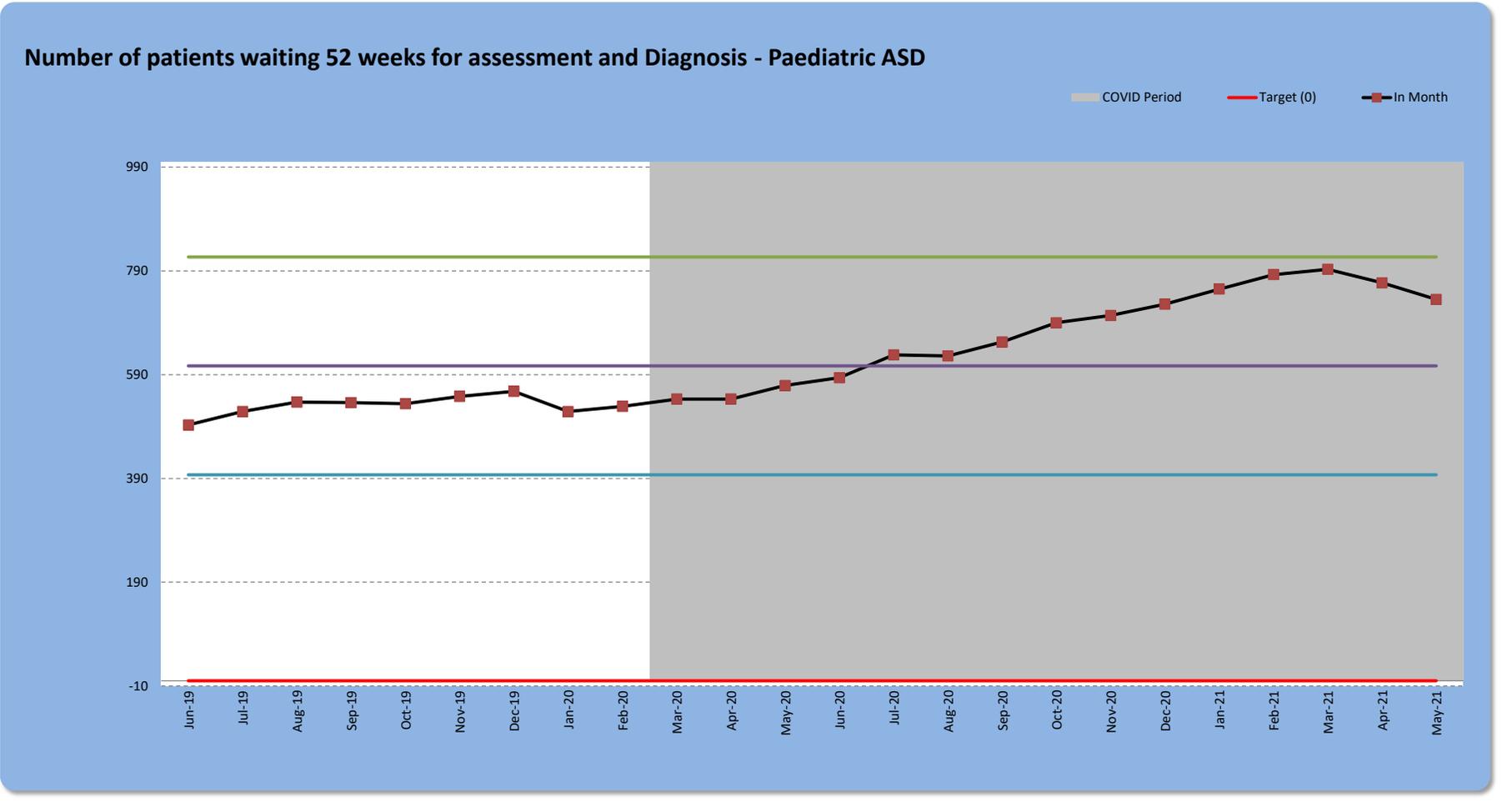
For the period ending: **May 2021**

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

Narrative

Decrease of 32 when compared to the previous reporting period.

Target: 0
 Amber: 0
 Current month stands at 735



PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2021**

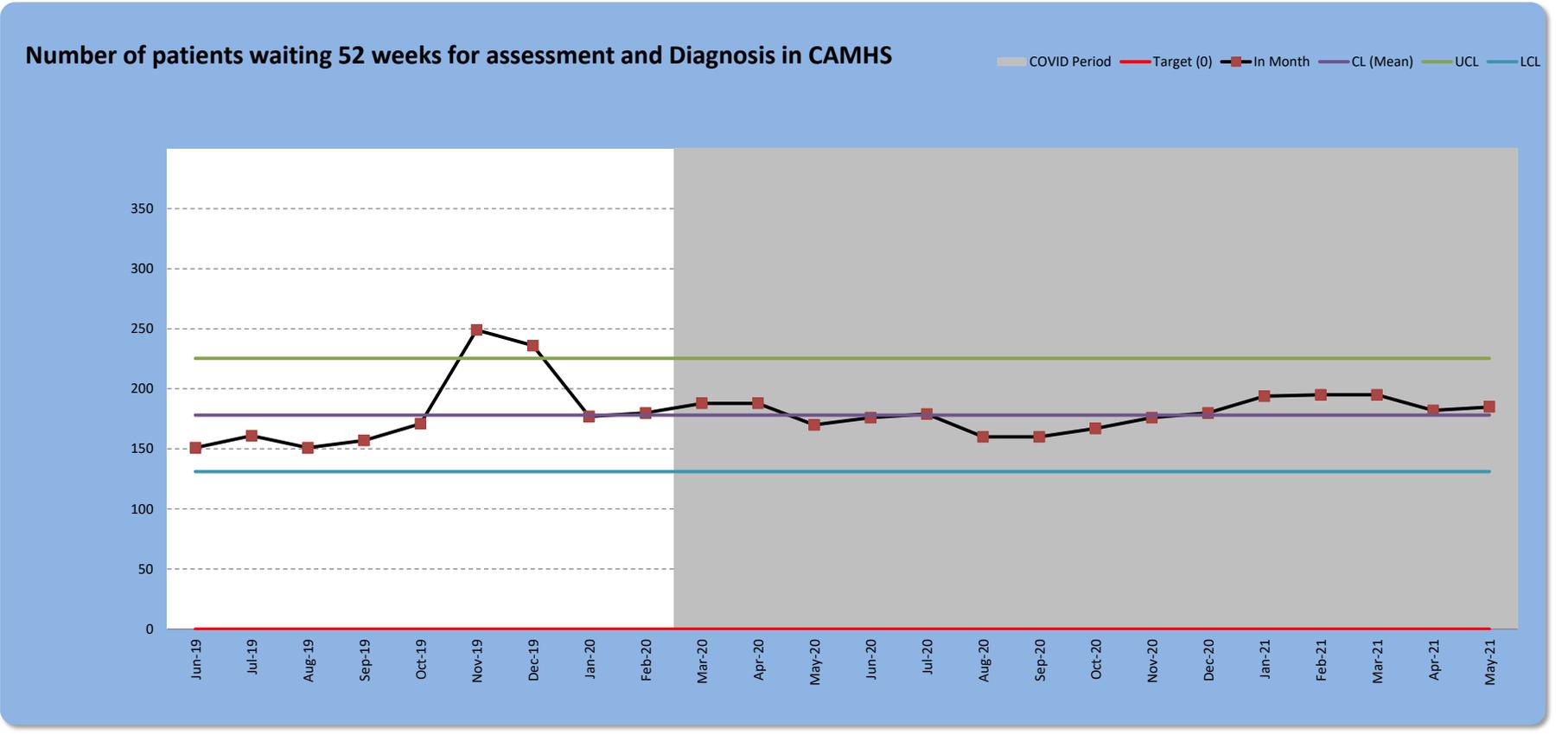
Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks (excluding paediatric ASD)	Lynn Parkinson	OP 22j

Narrative

There has been no change when compared to the previous month.

Target: 0
Amber: 0

Current month stands at 185



PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2021**

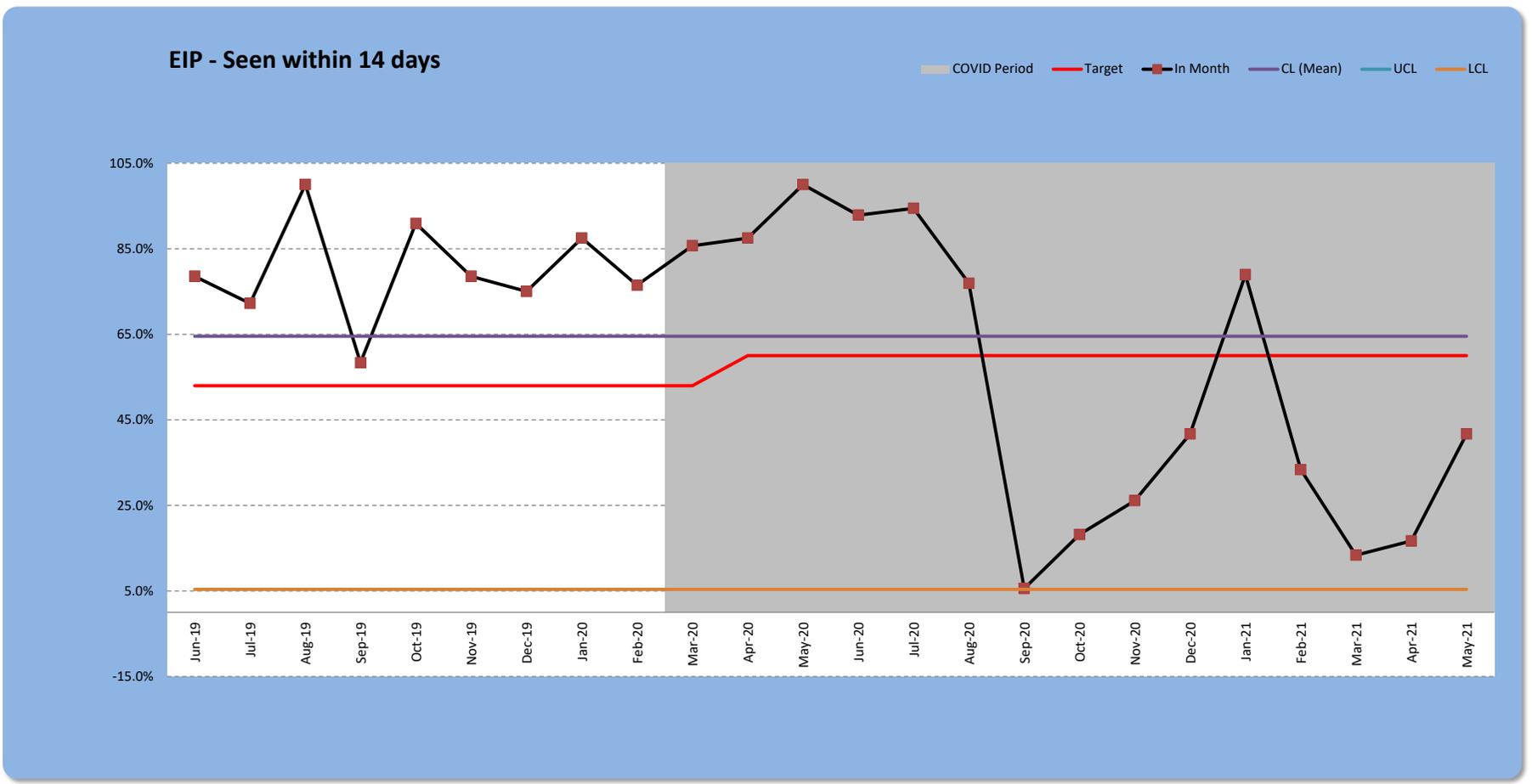
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Early Intervention in Psychosis	Percentage of patients who were seen within two weeks of referral	Lynn Parkinson	OP 9

Narrative

Increase of 25% when compared to the previous month and remains below target.

Target: 60%
Amber: 55%

Current month stands at 41.7%



PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2021**

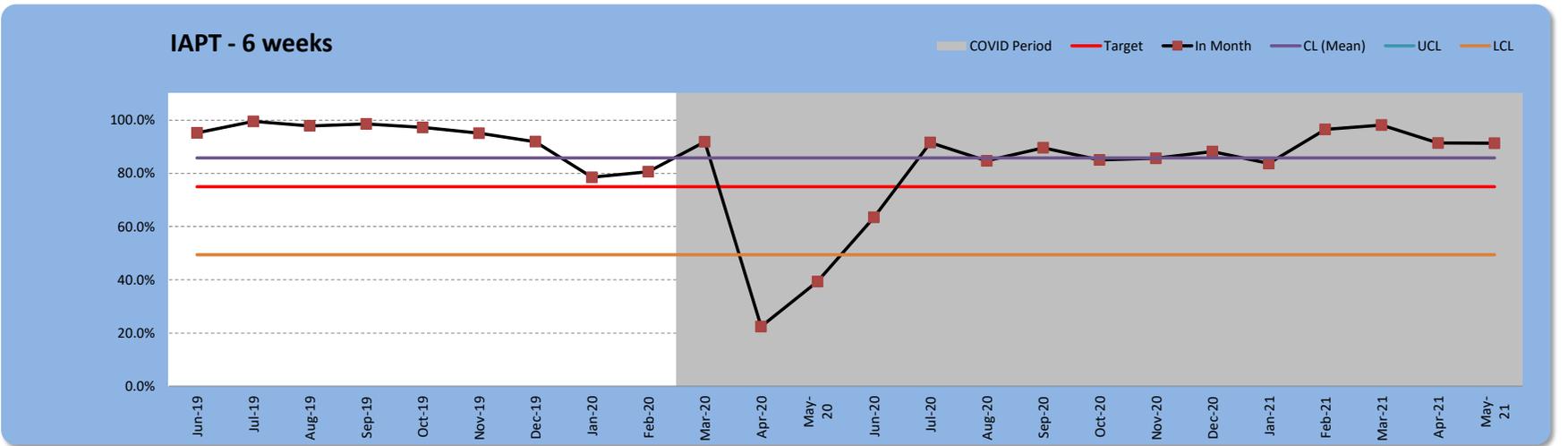
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Improved Access to Psychological Therapies	Two graphs to show percentage of patients who were seen within 6 weeks and 18 weeks of referral	Lynn Parkinson	OP 10a

Narrative

Performance has decreased by 0.1% but remains above the target of 75%

Target: 75%
Amber: 70%

Current month: 91.3%

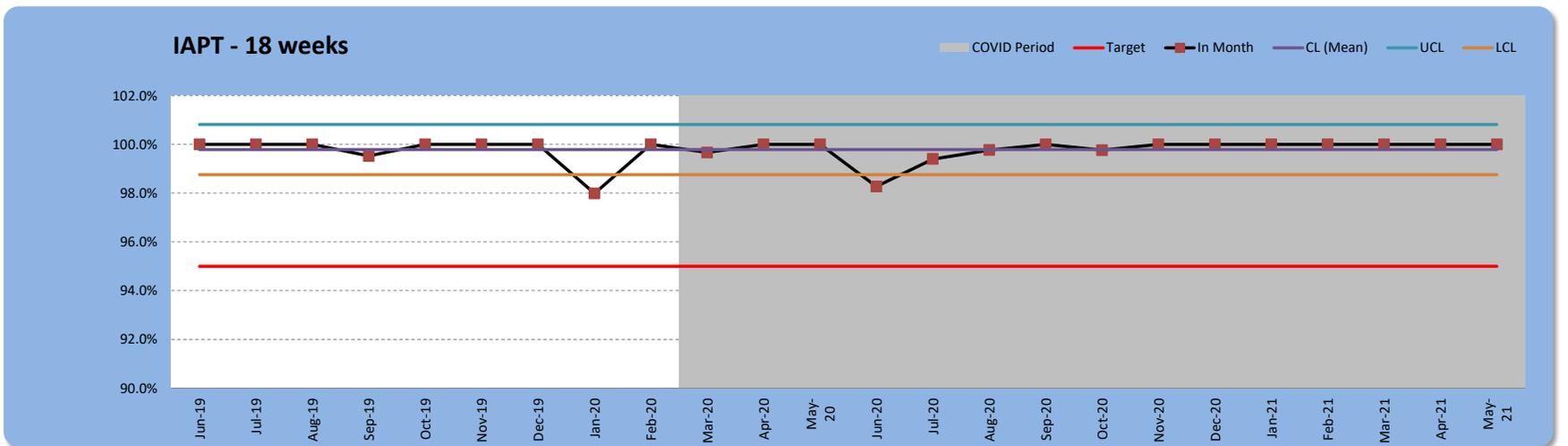


Narrative

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

Target: 95%
Amber: 85%

Current month: 100.0%



PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2021**

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

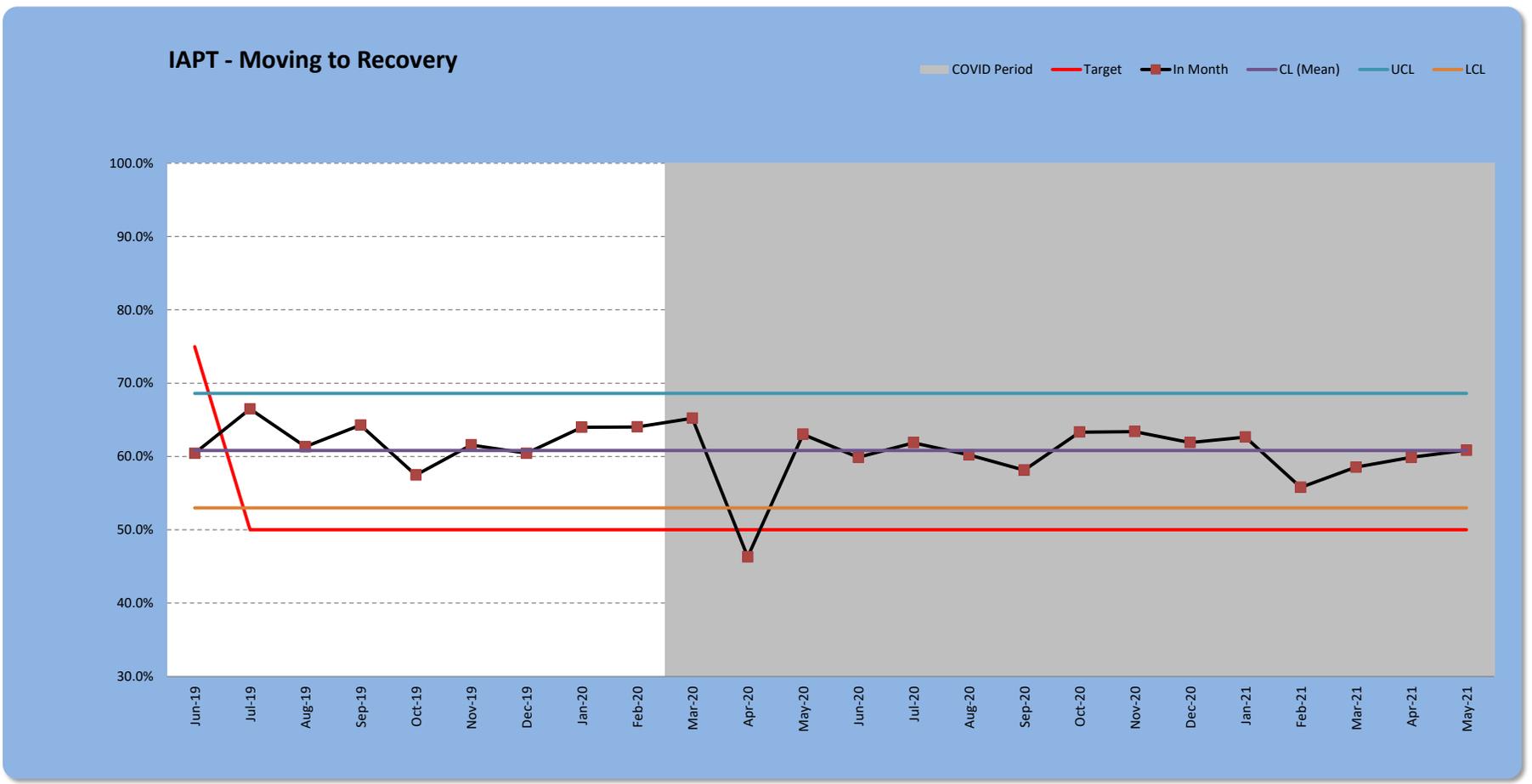
KPI Type
OP 11

Narrative

Performance has increased by 0.9% and remains above the 50% target.

Target: 50%
Amber: 45%

Current month stands at 60.8%



PI RETURN FORM 2021-22

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **May 2021**

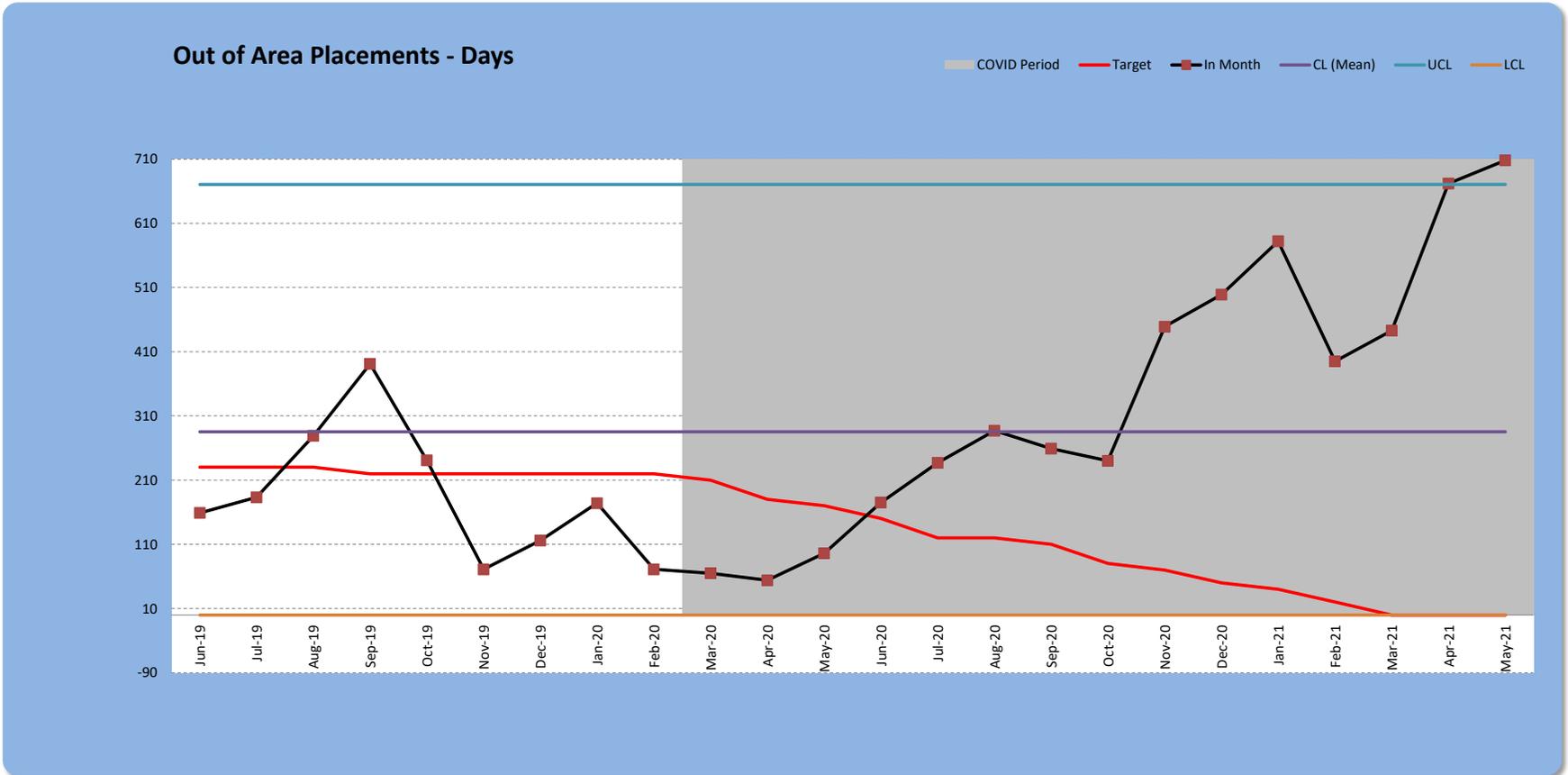
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Out of Area Placements	Number of days that Trust patients were placed in out of area wards	Lynn Parkinson	ST 4b

Narrative

Out of area days has increased by 38 days when compared to the previous month.

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

Target: 0
 Amber: 0
 Current month stands at 708



PI RETURN FORM 2021-22

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **May 2021**

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

KPI Type
OP 14

Narrative

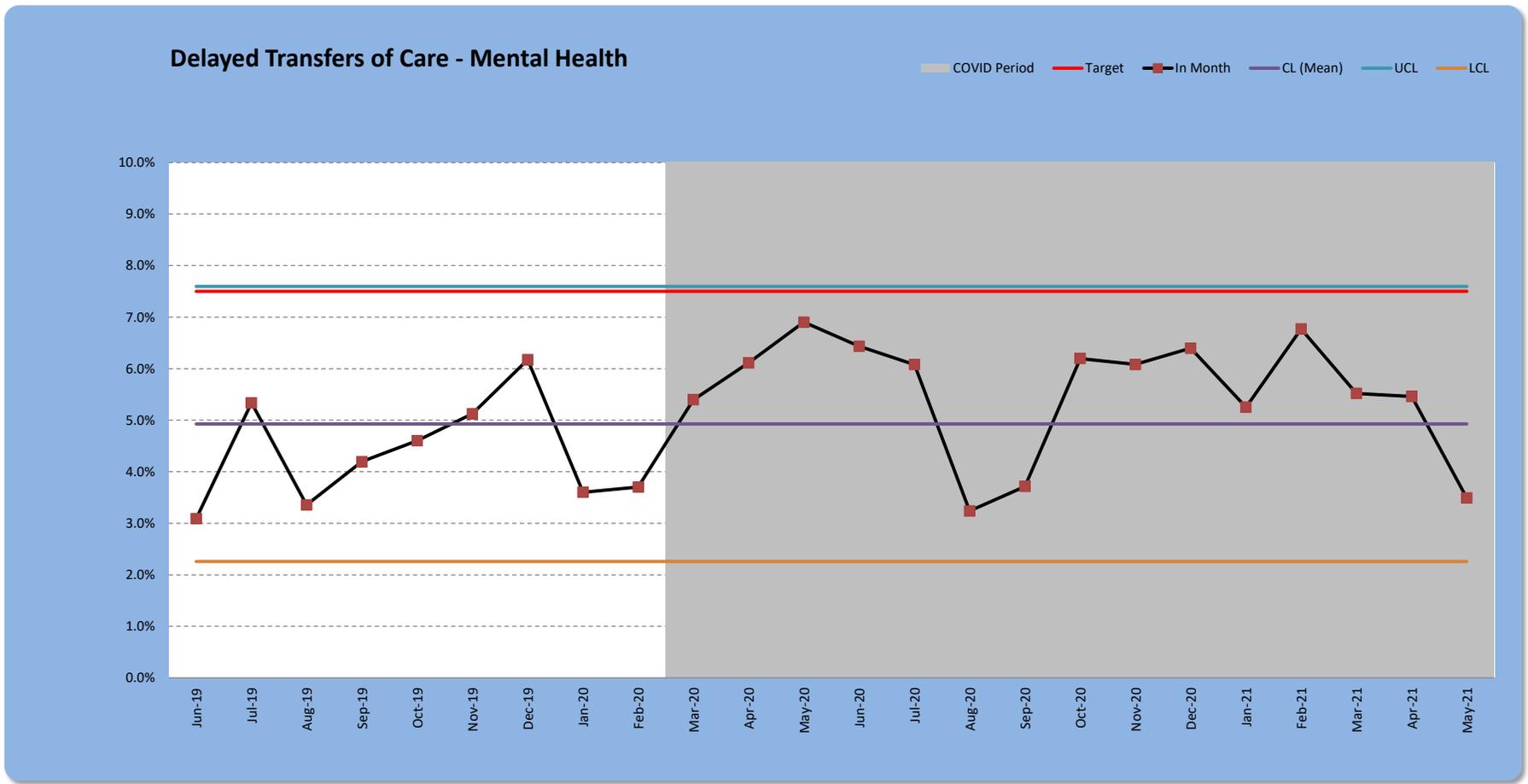
Performance has improved by 2% against previous month and remains within target.

Low performance is Good.

Target: 7.5%

Amber: 7.0%

Current month stands at 3.5%



PI RETURN FORM 2021-22

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending:

May 2021

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

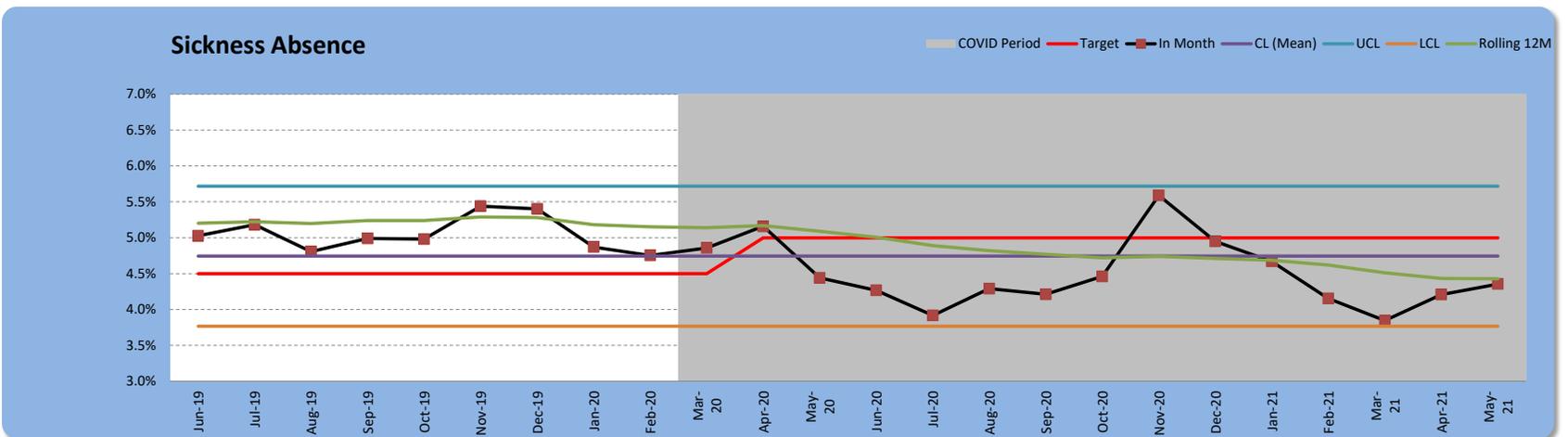
KPI Type
WL 1

Narrative

Sickness/Absence Rate has increased by 0.2% when compared to the previous month.

May-21 Rolling 12 month figure is within target reporting at 4.4%. Overall no variance to previous month

Target:	5.0%
Amber:	5.2%
Current month	4.4%



PI RETURN FORM 2021-22

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **May 2021**

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

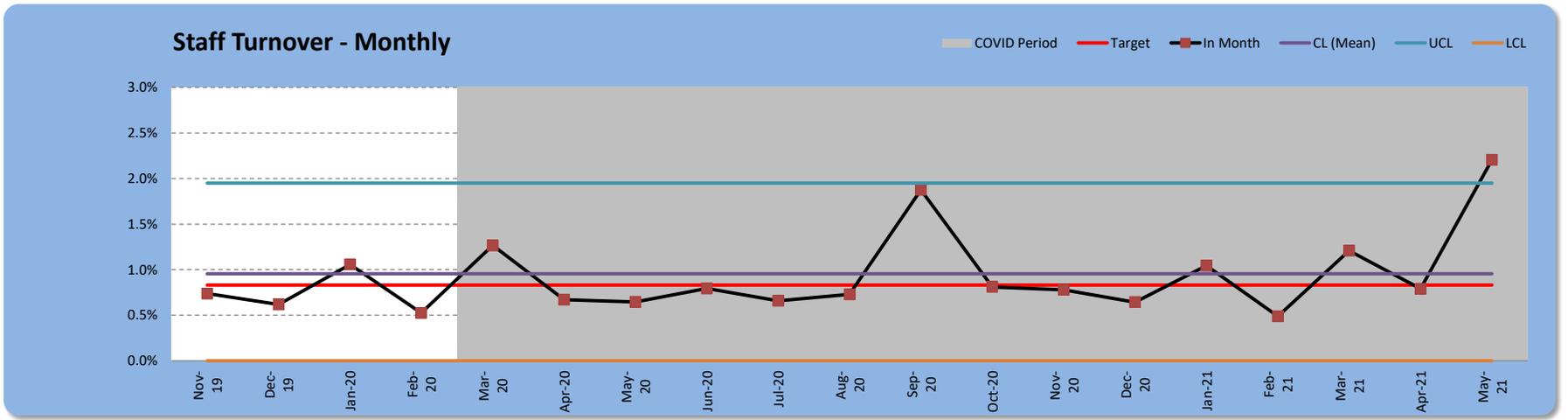
Staff Turnover has increased by 1.4% in the reporting period.

Low Performance is good.

Target: 0.83%

Amber: 0.70%

Current month stands at 2.2%



Narrative

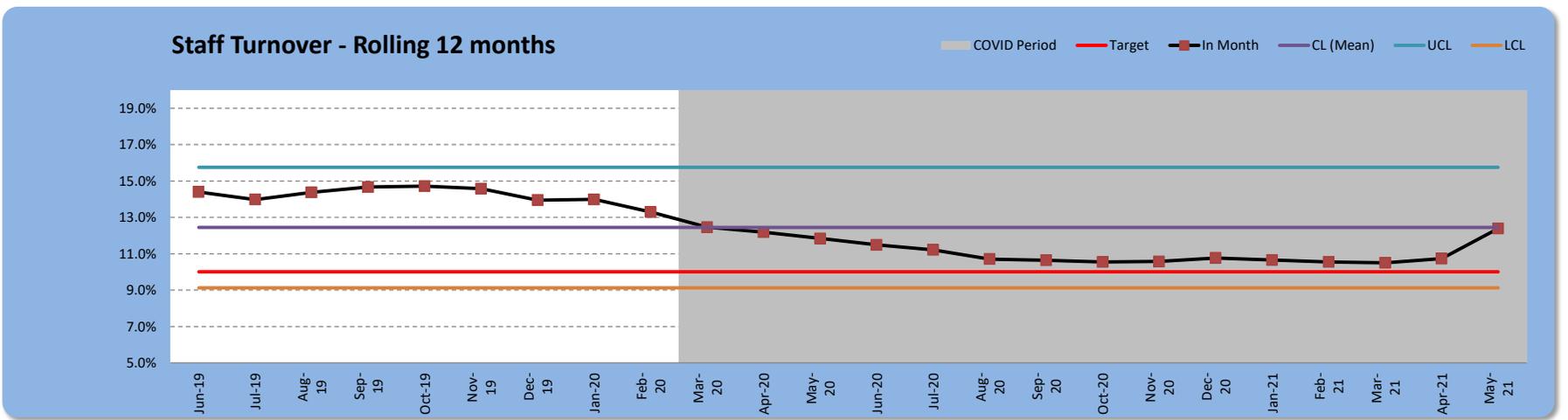
Exceeds Target.

Low Performance is Good.

Target: 10%

Amber: 9%

Current month stands at 12.4%



PI RETURN FORM 2021-22

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **May 2021**

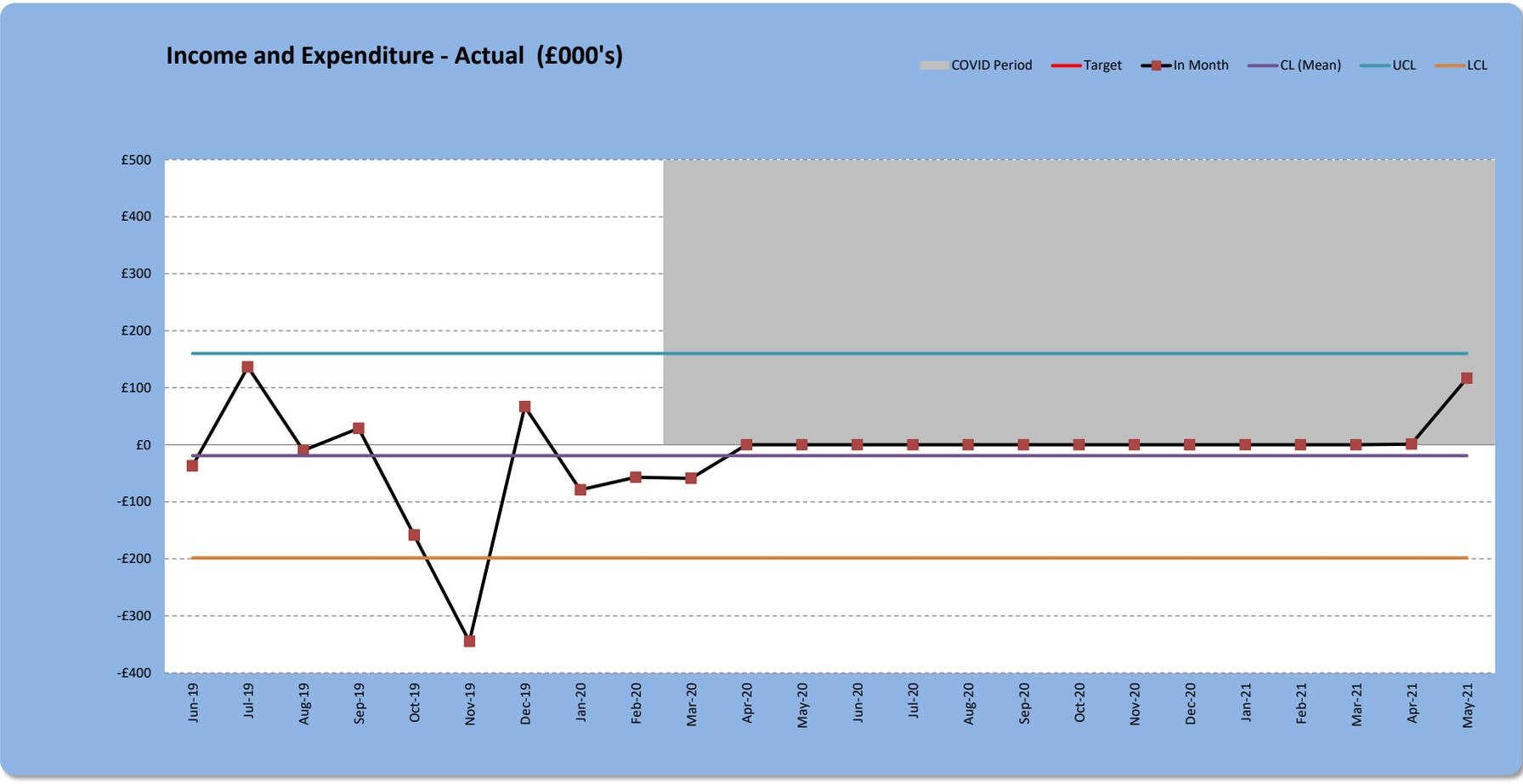
Indicator Title	Description/Rationale	Executive Lead
Income and Expenditure (£000's)	Review of the Income versus Expenditure (£000's) by month	Peter Beckwith

KPI Type
F 4b

Narrative

The Trust shows an increase of +\$116 compared to previous month

Target:
Amber:
Current month stands at £117 ,000



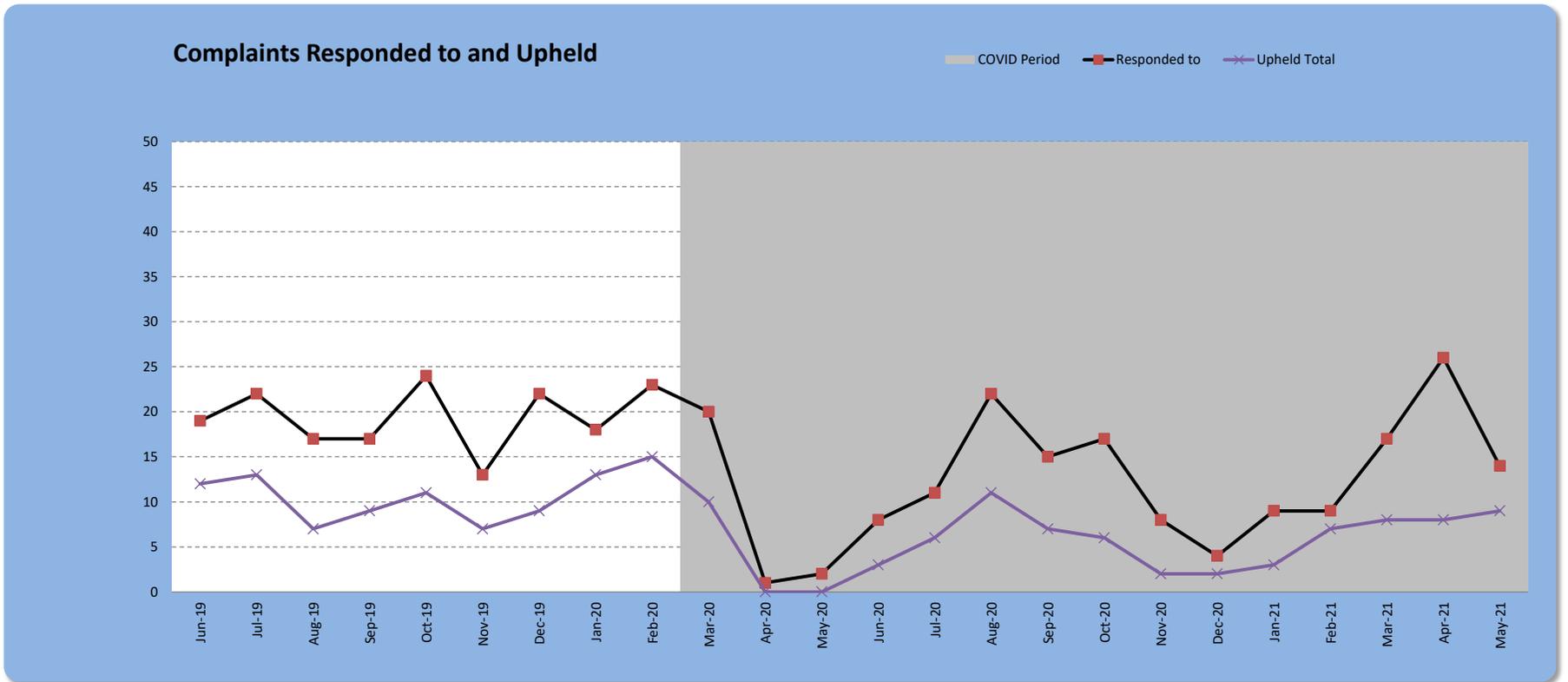
PI RETURN FORM 2021-22

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **May 2021**

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

Narrative
Upheld Results
During the month, the following number of complaints was responded to 14
Of the number of complaints responded to in the month 9 were upheld which equates to 64.3%
YTD Upheld
50.0%



PI RETURN FORM 2021-22

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **May 2021**

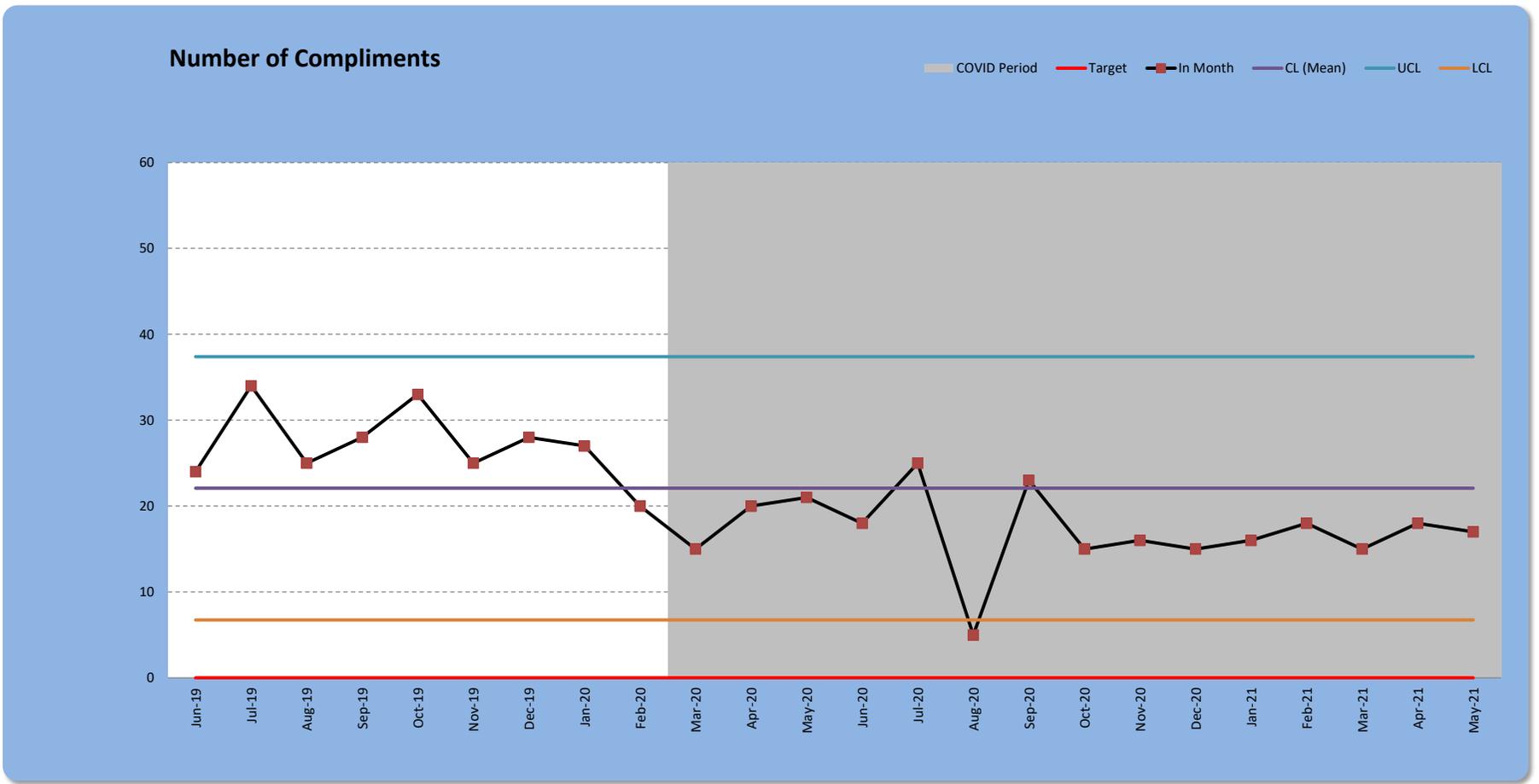
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Compliments	Chart showing the number of compliments received into the Trust	John Byrne	IQ 7

Narrative

There were 17 compliments received in the month

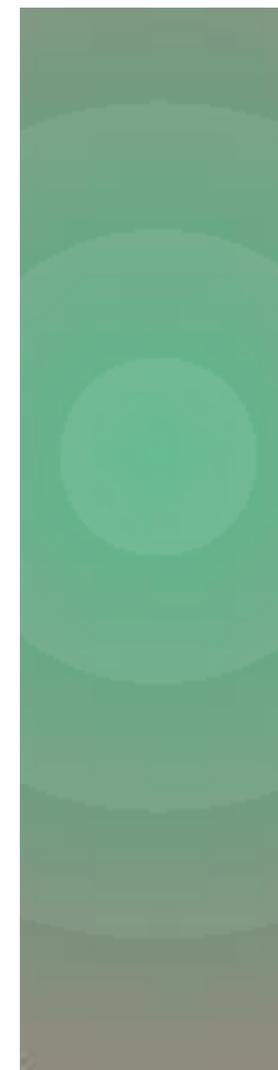
Target: 0
Amber: 0

Current month stands at 17





Humber Teaching
NHS Foundation Trust



Executive Team:

Chief Executive: Michele Moran

Chairman: Sharon Mays

Chief Operating Officer: Lynn Parkinson

Director of Finance: Peter Beckwith

Director of Workforce and Organisational Development: Steve McGowan

Medical Director: John Byrne

Director of Nursing: Hilary Gledhill

Issue Date: 16/06/2021



Children and Young People Autism Spectrum Diagnosis Waiting List Trajectories

At the beginning of March 2021 there were 1,102 children and young people (CYP) currently waiting for the start of an assessment, of which 810 have waited over 52 weeks, leaving 292 cases under 52 weeks.

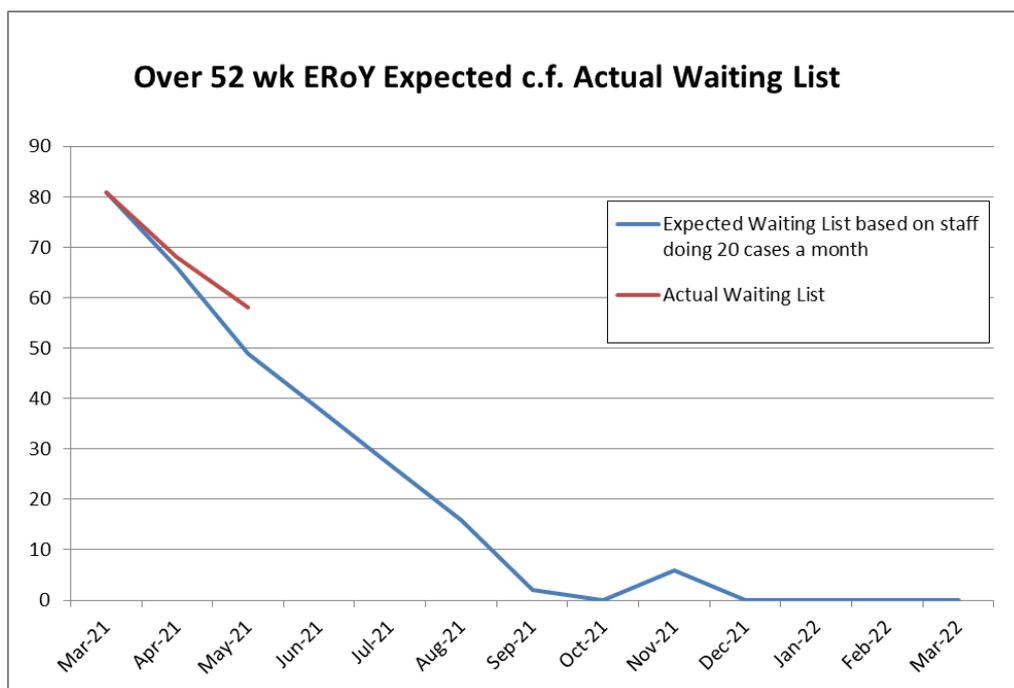
To track the service progress in reducing the over 52 weeks waits the trajectories below have been compiled. The trajectories are based on staff undertaking 30 assessments a month in Hull and 20 assessments a month in the East Riding of Yorkshire (ERY). A total capacity of 50 assessments a month is projected which is a significant impact.

The projections below assume that referrals are seen in date order. It allows for the fact that existing referral waiting times will continue to grow until they are seen, and also for the number of cases which will tip into over 52 weeks waits as time elapses.

ERY actual figures from 3rd March 2021 onwards

Date	Number 52 weeks +	Number 52 weeks -	Total waiting
03/03/21	81	133	214
11/03/21	77	135	212
18/03/21	71	130	201
25/03/21	73	136	209
04/04/21	73	141	214
10/04/21	68	142	210
17/04/21	68	140	208
24/04/21	68	131	199
16/05/21	54	143	197
23/05/21	58	152	210
30/05/21	60	150	210
06/06/21	61	149	210

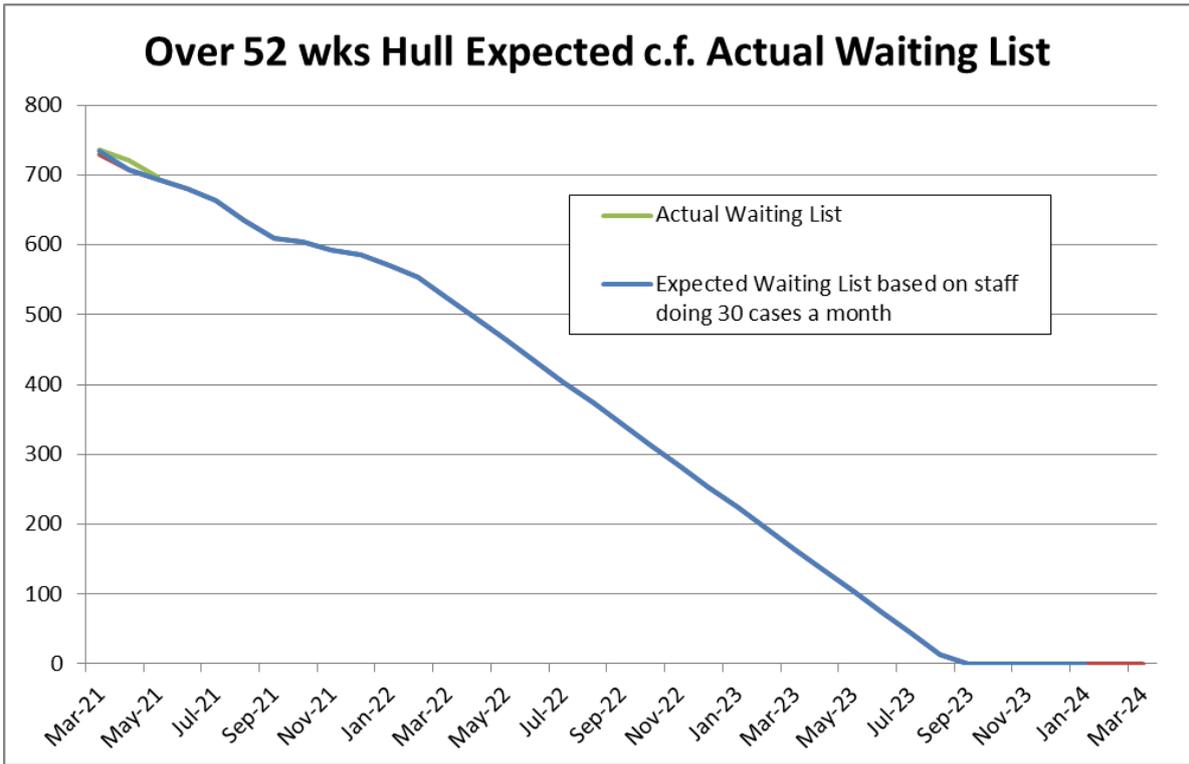
The chart below demonstrates the improvement trajectory in ERY cases when 20 assessments are undertaken a month. The team began implementing the new model in Feb 2020, as it supported improvement the model has now been adopted in the Hull service since March.



Hull actual weekly figures from 3rd March 2021 onwards

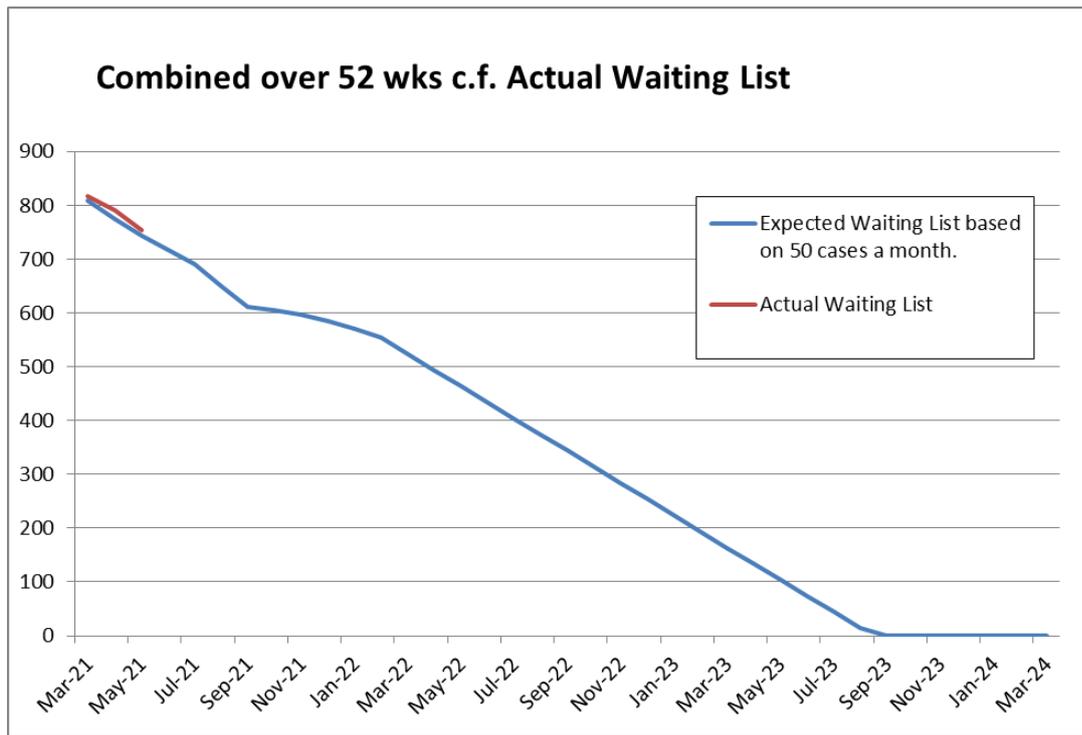
Date	Number 52 weeks +	Number 52 weeks -	Total waiting
03/03/21	729	159	888
11/03/21	732	159	891
18/03/21	733	156	889
25/03/21	736	156	892
04/04/21	734	161	895
10/04/21	733	160	893
17/04/21	729	160	889
24/04/21	722	159	881
16/05/21	710	147	857
23/05/21	697	149	846
30/05/21	699	147	846
06/06/21	702	144	846

The below chart demonstrates the improvement trajectory in Hull cases if 30 assessments are undertaken a month. The team began implementing the new model in March.



Hull and ERY Combined

Date	Number 52 weeks +	Number 52 weeks -	Total waiting
03/03/21	810	292	1102
11/03/21	809	294	1103
18/03/21	804	286	1090
25/03/21	809	292	1101
04/04/21	807	302	1109
10/04/21	801	302	1103
17/04/21	797	300	1097
24/04/21	790	291	1081
16/05/21	764	290	1054
23/05/21	755	288	1043
30/05/21	759	297	1056
06/06/21	763	293	1056



Variation in referral rates

Referral rates are different for Hull and the East Riding. The most recent referral rates, from 2020/21, have been impacted by the COVID-19 lockdowns, making them unreliable for predicting future rates, and we have therefore used past data over a longer period to do this. The suppressed demand therefore has been taken into account.

Recovery Plan

A comprehensive ASD recovery plan has been developed and this has been taken to the Quality Committee. The key updates in relation to the plan are:

- The ASD team new pilot model has now been fully adopted for both Hull and ERY which is speeding up the number of referrals they can undertake.
- Healios began to take 16 assessments a month from the 1st of May. With potential opportunity to increase this capacity further.
- The transition cases, older young people 16-18 years, are being allocated to the Humber Adult Autism Diagnosis Service team to start assessments immediately. A transition pathway has now been developed.
- Recruitment continues to the ASD posts.

Agenda Item: 11

Title & Date of Meeting:	Council of Governors Public Meeting – 8 th July 2021																		
Title of Report:	Finance Update Report (May 2021)																		
Author:	Name: Peter Beckwith Title: Director of Finance																		
Recommendation:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">To approve</td> <td style="width: 10%;"></td> <td style="width: 30%;">To receive & note</td> <td style="width: 10%; text-align: center;">✓</td> </tr> <tr> <td>For information</td> <td></td> <td>To ratify</td> <td></td> </tr> </table> <p>The Council of Governors is asked to note the Finance report and comment accordingly.</p>			To approve		To receive & note	✓	For information		To ratify									
To approve		To receive & note	✓																
For information		To ratify																	
Purpose of Paper:	<p>This purpose of this report is to provide the Council of Governors with a summary of financial performance for the Trust for the 3 month period March 2021 to May 2021.</p> <p>This is to allow the Governors to be informed of the Trusts Financial Position and to enable any areas of clarification to be sought.</p>																		
Governance	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%;">Date</th> <th style="width: 15%;"></th> <th style="width: 5%;">Date</th> </tr> </thead> <tbody> <tr> <td>Appointments, Terms & Conditions Committee</td> <td></td> <td>Engaging with Members Group</td> <td></td> </tr> <tr> <td>Finance, Audit, Strategy and Quality Governor Group</td> <td></td> <td>Other (please detail)</td> <td>Quarterly report to Council</td> </tr> <tr> <td>Trust Board</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Date		Date	Appointments, Terms & Conditions Committee		Engaging with Members Group		Finance, Audit, Strategy and Quality Governor Group		Other (please detail)	Quarterly report to Council	Trust Board			
	Date		Date																
Appointments, Terms & Conditions Committee		Engaging with Members Group																	
Finance, Audit, Strategy and Quality Governor Group		Other (please detail)	Quarterly report to Council																
Trust Board																			
Key Issues within the report:	<ul style="list-style-type: none"> The Trust ended the 2020/21 financial year with a operation surplus of £0.029m, this position was consistent with the Trust's planning target. Under current planning arrangements the period 1st April 2021 to 30 September 2021 is referred to as Hq. For the H1 period the current block funding arrangements continue to be in place. As at the end of February 2021, the Trust had recorded a operational breakeven position. At Month 2 the Trust reported an overall surplus of £0.129m which is in line with the ICS H1 expectation. Cash Balance at the end of May was £25.600m. 																		

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 in	N/A	Comment
		Any Action Required?		
Risk	√			To be advised of any
Legal	√			To be advised of any future implications reports as and when future implications by Lead Directors through Board required
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Council of Governors

Finance Update Report (May 2021)

1. Introduction and Purpose

This purpose of this report is to provide the Council of Governors with a summary of financial performance for the Trust for the 3 month period December 2020 to February 2021.

2. Performance 2020/21

Throughout 2020/21 the normal contracting arrangements between NHS organisations have been ceased and the Trust received a block income allocation.

The table below summarises the reported income and expenditure position for the Trust to the end of 2020/21 (*reported figures are cumulative*).

Table 1: Reported I&E Position 2020/21

	March 2021 £000
Trust Income	148,089
<i>Less: Expenditure</i>	143,306
EBITDA	4,783
Finance Items	6,071
Sustainability Funding (Income)	(668)
Operational Surplus/(Deficit)	(620)
Exclude: Impairment	(578)
Exclude: Donated Asset Depn	(71)
Net Position Surplus/(Deficit)	29
EBITDA	3.2%
Deficit (-%)/Surplus %	0.0%

As at the end of the financial year 2020/21 the Trust reported a final end of year surplus of £0.029m (after donated asset depreciation has been excluded).

Figures reported above exclude year end 'technical' adjustments for Local Government pension scheme valuations and impairment both of which do not count against the Trusts Control total but appear in the Trusts accounts.

3. Performance 2021/22

Under the 2021/22 planning guidance the period 1st April 2021 to 30 September 2021 is referred to as H1.

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

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

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

Table 2 shows for the period ended 31 May 2021 the Trust recorded a surplus of £0.118m, taking account of Donated Depreciation the overall Operating Total is a £0.129m surplus which is in line with the H1 requirements

Table 2: Reported I&E Position 2021/22

	April 2021 £000	May 2021 £000
Trust Income	12,847	25,855
<i>Less: Expenditure</i>	12,377	24,626
EBITDA	470	1,229
Finance Items	469	1,111
Sustainability Funding (Income)	-	-
Operational Surplus/(Deficit)	1	118
Exclude: Impairment	-	-
Exclude: Donated Asset Deprn	(5)	(11)
Net Position Surplus/(Deficit)	6	129
EBITDA	3.7%	4.8%
Deficit (-%)/Surplus %	0.0%	0.5%

A more detailed summary of the income and expenditure position as at the end of February 2021 is shown at appendix A. Key variances are explained in the following paragraphs:

2.1 Children's and Learning Disability

Children's and LD is reporting a £0.022m underspend year to date.

The CAMHS Inpatient unit is currently overspending by £0.088m due to the high cost of Agency Medics and some Agency Nursing costs. This is offset within the Children's budget by savings in other sections with the main saving being travel and subsistence.

Within LD there are pressures particularly at Granville Court with a year to date overspend of £0.077m. The funding mechanism for Granville is being reviewed with Commissioners.

2.2 Community and Primary Care

Community and Primary Care is reporting an Overspend on gross expenditure of £0.188m.

Within Community services the main pressure at Month 2 relates to Scarborough and Ryedale which has experienced increases in staff recruitment and also has Agency staff support which has resulted in an overspend. This is being closely monitored and the Commissioners are aware of the current pressure in demand which has increased throughout the Covid period.

Primary Care is showing a minor underspend.

2.3 Mental Health

The Division is showing an underspend of £0.438m. This is primarily due to vacancies across a number of service areas. There are agency staff being employed to fill essential roles and this is being constantly reviewed.

2.4 Secure Services

The year to date position of Secure Services is an overspend of £0.021m. This is due to the payment of Agency Medics to cover vacancies. This issue will be eased from August with the appointment of 3 new substantial consultant posts.

2.5 Corporate Services Expenditure

Corporate Services are reporting an underspend of £0.345m. ..

3 COVID Expenditure

At the end of May 2021 the Trust recorded £1.302m of Covid related expenditure (Including Income Top Up), details of which are summarised below:

Table 2 Covid Costs

Covid Costs	April £m	May £m	Total £m
Pay	0.172	0.112	0.284
Non Pay	0.267	0.341	0.608
Expenditure	0.439	0.453	0.892
Income Top Up	0.205	0.205	0.410
Total	0.644	0.658	1.302

4. Cash

The cash balance at 31st May 2021 was £25.600m, cash balances across the reporting period are summarised below:

Table 4: Cash Balances

	March 2021 £001	April 2021 £002	May 2021 £003
Government Banking Service	39,650	28,104	25,449
Nat West	137	188	102
Petty Cash	49	48	49
Net Position	39,836	28,340	25,600

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

6. Recommendations

The Council of Governors is asked to note the Finance report and comment accordingly.

2022/21 Income and Expenditure Summary (As at 31st May 2021)

	21/22 Net Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Income							
Trust Income	128,525	10,710	10,602	(108)	21,421	21,329	(92)
Clinical Income	17,508	1,548	1,697	149	2,824	3,180	356
Covid 19 Income	2,119	658	570	(88)	1,301	1,346	45
Total Income	148,152	12,916	12,869	(48)	25,546	25,855	309
Expenditure							
Clinical Services							
Children's & Learning Disability	28,848	2,467	2,341	126	4,904	4,881	22
Community & Primary Care	28,243	2,287	2,428	(140)	4,695	4,883	(188)
Mental Health	47,861	4,189	4,020	170	8,501	8,063	438
Secure Services	11,221	936	928	7	1,884	1,905	(21)
	116,173	9,880	9,717	163	19,984	19,733	252
Corporate Services	30,305	2,760	2,394	366	5,238	4,893	345
Total Expenditure	146,477	12,640	12,111	529	25,223	24,626	597
EBITDA	1,675	277	758	482	323	1,229	906
Depreciation	2,942	245	253	(7)	490	505	(15)
Interest	148	12	(11)	24	25	5	20
PDC Dividends Payable	2,341	195	195	0	390	390	0
PSF Funding	-	-	-	-	-	-	-
Operating Total	(3,756)	(176)	322	498	(582)	329	911
BRS	(3,756)	(305)	200	505	(710)	200	910
Operating Total	(0)	129	122	(7)	128	129	1
<i>Excluded from Control Total</i>							
Impairment	-	-	-	-	-	-	-
Donated Depreciation	70	6	5	0	12	11	1
Ledger Position	(70)	123	117	(6)	116	118	2
EBITDA %	1.3%	2.6%	7.2%		1.5%	5.8%	
Surplus %	-2.9%	-1.6%	3.0%		-2.7%	1.5%	

Agenda Item 12

Title & Date of Meeting:	Council of Governors Public Meeting – 8 July 2021			
Title of Report:	Governor Groups Feedback			
Author/s:	Sam Muzaffar Chair of Appointment Terms & Conditions Governor Group Doff Pollard, Chair of Engaging with Members Governor Group Mike Smith, Acting Chair of Workforce, Quality & Mental Health Legislation Governor Group			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	To provide the Council of Governors with an update on meetings held.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Appointments, Terms & Conditions Committee	17.6.21	Engaging with Members	12.5.21
	Finance, Audit, Strategy and Quality Governor Group	10.6.21		
	Trust Board			
			Other (please detail)	
Key Issues within the report:	Identified in the report			

Monitoring and assurance framework summary:

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

Feedback from Governor Groups

Appointments, Terms and Conditions Committee 17 June 2021

The Appointment, Term and Conditions meeting was held on 17 June where the minutes of the previous meeting and matters arising were discussed. The Committee welcomed Mrs Cooper to her first meeting.

The Committee acknowledged that Mr Smith's term of office extension for a further period of 11 months was put before the 15 April 2021 Council of Governors meeting for approval and these were approved by the Council of Governors.

The Council of Governors at an Extraordinary meeting on 10 June 2021 approved the appointment of an Associate Non Executive Director

The approval for appointment of the new Chair for the Trust from 16 September was also obtained from the April Council of Governors.

The attendance of the public governors at these meetings and the annual review of the effectiveness Committee were also looked at. The Committee also reviewed the work plan for 2020/21.

The Committee received updates on Chair and Non Executive Director appraisals

Sam Muzaffar, Chair

Engaging with Members Group 12 May 2021

The membership meeting explored a number of areas

1. How the membership, the PACE members and volunteers overlap and how we can get the best engagement to ensure people can be involved in all three areas and how they interact,
2. What are the opportunities provided to members to raise general points that are not complaints and further thinking will take place in this area
3. The potential for a newsletter to be emailed monthly to members
4. Progress on GP websites
5. Beginnings of a Youth Council
6. Quality and how we ensure and engage with continuing quality
7. Reference was also made to the annual members meeting

A further meeting of this group is being organised so that progress with these Items can move on.

Doff Pollard, Chair

Workforce, Quality & MHL Governor Group 10 June 2021

The meeting was attended by three Governors and NEDs Mike Cooke, Dean Royles and the meeting was chaired by Mike Smith, NED.

The group reviewed previous sub committee meeting minutes and assurance reports to the relevant Board meetings and the three Sub Committee chairs highlighted salient points and

key issues for the organisation.

Future meetings will be chaired by Sue Cooper, Public Governor

Mike Smith – Acting Chair for this meeting