

**Council of Governors  
Public Meeting – Thursday 20 April 2023**

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

Quoracy for business to be transacted– 6 Public Governors, 1 Appointed Governor, 1 Staff Governor

**The meeting should last two hours and there will be a comfort break for five minutes every 45 minutes. Governors do not have to be on camera during the meeting. However, it would be helpful if Governors could be on camera for asking questions/making comments. Please click the relevant icon to be called and where approval is required.**

		Lead	Action	Report Format
	<b>Standing Items</b>			
1.	Apologies for Absence	CF	Note	verbal
2.	Declarations of Interest	CF	Note	√
3.	Minutes of the Meeting held on 19 January 2023	CF	Approve	√
4.	Actions Log and Matters Arising	CF	Discuss	√
5.	Staff Story - Sharon Tootell, My Journey as an Occupational Therapist at Humber	CF	Note	√
	<b>Board Report Backs</b>			
6.	Chair's Report	CF	Discuss	√
7.	Chief Executive's Report	MM	Discuss	√
8.	Non-Executive Director Chairs of Sub Committees Assurance Reports & Feedback	NEDs	Discuss	√
	<b>Performance &amp; Delivery</b>			
9.	Performance Update	PB	Note	√
10.	Finance Report	PB	Note	√
11.	External Auditors to present findings on Annual Accounts - Ross Woodley attending	PB	Assurance	√

<b>Governor Items</b>				
12.	Governors Questions – topical issues not already covered or discussion re any questions received in advance	All	Note	verbal
13.	Council of Governor Sub-Groups Feedback for Appointments, Terms and Conditions Committee and Engaging with Members Group	SC/DP	Discuss	√
<b>Corporate</b>				
14.	Adult Inpatient Redesign Programme	LP	Discuss	√
15.	Annual Declarations Report	SJ	Discuss	√
16.	Public Trust Board Minutes – November 2022 and January 2023	CF	Note	√
17.	Any Other Business	CF	Note	verbal
18.	Review of the Meeting – Being Humber	CF	Note	verbal
19.	<b>Date, Time and Venue of Next Meeting</b> Thursday 20 July 2023, 2.00pm in The Lecture Theatre, Willerby HU10 6ED			

**Agenda Item 2**

Title & Date of Meeting:	Council of Governors Public Meeting – 20 April 2023														
Title of Report:	Declarations of Interest														
Author/s:	Caroline Flint Trust Chair														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>			To approve		To discuss		To note	✓	To ratify		For assurance			
To approve		To discuss													
To note	✓	To ratify													
For assurance															
Purpose of Paper:	To provide the Council of Governors with an updated list of declarations. Declarations made by Governors are included on the publicly available register.														
Key Issues within the report:															
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>Governor declarations updated</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>N/A</li> </ul>													
<b>Matters of Concern or Key Risks to Escalate:</b> <ul style="list-style-type: none"> <li>No matters to escalate</li> </ul>		<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>N/A</li> </ul>													
Governance:		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														

**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	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

### Governors' Declaration of Interests

Constituency	Governor	Interests Declared
<b>Elected – Hull Public</b>	Patrick Hargreaves	<ul style="list-style-type: none"> <li>• None</li> </ul>
	Vacant	<ul style="list-style-type: none"> <li>• None</li> </ul>
	Brian Swallow	<ul style="list-style-type: none"> <li>• Member of Hull and East Yorkshire Mind</li> <li>• Member of Campus Health Centre Patient Participation Group.</li> </ul>
	Vacant	
<b>Elected – East Riding Public</b>	John Cunnington	<ul style="list-style-type: none"> <li>• None</li> </ul>
	Ruth Marsden	<ul style="list-style-type: none"> <li>• None</li> </ul>
	Anthony Douglas	<ul style="list-style-type: none"> <li>• Wife is employed by Humber</li> </ul>
	Sue Cooper	<ul style="list-style-type: none"> <li>• Membership as a retired Nurse of the Royal College of Nursing</li> </ul>
	Dominic Kelly	<ul style="list-style-type: none"> <li>• Works for Haxby Group which provides NHS Service in Primary Care and General Practice</li> </ul>
	John Morton	<ul style="list-style-type: none"> <li>• None</li> </ul>
<b>Elected – Wider Yorkshire &amp; Humber Public</b>	Tim Durkin	<ul style="list-style-type: none"> <li>• Member of Hull and East Yorkshire Mind</li> <li>• Member of (National) Mind</li> <li>• Associate Hospital Manager (AHM) for the Trust</li> </ul>
<b>Elected Whitby</b>	Doff Pollard	<ul style="list-style-type: none"> <li>• Cleveland Ironstone Mining Museum - reg charity</li> <li>• Trustee of Charity - Action with Communities in Rural England (ACRE)</li> <li>• Volunteer - Captain Cook Memorial Museum and Skinningrove Bonfire Committee, Whitby Disability Action Group</li> <li>• Member of Whitby Group Practice PPG</li> <li>• Volunteer with Humber Teaching NHS Foundation Trust</li> <li>• Resident of Whitby</li> </ul>
<b>Service User and Carer</b>	Anthony Houfe	<ul style="list-style-type: none"> <li>• None</li> </ul>
	Marilyn Foster	<ul style="list-style-type: none"> <li>• Member of Patient and Carer Forum</li> </ul>

		(Trust) <ul style="list-style-type: none"> <li>Quality and Improvement Strategy Member (Trust)</li> </ul>
<b>Elected - Staff</b>	(clinical)	Vacant
	William Taylor (clinical)	<ul style="list-style-type: none"> <li>Member of Unite the Union</li> </ul>
	Tom Nicklin (non clinical)	<ul style="list-style-type: none"> <li>None</li> </ul>
	Sharon Nobbs (non clinical)	<ul style="list-style-type: none"> <li>None</li> </ul>
	Joanne Gardner (non clinical)	<ul style="list-style-type: none"> <li>None</li> </ul>
<b>Appointed</b>	Cllr Chambers (Hull City Council)	<ul style="list-style-type: none"> <li>Lay representative of the Royal College GPS and PPG Haxby Member</li> </ul>
	Cllr Julie Abraham, East Riding of Yorkshire Council	<ul style="list-style-type: none"> <li>Elected member of East Riding of Yorkshire Council</li> <li>Humberstone Police &amp; Crime Panel</li> <li>Humberstone Fire Authority</li> <li>Trustee of Sailors' Children's Society, Hull</li> </ul>
	Jacquie White Hull University	<ul style="list-style-type: none"> <li>Reader and Mental Health Strategy Lead, Faculty of Health Sciences and Student Services, University of Hull</li> </ul> <p>My role includes research and education/knowledge exchange projects commissioned by health care providers and commissioners, local authorities, and the pharmaceutical industry. Details of my projects and outputs can be accessed from <a href="https://www.hull.ac.uk/staff-directory/jacquie-white">https://www.hull.ac.uk/staff-directory/jacquie-white</a></p> <ul style="list-style-type: none"> <li>I represent the University on the Oversight and Delivery Group for the HCV Partnership Mental Health, Learning Disability and Autism Collaborative Programme</li> <li>I am a member of <ul style="list-style-type: none"> <li>Mental Health Nurse Academics UK,</li> <li>the RCN</li> <li>the Labour Party</li> <li>A Trustee of The Warren Youth Centre, Hull.</li> </ul> </li> </ul>

	Voluntary Sector	• Vacant
	Jonathan Henderson, Humberside Fire & Rescue	• None
	Jenny Bristow, Humberside Police	• None

**Agenda Item 3**

**Minutes of the Council of Governors Public Meeting held on  
Thursday 19 January 2023 via Microsoft Teams**

**Present:**

Rt Hon Caroline Flint, Chair  
Michele Moran, Chief Executive  
Cllr Julie Abraham Appointed Governor East Riding of Yorkshire Council  
Cllr Linda Chambers Appointed Governor, Hull City Council  
John Cunnington, East Riding Public Governor  
Tony Douglas, East Riding Public Governor  
Tim Durkin, Wider Yorkshire & Humber Public Governor  
Craig Enderby, Staff Governor  
Patrick Hargreaves, Hull Public Governor  
Jonathan Henderson, Appointed Governor, Humberside Fire & Rescue  
Anthony Houfe, Service User and Carer Public Governor  
Tom Nicklin, Staff Governor  
Doff Pollard, Whitby Public Governor/ Lead Governor  
Brian Swallow Hull Public Governor  
William Taylor, Staff Governor  
Jacquie White, Appointed Governor, University of Hull

**In Attendance:**

Phillip Earnshaw, Non-Executive Director  
Francis Patton, Non-Executive Director/SID  
Mike Smith, Non-Executive Director  
Hanif Malik, Associate Non-Executive Director  
Stuart McKinnon-Evans, Non-Executive Director  
Lynn Parkinson, Chief Operating Officer  
Peter Beckwith, Director of Finance  
Carol, Volunteer/Admin Apprentice (for item 04/23)  
Catherine Ceely, Voluntary Services Manager (for item 04/23)  
Val Higo, Voluntary Services (for item 04/23)  
Jenny Jones, Trust Secretary  
Katie Colrein, Membership Officer  
James Collier, Communications Officer

**Apologies:**

Jenny Bristow, Appointed Governor Humberside Police  
Sue Cooper, East Riding Public Governor  
Marilyn Foster, Patient and Carer Governor  
Joanne Gardner, Staff Governor  
Ruth Marsden, East Riding Public Governor  
Sharon Nobbs, Staff Governor

The meeting was held virtually via Microsoft Teams and was also live streamed.

01/23	<p><b>Declarations of Interest</b> 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>
02/23	<p><b>Minutes of the Meeting held on 13 October 2022</b> The minutes of the meeting held on 13 October were agreed as a correct record.</p>
03/23	<p><b>Matters Arising and Actions Log</b> The action log was noted and no matters arising were raised.</p>
04/23	<p><b>Patient Story – “Living a Productive, Working Life with Borderline Personality Disorder” from Voluntary Services</b> Carol attended the meeting to talk about her experiences of living productively with Borderline Personality Disorder (BPD). Carol had experienced various Mental Health struggles in the past and was out of work for 20 years due to these. She shared her inspiring story and how she had overcome the challenges she had faced.</p>
05/23	<p><b>Annual Accounts 2021/22</b> Pete Beckwith, Director of Finance presented the audited annual accounts for 2021-22. He gave a short presentation which highlighted the key points from the accounts which would be circulated to Governors after the meeting. These included:</p> <ul style="list-style-type: none"> <li>• Income £209 million</li> <li>• Expenditure £214 million</li> <li>• No borrowing on the accounts</li> <li>• Invested £9.5 million in capital estate to improve environments for patients and staff</li> <li>• £2.4 million spent on Digital Infrastructure</li> </ul> <p>All audit work had been completed and the accounts had been laid before Parliament. An Unqualified audit opinion was received on the accounts. The Audit Completion Report from External Auditors (Mazars) was included with the report for information.</p> <p>On 2 February a workshop for Governors on how money is spent in the Trust would take place.</p> <p>Doff Pollard extended her thanks to everyone involved in the work. Craig Enderby asked if the External Auditors would be presenting their assessment on the accounts. It was confirmed that this would be taking place.</p> <p>Cllr Abraham asked if there was assurance that recommendations relating to the value of assessment were being actioned. Pete Beckwith explained there were two recommendations and systems were in place to address these.</p>

	<p>In relation to Humber Primary Care Ltd, Tim Durkin asked how this affected the Trust as a loss was recorded last year. It was explained that Humber Primary Care was a business arrangement with income coming into the Trust. The loss in primary care was absorbed in the overall financial position of the organisation. An offer was extended to provide more detail outside of the meeting to Tim Durkin if required</p> <p><b><u>Resolved:</u></b> The Council of Governors received and noted the annual accounts</p>
06/23	<p><b>Chair's Report</b> The Chair gave a verbal update regarding the following:</p> <ul style="list-style-type: none"> <li>• Resignation of Soraya Hutchinson, East Riding Public Governor. Soraya would continue with her volunteering work and the Chair thanked her for her contribution to the Council.</li> <li>• Planning for the next elections campaign</li> <li>• Governor development with the finance session on 2 February and Workforce and Organisational Development and the role of Governors training on the agenda for the March development meeting.</li> <li>• Work continued to embed changes including the way that meetings are held, opportunities to hear from Non-executive Directors and the visits programme.</li> <li>• Changes to the way that Board meetings are held and reporting back from Strategic Development meetings</li> <li>• Working with the Integrated Care System (ICS)</li> </ul> <p><b><u>Resolved:</u></b> The updates were noted</p>
07/23	<p><b>Chief Executive's Report</b> The Chief Executive presented her report which gave an update on local issues. Areas highlighted included:</p> <ul style="list-style-type: none"> <li>• Industrial action taking place around the country and potential to impact on our services</li> <li>• Visit to The Warren Centre in Hull</li> <li>• Events co-ordinator recruited into the Communications team. Future events planned included sports days and an annual awards ceremony</li> <li>• Initial staff survey results had been received and were embargoed. Response rate of 44% which was on par with last year.</li> <li>• Planning guidance issued late December and was being worked through.</li> </ul> <p>Lynn Parkinson provided an update on operational pressures. Business Continuity plans were being reviewed and plans were in place for any industrial action. Staffing had been increased in areas including primary care services at times of strike action. Silver command monitored the position and provided regular sit reps with no increased disruption reported. Balloting of junior doctors by the BMA was underway and any potential impact was being considered.</p> <p>Additional winter funding had been provided to support discharge. Some patients in mental health beds were affected by this. Out of area figures had reduced and were showing improvement.</p> <p>Cllr Abraham referred to the Child and Adolescent Mental Health (CAMHS) services and the reported breakdown of placements for young people in residential care which</p>

continued to lead to urgent and crisis admissions to mental health and acute hospital beds. She asked if this was a frequent occurrence and if it included eating disorders. The Chief Executive reported that internal and external work was taking place to look at this area as it was an issue regionally and nationally. Eating disorders figures had steadily increased since Covid. Community work had been bolstered and extra money provided to look at more community facilities and community support rather than beds. Young people were not placed in adult beds but in paediatric beds with staff to support them. A briefing note for Governors would be prepared on the work that was taking place.

Tim Durkin asked what the Opel level in Scarborough and Ryedale was and if there were any problems. Lynn Parkinson reported that Scarborough Hospital has been through this period at Opel four, so their pressures had been very high and the aim was to support the acute hospital by avoiding admission where possible with community services delivering intensive care into patients' own homes. Recently the new virtual ward commenced for the frailty ward in Scarborough and Ryedale and was being monitored closely as it was part of a national program. The system had been complimentary about services and over the Christmas period the Trust was able to increase the number of patients to support those pressures. There were issues with delays of transfers out of those Community beds which had since improved.

Brian Swallow noted the 44% response rate for the staff survey and asked what was being done to improve the rate. Compared to other trusts it was noted that this was not an outlier and there were various reasons why staff did not complete it despite protected time being offered to do so. John Cunnington suggested including this as a target as part of annual reviews.

Pete Beckwith responded to John Cunnington's question about power outage resilience and generators providing detail of sites where there were generators and facilities for mobile generators. It was clarified that the question was related to the type of fuel the generators used and whether alternative options had been considered. This detail was not to hand and would be responded to outside the meeting.

Doff Pollard was pleased to read about the appointment of an Events Co-ordinator and asked that the added value of this post be captured in terms of Key Performance Indicators (KPIs) and cost benefit analysis. The Chief Executive agreed and had already started discussions to progress this. It would also link in with the Social Values report going to the January Board that looked at things that were not necessarily measured from a performance or metrics perspective.

A question was raised by Will Taylor who was seeking assurance that there was clinical governance at the stage of commissioning outside subcontractors and gave examples of ASD and ADHD. He asked if there was clinical governance around contracting and how it was embedded. The Chief Executive confirmed there was a rigorous process in place for contracts through the Quality and Audit Committees. There was also a strict governance process around contract award. Pete Beckwith added that as part of the procurement, there was involvement of the multi-disciplinary teams (MDT) and clinicians were involved in the development of service specifications. Contract review meetings were held to ensure there was the right level of performance, oversight and governance. He suggested that this could be a topic for a future Governor Development session with the Head of Contracting and other appropriate staff. The Chief Executive supported the proposal and added that as this was an operational issue, if there were any examples these could be escalated within the

	<p>organisation as it was not just a Governor issue.</p> <p><b>Resolved:</b> <u>The report and verbal updates were noted.</u>  <u>A briefing note for Governors on eating disorders to be produced for Governors</u> <b>Action LP</b>  <u>Details of option appraisal for generator fuels to be provided to John Cunnington</u> <b>Action PB</b>  <u>Contracting session to be arranged for a future Governor Development session</u> <b>Action PB</b></p>
08/23	<p><b>Non-Executive Director Chairs of Sub Committees Assurance Reports and Feedback</b></p> <p>The assurance reports from the Sub Committees of the Board were provided for information and taken as read.</p> <p>The Non-executive Directors provided brief updates based on the reports which had been presented at previous Board meetings.</p> <p>Tim Durkin asked what the anticipated fiscal pressures were as referred to in the Audit Committee report. He was informed that this was to do with the external environment pressures. IR 35 was another area raised and whether the work that was taking place had identified if the money set aside in the accounts was appropriate. Francis Patton reported that at the recent Finance and Investment Committee meeting, assurance had been received that this would not exceed the amount in the accounts.</p> <p><b>Resolved:</b> <u>The reports were noted</u></p>
09/23	<p><b>Addendum to Statutory Duty of Governors</b></p> <p>The 'Your Statutory duties: A reference guide for NHS foundation trust governors' outlined ways in which governors might fulfil their statutory duties and an addendum to this had been published to reflect The Health and Care Act 2022 requirements. The paper provided information regarding the changes and the impact these would have on the way in which Governors fulfil their statutory duties.</p> <p><b>Resolved:</b> <u>The report was noted</u></p>
10/23	<p><b>Code of Governance</b></p> <p>NHS England had published a revised Code of Governance (the Code) and all NHS Providers (including NHS trusts that don't have a Council of Governors) would be required to abide by this from April 2023. The document contained an appendix which outlined the role of the Council of Governors and the lead Governor.</p> <p><b>Resolved:</b> <u>The report was noted</u></p>
11/23	<p><b>Council of Governor Sub Group Feedback</b></p> <p>A verbal update was provided from the Engaging with Members Meetings that had been held. Doff Pollard reported that the meetings had covered various items including a better understanding of Governor roles, communicating with members and holding Non-executive Directors (NED)s to account. Consideration was also being given to how Governors could contribute to the communication strategy and newsletters.</p>

	<p>Tim Durkin was congratulated on his reappointment to the Council of Governors. A new Governor would also be starting on 1 February. Tim believed the Wider Yorkshire and Humber constituency was too big for one person to cover. He offered to produce a report of the points to be considered. The Chief Executive felt that this would be helpful and would inform a wider review of the Constitution.</p> <p>Governor activity information was provided from Doff Pollard, Brian Swallow and Tim Durkin.</p> <p><b><u>Resolved:</u></b> The updates were noted.</p>
12/23	<p><b>Governor Support Proposals Action Plan</b></p> <p>The action plan was presented by the Chair and showed that all actions had been completed.</p> <p>Brian Swallow queried whether the induction pack had been circulated. This would be circulated, and a paper copy provided on request.</p> <p>It was confirmed that Governor Development Days were in person meetings and Council of Governors meetings held on Microsoft Teams. Tim Durkin asked if face to face meetings could be reconsidered as some Governors preferred this format. He also commented that in terms of visits he was still waiting for community service team visits to be arranged in his area. The Chair explained that due to the geographical areas covered by Governors, virtual meetings enabled a greater attendance at meetings, development days were held in person. This format would continue to be followed.</p> <p><b><u>Resolved:</u></b> The action plan was noted  <u>Governor Information pack to be circulated</u> <b>Action KC</b></p>
13/23	<p><b>Governor Questions</b></p> <p>No additional questions were submitted or raised by Governors at the meeting</p>
14/23	<p><b>Performance Update</b></p> <p>The report was presented to the Council of Governors by Pete Beckwith and taken as read.</p> <p>Tim Durkin referred to Paediatric ASD noting the plan to reduce this by December, however there were 294 patients with an over 52 weeks wait and an improved position was expected. A detailed quarterly update was provided to the Board and capacity was at a maximum so negotiations with commissioners were progressing. Tony Douglas asked if this was part of the neurodiversity model. Lynn Parkinson reported that it was all part of the same. There was a revised model with a targeted backlog approach to over 52 week waits. The neuro model going forward was predicated on early intervention and early support and reducing the number of children and young people that required diagnosis.</p> <p>Cllr Julie Abraham was concerned about the ones on the waiting list and what support they received and whether there was school involvement. The Chief Executive reported that rigorous processes were in place and there was close working with schools. The Quality Committee reviewed this aspect regularly to provide additional assurance. Will Taylor asked what support was provided for families as the usual steps in a different circumstance would be reasonable adjustment at school and he</p>

	<p>asked whether there was a structure for that negotiation? The Chief Executive responded that the multi-disciplinary team would review, and appropriate liaison would take place at that stage. There was also the Child and Adolescent Mental Health Services (CAMHS) pathway and system meetings with clinicians across the collaborative in the Integrated Care Board (ICB) that brought people closer together. More representatives for example housing were now being included in the meetings, but each individual case would be looked at on its own merit from a strategic point of view with involvement from the private sector, voluntary sector and other local statutory sectors.</p> <p><b><u>Resolved:</u></b> The report was noted</p>
15/23	<p><b>Finance Update</b> The report presented provided a summary of financial performance for the Trust for the three-month period September 2022 to November 2022. The report was taken as read. A strong financial position was reported overall and consistent with the control total for the year and the cash position remained strong.</p> <p><b><u>Resolved:</u></b> The report was noted.</p>
16/23	<p><b>Public Trust Board September and October 2022 Minutes</b> The minutes of the public Board meetings for September and October were provided for information.</p> <p><b><u>Resolved:</u></b> The minutes were noted.</p>
17/23	<p><b>Any Other Business</b> No other business was raised</p>
18/23	<p><b>Review of the Meeting – Being Humber</b> It was agreed the meeting had been delivered in the Being Humber style.</p> <p>Doff Pollard commented that the papers had been weighty and felt that reports should be more concise and focussed. She asked if the agenda could be restructured so the Governor reports were not at the end of the meeting to allow more time for discussion.</p> <p>Tony Douglas asked if the performance report could be higher up the agenda.</p> <p>The Chair would consider the comments made.</p>
19/23	<p><b>Date and Time of Next Meeting</b> Thursday 20 April 2023, 2.00pm by Microsoft Teams</p>

Signed..... Date  
Chair

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

Summary of actions from January 2023 meeting and update report on earlier actions due for delivery in April 2023						
<i>Rows greyed out indicate action closed and update provided here</i>						
<b>Date of Meeting</b>	<b>Minute No</b>	<b>Agenda Item</b>	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Update Report</b>
19.1.23	07/23(a)	Chief Executive's Report	A briefing note on eating disorders to be produced for Governors	LP	April 2023	E mailed to Governors 13.4.23
19.1.23	07/23(b)	Chief Executive's Report	Details of option appraisal for generator fuels to be provided to John Cunnington	PB	April 2023	Completed e mail sent 4.4.23
19.1.23	07/23(c)	Chief Executive's Report	Contracting session to be arranged for a future Governor Development session	PB	September 2023	Item added to workplan and on agenda for September session
19.1.23	12/23	Governor Support Proposals Action Plan	Governor Information pack to be circulated	KC	January 2023	Completed – 23.1.23
19.1.23	18/23	Review of the Meeting – Being Humber	Restructuring of agenda to be considered	CF	April 2023	Agenda reviewed and changes made

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

13.10.22	54/22(a)	Chief Executive's Report	Development session on the ICB to be arranged	MM	March 2023 revised to September 2023 Development session	Item added to the workplan for September.  A brief introduction to the wider responsibility of governors to represent the views of the public at large (i.e. the public within the ICS system) will be provided
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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**

**Council of Governors Work Plan 2022/23 v8**

Council of Governors Meeting Dates:	Frequency	LEAD	14 July 2022	13 Oct 2022	19 Jan 2023	20 April 2023	20 July 2023	19 Oct 2023
<b>Reports:</b>								
<b>Standing Items</b>								
Minutes of the Last Meeting	Every Mtg	CF	✓	✓	✓	✓	✓	✓
Actions List	Every Mtg	CF	✓	✓	✓	✓	✓	✓
Chair's Report	Every Mtg	CF	✓	✓	✓	✓	✓	✓
Chief Executives Report inc updates from Directors	Every Mtg	MM	✓	✓	✓	✓	✓	✓
Patient /Staff Story presentation	Every Mtg	KF/SMcG	✓	✓	✓	✓	✓	✓
NEDs Chairs of Sub Committees Assurance Reports & Feedback	Every Mtg	NEDs		✓	✓	✓	✓	✓
<b>Quality and Clinical Governance</b>								
Patient Led Assessment of Care Environment Report (PLACE)	Annually	LP		✓				
<b>Corporate</b>								
Public Trust Board Minutes	Every Mtg	CF	✓	✓	✓	✓	✓	✓
Review of Constitution	As req	SJ						
Review of Council of Governors Workplan	Every Mtg	CF	✓		✓	✓	✓	✓
Fit and Proper Persons Compliance Report	Annually	CF	✓				✓	
Update on the Operating Plan	Bi-monthly	PB		✓				✓
Annual Declarations Report	Annual	SJ				✓		
<b>Performance &amp; Delivery</b>								
Finance Report	Every Mtg	PB	✓	✓	✓	✓	✓	✓

Council of Governors Meeting Dates:	Frequency	LEAD	14 July 2022	13 Oct 2022	19 Jan 2023	20 April 2023	20 July 2023	19 Oct 2023
Reports:								
Performance Report	Every Mtg	PB	✓	✓	✓	✓	✓	✓
<b>Governors</b>								
Feedback from Governor Groups/Governor Activity	Every Mtg	All	✓	✓	✓	✓	✓	✓
Governors Questions	Every Mtg	All	✓	✓	✓	✓	✓	✓
Annual Effectiveness Review of the Council of Governors including Terms of reference	Annually	CF	✓				✓	
Annual Effectiveness Review for Appointments, Terms and Conditions Committee including terms of reference	Annually	SC	✓				✓	
Annual Effectiveness Review for Engaging with members group including Terms of Reference for approval	Annually	DP				✓ def to July	✓	
<b>Council of Governors Statutory Duties</b>								
Remuneration of the Chair and other Non-executive Directors (to ratify) Links to Appointments Terms and Conditions (ATC) Committee	As req	SM						
Presentation of the Annual Report and Accounts and any report on them (to receive)	Annually	AMM	✓					
Approve the appointment of the Chief Executive (to approve – support)	As req							
Appointment of the external auditor (to ratify)	As req							
Approval of an application for a merger with or acquisition of another FT or NHS Trust	As req							
Approval of an application for the dissolution of the FT	As req							
<b>Council of Governors Non-Statutory Duties</b>								
Non-Executive Director and Governor Visits	As req							
Receive the Membership Plan	As req							

Council of Governors Meeting Dates:	Frequency	LEAD	14 July 2022	13 Oct 2022	19 Jan 2023	20 April 2023	20 July 2023	19 Oct 2023
<b>Reports:</b>								
Agree with the Audit Committee the process for appointment /removal of the external auditor	As req							
Be consulted on the appointment of the Senior Independent Director	As req							
Agree the process for the appointment of the Chair of the Trust and the other NEDs (link to AT&C)	As req							
<b>Added items</b>								
Formal Presentation of Accounts	Annual	PB			✓			
Governor Support Proposals Action Plan	As req	CF		✓	✓			
The role of Governors in the new system arrangements and ICB Strategy – September Governor Development Meeting	As req	SJ						
Annual Report if available	Annual	SJ				✓ Not available		
Governor Involvement with PACE Forums	Corporate	MD						✓
Annual Accounts 2021/22 – Audit findings and conclusions	Corporate	RW				✓		
Update on EPR	Corporate	PB					✓	
Contracting Session to be provided at September Governor Development Meeting	Corporate	PB						
<b>Removed Items</b>								
Annual Effectiveness Review for Finance Quality, Audit and Strategy Group including Terms of Reference for approval meeting no longer takes place	Annually		✓					

**Agenda Item 5**

Title & Date of Meeting:	Council of Governors Public Meeting – 20 April 2023		
Title of Report:	My Journey as an Occupational Therapist at Humber		
Author/s:	Sharon Tootle Advanced Occupational Therapist		
Recommendation:	To approve		To discuss <input checked="" type="checkbox"/>
	To note		To ratify
	For assurance		
Purpose of Paper:	<p>The purpose of this paper is to share with the Council an occupational therapy journey, through Humber.</p> <p>This paper provides the council with an overview of areas that occupational therapist work in the Trust.</p> <p>This paper highlights the opportunities offered to staff at Humber to develop their careers.</p>		
Key Issues within the report:			
<b>Positive Assurances to Provide:</b> Retention and retaining staff		<b>Key Actions Commissioned/Work Underway:</b> 5-year older people's plan AHP Outcome measures AHP 18 month supply workforce strategy	
<b>Matters of Concern or Key Risks to Escalate:</b> No matters to escalate		<b>Decisions Made:</b> None	
Governance:		Date	Date
	Appointments, Terms & Conditions Committee		Engaging with Members Group
	Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council <input checked="" type="checkbox"/>
	Trust Board		

**Monitoring and assurance framework summary:**

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

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

**Agenda Item 6**

Title & Date of Meeting:	Council of Governors Public Meeting – 20 April 2023		
Title of Report:	Chair's Report		
Author/s:	Rt Hon Caroline Flint		
Recommendation:	To approve		To discuss
	To note	✓	To ratify
	For assurance		
Purpose of Paper:	To provide the Council of Governors with an update on work and activity undertaken		
Key Issues within the report:			
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>New Governors</li> <li>Chief Executive recognised in top 50 NHS Chief Executives by the HSJ</li> <li>Visits update</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>Constitution review underway</li> </ul>	
<b>Matters of Concern or Key Risks to Escalate:</b> <ul style="list-style-type: none"> <li>No matters to escalate</li> </ul>		<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>N/A</li> </ul>	
Governance:		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		✓

**Monitoring and assurance framework summary:**

<b>Links to Strategic Goals</b> (please indicate which strategic goal/s this paper relates to)
✓ Tick those that apply

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

## Trust Chair's Council of Governor's Report – 20 April 2023

Welcome to our two new governors Dominic Kelly (Public East Riding) and John Morton (Public Hull). Dominic is newly elected, and John, who came second to Soraya Hutchinson in a former election, was able to take her place in line with our Constitution. Soraya Hutchinson had resigned because of work commitments.

The Trust was delighted that our Chief Executive Michele Moran was recognised as being one of the Top 50 NHS Chief Executives by the Health Service Journal. Michele's contribution to improving the Trust's services for patients and supporting staff has demonstrated her qualities of leadership and commitment.

Below I have reported on some areas of interest for governors. In addition, governors have access to my Trust Board Reports.

### **A. Governors**

1. The Constitution is currently down on the Governor Workplan to be reviewed as and when required. A review is currently being undertaken to ensure its compliance with the Health and Social Care Act 2022. Once the proposed amendments are finalised, it will be forwarded to both the Council of Governors and Trust Board for approval. Should governors have any comments regarding the constitution in the meantime, then these should be forwarded to myself and the Head of Corporate Affairs by Friday, 12 May.
2. At the January Council of Governors, the possibility of holding one in person was raised by Governor Tim Durkin. There are different views amongst governors but having given it some thought we are arranging for the July Council of Governors to meet in person as the days are lighter and warmer for travelling.
3. Governors also raised altering the CoG agenda to focus on significant items earlier on. We have made some changes for the April agenda to reflect this.
4. Governors in their pre-meeting have the opportunity to discuss questions for particular items on the agenda. At a meeting with Public Governors on 6 April 2023, it was proposed and agreed that governors would use the Governor Questions part of the meeting to raise up to five questions on behalf of the membership/public at large. Non-Executive Directors (NEDs) and if required Executive Directors will answer these directly or, should it not be possible to do so, provide a written response to all governors following the meeting.
5. Details regarding Trust visits, meetings and events attended by governors is held by the Board Support Unit and the information can be used in the Annual Report and in other communications.

6. Stella Jackson, Katie Colrein and I have met to discuss preparation for the next round of elections. Work is ongoing to update the membership database and encourage people to share their email addresses.
7. “Humber Happenings” is the newly rebranded e newsletter available for all Trust stakeholders including members. Editions include profiles of governors. Governors and members will need to subscribe.
8. Governor Business Cards as requested have been produced and made available.
9. The Appointments, Terms and Conditions Committee met in March where Governor Sue Cooper was reappointed as Chair. The meeting discussed remuneration and terms of service of the Board Chair and NEDs and their time commitments. The next ATC will be in April.
10. I have been working with Sue Cooper on the 2023 NED Appraisals which is all scheduled to be completed in May. The views of Governors on the NEDs will be sought as part of that process. Likewise, the Senior Independent Director (SID) Francis Patton will be working with Sue on my appraisal.
11. An online Governor workshop on “How Humber Trust spends it’s money” led by Francis Patton Chair of the Board Finance and Investment Committee and Director of Finance Pete Beckwith took place on 2 February.
12. At the March Governor Development Day on the 17 we met at the new Trust HQ which had space perfect for the event. NED Chair Dean Royles and Karen Phillips Deputy Director led a session on the work of the Workforce Board Sub Committee. Stella Jackson delivered a training session on the Role of Governors.

## **B. Trust Chair**

1. Attended the Workforce and Organisational Development Board Sub Committee in February where alongside other items the deep dives into statutory and mandatory training, leavers and sickness were discussed. The Committee also agreed items for Internal Audit to look at in 23/24.
2. I will be attending the Finance and Investment Committee on the 12 April.
3. Met with Susan Cameron Head of Humber’s Complaints Service who is retiring. It was a good opportunity to hear her thoughts on complaint handling and the improvements during her tenure. I came away very impressed with Humber’s approach to handling complaints, establishing what’s happened, finding resolution and saying sorry if we have got something wrong. I wish Susan the best on her retirement.
4. The Board held its first Strategic Development meeting on 22 February 2023. These meetings take place on alternate months to the Public Board and include a small number of key items on the agenda which enables Board members to have a detailed discussion regarding matters of strategic

importance. Time is also allocated, as appropriate, for the Board to work on its own development. The Board focussed on two key areas: Primary Care Plan and to receive an update regarding delivery progress made in six months' time and considered the Trust's draft financial plan for 2023-24.

### **C. Trust Chair and Non-Executive Director (NEDS) Visits**

#### **Chair**

SPHN Bridlington – Health visiting and school nursing service covering 0-19 ages (25 if SEND). As a service they hold gold status for UNICEF Baby Friendly Initiative.

Addictions Bridlington providing a range of services for those with drug and alcohol misuse disorders including people with prescription medication dependence.

Granville Court in Hornsea which is a specialist nursing home for adults who have profound and multiple learning disabilities alongside complex physical health needs. Above all Granville Court is the residents' home and feels as much.

Market Weighton Practice where I met a clinical team with a range of skills including GPs, Advanced Clinical Practitioners, Practice Nurses, Health Care Assistants and Pharmacists supported by an admin team. I was pleased to meet some patients during my visit and understand both the challenges and the improvements underway. It was good to hear that recruitment of GPs was going well and meet one of those who had just started.

#### **NEDs and Governors**

Maister Lodge	Francis Patton, Dean Royles, Brian Swallow
Maister Court	Dean Royles, Tony Douglas
Westlands	Mike Smith, Brian Swallow
Granville Court	Francis Patton, Dean Royles, Brian Swallow

**Trust Chair Caroline Flint 11/04/23**

**Agenda Item 8**

Title & Date of Meeting:	Council of Governors Public Meeting – 20 April 2023			
Title of Report:	Chief Executive's Report			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To discuss	
	To note	✓	To ratify	✓
	For assurance			
Purpose of Paper:	To provide the Council of Governors with an update on local, regional and national issues.			
Key Issues within the report:				
<b>Positive Assurances to Provide:</b>		<b>Key Actions Commissioned/Work Underway:</b>		
<ul style="list-style-type: none"> <li>Planning in place for industrial action</li> </ul>		<ul style="list-style-type: none"> <li>Contained within the paper</li> </ul>		
<b>Matters of Concern or Key Risks to Escalate:</b>		<b>Decisions Made:</b>		
<ul style="list-style-type: none"> <li>Nothing to escalate</li> </ul>		N/A		
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Quarterly report to Council of Governors	✓

**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		√			
Inequalities		√			
Collaboration (system working)		√			
Equality and Diversity		√			
Report Exempt from Public Disclosure?				No	

## Chief Executive's Report

### 1 Around the Organisation

### **1.1 Strikes**

The organisation has coped well with the recent strikes, almost all services have been maintained. Please see the detailed update, later in this report, I would like to express my thanks to all staff in the emergency planning department and to all staff for maintaining services, thank you.

### **1.2 Collaborative**

Jo Harris has been appointed to the position of Head of Lived Experience and Involvement for the Humber and North Yorkshire Specialised Provider Collaborative.

Jo comes with a wealth of experience in service user involvement, and we are all looking forward to working with Jo in her new role, with a provisional start date of 17th April.

### **1.3 Forestry Commission**

We have been allocated 300 Trees to plant across the organisation as part of our Green/Sustainability plan. The first I was honoured to plant on the playing fields behind the Humber Centre.

### **1.4 Kings Fund Engagement Project**

The Humber and North Yorkshire Integrated Care System (ICS) is one of six areas to be chosen to work with NHS England and the Kings Fund on an engagement project. The engagement project aims to bring citizens' voices into integrated care systems. The Kings Fund is supporting our ICS with an approach and methodology drawing on the Kings Fund Understanding Integration roadmap "Understanding integration: How to listen to and learn from people and communities". Five organisations (including our Trust) are leading on this work and will be working with all ICS organisations across Humber and North Yorkshire to develop a shared vision for experience. The five organisations have created a steering group and are in the process of identifying 2 governors/patients from each provider Trust who will co-produce their role in the project. A wider ICS session will take place towards the end of March to share the premise of the project and to begin to co-produce elements. Intelligence gathering will then commence. The next phase (May to July 2023) will see the development of a shared experience Charter for all organisations in the ICS.

### **1.5 The Trust's Patient and Carer Experience Offer**

Over the past few years, the Trust has seen a significant growth in the Patient and Carer Experience (PaCE) agenda. There has been a cultural shift across the Trust whereby the engagement and involvement agenda has become an integral part of the organisation. The Trust's PaCE Team strategically leads the PaCE agenda and all four clinical divisions have invested in an engagement and involvement lead to provide operational PaCE support for their teams. There are regular Peer Supervision meetings in place where the strategic and operational PaCE leads get together to share best practice and provide a support network to colleagues who have an engagement/involvement role.

### **1.6 CQC**

It was a pleasure to host Chris Dzikiti - Director of Mental Health/Regulatory Leadership earlier this month, details can be found later in the report. Feedback both on the day and following from Chris was extremely positive, many thanks to Hilary Gledhill for arranging the day.

### **1.7 100 Days of Being Humber**

Monday 20 March marked 100 days since the launch of our Trust's new behavioural framework guide 'Being Humber'. The 'Being Humber' banner has been on our internet, desktop and social media. Posters are situated around the organisation. The Being Humber merchandise has been positively received by staff.

'Being Humber' guide sets out the values and behaviours we should all expect from one another in a simple framework for us all to use. People from every corner of our Trust contributed to the concept that captures life in our world. Values based recruitment processes will be presented to the workforce committee then board in the next few months and these build upon the excessive work already taking place. The Behavioural framework unpins all that we do.

### **1.8 Student Nursing Times Awards**

We're delighted to announce that our Children and Young People's Neurodevelopment service has been shortlisted for 2 Student Nursing Times Awards!

These shortlists are in the categories 'Placement of the Year (Community)' and 'Supervisor of the Year'.

The nominations were sent by Sam Kitchen, Trainee Specialist Nurse, who was a final year Learning Disability Nursing student from the University of Hull on placement at our Trust from June to November 2022.

The Student Nursing Times Awards will reveal the award winners at their glittering annual ceremony, celebrating the best of the next generation of nurses and their educators. This year, it will take place on Friday 28 April at the JW Marriott Grosvenor House Hotel in London.

## **2 Around the System**

### **2.1 Tees, Esk and Wear Valleys (TEWV)**

Tees, Esk and Wear Valleys NHS Foundation Trust announced the appointment of Beverley Murphy as their new Chief Nurse. Beverley will join the Trust from Sheffield Health and Social Care NHS Foundation Trust, where she has been their Executive Director of Nursing, Professions and Operations since June 2020. She is currently on secondment with NHS England.

Beverley will formally join the Trust in early May 2023, allowing a comprehensive handover with Director of Nursing, Elizabeth Moody, who is due to retire in the summer.

## **3 National News**

### **3.1 Acute Services**

The Government has announced that it will be commencing a rapid review into patient safety in mental health inpatient settings in England. Dr Geraldine Strathdee will lead the review, which will focus on what data and evidence is available to services, including information provided by patients and families, and how it can be used to identify patient safety risk and failures in care. This review will be separate, but complementary to the non-statutory inquiry currently underway into patient deaths at Essex Partnership University Trust, which is also chaired by Dr Strathdee. We will await the findings of the review with interest.

This review will be separate, but complementary to the non-statutory inquiry currently underway into patient deaths at Essex Partnership University Trust, which is also chaired by Dr Strathdee. We will await the findings of the review with interest.

### **3.2 York Mental Health Board Chair**

Following interviews earlier this month, Lynne Gabriel and Steve Wright have both been offered the position as co-chairs.

### **3.3 Yorkshire Ambulance Service NHS Trust (YAS) Chair**

Following the formal interviews, Martin Havenhand has been named as the successful candidate. Martin is currently Chair of Rotherham NHS Foundation Trust and will start with YAS from 1 April 2023.

### **3.4 Pay Award**

16<sup>th</sup> March the government announced its offer following the recent strike action - under the offer, over 1 million NHS staff on the Agenda for Change contract would receive two non-consolidated payments for 2022-23. This is on top of an at least £1400 consolidated pay award that they have already received, which was in line with the recommendations of the independent pay review body.

The first is an award worth 2% of an individuals' salary for 2022-23.

The second is a one-off bonus which recognises the sustained pressure facing the NHS following the COVID-19 pandemic and the extraordinary effort these members of staff have been making to support delivery of the backlog recovery targets and meet the Prime Minister's promise to cut waiting lists. This second "Backlog Bonus" is an investment worth an additional 4% of the Agenda for Change paybill and would mean staff would receive an additional payment between £1,250 and £1,600.

For 2023-24, the government has offered an 5% consolidated increase in pay. In addition, the lowest paid staff, such as porters and cleaners will see their pay matched to the top of band 2, resulting in a pay increase of 10.4%.

On top of the pay elements of the package, the offer includes other significant measures including the development of a national, evidence-based policy framework which will build on existing safe staffing arrangements and amendments to terms and conditions to support existing NHS staff develop their careers through apprenticeships. This package, alongside the comprehensive NHS Long Term Workforce Plan NHS England will publish shortly, will help ensure the NHS can recruit and retain the staff it needs to meet the growing and changing health and wellbeing needs of patients.

The offer also includes a commitment to improving support for newly qualified healthcare registrants. It will commission a review into the support those transitioning from training into practice receive.

## **4 Communications Update**

### **Service Change**

The team are managing a high number of service communications plans to support service change and development.

Division	Campaigns/Projects this month
Mental Health (Planned/Unplanned)	<ul style="list-style-type: none"> <li>• CAMHS (Clear Project)</li> <li>• National Rebrand of Emotional Wellbeing Service</li> <li>• Health Trainers exit (East Yorkshire)</li> <li>• Operation Courage</li> </ul>
Community & Primary Care	<ul style="list-style-type: none"> <li>• Single Point of Access (Whitby)</li> <li>• Hull GP change of provider</li> <li>• Bridlington GP change of provider</li> <li>• Whitby UTC relaunch</li> </ul>
Children's and Learning Disabilities	<ul style="list-style-type: none"> <li>• ISPHNS (Chat Health launch)</li> </ul>

## Theme 1: Promoting people, communities, and social values

### • Brand Updates

The team continue to run our six weekly brand workshops to offer practical support and advice to staff using the brand. The sessions are well attended, with over 50 staff regularly attending with a mix of clinical and corporate staff.

Quarterly reviews of key staff groups are providing more in-depth insight into brand use and understanding. A survey of administrative staff found that 62% of staff surveyed had used the brand centre and 90% either agreed or strongly agreed that the Brand Centre was useful, they could find what they were looking for easily. Following the survey and a workshop, an action plan has been developed and a number of changes have been rolled out across the platform.

Between March 22 and March 23, the Brand Platform has had over 2000 users that visited over 8,000 times. This is up 123% on 21/22, exceeding our target of a 20% increase in traffic.

### • Social Media

Our Week of the Nurse, campaign was the most engaged over the period, celebrating their role and shining a light on it as a career.

Posts to promote our Golden Hello offer for new band five nurses reached over 20,000 potential job seekers resulting in 279 visits to the Join Humber website.

The team also designed a programme of Google adverts which capitalise on search traffic which reached over 5,000 people resulting in 561 clicks.



- **Media coverage**

A total of nine positive stories were published on our Trust website news page this month. The top three performing stories over the period were:

1. **Employment events for those struggling to find work in the East Riding**, published in the Scarborough News and the East Riding Council News
2. **What is ‘social prescribing’ on the NHS and how can it help?** published in the Driffield and Wolds Weekly newspaper
3. **Safer Sleep Week**, published in Hull CC News

There have been seven publications in total across local, regional and national media (5 positive, 1 neutral, 1 negative).

- **Awareness Days**

In collaboration with the Workforce Wellbeing Team we are celebrating Nutrition and Hydration Month.

We had social media posts and Global entries to mark:

- Overseas NHS Workers Day
- International Women’s Day
- Holi
- No Smoking Day

We worked closely with the Social Prescribing Team to support their work leading up to International Social Prescribing Day on 9 March including a video case study.

13 – 19 March is both Safer Sleep Week and Social Work Week. The Comms Team have worked with both services to put together a comprehensive social media plan to showcase the important messages from both campaigns.

## **Theme 2: Enhancing prevention, wellbeing and recovery**

- **Electronic Patient Record Project**

The team are supporting the project with a communications plan and brand development. A member of the team will be seconded to support the project to ensure it received the resource it requires to launch successfully. The post will be backfilled to ensure the communications team is able to continue to offer the same level of service.

- **Staff Wellbeing Events & Activity**

The next staff wellbeing challenge, 100K Your Way will be launching in April. It is a new take on a previously popular step challenge ran pre-covid and will challenge staff to walk 100km throughout May – the distance between Trust HQ in Willerby and Whitby Hospital.

A review of the 28 Days of Wellbeing Campaign has been completed. Headlines include 353 staff completing a workout, 185 staff attending lunch and learn sessions and 112 referrals to the Workforce Wellbeing team.

*“The 28 days of wellbeing have been fun and challenging in equal measure.*

*Doing the short workouts made me feel energised and it got my afternoons on these days off to a good start.*

*I have enjoyed the lunch and learn sessions and learnt lots from them.*

### **Theme 3: Developing an effective and empowered workforce**

- **Recruitment Marketing Campaign review**

Our annual 'New Year, New Job' recruitment marketing campaign ran from November 2022 to February 2023 and comprised of five advertising streams: Facebook, Google, Billboards, Radio (Viking FM, Yorkshire Coast) and JPi Media Print and Online (Yorkshire Post, Scarborough News, Bridlington Free Press, Whitby Gazette and Pocklington Post).

The creative and digital marketing for this campaign is carried out by the team ensuring the budget is maximised on advertising buying.

- 1,257,628 impressions (this is the number of times an advert was seen or interacted with)
- 6,100 clicks (this is the number of unique visits to our recruitment website)

As the total expenditure for the campaign was £6,401.73, this means that we spent approximately £1.04p per click, and only £0.005p per impression. This is considered excellent value for money and is above average when considering typical benchmarks, particularly when using advertising channels such as those selected for this campaign.

- **Internal communications channels refresh**

Internal communications channels will be rebranded and relaunched in April in line with the objective in the Communications Plan to review our communications cascade.

This work includes introducing an overarching internal communications brand, 'Humber Talks' to act as a parent brand to unify the look of all channels and increase staff awareness of the family of internal.

As part of the relaunch a new Trust wide MS Teams broadcast channel will be introduced with themed channels to encourage two-way conversation including a 'Suggestion Box.

To improve the cascade of key messages from leadership direct to colleagues a new divisional newsletter named 'The Local' was piloted in March. The response to these has been excellent with an average open rate of 97%, showing an early interest in receiving news at this level.

- **Staff Benefits Website**

We are working in partnership with the HR team to launch a standalone website for staff benefits in early April taking our benefits offer from a static booklet to a live and interactive website. Content is now being developed by the team in line with the project plan



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### **anet Development Works**

Phase two of the intranet development is now complete with a directory of clinical staff added to the site. This resource was developed following feedback from staff who wanted to be able to search for one another more easily to understand referral routes and identify the key contacts/service leader. <https://intranet.humber.nhs.uk/clinical-teams-list.htm>

- **Your Leave Plus – launching the new Leave Policy**

We are working with the HR and Workforce team to launch the new Leave Policy in April. The team have developed a brand, marketing and PR plan to ensure we get the biggest reach across internal and external audiences.

### **Theme 4: Fostering integration, partnerships, and alliances**

#### **Industrial Action**

Our social media channels have supported national and local messages to support the strike action and routes to care.

### **Theme 5: Innovating for quality and patient safety**

- **Awards**

We are currently supporting each division to develop entries to the following awards: HSJ Patient Safety, NHS Parliamentary, Innovate and HSJ Awards.

In 2022/23 we met our target of two local and four national shortlistings and were successfully shortlisted in almost 50% of the categories we entered.

- Submitted to 31 different categories over 10 different award organisations
- Shortlisted in 14 categories (5 local, 9 national)
- Won 8 individual awards (4 local, 4 national)

## Theme 6: Optimising an efficient and sustainable organisation

### Website Development

The Trust website currently uses a digital inclusion tool called ReachDeck to provide text-to-speech, reading and translation support to help reduce barriers between our digital content and online audiences. In 2022, the ReachDeck toolbar was used 11,457 times.

A proposal to upgrade the toolbar to the most recent version was approved by the Digital Delivery Group. The upgrade will include an auditor will scan the Trust website at specific intervals, flagging its overall accessibility score and reading age. This will support our regular manual content audits to ensure that it is meeting the highest accessibility standards.

The Editor tool allows anyone to copy and paste content into a programme that will scan it and make suggestions for how to improve the content for plain English and provide a score for reading age. This tool will be available to all staff ensuring that we are communicating in the most accessible way possible with our audiences.

Overall the website performance has improved over 2022/23 with users and sessions both up 24%.

### Measures of Success

Theme 1: Promoting people, communities, and social values			
KPI	Measure of success by 2025	Benchmark	This month
Positive Media Stories published	Positive vs negative coverage maintained at 5:1	5 stories covered by media per month	7 unique stories
			7 publications
Visits to Brand Portal	Up 20% to 696 sessions	580	708
Facebook engagement rate	2%	2%	8.07% - Corporate Facebook
			2.85% - Join Humber Account
Twitter engagement	2%	2%	2%

rate			
LinkedIn follower growth	+ 4.3%	Target 2872 followers	3197 +104 followers over the period

<b>Theme 2: Enhancing prevention, wellbeing and recovery</b>			
<b>KPI</b>	<b>Measure of success by 2025</b>	<b>Benchmark</b>	<b>This month</b>
Stakeholder newsletter open rate	20%	18%	Feb edition – 33% April edition – 48%

<b>Theme 3: Developing an effective and empowered workforce</b>			
<b>KPI</b>	<b>Measure of success by 2025</b>	<b>Benchmark</b>	<b>This month</b>
Intranet bounce rate reduced	< 50%	57.44%	57.63%
Intranet visits maintain at current level	7,300 visits p/m	8265	9328
Global click through rate (CTR) increase	7%	12.80	11.25%

<b>Theme 5: Innovating for quality and patient safety</b>		
<b>KPI</b>	<b>Measure of success</b>	<b>Progress to date</b>
Awards nominations	4 national/2 local annually	Shortlisted in 14 categories (5 local, 9 national)  Won 8 individual awards (4 local, 4 national)

<b>Theme 6: Optimising an efficient and sustainable organisation</b>			
<b>KPI</b>	<b>Measure of success by 2025</b>	<b>Benchmark</b>	<b>This month</b>
Reduce homepage bounce rate	Below 50%	64.9%	50%
Increase average page visits per session	+ 2 per visitor	2	1.91

Increase average dwell time	+ one minute	1m28s	1m26s
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## 5 Director Updates

### 5.1 Chief Operating Officer Update

#### 5.1.1 Operational, Winter Pressures, Industrial Action and Covid Update –March 2023

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

Our winter plan recognises that the complexities of planning for a winter when system pressures have remained very high throughout the year and with the lasting impact of the pandemic still evident, the seasonal pressures along with the risk of industrial action made this winter likely to be particularly challenging. Integrated Care Boards were tasked to maximise the benefits of system working. A lack of capacity across the NHS and social care has an impact on all areas of the system and it is essential that access to primary care, community health services, mental health and learning disability services for urgent patients is sufficient to ensure patients do not need to present to emergency services when alternatives are available.

The Trusts winter plan incorporates the risk of disruption to services due to **Industrial Action**. Several unions have now balloted their NHS members to take part in industrial action. The ballot threshold for strike action by the RCN, Unison and the Chartered Society of Physiotherapists for Trust staff was not met. The BMA formerly notified the Trust of its intention to ballot junior doctors from 9 January to 20 February and subsequently strike action was undertaken from the morning of Monday 13<sup>th</sup> March until the morning of 16<sup>th</sup> March, and Trust doctors participated in this action.

The Trust prepared for industrial action so that there was minimal disruption to patient care and service provision. The Emergency Preparedness Resilience and Response (EPRR) Team coordinated the completion of assessment checklists developed to support the trusts preparations. Industrial action guidance for staff and managers was refreshed to be followed in the event of strike action being taken. This planning also related to the potential and planned strike action by other services and sectors.

Our emergency planning arrangements were stood up to coordinate and implement our plan to manage the impact of the ambulance strike action days and more recently the BMA. Silver command met regularly and reported to gold command via sitrep reports which were stepped up through the period of the action. The preparation work was effective and fortunately we saw no significant impact on our services. System arrangements were in place through the ICB command centre to coordinate and respond to the expected impact. Mental Health and Community Trusts were specifically tasked nationally to support the wider system by making sure crisis and emergency response services were stepped up. In response staffing was enhanced across our services to reduce the need for an ambulance response and additional action was taken to broaden access to transport options for all our services that required it. The NHS England and the government are now in talks with unions to resolve the strike action but we continue to take the opportunity to review our emergency plan in preparation for any future industrial action.

Our Winter Plan has been monitored through our daily sitrep reporting processes to identify and respond to pressures quickly across services, ensuring we are clear what our level of pressures are, allowing us to communicate these to the wider system effectively and either respond with or receive mutual aid as necessary. System wide review of the effectiveness of winter planning will take place during Quarter 1 and 2 2023/24 in preparation for planning for next winter. Through our EPRR team we will undertake an organisational review of our plan and response and feed this into the wider system work.

**Operational service pressures** have remained high in the Trust in February and early March. The highest pressures were seen in our community services in Scarborough and Ryedale due to ongoing high demand from the acute hospitals for discharges and delays in discharging patients from our community beds. Mental Health pressures have also been raised due to usual seasonal variation and ongoing delays in achieving timely discharge from beds. The Trusts overall operational pressures in the last two months following a period of reduced pressures at the end of January and early February of escalation level (OPEL) 2 (moderate pressure) have increased and been sustained at escalation level (OPEL) 3 (severe pressure) in late February and March.

Child and Adolescent Mental Health (CAMHS) services are continuing to experience high demand, it remains at a plateau in February and March for core services but with ongoing increase in referrals for Neurodiversity services. Presenting needs continue to be of high levels of acuity and complexity. High demand for young people experiencing complex eating disorders continues and a new eating disorder community treatment service is being operationalised by the service to support this. Further training has been undertaken by our CAMHS inpatient staff at Inspire who are now able to take children and young people who require naso-gastric feeding as part of their eating disorder treatment. Focus continues on reducing waiting times in these services, particularly in relation to autism and attention deficit hyperactivity disorder diagnosis.

Nationally requirements are in place to eradicate the use of out of area mental health beds and our services are implementing plans to achieve this. Our out of area bed use remains reduced but has increased over recent months as it is impacted by the number of delayed transfers of care remaining high. Our overall bed occupancy has remained high in February and March with the pressures especially high for mental health, learning disability beds and our community beds at Malton and Whitby Hospitals, it has been between 81.9 – 86.3%.

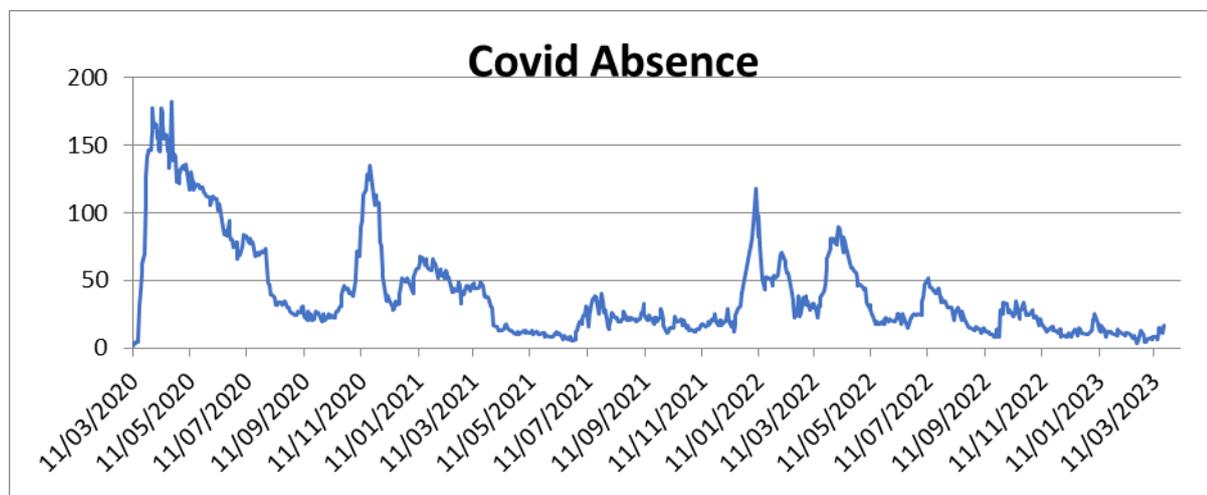
Delayed transfers of care (DTC) from our community and mental health beds remain very high during the last month. Patients are waiting predominantly for specialised hospital placements with other NHS providers or local authority provided residential placements. Escalation mechanisms are in place with partner agencies to take action to resolve the delayed transfers and discharges that our patients are experiencing. Focus is being maintained on improving this position further to achieve the best outcomes for our patients and to ensure it does not continue to adversely impact on the improved position we had achieved in reducing out of area placements. The ICB and Provider Collaborative are escalating DTC/NCTR (no criteria to reside) as an issue requiring focussed system action and proposals have been supported for the new national discharge funding to support patient flow to reduce the level of DTC. Our ICB has been confirmed as a National Discharge Frontrunner site and whilst this is focussed on acute care it will bring further benefit in reducing the delays that our patients experience.

System pressures have remained extremely high in North Yorkshire and York and in the Humber areas in February and early March for both health and social care, system command arrangements remain in place. Acute hospital partners in all parts of our area have reported pressures at OPEL 4 predominately during the last two months. Local authorities have also seen their pressures remain very high due to staff availability and the national requirement that all patients who do not meet the criteria to reside in an acute hospital should be discharged. Ambulance services have continued to experience pressures and delays in handover times at acute hospitals resulting in decreased call response times. The combined impact of these pressures alongside ongoing industrial action has seen system pressures remain at overall OPEL 3. System work has continued to focus on reducing the number of patients in the acute hospitals who do not meet the criteria to reside in order to improve patient flow, reduce ambulance handover times and to recover elective activity. New initiatives have been developed supported by new national discharge funding to improve patient flow. Progress continues to be made to develop space identified by Hull University Teaching Hospitals NHS Trust to provide a new facility, adjacent to the Emergency Department, to stream mental health service users to and should become operational by April 2023. This will provide an enhanced environment to assess the needs of those presenting with mental health issues and will be staffed by our expanded hospital mental health liaison team.

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

The Trust recorded low numbers of ongoing cases of **Covid-19** positive inpatients during late February and early March, however the current position is three cases. We continue to monitor the impact of covid, flu and other winter viruses on our patients, staff and services. National infection, prevention and control guidelines continue to be followed using a risk-based approach to step these up and down as prevalence requires.

Staff sickness absence related to Covid remains reduced. When combined with non-covid related sickness the overall absence position is currently at 5.92% which is a slight overall reduction compared with the previous month.



The remit of the Covid- 19 task group chaired by the Deputy Chief Operating Officer has been broadened to include our response to winter and the risk of industrial action.

The Trust continues to effectively manage the impact of very high system pressures, winter, industrial action and Covid-19 within its ongoing arrangements. Overall, the Trust is reporting an increase in operational position of predominantly OPEL 3 currently. This is due mainly to expected seasonal variation in acute mental health demand. Delayed transfers of care/patients with no criteria to reside (NCTR) remain the most significant operational risk in relation patient flow and access to inpatient beds. The new frailty Virtual Ward which was mobilised in Scarborough in January has now increased its capacity in line with the incremental plan to open more beds and now has ten available. This new service is supporting the acute hospital pressures by avoiding the need to admit to hospital and stepping down patients more quickly and expediting discharge.

### **5.1.2 NHS England position on serenity integrated mentoring and similar models**

Tim Kendall, NHS England's National Clinical Director for Mental Health wrote to Trusts at the beginning of March setting out NHS England's position that serenity integrated mentoring (SIM) or similar models must no longer be used in NHS mental health services. SIM and similar models focus on supporting "high-intensity mental health users" of emergency services who present with complex trauma and associated behavioural disorders to reduce intensive demand on police, ambulance, A&E departments, and mental health crisis teams.

The request specifically was that the following three elements, which were all included within SIM but were not exclusive to it, must be eradicated from mental health services:

- Police involvement in the delivery of therapeutic interventions in planned, non-emergency, community mental health care (this is not the same as saying all joint work with the police must stop).
- The use of sanctions (criminal or otherwise), withholding care and otherwise punitive approaches, as clarified in [National Institute for Health and Care Excellence guidance](#).
- Discriminatory practices and attitudes towards patients who express self harm behaviours, suicidality and/or those who are deemed 'high intensity users'.

Concerns were originally raised with NHS England by STOPSIM a coalition of groups representing service users which led to consultation with a range of experts by experience, clinicians and stakeholders to produce a clear national position which was set out in the letter.

The Trust does not operate SIM or an equivalent model, however we have taken the opportunity with our mental health services and crisis team to review the three elements set out above. This work further demonstrates that these approaches do not exist in our services. More detail on this review will be set out to the Trusts Quality Committee to provide further evidence of this assurance. The mental health division are taking the opportunity to communicate this requirement within their clinical governance meetings, to maintain their focus on co-production and co-delivery of training and education for complex emotional needs and ensuring that staff awareness through mental capacity act training remains a priority.

NHS England have committed to continuing to review the key principles for ensuring people in crisis get the right support at the right time as they agree a framework for joint working between police and mental health services over coming months. Ongoing

engagement with people with lived experience will be critical as they do this work, alongside government and policing partners.

### **5.1.3 Access to Gender Identity Services**

NHS England commissions specialist services to support people with gender identity sometimes referred to as gender dysphoria where a person experiences discomfort or distress because there is a mismatch between their biological sex and gender identity. It's sometimes known as gender incongruence (more information can be found here [You can find out more about this on the NHS website.](#)). The nearest service that the Trust can refer people to is provided by Leeds and York Partnerships NHS Foundation Trust. This service provides a comprehensive assessment inclusive of mental, physical health and social care needs. If appropriate hormone treatment can be commenced along with voice and communication therapy and onward referral to gender reassignment surgery.

Unfortunately, waiting times are typically long for all these commissioned services nationally and therefore it is important that our mainstream mental health and other services are equipped with good levels of awareness and information to enable them to support people well. The Trust has clinical policies and protocols in place to ensure that they are inclusive and support people at whatever place they are in relation to their gender identity.

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

### **5.2.1 Visit by Chris Dzikiti, Director of Mental Health, Care Quality Commission**

The Trust welcome a visit from Chris Dzikiti the new Director of mental Health in the CQC on March 6<sup>th</sup>.

Chris is a registered mental health nurse and has been in post for 5 months Chris is also a Director of Operations for the National Association of Psychiatric Intensive Care units (NAPICU) charity. Chris visited Miranda House where he met with staff in the Crisis Team, the Homeless team and Avondale Clinical Decision Unit. He then visited Inspire where he met with staff and was impressed with their approach to co-production.

Chris feedback ' I loved what I saw, the dedication and the creativity of the organisation. The discussion with your colleagues was inspiring and hearing about your current and future initiatives gives me hope for mental health services. Your Crisis and Homelessness team and CAMHS services clearly demonstrate a great deal of commitment by all of you`

### **5.2.2 Rapid Review of Data in Mental Health Inpatient Settings**

The Department of Health & Social care has commissioned a review into the data that is available regarding mental health in patient settings. The purpose of the rapid review will be to produce recommendations to improve the way data and information is used in relation to patient safety in mental health inpatient care settings and pathways, including for people with a learning disability and autistic people.

The review will look at a range of data and information, including complaints, user voice and whistleblowing alerts, and consider how data and information is used about providers of NHS-funded care, including NHS trust and independent sector providers.

The objectives of the review are to

- review the data that is collected on mental health inpatient services by national bodies, regional teams, local systems, providers of NHS-funded care and others

with a role in collecting information related to patient safety, and to understand how data streams are used and acted upon

- understand how the experiences and views of patients, families, staff and advocates relevant to mental health inpatient services are collected, analysed, collated and used
- understand whether data and intelligence are collected and used in such a way as to identify risk factors for inpatient safety and aid our understanding of
  - patient and carer experience
  - whether people are receiving high quality care
  - whether people are cared for in a safe and therapeutic environment
  - how data and intelligence is used by providers and local commissioners to reduce risk and drive a proactive culture of improvement
  - identify ways in which the collection and use of data can better identify settings where patient safety might be at risk and to make sure that decision-makers at all levels have the information they need to monitor and improve patient safety effectively - this should take into account the importance of minimising the burden of data collection, particularly for frontline staff

A report will be produced on the findings, including a set of agreed recommendations for improvements in the way local and national data is gathered and used to monitor patient safety in mental health inpatient services. This report is required to be submitted to the DHSC in the spring.

We are currently producing a report to capture the data we use in our services to inform this review.

### **5.2.3 Healthcare Acquired Infection Education Framework**

NHSE together with Skills for Health have produced an education framework for infection prevention and control. Strengthening IPC knowledge and skills and behaviours across all health and social care sectors is important to support the provision of safe and effective care and deliver on the actions in the NHS Long Term Plan (2019) and the Five -year Antimicrobial Resistance National Plan (2019). The need for standardised education has been recognised by the Healthcare safety Branch in 2020. The framework is to be used to commission a new national programme of IPC training for the health and social care workforce. There are also plans to develop an educational framework for IPC practitioners to additionally support an IPC career pathway.

The purpose of this framework is to:

- support the national and local commissioning, design and delivery of education programmes that meet the needs of the workforce
- enable staff to understand and demonstrate the required expectations for effective and safe IPC practice
- ensure infection prevention is a core component of all initial and induction training
- inform the content of education and training provided by health and social care organisations, support agencies (e.g., UKHSA, NHS England, Health England (HEE), SfH and Skills for Care (SfC) and commercial training providers

- inform education programmes to ensure evidence-based IPC is consistently built into, and delivered within, all health and social care related educational programmes
- support commissioning to promote all systems and providers of health and social care to commit to continuous learning and development in relation to IPC
- enable audit of education programmes against the identified standards and to assess capabilities of those in the workforce

The framework is the first step in the delivery of the objectives as set out above. The framework will be used by the national IPC programme to develop and commission a new programme of IPC mandatory training. The Trust's infection control team are currently undertaking a gap analysis against the standards in the framework and will refresh the internal training we currently offer whilst we await the national programme.

### **5.3 Director of Workforce & Organisational Development Updates**

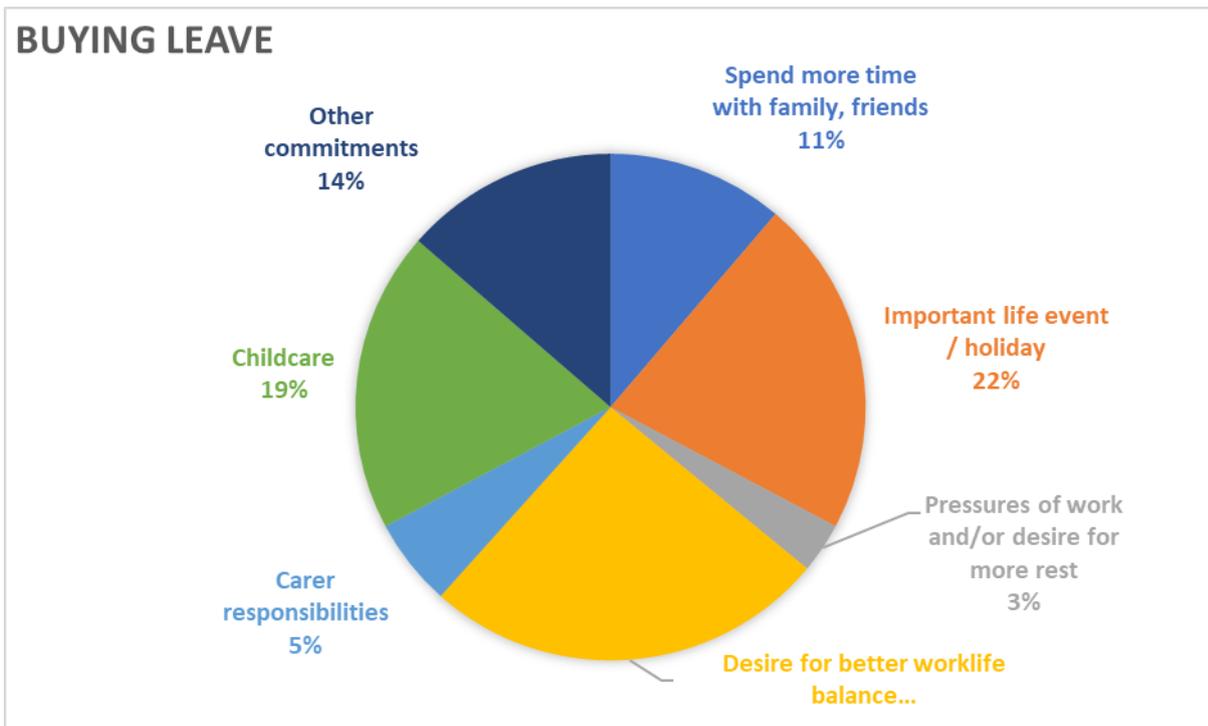
#### **5.3.1 Buying and Selling Annual Leave Scheme 2023**

Following a period of promotion during December 2022 to ensure that employees were fully informed, the Trust's Buying and Selling Annual Leave Scheme ran from 1<sup>st</sup> January 2023 to 24<sup>th</sup> February 2023 giving our employees an opportunity to buy or sell their annual leave for the leave year commencing 1<sup>st</sup> April 2023 through to 31<sup>st</sup> March 2024.

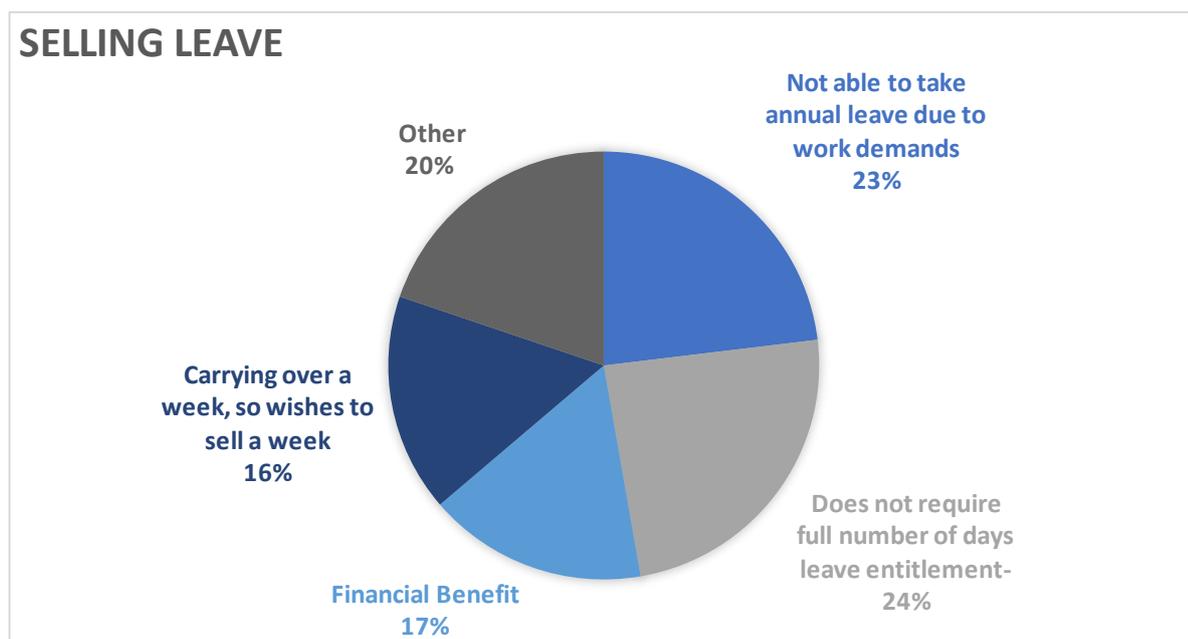
All substantive employees are given the opportunity to purchase up to two weeks of additional leave or sell up to one week. Application forms are submitted to the manager for approval and then signed by the General Manager/Head of Service. Payroll then confirm the payments (lump sum) /deductions (monthly across the leave year) with the employee by 15<sup>th</sup> April 2023.

An intranet page is available to ensure employees can access the scheme, any guidance and the relevant application forms.

The scheme had 216 applications approved. This is made up of 91 employees selling leave and 125 buying leave. The narrative given on the application forms is extremely insightful in terms of our employee health and wellbeing as can be seen on the below charts.



**Reasons for selling leave (42% of all applications)**



The

above information will support the ongoing work of the Workforce and OD Directorate for the 2023/24 period in terms of the launch of the new 'Leave' policy, support available for carers, continued promotion of flexible working and a positive implementation of the Workforce Wellbeing Team.

**5.3.2 Tommy's – Pregnancy and Parenting at Work Champion**

Tommy's is the largest UK charity carrying out research into the causes of miscarriage, stillbirth and premature birth. The charity provides expert advice for parents before, during and after pregnancy and campaigns for improvements to make pregnancy safer for all.

We recently received confirmation that we have been accredited as a Pregnancy and Parenting at Work Champion. This recognises us as a leading employer raising the standard of pregnancy care and support in the workplace. The accreditation also provides access to line management and HR training, and a suite of resources to support managers and employees.

To achieve this we needed to demonstrate :-

1. Your organisation does not breach Tommy's ethical policies
2. Your organisation will meet all statutory requirements for maternity and paternity support in the workplace; and exceed requirements as follows:
3. Enhanced maternity and paternity pay and/or leave
4. Compassionate leave policy is enhanced to include specific mention of pregnancy loss, inclusive of miscarriage (loss before the end of the 24th week of pregnancy).
5. Absence policy provides flexibility for leave owing to fertility treatment. This leave is considered separately and not considered against the employee, for example for disciplinary or redundancy purposes.
6. Flexible working and other family friendly policies are actively supported and communicated within the organisation.
7. Training to support parents throughout the pregnancy journey is available and offered to all line managers and HR professionals.
8. Career planning and support is offered on return to work for employees who have been on maternity, paternity or shared parental leave.
9. Your organisation has active membership of the Tommy's Pregnancy and Parenting at Work scheme

## **5.4 Medical Director Updates**

### **5.4.1 Kings Fund Engagement Project**

The Humber and North Yorkshire Integrated Care System (ICS) is one of six areas to be chosen to work with NHS England and the Kings Fund on an engagement project. The engagement project aims to bring citizens' voices into integrated care systems. The Kings Fund is supporting our ICS with an approach and methodology drawing on the Kings Fund Understanding Integration roadmap "Understanding integration: How to listen to and learn from people and communities". Five organisations (including our Trust) are leading on this work and will be working with all ICS organisations across Humber and North Yorkshire to develop a shared vision for experience. The five organisations have created a steering group and are in the process of identifying 2 governors/patients from each provider Trust who will co-produce their role in the project. A wider ICS session will take place towards the end of March to share the premise of the project and to begin to co-produce elements. Intelligence gathering will then commence. The next phase (May to July 2023) will see the development of a shared experience Charter for all organisations in the ICS.

### **5.4.2 The Trust's Patient and Carer Experience Offer**

Over the past few years, the Trust has seen a significant growth in the Patient and Carer Experience (PaCE) agenda. There has been a cultural shift across the Trust whereby the engagement and involvement agenda has become an integral part of the organisation. The Trust's PaCE Team strategically leads the PaCE agenda and all four clinical divisions have invested in an engagement and involvement lead to provide operational PaCE support for their teams. There are regular Peer Supervision meetings in place where the strategic and operational PaCE leads get together to share best practice and provide a support network to colleagues who have an engagement/involvement role.

### **5.4.3 Research and Development**

In Feb 2023 the Yorkshire and Humber Clinical Research Network (CRN) senior leadership team conducted their annual performance review of research delivery in our Trust. Their review summary thanked the Trust for its continuous commitment to research and complemented us on our achievements over the past year.

## **5.5 Director of Finance Updates**

### **5.5.1 Planning Update**

The Trust continues to work with colleagues across the ICS to finalise its financial plan for 2023/24. The current guidance issued from NHS England mandates the Trust provides for a 2% pay award (part of an overall 2.9% inflationary uplift).

The recent pay offer significantly exceeds what has been provided for as per the guidance, and should the pay offer be accepted, the Trust are awaiting guidance from NHSE on different planning assumptions and funding sources.

Further updates will be provided once known.

### **5.5.2 Cyber Security Updates**

There are two types of CareCert notifications,

**High priority notifications** cover the most serious cyber security threats, these notifications are sent to the IT Service desk with requirements for acknowledgement to NHS digital within 48 hours and remediation applied within 14 days.

Any high priority notifications that cannot be resolved within 14 days require a signed acceptance of the risk by the CEO and SIRO to be submitted to the NHS Digital portal.

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

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

In terms of CareCerts

- CareCERT notices issued during 2023: 36 (Inc. 20 in February)
- High Priority CareCERT notices Issued during 2022: 1 (O issued in October)

### ***December Statistics***

- CareCERT Notices with patch(s) NOT approved for deployment: 0
- CareCERT notices with patch(s) applied to all devices: 18
- CareCERT notices with devices still to check in to patch: 2

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

### **5.5.3 Electronic Patient Record**

The EPR procurement is continuing as planned with technical and quality responses received, supplier demonstration completed and virtual site visits to be completed by 29th March 2023. The preferred bidder is expected to be confirmed in May 2023.

### **5.5.4 Digital Delivery Groups**

The following has been approved via the digital delivery group

- the increased roll out of Bridgit Care Online Support service across the Trust in 23/24
- the creation of a new website for our CAMHS service, which includes a ward walk through video to help patients see the ward before they come on to the site
- the purchase of the Compass systems along with the purchase or the hardware required to support the application
- Reachdeck website accessibility software funding has been approved
- ChatHealth Parentline for East Riding to be extended from the Hull system

### **General Updates**

- Our CIO, Lee Rickles, chaired the ICS stage at the Digital Health Rewired 2023 conference
- The interweave Architect, Sophie Lowsley, has been elected as a board member of the HL7 UK board
- The Trust Digital Maturity Assessment has been submitted ready for the ICS peer review process

### **5.5.5 Yorkshire and Humber Care Record**

The Yorkshire & Humber Care Record will be hosting the first National Shared Care Record Summit in Leeds. The summit includes 35 ICS, Wales, NHS England and suppliers who are coming together to share good practice and create a national action plan to continue the development of shared care records.

### **5.5.6 Hotel Services**

Work is in progress to align systems with the new Healthcare Food and Drink standards, which will include the introduction of an electronic patient menu. A review of electronic menu systems is currently being undertaken to inform the procurement process. This work is being directed via the Nutrition and Hydration Group.

### **5.5.7 Development Works**

Works to form the new reception at the Humber Centre have completed with services now utilising this space. Quotations for remediation works to washing and toilet facilities at Ouse Ward are being evaluated with works planned to commence in March 2023. Contract has been appointed for the installation of a new Solar system at Townend Court, the aim is to reduce energy costs at this building linked to the Trusts Green Plan.

Frameworks are being used to appoint a contractor to re-commission the ERCH biomass plant, the aim of which is to reduce energy costs which is also linked to the trust green plan.

### **5.5.8 Maintenance Updates**

External audit undertaken of asbestos management, this has provide assurance that controls are in place to ensure the safe management of asbestos throughout the Trust's estate.

Tender specifications have been completed for the procurement of building and mechanical and electrical maintenance contracts.

### **5.5.9 Green Plan**

A programme to implement a building management system (BMS) across the Trust estate continues once fully implemented the system will provide greater control of the The Trusts engineering systems and improve the associated controls.

This includes for heating and hot water systems, together with lighting.

#### **5.5.10 Environmental Health Update**

14 fully electric vans have been ordered for the Estates workshop operatives. This will leave one diesel van only which is required for any larger capacity jobs and any long journeys.

EV charging units located outside of Mary Seacole upgraded.

For all tenders issued from the 1<sup>st</sup> April 2023 a new 10% element for sustainability and social values has been included which is in line with the latest NHS Standard Contract terms. Evaluation criteria has been established via the Sustainability and Development Steering Group.

### **6 Health Stars Update**

#### **Health Stars – Refresh across the Trust**

Working closely with the Trust Comms team a “refresh” of the Health Stars branding is planned, bringing the charity in line the new Humber identify. The refresh will including updated logos, a new website, regular features in the Weekly Global and across social media as well as a big trust wide push on adverting the charity, encouraging engagement with Circle of Wishes, highlighting the difference charitable funds can make to division as well as the various fundraising activities planned throughout the year.

#### **Fundraising Activity**

A comprehensive Fundraising strategy is being compiled considering the requirements of the Trust, the current wishes in in the system as well as the appetite from the different areas and staff keen to fundraise for the charity. We have worked with the fund guardians, general managers, PMO teams and deputy COO to identify projects for potential fundraising appeals. A 12 month fundraising target of £150,000 from April 1<sup>st</sup> has been proposed.

#### **Update on Campaigns/Appeals**

Health Stars continues to work with funders to complete the larger scale projects identified by the Trust. Funding pledges are often time sensitive, with clear outcomes required, so the charity is working hard with internal stakeholders to ensure that the processes are followed correctly so that we can maximise funding opportunities presented to us.

We have been working closely with the League of Friends in Malton. The league is supporting us with a donation of over £16,000 to help fund some equipment for the physio team.

#### **Summary of Wishes**

33 new wishes have been submitted since the beginning of the year. The charity team is currently working with the fund guardians to identify quick wins and to get charitable funds working across the Trust. Where funding is not readily available, we are looking at

targeted fundraising, for those we are rejected we have signed posted alternative funding sources.

### **Health Stars/HEY Smile Foundation Staffing Changes**

Clare Woodard continues to manage the Health Stars project supported by colleagues at Smile. Once the new SLA is formalised a new charity team will be in place to run the charity allowing for a greater trust wide presence. Supported by the Comms team, this will allow us to strengthen Health Stars brand once more and increase the charity visibility across the Trust.

**Michele Moran**  
**Chief Executive**

**Agenda Item 8**

Title & Date of Meeting:	Council of Governors Public Meeting – 20 April 2023														
Title of Report:	Non-Executive Director Chairs of Sub Committees Assurance Reports & Feedback														
Author/s:	Dean Royles, Chair of Workforce and Organisational Development Committee Stuart McKinnon-Evans, Chair of Audit Committee, Collaborative Committee and Charitable Funds Committee Mike Smith, Chair of Mental Health Legislation Committee Phillip Earnshaw, Chair of Quality Committee Francis Patton, Chair of Finance & Investment Committee														
Recommendation:	<table border="1" data-bbox="539 835 1517 949"> <tr> <td data-bbox="539 835 935 875">To approve</td> <td data-bbox="940 835 1031 875"></td> <td data-bbox="1035 835 1409 875">To discuss</td> <td data-bbox="1414 835 1517 875"></td> </tr> <tr> <td data-bbox="539 882 935 913">To note</td> <td data-bbox="940 882 1031 913">✓</td> <td data-bbox="1035 882 1409 913">To ratify</td> <td data-bbox="1414 882 1517 913"></td> </tr> <tr> <td data-bbox="539 920 935 949">For assurance</td> <td data-bbox="940 920 1031 949"></td> <td data-bbox="1035 920 1409 949"></td> <td data-bbox="1414 920 1517 949"></td> </tr> </table>			To approve		To discuss		To note	✓	To ratify		For assurance			
To approve		To discuss													
To note	✓	To ratify													
For assurance															
Purpose of Paper:	To provide the Council of Governors with the Sub Committee Assurance reports that have been submitted to the Board since the last Council of Governors meeting														
Key Issues within the report:															
<p><b>Positive Assurances to Provide:</b> Details included in the reports from</p> <ul style="list-style-type: none"> <li>• Workforce &amp; Organisational Development Committee</li> <li>• Audit Committee</li> <li>• Collaborative Committee</li> <li>• Mental Health Legislation Committee</li> <li>• Quality Committee</li> <li>• Charitable Funds Committee</li> <li>• Finance and Investment Committee</li> </ul>	<p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>• N/A</li> </ul>														
<p><b>Matters of Concern or Key Risks to Escalate:</b></p> <ul style="list-style-type: none"> <li>• No matters to escalate</li> </ul>	<p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>• N/A</li> </ul>														
Governance:	<table border="1" data-bbox="539 1809 1347 1962"> <thead> <tr> <th data-bbox="539 1809 839 1850"></th> <th data-bbox="844 1809 935 1850">Date</th> <th data-bbox="940 1809 1249 1850"></th> <th data-bbox="1254 1809 1347 1850">Date</th> </tr> </thead> <tbody> <tr> <td data-bbox="539 1856 839 1962">Appointments, Terms &amp; Conditions</td> <td data-bbox="844 1856 935 1962"></td> <td data-bbox="940 1856 1249 1962">Engaging with Members Group</td> <td data-bbox="1254 1856 1347 1962"></td> </tr> </tbody> </table>				Date		Date	Appointments, Terms & Conditions		Engaging with Members Group					
	Date		Date												
Appointments, Terms & Conditions		Engaging with Members Group													

	Committee			
	Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	✓
	Trust Board	Jan 23		

**Monitoring and assurance framework summary:**

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

**Agenda Item 8**

Title & Date of Meeting:	Trust Board Public Meeting – 29 March 2023														
Title of Report:	Workforce and Organisational Development (OD) Committee Assurance Report														
Author/s:	Dean Royles, Non-Executive Director and Chair of Workforce and OD														
Recommendation:	<table border="1" data-bbox="539 593 1524 712"> <tr> <td data-bbox="539 593 938 629">To approve</td> <td data-bbox="938 593 1029 629"></td> <td data-bbox="1029 593 1412 629">To discuss</td> <td data-bbox="1412 593 1524 629"></td> </tr> <tr> <td data-bbox="539 629 938 665">To note</td> <td data-bbox="938 629 1029 665">√</td> <td data-bbox="1029 629 1412 665">To ratify</td> <td data-bbox="1412 629 1524 665"></td> </tr> <tr> <td data-bbox="539 665 938 712">For assurance</td> <td data-bbox="938 665 1029 712">√</td> <td data-bbox="1029 665 1412 712"></td> <td data-bbox="1412 665 1524 712"></td> </tr> </table>			To approve		To discuss		To note	√	To ratify		For assurance	√		
To approve		To discuss													
To note	√	To ratify													
For assurance	√														
Purpose of Paper:	<p>The Workforce and Organisational Development Committee is one of the sub committees of the Trust Board</p> <p>This paper provides an executive summary of discussions held at the meeting held on 8<sup>th</sup> February 2023 and a summary of key points for the Board to note.</p>														
Key Issues within the report:															
<p><b>Positive Assurances to Provide:</b></p> <ul style="list-style-type: none"> <li>• Staff health and wellbeing engagement group continues to be engaged and enthusiastic about their work, various wellbeing activities are in place. The workplan is constantly under review.</li> <li>• A permanent chair has been sourced for the EDI groups. Shortlisting is underway for the EDI workforce role.</li> <li>• We are within the top ten of the GMC regarding our medical education committee.</li> <li>• Areas of compliance in safeguarding and ILS/BLS training are improving. Trajectories are set.</li> <li>• The trust is implementing various approaches to improve work life balance opportunities for staff. This is reviewed at patient safety performance and accountability reviews.</li> <li>• Work is underway around how we can better</li> </ul>	<p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>• Listed below within decisions made</li> </ul>														

<p>support staff with absences due to mental health issues.</p> <ul style="list-style-type: none"> <li>• Five consecutive months of sickness reduction.</li> <li>• Nursing vacancies are 9.4%, STAT man compliance is 93%,</li> </ul>	
<p><b>Matters of Concern or Key Risks:</b></p> <ul style="list-style-type: none"> <li>• High GP and consultant vacancies.</li> <li>• Highest reason for leavers is retirement followed by work life balance.</li> </ul>	<p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>• Deep dive on current health and wellbeing initiatives is needed for the July committee.</li> <li>• Further deep dive needed for the next committee in May for staff leavers with under 2 years' service.</li> <li>• DR will attend the next EDI group to provide support from board level.</li> <li>• KP will liaise with OS regarding refreshing the risk register and BAF.</li> <li>• A review on apprenticeship only role exemptions in the November committee to see whether more roles are being advertised at apprenticeship level.</li> </ul>

<p><b>Governance:</b> Please indicate which committee or group this paper has previously been presented to:</p>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

**Monitoring and assurance framework summary:**

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

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

## Committee Assurance Report – Key Issues

### December 22 Workforce Insight Report

- There is a financial impact in terms of filling the void of GP and consultant vacancies. At present a lot of roles are covered by agency staff.

### Leavers and Sickness Deep Dive

- Trust turnover has increased since the previous deep dive. Further measures need reviewing to improve staff work life balance.
- Highest reason for leavers is retirement and work life balance.

**Agenda Item 8**

Title & Date of Meeting:	Trust Board Public Meeting – 29 March 2023												
Title of Report:	Audit Committee Assurance Report from February 14, 2023												
Author/s:	Stuart McKinnon-Evans, Chair & Non-Executive Director												
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>X</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>	To approve		To discuss		To note	X	To ratify		For assurance			
To approve		To discuss											
To note	X	To ratify											
For assurance													
Purpose of Paper:	To inform the Trust Board of the outcome of the Audit Committee of February 2023												

**Key Issues within the report:**

**Positive Assurance to Provide:**

- Effectiveness of audit committee, which continues to operate to expected standards
- Procurement controls, including single tender waivers, operating as expected
- Internal audit programme progressing to authorised plan, and individual audit reviews once again show positive assurance and no surprises
- The Trust’s management of its system of internal control comes out very well in benchmarking of all Audit Yorkshire’s clients
- External audit for 2021/22 is now finally complete, with a clean report, and work is on track for 2022/23
- The Trust’s arrangements for securing value for money in 2021/22 passed muster against external audit standards
- Our arrangements are expected to be sufficient to address the requirements of new audit standards on risk management (ISA (UK) 315)
- Counter fraud teams continue to support staff to remain alert

**Key Actions Commissioned/Work Underway:**

- Revise the principal risks to not achieving the strategic objectives associated with Fostering Partnerships and alliances, to make them more specific and aligned with the risk register(s)
- Asked Children’s and LD Divisional team to review their risk register to test a) whether no risks rated more than 12 b) staff availability was adequately considered

<p><b>Matters of Concern or Key Risks to Escalate:</b></p> <ul style="list-style-type: none"> <li>We should be concerned that the salient risks remain intransigent. They relate, in summary, to availability of staff, and local capacity constraints</li> <li>Work to do (as noted at last Board) to ensure risk-related narrative elements of the Board Assurance Framework are specific and meaningful</li> </ul>	<p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>Endorsed the committee effectiveness review, subject to further views being solicited</li> <li>Endorsed the latest batch of single tender waivers</li> <li>Endorsed the planning for 2022/23 audit, including the review of accounting policies</li> <li>Thanked the outgoing and welcomed the incoming Mazars' external audit partners</li> <li>Endorsed the work of the information security team to deal with the rise in subject access requests (SARs).</li> </ul>
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Governance:		Date		Date
	Audit Committee	14.2.23	Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Report produced for the Trust Board	

**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				
<b>X</b>	Innovating Quality and Patient Safety			
<b>X</b>	Enhancing prevention, wellbeing and recovery			
<b>X</b>	Fostering integration, partnership and alliances			
<b>X</b>	Developing an effective and empowered workforce			
<b>X</b>	Maximising an efficient and sustainable organisation			
<b>X</b>	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			To be advised of any future implications as and when required by the author
Quality Impact	√			
Risk	√			
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			

IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

## Committee Assurance Report – Key Issues

The Committee considered the following matters:

**Effectiveness of the Audit Committee:** Following a positive self-assessment of the Committee’s function, this report concluded that all the Committee’s functions delegated by the Board have been met. It is operating to expected standards. However, the sample of views is small, so further opinions will be solicited from all attendees.

**Procurement activity:** A recent internal audit has provided high assurance about the control regime for procurement activity. Upcoming significant tenders relate to estates management, electronic patient records, and data platforms. Social value and sustainability criteria will be given more weight in procurement in the future. The team continues to negotiate with suppliers to deal with inflation.

**Single Tender Waivers Update:** The single tender waiver controls continue to operate, with 34 previously reported waivers totalling £6.85m being monitored. A further 6 waivers with a combined value of £3.74m have been approved in the last quarter, which the Committee considered. 7 have now expired. The Committee also received information on competitively tendered contracts.

**Board Assurance Framework at Q4:** The BAF was considered. The Committee remains concerned that the very general form of wording used to describe the principal risks to not achieving key objectives is unhelpful. The risks need to be sharpened, related to the relevant risk registers, and be more dynamic as actions are taken to mitigate them.

**Trust-wide risk register:** The corporate risk register was considered. The high-rated residual risks have been static for some time now. They relate mainly to staff shortages, and the lack of capacity in social care and some specialist domains, which may cause delays in discharges and or inappropriate setting. In many instances, these have become issues, rather than risks. Our inability to reduce the risk levels suggest they have to be tolerated or point to ineffective ICS-level mechanisms. To that extent, we should be concerned that they are so intractable.

**A deep dive into the Children’s and LD Divisional risk register:** The residual risks relate to long-standing matters of delayed discharge, lack of capacity, waiting lists, and newer risks which the Division ascribe to deterioration of general living standards, and some risks to mobilising services quickly enough to respond. The Committee gained assurance that risk management is embedded in the Division’s management practices generally. The Divisional team was asked to review their risk register to test a) whether no risks rated more than 12 b) staff availability was adequately considered.

**Insurance Provision:** Review of insurance cover concludes a) appropriate insurance in place b) CNST premium has increased (this is not new news) and the budget round will have to identify funding.

**Cyber Security verbal update and Information Governance report:** no material issues were escalated to the Committee, although the number of Subject Access Requests, and the cost of dealing with them, is rising.

**Progress of the Internal Audit Plan:** Once again, the Committee heard that the internal audit programme is being implemented to plan. Five reports have been completed in the last quarter covering: charitable funds (significant assurance); implementation of NICE guidance (significant); financial sustainability (no assurance provided, as the work supported a national review). Benchmarking of Internal Audit Recommendations (advisory); procurement (high). The Trust continues to manage follow up actions well, with just four recommendations not having yet been put in place. Changes to the original audit plan have been minor (scope and timing adjustments).

**Internal Audit Future Plan (verbal):** The Committee took assurance that the planning of the 2023/24 plan is well underway.

**Counter Fraud activity:** The Committee received a report on Counter Fraud experts and in-house team, which showed that information, alerts, and training for staff continue to be routinely provided.

**2021/22 External auditor report including value for money conclusion:** A comprehensive report on the 2021/22 accounts was considered by the Committee. Our auditor's unqualified opinion was issued on December 12, 2022; in addition, no issues were identified about the Trust's delivery of value for money, with a clean bill of health across all criteria specified by the NAO framework (financial sustainability; governance; economy, efficiency, effectiveness). The Committee noted that the extended timescale for the issue of the report was a result of the need to wait for the planned audits of local government pension schemes to complete.

**External Audit Progress:** The Committee thanked Mark Dalton (who is retiring) and welcomed Gavin Barker as new partner. Other changes to the team were noted, as Mazars commence the 2022/3 audit. A new auditing standard ISA (UK) 315 is now in place relating to the risk that financial results might be materially mis-stated. Following discussion, it was concluded that our risk managements should be sufficient to meet the new standard.

**Year End Assurance and Accounting Issues:** The Committee heard that activity and plans are well advanced for the 2022/23 audit. This includes being prepared for changes to accounting for leases, and the additional audit work related to the risk of misstatement. It is hoped that the delay associated with our auditor having to wait for assurances from local government pension scheme audits, will not arise in the future.

**Changes to Contracts:** No changes to contracts were notified.

Finally, the Committee undertook a brief self-assessment against "**Being Humber**", concluding that indeed we had been

**Agenda Item 8**

Title & Date of Meeting:	Trust Board Public Meeting – 29 March 2023														
Title of Report:	Collaborative Committee Assurance Report														
Author/s:	Stuart McKinnon-Evans Non-Exec Director - Audit Chair (Chair)														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>			To approve		To discuss		To note	✓	To ratify		For assurance			
To approve		To discuss													
To note	✓	To ratify													
For assurance															
Purpose of Paper:	This paper provides an executive summary of discussions held at the meeting on Wednesday 15 February 2023 and a summary of key points for the Humber Teaching NHS Foundation Trust Board to note.														
Key Issues within the report:															
<b>Positive Assurance to Provide:</b> <ul style="list-style-type: none"> <li>142 adults in low and medium secure, prospectively 139 by end of February 2023, lowest since Go Live in October 2021</li> <li>Average length of stay in adult secure reduced by 1 year since Go Live</li> <li>Overall, the Provider Collaborative budget is balanced for 2022/23</li> <li>Humber’s experience of running the Collaborative is being shared beyond our borders (with nationally, c £1.7bn of specialist services (low and medium secure, CAMHS inpatient, adult eating disorder in-patient) now overseen by collaboratives)</li> <li>Collaborative Management Team meets fortnightly</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>Work stream agreed priorities in all 3 work streams</li> <li>Contractual Service Development Improvement Plan (SDIP) with Inspire, with fortnightly monitoring</li> <li>Recruitment of Clinical and Quality Director in CPaQT.</li> <li>Continued focus on impact of delayed transfers of care</li> <li>Our involvement in development of Collaborative (led by Leeds and York) for perinatal mental health services across Yorkshire/Humber</li> </ul>													

<b>Matters of Concern or Key Risks to Escalate:</b> <ul style="list-style-type: none"> <li>• CAMHS overspend forecast for 2022/2023</li> <li>• 13 out of area CAMHS placements reflect lack of local/community provision</li> <li>• 19 Clinically Ready for Discharge in Adult Secure, costing estimated £2.6m from May 2022 to January 2023</li> <li>• Solving the problem of delayed transfers of care (which has quality and financial implications) is a test of whether the ICS arrangements are effective or not</li> <li>• Schoen Clinic – need to identify new estate in next 12 months</li> </ul>	<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>• Clinically Ready for Discharge paper to be shared with HNY ICS</li> <li>• FREED Champion – ratify increased investment into Hull and East Riding</li> </ul>
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Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	15.02.2023
			Other (please detail) Report produced for the Trust Board	

### Monitoring and assurance framework summary:

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

## Committee Assurance Report – Key Issues

The aim of this report is to provide assurance to the Trust Board about the Collaborative Committee which has been established by Humber Teaching NHS FT (HTFT) as the Lead Provider within the Humber and North Yorkshire (HNY) Specialised Mental Health, Learning Disability and Autism Provider Collaborative.

To demonstrate robust governance in its role as Lead Provider and avoid conflicts of interest with its provision arm, HTFT as Lead Provider has delegated some of its responsibilities to the Collaboration Planning and Quality Team (CP&QT) which is accountable to the Collaborative Committee.

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

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

The meeting on 15 February 2023 was quorate, and discussed the following matters:

### Insight Report

The Insight report included an update on:

- Phase 2 Provider Collaborative
  - Perinatal
  - Forensic CAMHS

Both led by West Yorkshire Provider Collaborative with Humber and North Yorkshire as a key partner

- Operating and Planning guidance for 2023/2024
- Workstream highlights
- NHS England Financial allocation to MH, LD and Autism
- New policy re: Care and Treatment Reviews (CTRs) and Care Education Treatment Reviews (CeTR)
- Highlights from the Collaborative Executive fortnightly meetings.

### Quality Improvement and Assurance

- Active planning for the second round of Safe & Well- being reviews for Learning Disability and Autism patients
- Task and finish group started for oversight of West Lane recommendations
- Comprehensive submissions of responses to Edenfield have been received and are under review
- The CQC report for Schoen Clinic York is published confirming its rating as 'Good'
- Recruitment underway of Clinical and Quality Director in CPaQT, following resignation of Dr Harvey

### Clinically Ready for Discharge Paper

Report shared which outlines Clinically Ready for Discharge including the length of delay in discharge and why.

- 19 people in adult secure, cost circa £2.6 million. All people who are ready for discharge and due to lack of community provision are unable to do so
- Young people in CAMHS in-patient as there are no community care alternatives

Agreed by the Collaborative Committee that this report would be shared with and escalated to HNY ICS to ensure joint working and seek further options for timely discharge.

## **Risk Register**

Risk Register was reviewed, and consideration of a levels of risk and risk rating were discussed. Noted that each work stream has its own risk register, and the overall risk register will include overarching and high level risks.

## **Work Stream Updates**

### **1 CAMHS**

- Contractual Service Development Improvement Plan (SDIP) in place with Inspire due to
- Low occupancy on GAU during 2022
- Delay in commencing NG feed / eating disorder treatment
- Temporary closure of PICU

Improvements have been seen since initial SDIP meeting in January 2023, it has been agreed to review the SDIP in March 2023 and consider elements of the SDIP ceasing after sustained improvement over a 6-month period.

- The financial position of the CAMHS workstream remains under close monitoring and options to reduce end of year forecast overspend are progressing.
- The working group to consider alternatives to hospital for young people with eating disorders continues with consideration of intensive home treatment alongside day care
- 13 out of area CAMHS placements reflect a lack of local/community provision.

### **2 Adult Eating Disorder**

- Day care has commenced at Schoen Clinic and 4 people are receiving day care – this is going very well with positive feedback from all patients.
- A briefing paper is to be written in relation to MEED guidance. This will review how MEED is being implemented across the Provider Collaborative partners and highlight any required actions and provide assurance.
- Work is commencing on developing an integrated referral hub – this will mean a single point of access to an AED inpatient bed.
- Risk regarding future accommodation for Schoen Clinic who have 12 months remaining on their current premises lease. This is a new risk to be added to the AED work stream risk register.
- FREED Champion – increase of budget allocation for Hull and East Riding place areas ratified.

### **3 Adult Secure**

- Case Load for Low and Medium secure will reduce to 139 by 17 February 2023 – lowest caseload since Go Live.
- Average length of stay in adult secure reduced by nearly 1 year since Go Live.
- 19 people clinically ready for discharge with no agreed community placement/community package of care – work with place-based partners continues
- Increase prison referrals – this is being reviewed by the adult secure operational work group.

## **Finance**

- 2022/23 overall underspend forecast circa. £590k
- Overspend on CAMHS as previously forecast circa. £3 million to year end
- 2023/24 financial planning has commenced, acknowledging areas of overspend and underspend in 2022/2023 and option for budget allocation movement in 2023/2024

## **Annual Effectiveness Review**

The committee discussed the last 12 months and our success and our focus for 2023 as a committee. The annual effectiveness review will be drafted for consideration at the Trust Board meeting.

Title & Date of Meeting:	Trust Public Board Meeting – 29 March 2023														
Title of Report:	Mental Health Legislation Committee Assurance Report following meeting of 02 <sup>nd</sup> February 2023														
Author/s:	Name: Michael Smith Title: Non-Executive Director and Chair of Mental Health Legislation Committee														
Recommendation:	<table border="1" data-bbox="539 600 1524 719"> <tr> <td data-bbox="539 600 938 640">To approve</td> <td data-bbox="938 600 1031 640"></td> <td data-bbox="1031 600 1409 640">To discuss</td> <td data-bbox="1409 600 1524 640"></td> </tr> <tr> <td data-bbox="539 640 938 680">To note</td> <td data-bbox="938 640 1031 680">√</td> <td data-bbox="1031 640 1409 680">To ratify</td> <td data-bbox="1409 640 1524 680"></td> </tr> <tr> <td data-bbox="539 680 938 719">For assurance</td> <td data-bbox="938 680 1031 719"></td> <td data-bbox="1031 680 1409 719"></td> <td data-bbox="1409 680 1524 719"></td> </tr> </table>			To approve		To discuss		To note	√	To ratify		For assurance			
To approve		To discuss													
To note	√	To ratify													
For assurance															
Purpose of Paper:	<p>The Mental Health Legislation Committee (MHLC) is one of the sub-Committees of the Trust Board</p> <p>This paper provides assurance to the Board with regard to the agenda issues covered in the committee held on 02<sup>nd</sup> February 2023.</p>														
Key Issues within the report:															
<p><b>Positive Assurance to Provide:</b></p> <ul style="list-style-type: none"> <li>• Committee assured regarding Reducing Restrictive Interventions (RRI) report:             <ul style="list-style-type: none"> <li>○ Prone restraint near upper control limit but is being managed (see narrative in main report below);</li> <li>○ Service users are involved in RRI;</li> <li>○ RRI data will soon be available in real time;</li> <li>○ Excellent case studies included in report;</li> <li>○ DMI training is up to 85%;</li> <li>○ Restrictive interventions are subject to daily clinical review.</li> </ul> </li> <li>• Performance report highlighted no major issues. Use of CTOs reducing and zero use of s4 was noted - future reports to include benchmarking data (S2, S3, S4 and S136) to provide an overview at wider footprint level.</li> <li>• Medical Director confirmed the figures for 136 are correct and work has been undertaken to ensure the form filling is improved.</li> </ul>	<p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>• Re-audit of consent to treatment was completed in October 2022, which showed a small improvement and was presented to the Steering Group in November. Following a CQC visit to Mill View Court on 16/08/22 a new timescale of 3 working days to complete the form has been introduced. It was agreed at the Steering Group for reaudit to be undertaken in April 2023 to allow new benchmark to embed and timeframe to cover September, October and November data to identify any trends. Process in place to chase up Capacity to Consent to Treatment forms and this has shown positive results.</li> </ul>														



<p><b>Matters of Concern or Key Risks to Escalate:</b></p> <ul style="list-style-type: none"> <li>MHA Statistics, Annual Figures, 2021-22 - Official statistics, National Statistics - Publication: 27 October 2022 showed Hull as negative outlier in respect of numbers of detentions - could be a number of factors such as high deprivation levels and social issues that impact on mental health in the Hull area. Data is regularly discussed at the MHL Steering Group, and AMHP Lead is currently working with the Hull AMHPs to explore prioritising alternatives to detention with a view to trying to reduce the amount of detentions in the Hull area.</li> <li>Concern around detention rates to be investigated.</li> </ul>	<p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>Subject to minor amends Terms of Reference agreed and approved for submission to Board.</li> <li>Cross referencing of higher headline issues from the CQC reports with what Trust does to check that the systems and processes are in place to ensure compliance with statutory and moral duties and how the Trust would be taking recommendations forward to provide assurance it is achieving all points and identifying any gaps.</li> </ul>
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Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Report produced for the Trust Board	

**Monitoring and assurance framework summary:**

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

IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

## Committee Assurance Report – Key Issues

- Insight report: - The Committee was informed about:
  - Monitoring the Mental Health Act in 2021 / 2022 – Care Quality Commission findings from the monitoring reviews of 609 wards carried out nationally during 2021/22. Examples of issues discussed:
    - Use of blanket restrictions and restraint; Trust has very good track record in this respect
    - Implementation of Use of Force Act; Trust has working groups to implement
    - Access to advocacy services; Trust has good track record on ensuring patients have access to advocacy service on admission and throughout the patient journey. The Trust facilitates an opt-out position in relation to Advocacy. If patient does not have capacity to consent to a referral to the advocacy service, then MHL Team will refer to advocacy on their behalf. If patient has capacity to understand they can choose not to be referred, but most patients do want an advocacy referral.
  - Mental Health Act Community Treatment Orders (CTO) – focused visits report - CQC undertook a piece of work with nine London boroughs around use of CTOs. In terms of the rights and the issues of communication, the recall process, and the assessments of capacity Trust has a good track record. It was concluded from an assurance perspective to check that the systems and processes are in place to ensure compliance with statutory and moral duties, committee members asked for cross referencing of higher headline issues from the CQC report with what Trust does.
  - MHA Statistics, Annual Figures, 2021-22 - Official statistics, National Statistics - Publication: 27 October 2022
    - Hull figures show as negative outlier in respect of numbers of detentions - could be a number of factors such as high deprivation levels and social issues that impact on mental health in the Hull area. Data is regularly discussed at the MHL Steering Group, and AMHP Lead is currently working with the Hull AMHPs to explore prioritising alternatives to detention with a view to trying to reduce the amount of detentions in the Hull area.
  - Insight report also provided key highlights on Joint Committee draft Mental Health Bill 2022 consultation report published 19<sup>th</sup> January 2023, which was taken as read. The Report sets out a number of recommendations to strengthen the draft Bill including:
    - its ability to tackle racial disparity;
    - ending the inappropriate long-term detention of people with learning disabilities or autism but calls for stronger safeguards and duties on commissioning bodies to prevent more detentions under legal powers other than Section 3 of the Mental Health Act or diversion into the criminal justice system;
    - the removal of prisons and police custody as places of safety with the provision of appropriate ‘places of safety’ seen as crucial to reducing detentions and pressures on A&E and the police.

- Performance Report: -
  - Admission rates – total for quarter averages at 100 and within usual parameters.
  - S5(4) and S5(2) within usual parameters and appropriate to section conversion.
  - S2 and S3 showed appropriate use.
  - Utility of s4 in Q3 was zero.
  - Benchmarking with other Trusts could be added to future reports to provide additional assurance around S2, S3, S4 and S136.
  - Applied CTOs (Community Treatment Order) reducing.
  - Tribunal/hearing requests heard – percentage remains consistent.
  - Out of Area – has greatly reduced with one in December 2022.
  - AWOL commentary explains most attributed to failing to return from unescorted leave.
  - S136 – the figures for 136 are correct and work has been undertaken to ensure the form filling is improved.
  
- RRI report Q3: –
  - DMI (De-escalation Management Intervention) training is up to 85%;
  - Restrictive interventions are subject to daily clinical review;
  - Excellent case studies included in report;
  - Prone restraint near upper control limit but is being managed;
    - Meeting noted prone restraint reporting is dependent on how it is interpreted. It is recognised that people naturally go forward as they go to the floor when in restraint. As a Trust even if a patient is in prone restraint for under a minute while being safely turned to an appropriate restraint, this is recorded as a prone restraint. It is also important to come out of prone restraint in a safe and managed way. Whilst there are increases in prone restraint and rapid tranquilisation it was noted that they are low numbers. Future reports will have detail around time lengths for prone restraint use. The report does help highlight culture changes in use of restraint and RT and meeting concluded it is in relation to the complexity and acuity of presentations of Trust's service users that actually illustrates a need for a higher level of care.
  - Service users are involved in RRI;
  - Use of Force – accessible real time data in dashboard soon to be available to enable triangulation at ward and overall levels;
  - RRI Future reports to consider including benchmarking data to aid comparison with other Trusts to provide assurance.
  
- Terms of Reference - subject to slight amendment in relation to reference to approving policies be removed as this is now remit of EMT in order to speed up approval process, Terms of Reference agreed and approved for submission to Board.
  
- MHLSG subgroups and CQC MHA visits: -
  - Minutes and sub-groups updates noted.

**Agenda Item 8**

Title & Date of Meeting:	Trust Board Public Meeting– 29 <sup>th</sup> March 2023			
Title of Report:	Quality Committee Assurance Report – March 2023			
Author/s:	Dr Phillip Earnshaw, Non-Executive Director, and chair of Quality Committee			
Recommendation:	To approve		To discuss	
	To note	X	To ratify	
	For assurance			
Purpose of Paper:	The Quality Committee is on of the sub committees of the Trust Board.			
	The paper provides a summary of discussions held at the meeting on 2 March 2023 with a summary of key issues for the Board to note. The approved minutes from the November meeting are presented for information.			
Key Issues within the report:				
<b>Positive Assurance to Provide:</b> It was agreed positive assurance was received from the following reports <ul style="list-style-type: none"> <li>• The Quality Insight Report</li> <li>• The Quality Committee Risk Register Summary</li> <li>• The Patient and Carers Experience six-month report</li> <li>• The Autism Strategy Update</li> <li>• The Divisional Quality Improvement Plan update</li> <li>• The Clinical Audit six-month report</li> <li>• The Summary of Ligature Anchor Point Audit 22-23</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>• A review of Terms of Reference from Committees is being reviewed in relation to quoracy to ensure there is consistency across all Committee's.</li> <li>• The committee agreed that the development work by social workers and the work as part of the Autism Strategy should be connected with the divisional QIP work.</li> </ul>		
<b>Matters of Concern or Key Risks</b> <ul style="list-style-type: none"> <li>• The risk regarding strike action on the Trust risk register is being updated to consider the potential impact from the junior doctor's strike</li> </ul>		<b>Decisions Made:</b> The following papers were approved <ul style="list-style-type: none"> <li>• The Safeguarding Plan 2023-26</li> <li>• The Annual Controlled Drugs Report</li> </ul>		
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	

	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Report produced for the Trust Board	

### 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	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

### Committee Assurance Report – Key Issues

The key areas of note arising from the Quality Committee held on 2<sup>nd</sup> March 2023 are as follows: -

The minutes of the meeting held on the 24<sup>th</sup> November were agreed as a true record and the action log approved noting all actions closed. The Quality Committee assurance report was noted, and the updated work plan agreed, noting no updates.

**Discussion – Social Workers contributions of Quality Improvement presentation – Fran Ashton,** Principle Social Worker took the meeting through the presentation. A discussion was held around how we compared to the rest of the country and what the future picture may look like if there is an increase in demand following the Mental Health Bill. It was agreed there should be a strong link between the social work plan and the divisional QIPs and KF felt the Trauma Informed Group should include social work with a link to the Trauma Informed Skills Project.

**Quality Insight Report – CC** presented the paper highlighting the new CQC Single Assessment Framework, the recent rating of Good for the Humber Primary Care CQC inspection, with updates on the closed cultures work and the Patient Safety Incident Response Framework (PSIRF), Serious incidents reporting and clinical supervision compliance.

**Quality Committee Risk Register Summary** - The risk register and BAF was discussed noting nine risks closed since the last meeting and two new risks added. An update was given by LP on OPS11, Waiting times and OPS15, Delayed transfer of Care. A discussion was held regarding the Quality Committee looking at agency staff, the industrial action around Junior Doctors and the quality aspect of the estates work in future meetings.

**Patient and Carers Experience (PACE) six-month report** – The Assistant Director of Patient and Carer Experience presented the paper highlighting the engagement lead and senior patient experience co-ordinator roles in divisions, the PACE training programme, the involvement in the engagement integration project and being invited to present at the Head of Patient Care, Experience of Care Nation Event in April. The discussion included themes of formal complaints and the importance of these updates at Quality Committee noting the great work completed. It was noted a report has been completed on teams with zero complaints which will be presented to the next QPaS meeting and was suggested the information should be included in this report for Quality Committee.

**Safeguarding Plan 2023**— The Head of safeguarding presented the latest plan for approval noting the co-production with a focus on neglect and self-neglect following concerns received around the post pandemic work and cost of living crisis. The comprehensive plan includes increased visibility of safeguarding staff, empowering staff following the work done on training, developing the safeguarding link role, family support and moving to a holistic approach looking at all the issues and getting systems to talk to each other through improved communication. The whole team were thanked for all the work they have completed so far. The plan was approved by the Quality Committee.

**Annual Controlled Drugs Report** – The Chief Pharmacist presented the report which provides assurance that good systems are in place for reporting, management and learning of controlled drugs and other medicine related adverse incidents. It was noted we are a positive outlier and WC confirmed there were no areas of concern or key risks. The Quality Committee approved the report

**Divisional Quality Improvement Plan (QIP) updates** – The Chief Operating Officer presented the update providing an overall summary of the highlights from all four divisional QIPs noting the full documents are regularly reviewed through QPaS. A discussion was held on moving quality improvement work from additional to business as usual and how it should be used to underpin transformational work within the Trust.

**Clinical Audit six-month report** – The Patient Safety and Practice Development lead (SM) presented the report noting there were no concerns with delivery against the clinical audit plan this year. The Chair thanked SM for the report confirming how impressed he was with the amount of clinical audit work undertaken.

**Summary of the Ligature Anchor Point Audit 2022-23** – The Chief Operating Officer presented for discussion the summary of the most recent annual ligature point audits and progress on actions from the previous year. It was agreed enormous progress had been made in this area.

**Draft Quality Committee Effectiveness Review** – the draft effectiveness review was discussed and agreed and will be presented to the Trust Board for approval once the chair has completed his final paragraph.

**Quality Committee Terms of Reference Review** – These were reviewed noting updates on the membership section and an additional section added for declaration of interests. A discussion was held on quoracy and deputies attending the meetings and what would be classed as a suitable nominated deputy, and it was agreed to request Stella Jackson to review this and align over all the sub-committees

**Reporting Group minutes** - The minutes from the Quality and Patient Safety Group were noted with no queries raised.

The approved minutes from the 24<sup>th</sup> November meeting are attached as appendix 1.

**Agenda Item 8**

Title & Date of Meeting:	Trust Board Public Meeting – 29 March 2023														
Title of Report:	Assurance Report from Charitable Funds Committee Part A of 21 Feb 23														
Author/s:	Stuart McKinnon-Evans														
Recommendation:	<table border="1" data-bbox="539 663 1530 779"> <tr> <td data-bbox="539 663 938 701">To approve</td> <td data-bbox="938 663 1031 701"></td> <td data-bbox="1031 663 1410 701">To discuss</td> <td data-bbox="1410 663 1530 701"></td> </tr> <tr> <td data-bbox="539 701 938 739">To note</td> <td data-bbox="938 701 1031 739">X</td> <td data-bbox="1031 701 1410 739">To ratify</td> <td data-bbox="1410 701 1530 739"></td> </tr> <tr> <td data-bbox="539 739 938 779">For assurance</td> <td data-bbox="938 739 1031 779"></td> <td data-bbox="1031 739 1410 779"></td> <td data-bbox="1410 739 1530 779"></td> </tr> </table>			To approve		To discuss		To note	X	To ratify		For assurance			
To approve		To discuss													
To note	X	To ratify													
For assurance															
Purpose of Paper:	Through this report, the Charitable Funds Committee provides information and assurance to the Board from its February 21 2023 Part A meeting.														
Key Issues within the report:															
<p><b>Positive Assurance to Provide:</b></p> <ul data-bbox="140 1111 738 1182" style="list-style-type: none"> <li>• 30k grant secured from NHS Charities Together.</li> </ul>	<p><b>Key Actions Commissioned/Work Underway:</b></p> <ul data-bbox="810 1111 1481 1480" style="list-style-type: none"> <li>• Discussions to take place with fund zone managers to ensure regular updates to the committee</li> <li>• Future fundraising strategy to be brought to the next committee</li> <li>• Clarification of action needed to utilised 2 grants totalling £150K secured for stalled garden project, not yet drawn down</li> <li>• New leadership and some current internal restructuring at Hey Smile</li> </ul>														
<p><b>Matters of Concern or Key Risks to Escalate:</b></p> <ul data-bbox="140 1599 770 1854" style="list-style-type: none"> <li>• Only £3K income from Smile in the last three months remains a concern</li> <li>• Approximately 25 outstanding wishes on a waiting list.</li> <li>• Delays to processing of wishes partly caused by fund zone managers not understanding their role</li> </ul>	<p><b>Decisions Made:</b></p> <ul data-bbox="810 1599 1528 1854" style="list-style-type: none"> <li>• No new decisions, but reinforcement of previous-agreed actions on joint work between Smile and Operations to develop list of fundraising initiatives, to support fundraising; communications about same; more efficient processing of wishes; reports back by zone managers</li> </ul>														
Governance:	Audit Committee	Date	Remuneration & Nominations Committee												

	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee	X	Collaborative Committee	
			Other (please detail) Report produced for the Trust Board	

### 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	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

### Committee Assurance Report – Key Issues

The Committee received the two related Insight and Finance reports:

Key issues are:

- Continued poor results on fundraising. Year to 31/1/23 funds raised total £26K, with less only c £3k raised in the last three months. The Committee requested more clarity about the fundraising strategy, to be provided at next meeting
- Updates were provided about Whitby; raffles; Christmas gift appeals; communications with staff
- 23 wishes have been submitted this year; in total 25 wishes (from this year and previously)

are yet to be processed; the Committee repeated its concern about apparent lack of clarity about the workflow, roles, and the speed of decision-making

- The Committee was frustrated that action was slow in asking zone managers (who are guardians of funds raised) to report back on their plans to progress projects
- 2 grants totalling £130K which had been secured to support projects and Walker St and Inspire have not yet been drawn down, with action in hand to re-invigorate the works
- Ongoing discussion between Hey Smile and the Trust about which elements of the arrangements should be run by which party (remitted to Part B)

The Committee noted the new leadership now in place at Hey Smile, and internal restructuring underway to provide a boost to the Health Stars work.

On the upside, £30K has been secured from NHS Charities Together to support the charity to improve performance. Further clarity was sought to ensure the deployment of that resource effectively is understood and optimised by all parties.

**Agenda Item 8**

Title & Date of Meeting:	Trust Board Public Meeting – 25 January 2023		
Title of Report:	Finance and Investment Committee Assurance Report - Chair's Log		
Author/s:	Francis Patton, Chair		
Recommendation:	To approve		To receive & discuss
	For information/To note	✓	To ratify
Purpose of Paper:	The aim of this paper is to provide assurance to the Trust board on the financial performance of the Trust and any business development opportunities identified. It is recommending that the Primary care strategy and a strategic review of future potential cost reduction asks are part of the December Board development session.		
Key Issues within the report:			
<p><b>Matters of Concern or Key Risks to Escalate:</b></p> <ul style="list-style-type: none"> <li>Both the NHS &amp; ICS deficit position at month 8 and possible implications arising from it.</li> <li>The continued high level of agency spend versus plan.</li> <li>The continued &amp; increasing deficit position of Primary Care.</li> <li>That the liability against IR35 could create financial &amp; workforce pressures.</li> </ul>	<p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>Agency recovery plan being overseen by the Executive.</li> <li>The Primary Care recovery plan being overseen by the Executive.</li> <li>Ongoing development of the Estates plan</li> </ul>		

<p><b>Positive Assurance to Provide:</b></p> <ul style="list-style-type: none"> <li>• The Trust continues to deliver against plan and has a positive cash position.</li> <li>• Continued delivery of the 22/23 BRS.</li> <li>• Positive assurance around recruitment plans to tackle the agency overspend.</li> <li>• Positive assurance around the ability to deliver capex spend/commitment by yearend and that planning for 23/24 is well under way.</li> <li>• That the flexible workforce team (FWT) have a good grip of IR35 requirements and have good processes for engagements through framework agencies</li> <li>• That the new approach to the Estates strategy has been updated with feedback and is in final draft form and that work on the Estates plan is underway.</li> <li>• That the Trust is delivering to its existing Green Plan and that work is ongoing for the plan moving forward.</li> <li>• That work is ongoing on the 23/24 financial plan and BRS plan arising from it.</li> </ul>	<p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>• That Primary Care should be a discussion topic at the next Board development session.</li> </ul>
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<p><b>Governance:</b> <i>Please indicate which committee or group</i></p>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Report produced for the Trust Board	

**Monitoring and assurance framework summary:**

The committee is providing assurance that the Trust financial performance remains on plan and that the Trust has a healthy cash position. Good assurance was also provided around the ongoing delivery of the budget reduction strategy, delivery of capital spend to date, the Yorkshire Health Care Records programme, risk 5 on the BAF, the development of the new Estates strategy, the development of the Trust financial plan for 23/24 and the BRS to support it. There was also positive assurance around ongoing business development opportunities.

Concerns were flagged around the NHS & ICS positions at month 8 and possible implications on the Trust, the delivery of both the Agency spend recovery plan and the Primary care recovery plan and finally some of the implications from the investigation into IR35. There was also concern about some of the issues raised in the planning guidance. The committee also felt it prudent to raise the issue that having moved to 6 Board meetings a year there will need to be careful planning of agendas in May and July with the number of year end reports that will need presenting.

<b>Links to Strategic Goals</b> <i>(please indicate which strategic goal/s this paper relates to)</i>	
√ <i>Tick those that apply</i>	
<input type="checkbox"/>	Innovating Quality and Patient Safety
<input type="checkbox"/>	Enhancing prevention, wellbeing and recovery

	Fostering integration, partnership and alliances			
	Developing an effective and empowered workforce			
<b>x</b>	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	

## Committee Assurance Report – Key Issues

The key areas of note arising from the Committee meeting held on 11<sup>th</sup> of January were:

- In terms of the Insight report the key issues raised were: -
  - At month the NHS was reporting a £482m overspend compared to plan with systems overspent by £651m. The current position reported to the NHSE Board reflected several significant risks and uncertainties, including:
    - The impact of winter and COVID, with the potential for flu and COVID pressures to impact at the same time;
    - The impact of additional inflation costs in 2022/23 above the level reflected in plans supplemented by the additional £1.5bn of funding. Whilst there is significant risk in system positions, NHS expect to recover this position to achieve breakeven by year-end.
  - At Month 8 the Humber and North Yorkshire ICB recorded a deficit position of £11.7m, this represents a £12.3m adverse variance to plan. Adverse positions are being reported in all Acute Trusts, with bed pressures and efficiency target shortfalls the main reason for the variance. At month 8 the ICB is forecasting a breakeven position, however place is overspent offset by central funding held for IS elective recovery and ARRS funding. At Month 8 the ICB is forecast to be £11.4m ahead of its agency ceiling.
  - DHSC is consulting on changes to the NHS pension scheme which it argues could encourage some staff to remain in work on a part-time basis rather than retiring completely and would therefore help NHS capacity. This includes
    - Changing provisions around partial retirement and re-employment so they are aligned with what the current scheme offers.
    - Allowing members who partially retire to 'draw down' 100% of their benefits rather than 80%.
    - Stopping an anomaly whereby GPs and other practitioners are at risk of high tax charges for breaching their annual allowance because of high inflation. This is because two different dates have been used in calculations related to aspects of pension values.
    - Changes to ensure continued access to the NHS pension scheme for staff working for primary care networks.
  - The yearend timetable has been released and the unaudited annual accounts deadline for submission is noon on 24 April and the 30 June for the audited accounts. The issue in relation to audit delays for those organisations with Local Government Pension

Scheme (LGPS) liabilities has been recognised nationally, with a technical solution for 2022/23 being proposed to the Financial Reporting and Advisory Board (FRAB). Should the proposal be accepted, the Trust should be able to meet the 30 June deadline for its 2022/23 accounts. In addition to the proposal on LGPS a further proposal on the application of IAS 16 will also be considered by the FRAB and if accepted will reduce the need to have annual revaluations of land and buildings.

- The Trust recorded an overall deficit of £0.169m for Month 8 consistent with the Trust's planning target. Cash balance at the end of Month 8 was £31.440m. Aged debtors stood at £6.584m and creditors at £8.083m. Areas of concern discussed were that agency expenditure was £5.904m, which is £1.162m more than the previous year's equivalent Month 8 position; Primary Care recorded a deficit of £1.169m, primarily due to the increased costs of locums. In response to those concerns work continues with the aim of reducing the level of agency costs and of recruiting to permanent posts within the Trust. A Recovery forecast is in place regarding Primary Care and regular finance accountability meetings are being held with the service. FIC reviewed Primary Care in detail where there are plans to move some of the Trust's surgeries to other providers which will have a positive impact in 2023/24 and this will form part of the discussion at the next Board time out.
- At month 6 Children's and LD reported a £0.576m gross expenditure underspend; Community and Primary Care reported an overspend of £0.729m; Mental Health reported an underspend of £0.712m; Forensic services reported an underspend of £0.060m Corporate Services reported an underspend of £1.2m
- In terms of BRS for 2022/23 the Year to Date (YTD) actual savings are £1.493m. The Mental Health Division is currently forecasting an underachievement of £0.324m which does relate to savings from Unidentified Post Reductions. The Service is reviewing all vacant part posts with the aim of any savings that are identified being used to offset the potential underachievement. The Service is estimating that an in-year underspend of £0.300m will be achieved which would cover the bulk of the underachievement non recurrently and that the underachievement would be carried into 2023/24.
- Again, as discussed at the Board development session and highlighted above in terms of financial concerns the committee received an update on Agency spend and the plans to address it. The Trust is targeted with a 10% reduction in agency spend and at month six is over the target. The action plan developed by the Executive is targeting a 2% reduction between 21-22 and 22-23 leading to a 29% reduction between 22-23 and 23-34 but this is connected to recruitment initiatives for nurses and consultants in a difficult market. FIC will continue to monitor delivery of the recovery plan.
- The committee received a paper is to provide FIC with an update on the Agency Expenditure Trajectories. The Trust has been set an Agency Target for 2022/23 of £7.565m. As at the end of November 2022 the cumulative position on agency was that the Trust was £0.861m ahead of its agency target (£0.839m in October). The paper gave a detailed analysis of all spend on agency in every division. Positive assurance was provided in terms of the fact that Recruitment plans should reduce the agency forecast and a more noticeable impact is modelled for 2023/24. However, areas of concern were that Validation of forecasts at divisional level have worsened the forecast position primarily due to the reduced effect of International Nurse Recruitment. The Trust is currently exceeding the cumulative agency target at Month 8 by £0.861m. Recovery plans will reduce spend but not bring the trust in line with its target for 2022-23. Therefore, a continued focus on Agency reduction is required by Divisions and will be reviewed by FIC.

- The Committee received a Capital Programme update. The capital programme is being managed to take best advantage of the resource available to the Trust. Although progress has been slower than intended, at the end of November 33% of the programme has been delivered. An area of concern is that the 23/24 capital programme is overcommitted, and the Trust is likely to be asked to reprioritise within resource envelope. To address this the 22/23 capital programme has been reprioritised to respond to internal priorities and internal and external factors influencing deliverability. National frontline digitisation funding has been awarded to the Trust (£0.585m) and will be drawn as PDC. Further PDC for the YHCR of £0.360m may be drawn down subject to agreement of the YHCR (now the Interweave Board). In addition, the outline programme for 2023/24 has been drafted and includes existing commitments and priorities identified by the CAPEX committee and EMT. The programme is overcommitted by £0.361m which is just 7% of the overall £5.168m capital allocation. The Trust will be informed in January whether it has been successful in its application for a SALIX grant of £2.44m – the grant will cover a 3 year period of delivery. The Trust will need to submit a capital plan as part of the 2023/24 planning round.
- The Committee received an update report on the YHCR programme (now Interweave Board) showing that CDEL approval from Humber and North York's and South York's ICB's has been provided. FIC were assured in terms of the governance provided.
- The Committee received and noted both the draft BAF and risk register for those applicable to FIC. The Committee recommended that issues around agency costs and Primary care were added to negative assurance on the BAF, agreed with the overall assurance level of yellow and recommended changing risk FII224 – Risk to the Trust's ability to deliver its overarching Financial Position (and regulatory intervention) if agency spend continues to exceed ceiling – be reduced from 16 to 12.
- The Committee received an update report on employment tax issues and issues arising from IR35 and the work undertaken by PS Tax. Positive assurance was provided in terms of control over workers engaged through framework agencies (who manage the bulk of engagements) and implementing the changes recommended by the new financial year will reduce the possibility of challenge by HMRC. In addition, the flexible workforce team (FWT) have a good grip of IR35 requirements and have good processes for engagements through framework agencies. However, several risks were identified being that following the independent review several workers have been identified as being inside IR35 legislation. The cost of agency workers (particularly GP's and Consultants) may increase as a result. As a result of applying the IR35 legislation there may be an impact on workforce availability. PS Tax have made several recommendations which need to be addressed before the end of the financial year and will require the establishment of a task and finish group and a resource allocation.
- The Committee received the Estates Strategy final draft (there are two parts; the Estate Strategy that is directly aligned with the Trust Strategy and an Estate Plan that will include.
  - locality plans, property disposal, acquisition and consolidation plans, and document scheduled changes in operational requirements.

The team had taken on board feedback given at the October 22 FIC and the committee gained assurance that the Estate Strategy is aligned with the Trusts Strategy. The Estate Strategy will

provide a framework from which estate development and capital investment proposals can be aligned with the Trust's strategic goals. The provision of a distinct Estates Plan can be utilised to establish the workstreams that will be monitored via the Estates Strategy and Capital Delivery Group and the Finance and Investment Committee. Estate Plan that will include locality plans, property disposal, acquisition and consolidation plans, and document scheduled changes in operational requirements. The Estate Plan is in development for issue in draft to FIC in April 2023 following consideration at EMT and ODG and then to come to Board in May. The only risk seems to be of competing interests between Divisions resulting in an inefficient use of estate.

- The committee received an update on the Green Plan focussing on Trust emissions and carbon footprint, energy, gas, water, transport, waste, procurement, carbon offsetting and green champions. Overall, the Trust is performing well against its targets for the first 6 months of 22/23. It should be noted that the last few warm months have helped with our energy consumption and carbon targets, but going forward, the present cold snap and forthcoming winter months will see consumption rates rise. The committee received positive assurance in terms of Carbon reduction targets being ahead of the Green Plan target and a process of increasing awareness of waste management across operational areas. The only risk identified was that of continued energy price increases. Key work underway included the Salix (phase 3b) grant submission being submitted, with outcome anticipated January 2023; a review Gas and Electricity contract renewal post March 2024 to get under way; an increased use of the biomass boiler in development at ERCH; the feasibility of solar farm being in development. Overall the committee were assured on the progress the Trust is making.
- The Committee received an update on the latest planning advice and the Trust's 23/24 BRS plan. On Friday 23 December, NHS England (NHSE) published 2023/24 priorities and operational planning guidance. The guidance sets out three key tasks for the next financial year, which are
  - o to recover core services and improve productivity.
  - o to deliver the key ambitions set out in the NHS long term plan (LTP), and
  - o transforming the NHS for the future.

In terms of the operational planning guidance, the following are the initial headlines, further analysis will be required once allocations are known and technical guidance has been published

- Contracts need to be signed by 31st March 2023
- Cost uplift Factor of 2.9% (included pay award of 3%)
- Efficiency Ask of 1.1%
- COVID Funding reduction nationally from £2.2bn to £0.5bn
- Elective Activity to be paid for on a tariff basis
- SDF for Mental Health simplified but broadly as expected
- Provider Selection Regime not yet in place
- MHIS continues including sign off process (Schedules not yet published)
- NHS Pension top up continues to be funded centrally
- Local Authority uplifts to be negotiated locally
- CNST built into tariffs (potential impact if on block contract?)
- Funding for PPE still to be confirmed
- Salary Support for IAPT to continue
- Agency Target of 3.7% of overall Pay Bill

The Trust have a requirement to formulate 1.5% (£2.122m) Budget Reduction Strategy savings for 2023/24 and indicative savings of 1.5% for 2024/25 and 2025/26. Savings of £1.590m have been proposed to date and the current position shows a gap in savings developed of £0.533m compared to the target. This relates to the Mental Health Division. Work on formulating a financial plan for 2023/24 continues including continued progress to achieving the BRS targets. In terms of the full financial plan for 23/24 we can expect a gap at the beginning versus plan as we work through the issues raised. With us moving to quarterly meetings for committees FIC will hold an extraordinary meeting to review the plan prior to March Board.

Title & Date of Meeting:	Council of Governors Public Meeting – 20 <sup>th</sup> April 2023														
Title of Report:	Trust Performance Report – February 2023														
Author/s:	Name: Peter Beckwith/Richard Voakes Title: Director of Finance/Business Intelligence Lead														
Recommendation:	<table border="1" data-bbox="539 555 1524 678"> <tr> <td data-bbox="539 555 938 593">To approve</td> <td data-bbox="938 555 1029 593"></td> <td data-bbox="1029 555 1412 593">To discuss</td> <td data-bbox="1412 555 1524 593"></td> </tr> <tr> <td data-bbox="539 593 938 631">To note</td> <td data-bbox="938 593 1029 631"><input checked="" type="checkbox"/></td> <td data-bbox="1029 593 1412 631">To ratify</td> <td data-bbox="1412 593 1524 631"></td> </tr> <tr> <td data-bbox="539 631 938 678">For assurance</td> <td data-bbox="938 631 1029 678"></td> <td data-bbox="1029 631 1412 678"></td> <td data-bbox="1412 631 1524 678"></td> </tr> </table>			To approve		To discuss		To note	<input checked="" type="checkbox"/>	To ratify		For assurance			
To approve		To discuss													
To note	<input checked="" type="checkbox"/>	To ratify													
For assurance															
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 February 2023.</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> <p>Detailed narrative on waiting times is included as an appendix to the report.</p>														
<b>Key Issues within the report:</b>															
<p><b>Positive Assurances to Provide:</b></p> <ul style="list-style-type: none"> <li><b>Mandatory Training</b> – compliance overall remains high, performance exceed the upper control limit in February at 93.1% which is reflective of the desire to have all staff up to date with their statutory and mandatory training.</li> </ul>	<p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li><b>Delayed Transfers of Care (no criteria to reside)</b> The ICB and Provider Collaborative are escalating DTOC/NCTR as an issue requiring focussed system action and additional measures are in place supported by the new national Discharge Funding to support patient flow in order to improve the level of DTOC.</li> </ul> <p>Our ICB is a National Discharge Frontrunner site and whilst this is focussed on acute care, we are working with this programme to also bring further benefit in reducing the delays that our patients experience. Whilst progress has been made during the last two months to achieve discharge for some of those patients with the longest delays, new delays are still occurring despite the teams best efforts to avoid this occurring.</p>														
<p><b>Matters of Concern or Key Risks to Escalate:</b></p> <ul style="list-style-type: none"> <li><b>Delayed Transfers of Care (no criteria to reside)</b> - Delayed Transfers of Care (or patients who have No Criteria to Reside NCTR) remain high and the issue continues to lie with patients predominantly waiting for specialised hospital</li> </ul>	<p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>None (report is to note)</li> </ul>														

placements with other NHS providers or local authority provided residential placements. System escalation mechanisms are in place to address this overseen by the Chief Operating Officer. Focus is being maintained on improving this position further to achieve the best outcomes for our patients and to ensure it does not adversely impact on the improved position we have achieved in reducing out of area placements.

- **Out of Area Placements** - The number of out of area mental health placements is directly impacted by the position in relation to the number of patients whose discharge is delayed. Analysis demonstrates that the number of admissions (inflow) is within normal variation, achieving timely discharge (outflow) is the cause of insufficient beds being available for admissions. DTOCs are being escalated at place and ICB wide. Operationally focus remains on the effectiveness of the out of hospital acute care pathway to ensure that admission only occurs when home or community support and care has been fully considered to avoid unnecessary use of beds.

Governance:

	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	29.3.23		

### Monitoring and assurance framework summary:

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

✓ Tick those that apply

	Innovating Quality and Patient Safety			
	Enhancing prevention, wellbeing and recovery			
	Fostering integration, partnership and alliances			
	Developing an effective and empowered workforce			
	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	✓			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  
2022-23

# TRUST PERFORMANCE REPORT

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

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

Reporting Month:  
Feb-23

Chief Executive: Michele Moran

Prepared by: Business Intelligence Team

Caring, Learning and Growing



# Humber Teaching NHS Foundation Trust Trust Performance Report

For the period ending:

**Feb 2023**

<b>Purpose</b>	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.		
<b>What are SPCs?</b>	<p>Statistical process control (SPC) charts can help us understand the scale of any problem, gather information and identify possible causes when used in conjunction with other investigative tools such as process mapping.</p> <p>SPC tells us about the variation that exists in the systems that we are looking to improve:</p> <p>S – statistical, because we use some statistical concepts to help us understand processes.  P – process, because we deliver our work through processes ie how we do things.  C – control, by this we mean predictable.</p> <p>SPC should be used to help to get a baseline and evaluate how we are currently operating. SPC will also help us to assess whether service changes have made a sustainable difference. They give an indication as to whether there is relatively stable variation over time or whether there are special causes creating exceptional variance. This is done by analysing the chart looking at how the values fall around the average and between or outside the control limits. The average and control limits do not indicate whether the indicator is achieving the target that has been set, but they allow us to better understand how stable the performance is and whether or not it is changing.</p>		
<b>Strategic Goal 1</b>	Innovating Quality and Patient Safety	<b>Strategic Goal 4</b>	Developing an effective and empowered workforce
<b>Strategic Goal 2</b>	Enhancing prevention, wellbeing and recovery	<b>Strategic Goal 5</b>	Maximising an efficient and sustainable organisation
<b>Strategic Goal 3</b>	Fostering integration, partnership and alliances	<b>Strategic Goal 6</b>	Promoting people, communities and social values
<b>Key Indicators</b>	The following is a list of indicators highlighted within this report and the Goal to which they are set against. Other than the Safer Staffing dashboard, each indicator uses SPC charts		

Dashboard	Safer Staffing	A dashboard to provide overview on a number of clinical indicators for the Trust's inpatient units across all services
Dashboard	Mortality	Learning from Mortality Reviews
Goal 1	Mandatory Training	A percentage compliance for all mandatory and statutory courses
Goal 1	Vacancies	Proportion of posts vacant when compared to the budgeted establishment. This information is taken from the Trust financial ledger.
Goal 1	Number of Incidents per 10,000 Contacts	Number of Incidents per 10,000 Contacts (based on contacts and occupied bed days)
Goal 1	Clinical Supervision	Percentage of staff with appropriate clinical supervision taken place within the last 4-6 weeks
Goal 1	FFT - Patient Recommendation	Results where patients would recommend the Trust 's services to their family and friends
Goal 2	FFT - Patient Involvement	Results where patients felt they were involved in their care
Goal 2	72 hour follow ups	Percentage of patients who had a follow up within 72 hours (3 days) of discharge from hospital
Goal 2	CPA - Reviews	Percentage of patients who are on CPA and have had a review in the last 12 months
Goal 2	Memory Diagnosis	Number of patients waiting 18 weeks or more since referral to the service

# Humber Teaching NHS Foundation Trust

## Trust Performance Report

For the period ending:

**Feb 2023**

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 (East Riding)	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). Including and Excluding Covid Sickness
Goal 4	Staff Turnover	Percentage of leavers against staff in post (excluding employee transfers wef April 2021)
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 2022-23

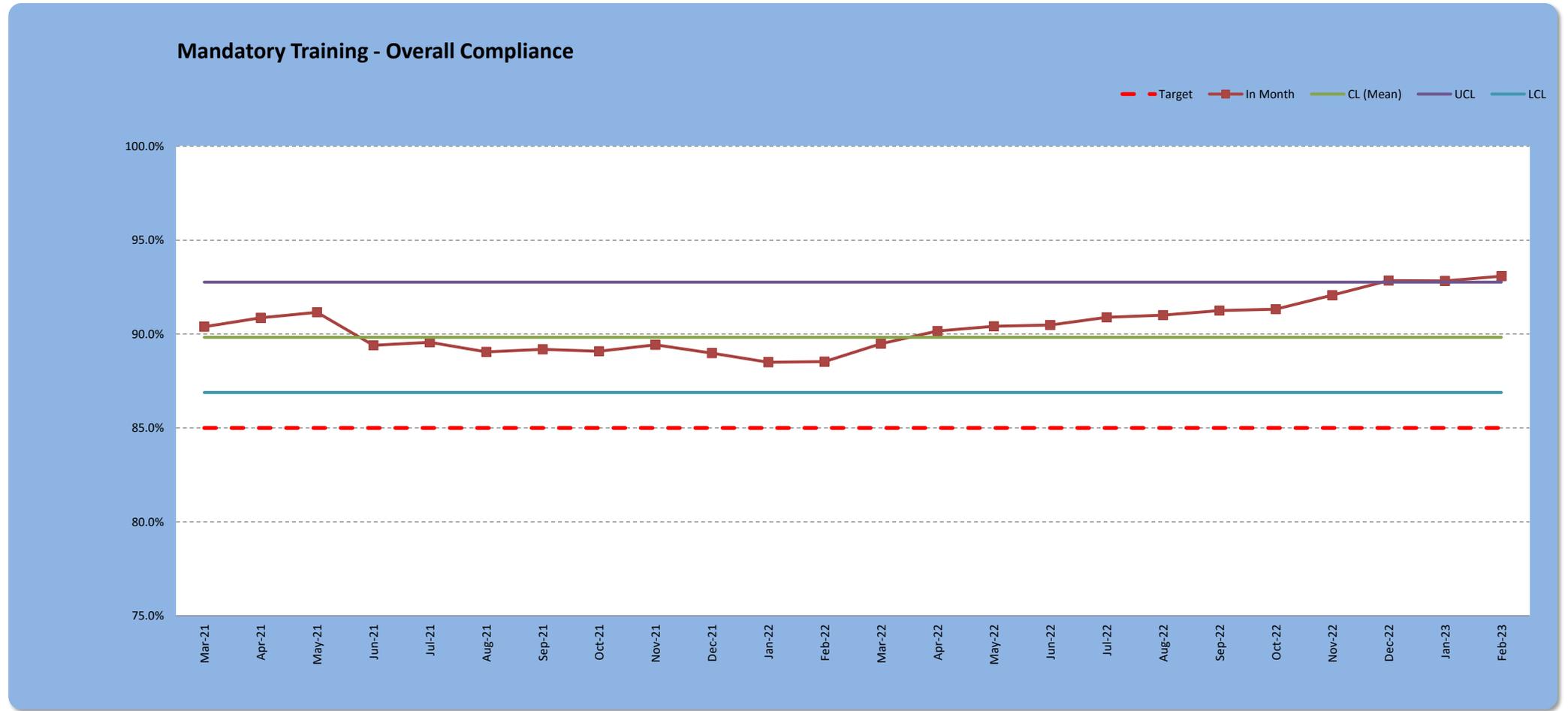
## Goal 1 : Innovating Quality and Patient Safety

For the period ending:

**Feb 2023**

Target:	Amber:	Current month stands at:
85%	80%	93.1%

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



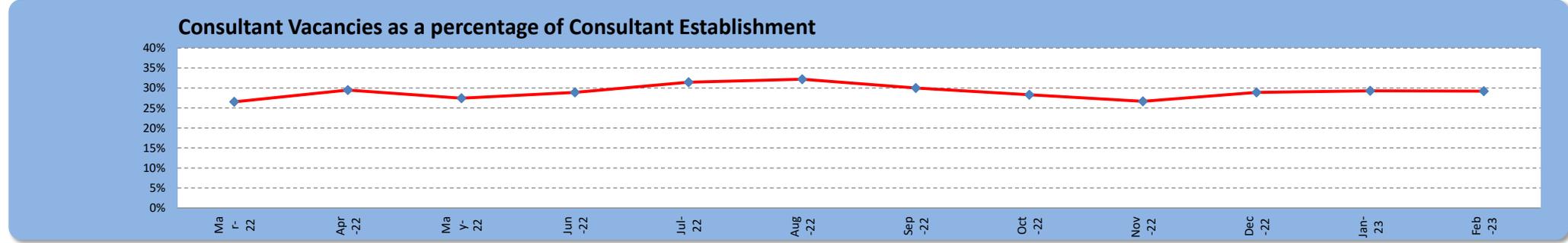
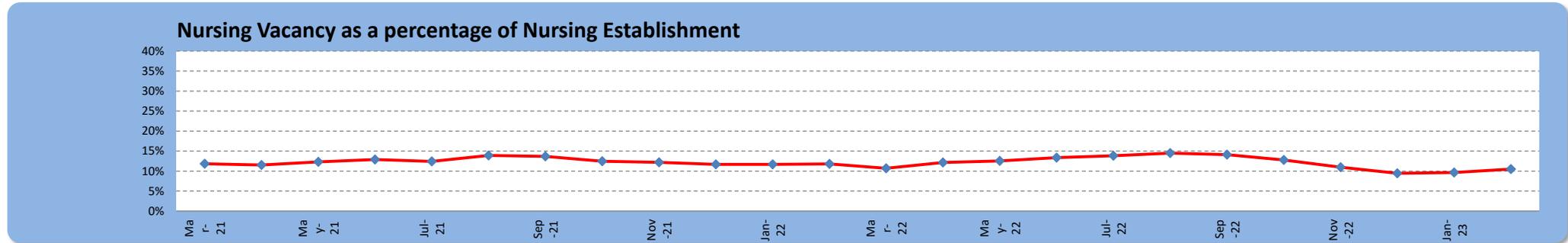
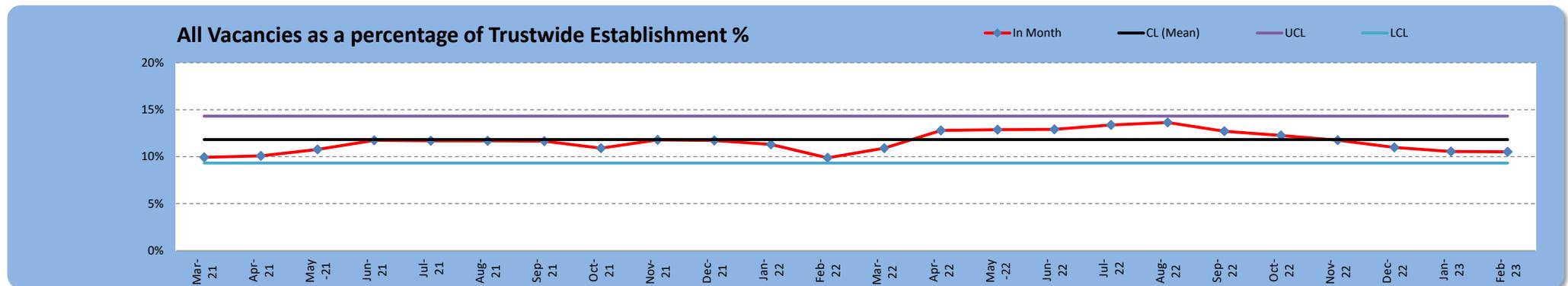
# PI RETURN FORM 2022-23

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Feb 2023**

Target:	Amber:	Current month stands at:
N/A	N/A	10.5%

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



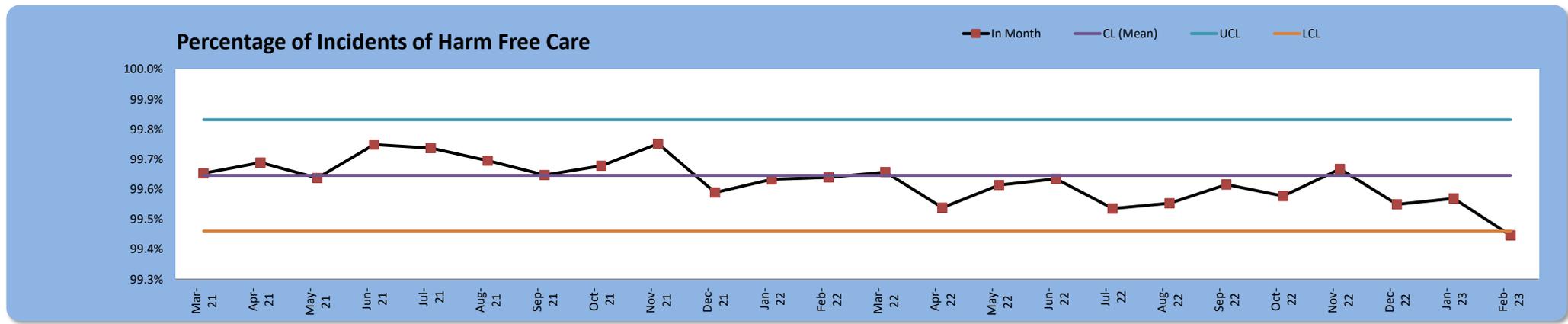
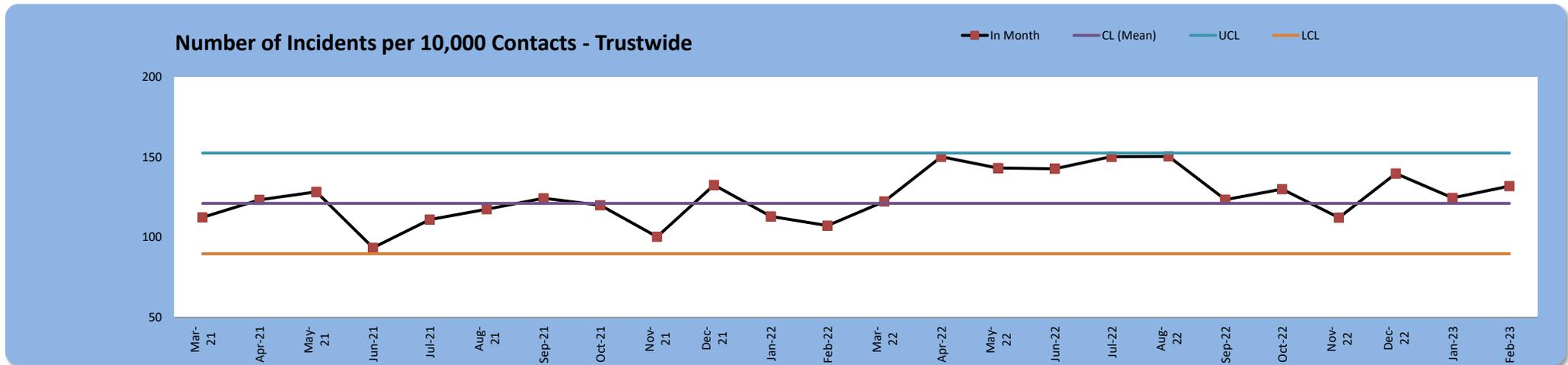
# PI RETURN FORM 2022-23

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Feb 2023**

		Trustwide current month stands at:
Target:	Amber:	132
0	0	

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



# PI RETURN FORM 2022-23

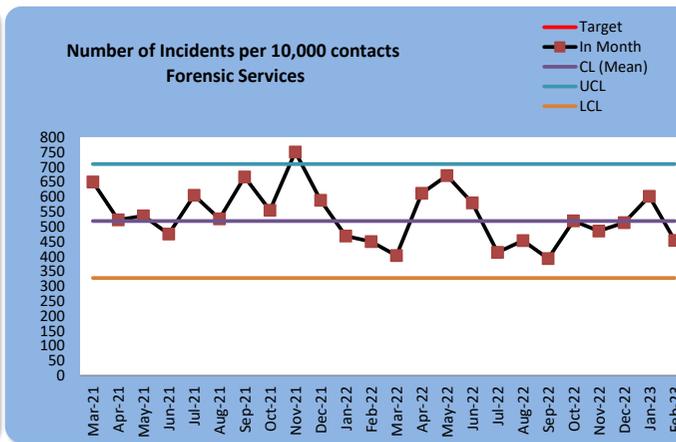
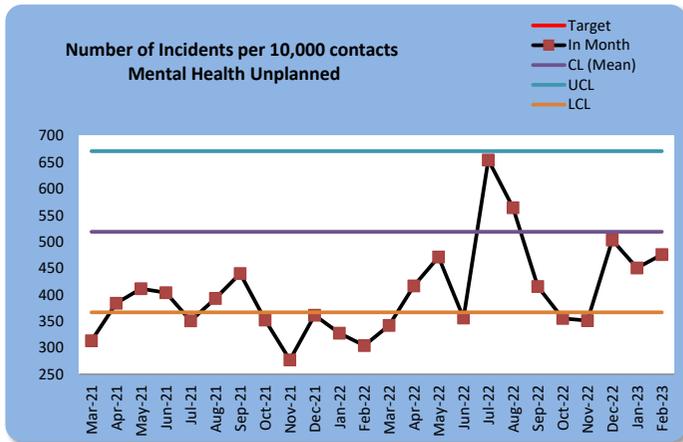
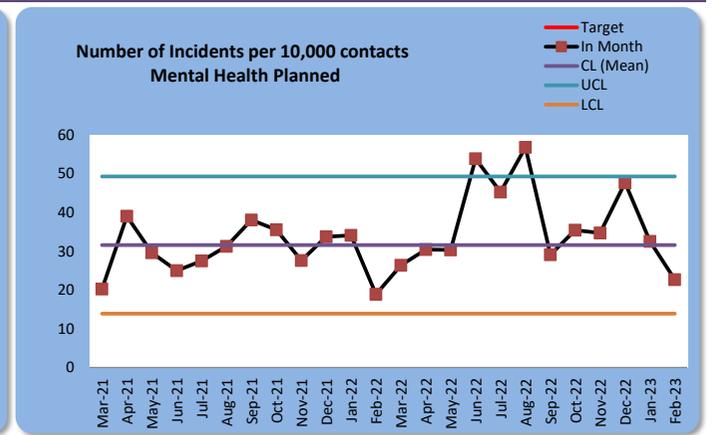
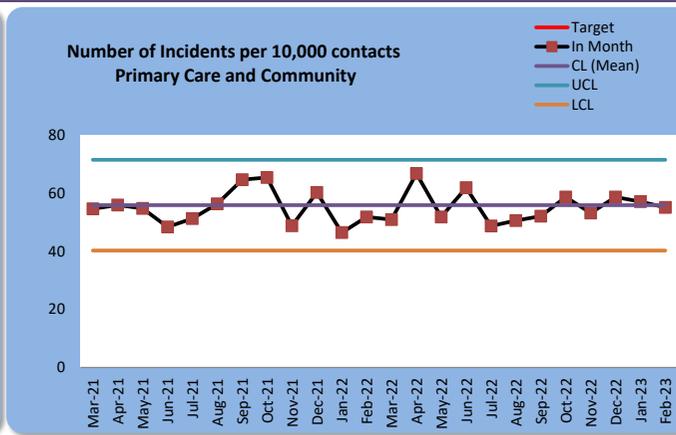
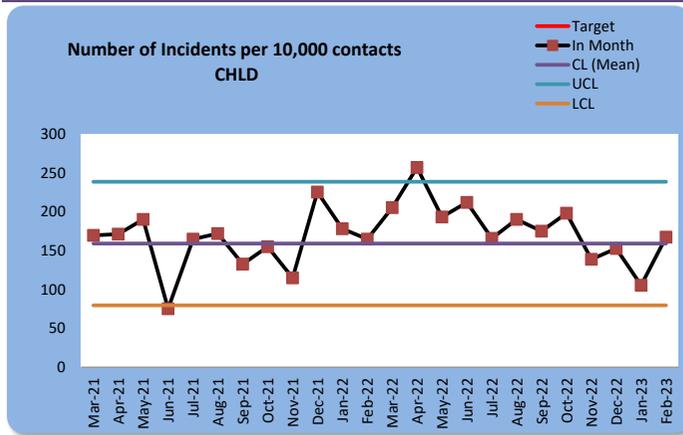
## Goal 1 : Innovating Quality and Patient Safety

For the period ending:

**Feb 2023**

Target:	Amber:	Trustwide current month stands at:
0	0	132

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



### Current Month per Division

Children and Learning Disability	167
Primary Care and Community	55
Mental Health Planned	23
Mental Health Unplanned	476
Forensic Services	454

### Incident Analysis

	Jan-23	Feb-23
Never Events	0	0
% of Harm Free Care	99.6%	99.4%
% of Incidents reported in Severe Harm or Death	0.7%	0.6%

# PI RETURN FORM 2022-23

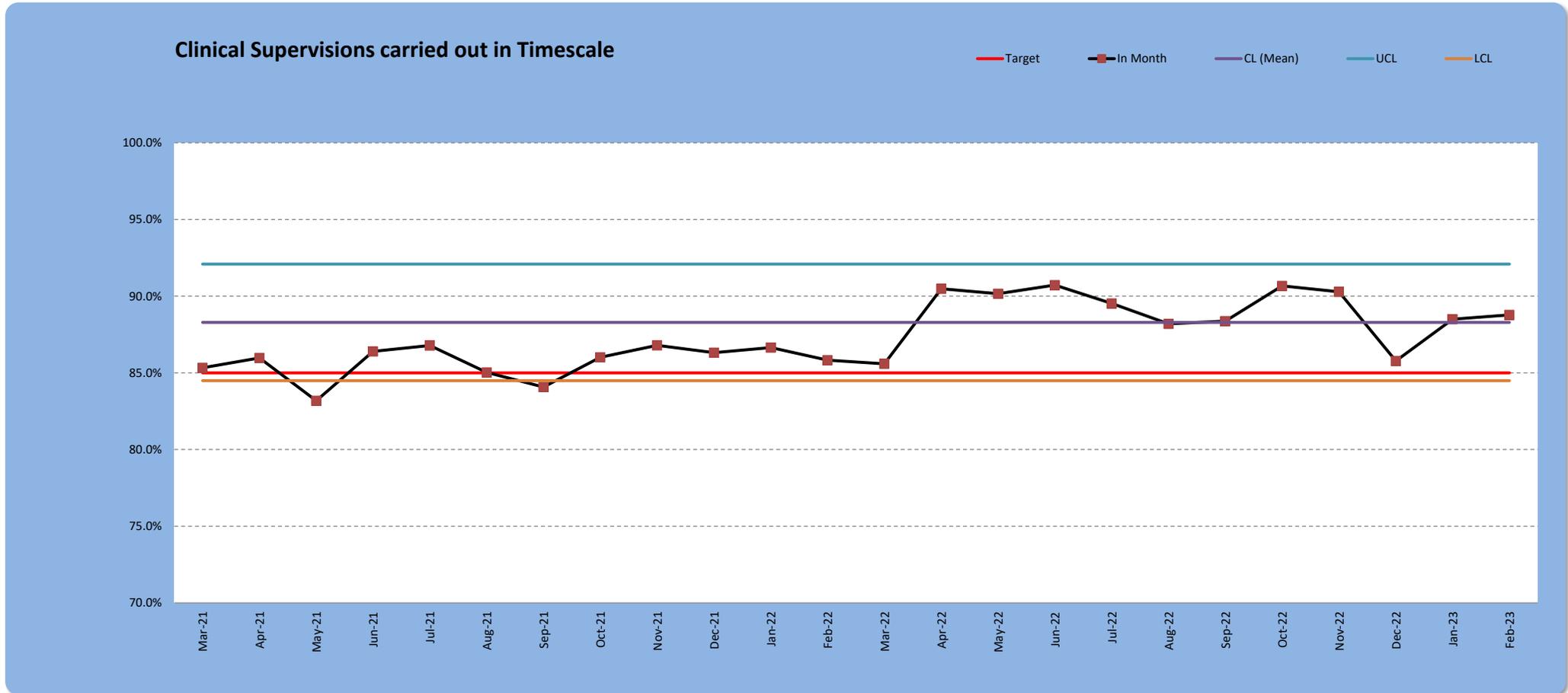
## Goal 1 : Innovating Quality and Patient Safety

For the period ending:

**Feb 2023**

Target:	Amber:	Current month stands at:
85%	80%	88.8%

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



# HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

Contract Period:	2022-23
Reporting Month:	Jan-23



Shown one month in arrears

Speciality	Units					Bank/Agency Hours				Average Safer Staffing Fill Rates				High Level Indicators										Indicator Totals	
	Ward	Speciality	WTE	OBDs (inc leave)	CHPPD Hours (Nurse)	Bank % Filled	Improvement	Agency % Filled	Improvement	Day		Night		QUALITY INDICATORS (Year to Date)										Dec-22	Jan-23
										Registered	Un Registered	Registered	Un Registered	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)		
Adult MH	Avondale	Adult MH Assessment	30.8	74%	11.7	22.8%	↑	1.7%	↑	87%	77%	106%	92%	0	5	0	0	96.4%	90.3%	92.9%	92.9%	4.7%	3.0	1	0
	New Bridges	Adult MH Treatment (M)	41.4	98%	7.57	14.0%	↑	0.6%	↑	81%	85%	85%	109%	0	1	0	0	78.6%	95.8%	94.4%	79.2%	5.8%	-0.4	0	2
	Westlands	Adult MH Treatment (F)	35.7	99%	8.27	23.9%	↓	7.3%	↑	84%	76%	100%	100%	0	3	0	0	No Ret	91.0%	93.8%	65.0%	10.0%	1.1	3	3
	Mill View Court	Adult MH Treatment	30.1	95%	8.17	15.0%	↑	15.0%	↑	93%	86%	94%	131%	0	0	0	0	100.0%	88.5%	69.2%	73.7%	12.2%	2.0	1	2
	STARS	Adult MH Rehabilitation	40.3	99%	23.83	23.3%	↓	0.0%	↑	65%	181%	100%	99%	0	0	0	0	73.0%	95.4%	92.3%	85.2%	9.7%	-0.9	3	4
	PICU	Adult MH Acute Intensive	31.5	80%	23.82	36.7%	↓	16.2%	↑	84%	116%	100%	161%	0	28	0	0	100.0%	85.1%	80.0%	80.0%	11.2%	3.0	1	1
OP MH	Maister Lodge	Older People Dementia Treatment	36.9	91%	12.65	17.5%	↑	9.4%	↑	84%	108%	84%	129%	0	1	0	0	100.0%	93.9%	81.8%	85.2%	13.7%	1.0	2	1
	Mill View Lodge	Older People Treatment	24.6	92%	15.48	29.3%	↓	14.8%	↑	65%	109%	100%	179%	0	3	0	0	87.5%	94.6%	92.9%	91.7%	9.2%	-0.2	3	2
Child & LD	Maister Court	Older People Treatment	17.4	88%	16.57	21.4%	↑	9.9%	↑	137%	59%	126%	87%	0	1	0	0	100.0%	95.3%	100.0%	100.0%	10.6%	-0.2	2	2
	Pine View	Forensic Low Secure	30.6	75%	9.82	20.8%	↑	0.0%	→	95%	85%	79%	101%	0	2	0	2	100.0%	96.0%	84.6%	94.7%	13.0%	0.2	2	1
	Derwent	Forensic Medium Secure	24.1	70%	14.01	23.8%	↓	0.0%	→	78%	75%	77%	102%	0	1	0	0	90.5%	93.9%	100.0%	81.3%	11.6%	0.8	2	2
	Ouse	Forensic Medium Secure	23.6	80%	11.16	27.2%	↓	0.0%	→	94%	125%	95%	201%	1	0	0	3	76.0%	93.2%	87.5%	94.1%	5.9%	1.6	0	1
	Swale	Personality Disorder Medium Secure	26.0	80%	10.87	24.7%	↑	0.0%	→	83%	101%	97%	85%	1	2	1	5	87.5%	89.2%	100.0%	77.8%	4.8%	2.2	2	0
	Ullswater	Learning Disability Medium Secure	25.8	50%	25.37	29.2%	↓	0.0%	→	80%	156%	98%	146%	0	1	0	0	92.9%	91.5%	85.7%	95.0%	11.3%	3.0	0	1
CH	Townend Court	Learning Disability	36.6	89%	25.21	30.7%	↓	0.0%	↑	73%	77%	55%	121%	0	2	1	5	58.1%	95.6%	92.3%	90.5%	3.2%	2.4	4	3
	Inspire	CAMHS	73.2	58%	30.98	9.7%	↑	8.8%	↓	102%	104%	166%	122%	1	0	0	0	84.1%	95.6%	92.3%	90.5%	0.0%	0.0	1	0
	Granville Court	Learning Disability Nursing Care	48.5	88%	15.64	27.8%	↑	12.7%	↓	110%	83%	100%	101%	1	0	0	0	92.9%	94.4%	83.3%	90.9%	10.6%	0.0	1	1
CH	Whitby Hospital	Physical Health Community Hospital	44.4	102%	8.01	6.0%	↓	0.0%	↑	99%	95%	100%	100%	0	0	0	0	94.7%	87.1%	80.0%	79.2%	8.5%	-0.6	2	2
	Malton Hospital	Physical Health Community Hospital	34.3	88%	7.14	8.3%	↓	0.2%	↓	92%	80%	106%	93%	0	0	0	0	96.9%	87.9%	94.4%	73.7%	4.8%	-2.6	3	0

# HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

## Exception Reporting and Operational Commentary

### Safer Staffing Dashboard Narrative : Jan

Sickness rates continue to be a challenge which is impacting on fill rates across several unit. There are 14 units flagging as red for sickness rates which is comparable with November and December.

CHPPD thresholds remain strong with only two wards under the target thresholds. Malton's CHPPD is currently 7.14 % which has improved since December. Newbridge's is slightly below the target of 8.0, currently standing at 7.57 which is reflective of ongoing sickness and high OBD.

Mill View Lodge's sickness rates have significantly improved since December from 18.3% to 9.2% however this is impacting on RN daytime fill rate which are being backfilled by unregistered staff. Supervision compliance has significantly improved since December currently standing at 87.5%.

Westland's sickness rate continues to impact on fill rates however this is an improved position from December. There was a nil return for clinical supervision in January and this has been escalated to the matron. Clinical supervision has been confirmed by the team to have been 81% for January. BLS compliance is reported as 65% however the team have since received BLS training onsite and current compliance stands at 94%.

Overall supervision compliance is high despite the current impact of sickness with 15 units achieving compliance above 80%. Areas where supervision compliance is below target have been escalated to the matrons for actioning.

Overall mandatory training including ILS and BLS has a good level of compliance with the majority of teams achieving over 85%. Mill View Court compliance at the end of January was under target however BLS currently stands at 78% and ILS at 67%. Staff are booked onto training sessions. Malton compliance has risen to 83%.

Townend Court supervision rates are low but have improved from 43.3% in December following the introduction of a new supervision structure. Day-time RN fill rates have improved, and shortfalls continue to be back filled by the band 7. Shortfalls in night RN fill rates are back filled with unregistered staff.

Pine View continues to have low RN fill rates on nights (79%) however this is an improvement since November (65%). Pine view continue to be impacted by high sickness which currently stand at 13%. Derwent ward has low registered nurse fill rates for day and nights also impacted by sickness rates (11.6%). Low bed OBD on both units has ensured CHPPD remain strong at 9.82 and 14.01 respectively

Sickness rates continues to be a challenge with 14 units flagging as red in November compared to 11 in October.

Westland's sickness rate (12.4%) is impacting on unregistered fill rates on nights (74%), clinical supervision (74.2%) and BLS compliance (6

### The CHPPD RAG ratings are following discussions with and agreed by EMT in November 2022. Breakdowns are as follows:

Red RAG falls below the lowest rating, Green RAG is greater than the highest rating. Amber RAG falls between

Red RAG	Green RAG	Units applied
<=4.3	>=5.3	STaRS
<=5.3	>=6.3	Pine view, Ouse
<=7	>=8	New Bridges, Westlands, Mill View Court, Swale, Malton, Whitby
<=8	>=9	Avondale
<=9.3	>=10.3	Maister Lodge, Maister Court, Ullswater, Derwent, Inspire, Townend Court, Granville
<=10.5	>=11.5	Mill View Lodge
<=15.6	>=16.6	PICU

Staffing and Quality Indicators	
Contract Period:	2022-23
Reporting Month:	Jan-23



**Humber Teaching**  
NHS Foundation Trust

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

Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Jan-23
10.50%	8.80%	7.20%	13.90%	13.80%	14.90%	15.27%	15.00%	14.70%	14.30%	14.50%	10.08%

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

	Nov-22	Dec-22	Jan-23
Maister Lodge	4	8	3
Millview Lodge	3	4	2
Malton IPU	3	7	7
Whitby IPU	0	5	4

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

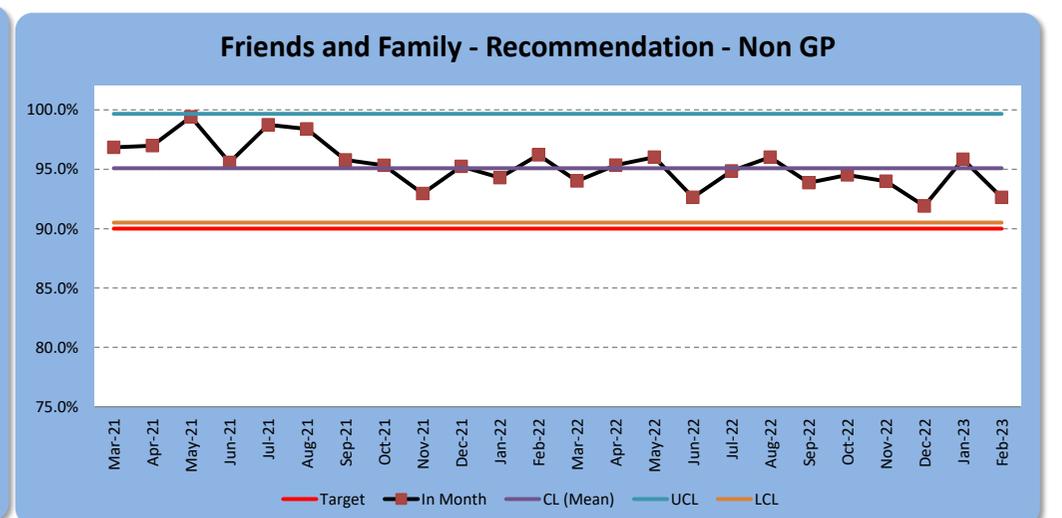
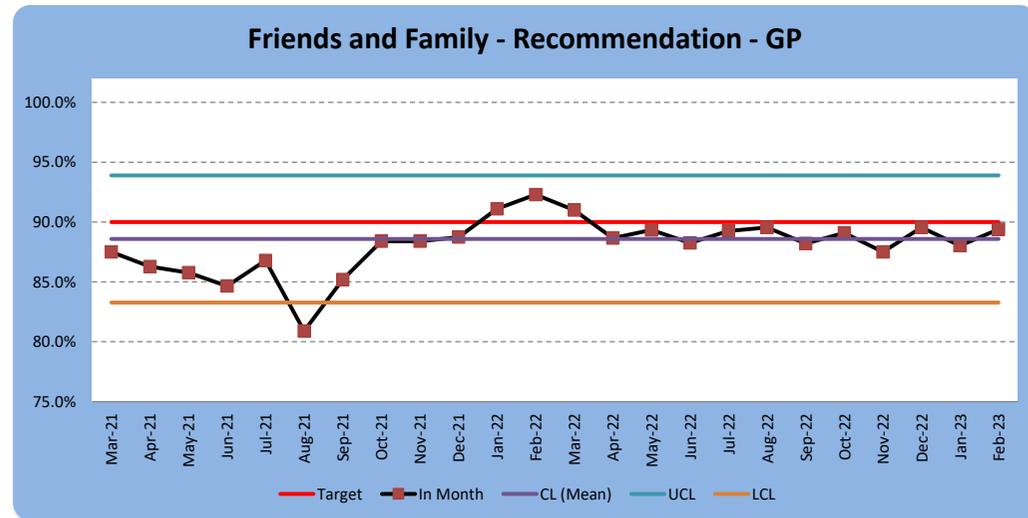
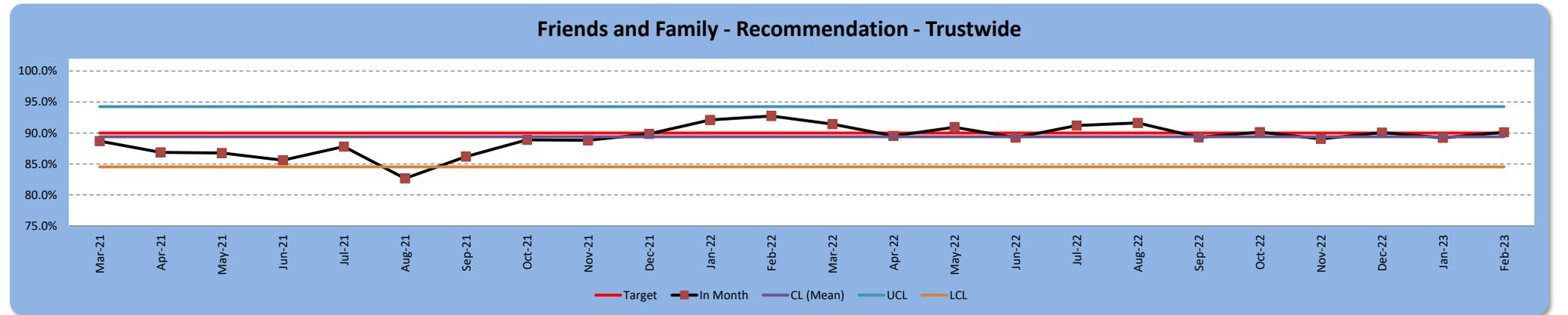
# PI RETURN FORM 2022-23

## Goal 1 : Innovating Quality and Patient Safety

Target:	Amber:	Current month stands at:
90%	80%	90.1%

For the period ending: **Feb 2023**

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	Kwame Fofie	FFT %



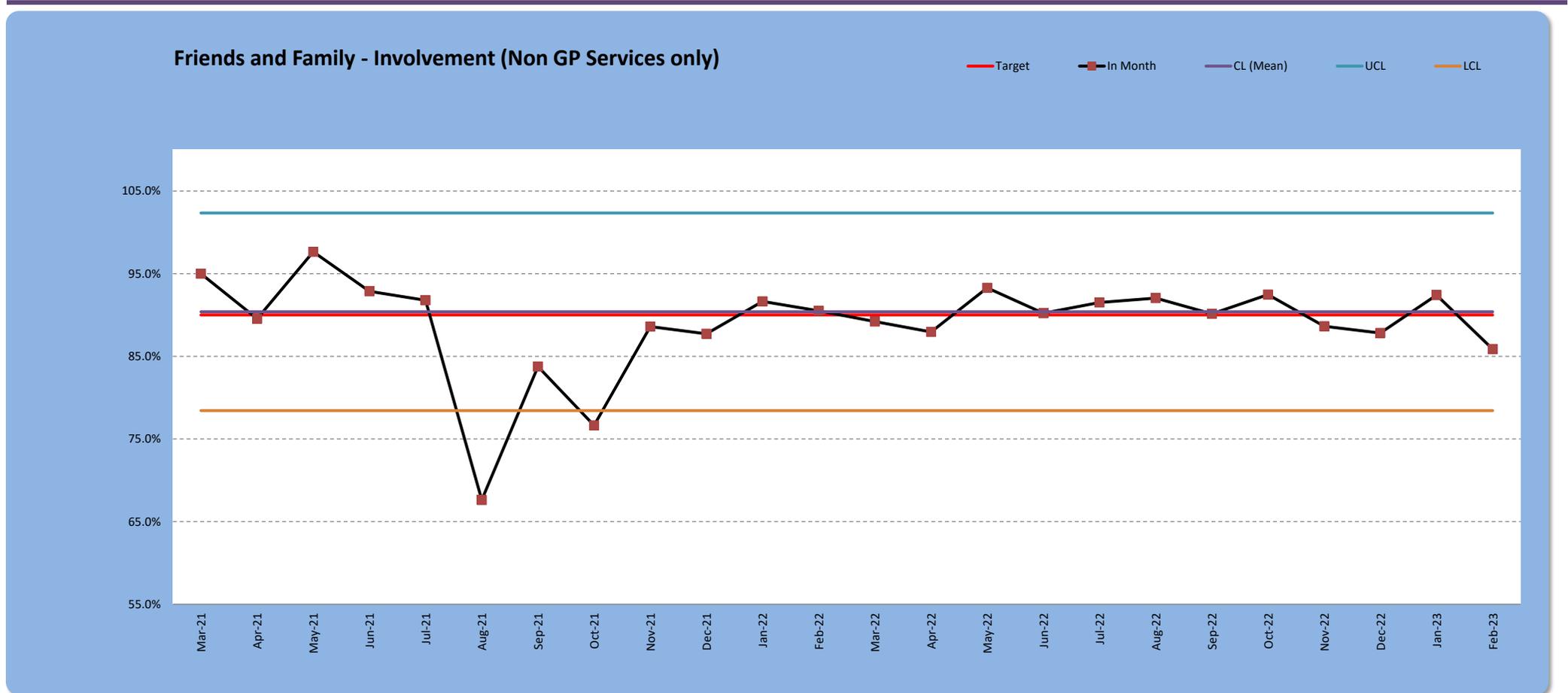
# PI RETURN FORM 2022-23

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2023**

Target:	Amber:	Current month stands at:
90%	80%	85.9%

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	Kwame Fofie	CA 3c %



# PI RETURN FORM 2022-23

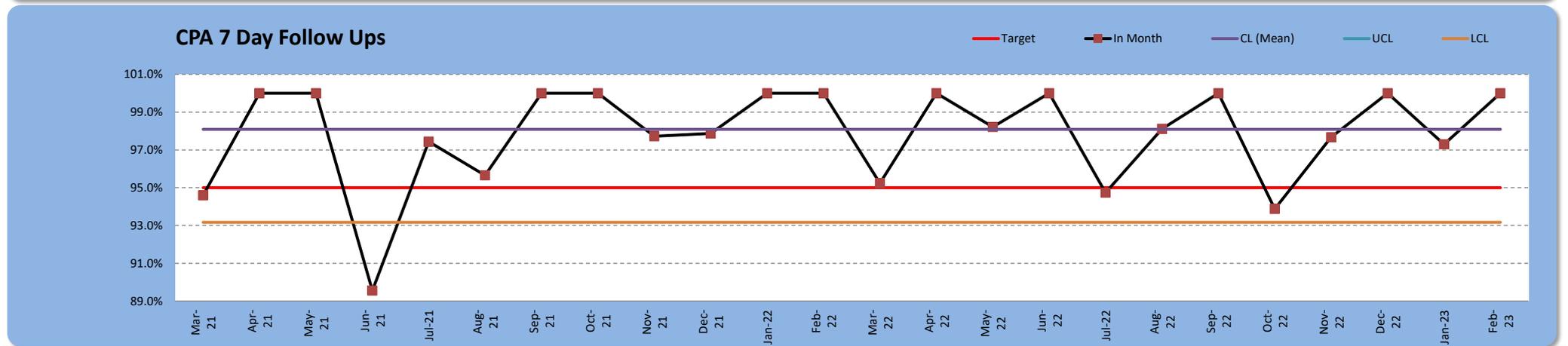
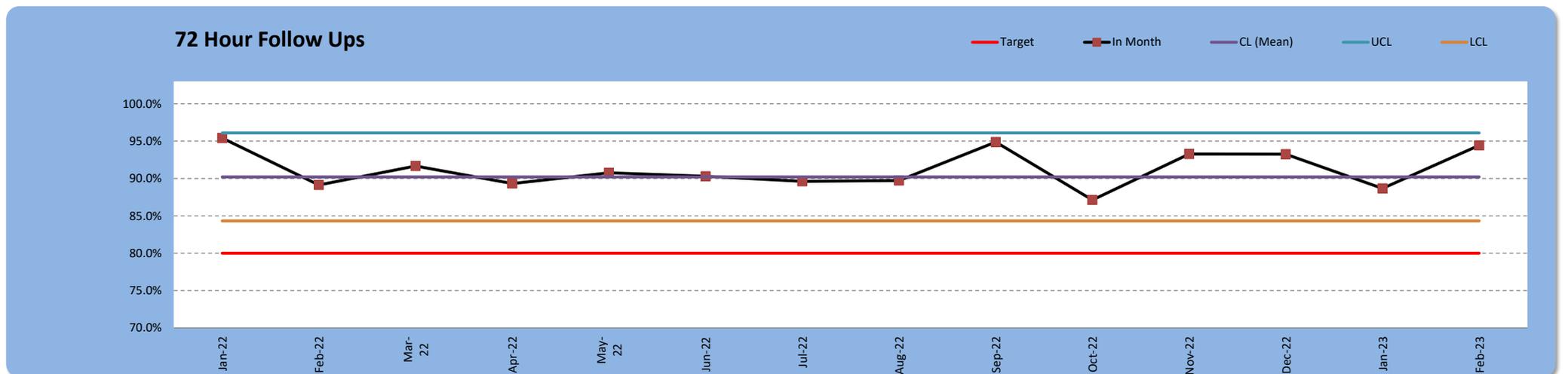
## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending:

**Feb 2023**

		Current month for 72 hour stands at:
Target:	Amber:	
80%	60%	94.4%

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



# PI RETURN FORM 2022-23

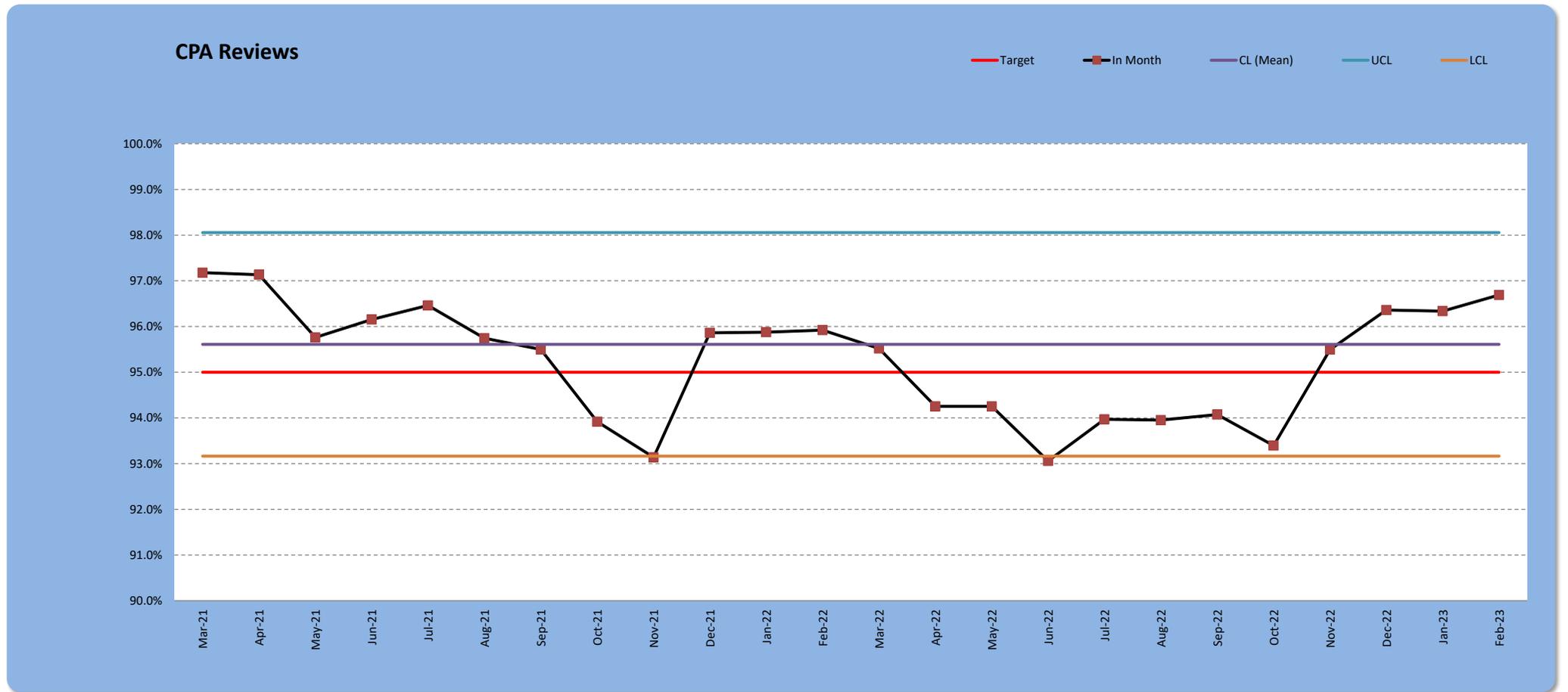
## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending:

**Feb 2023**

Target:	Amber:	Current month stands at:
95%	85%	96.7%

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



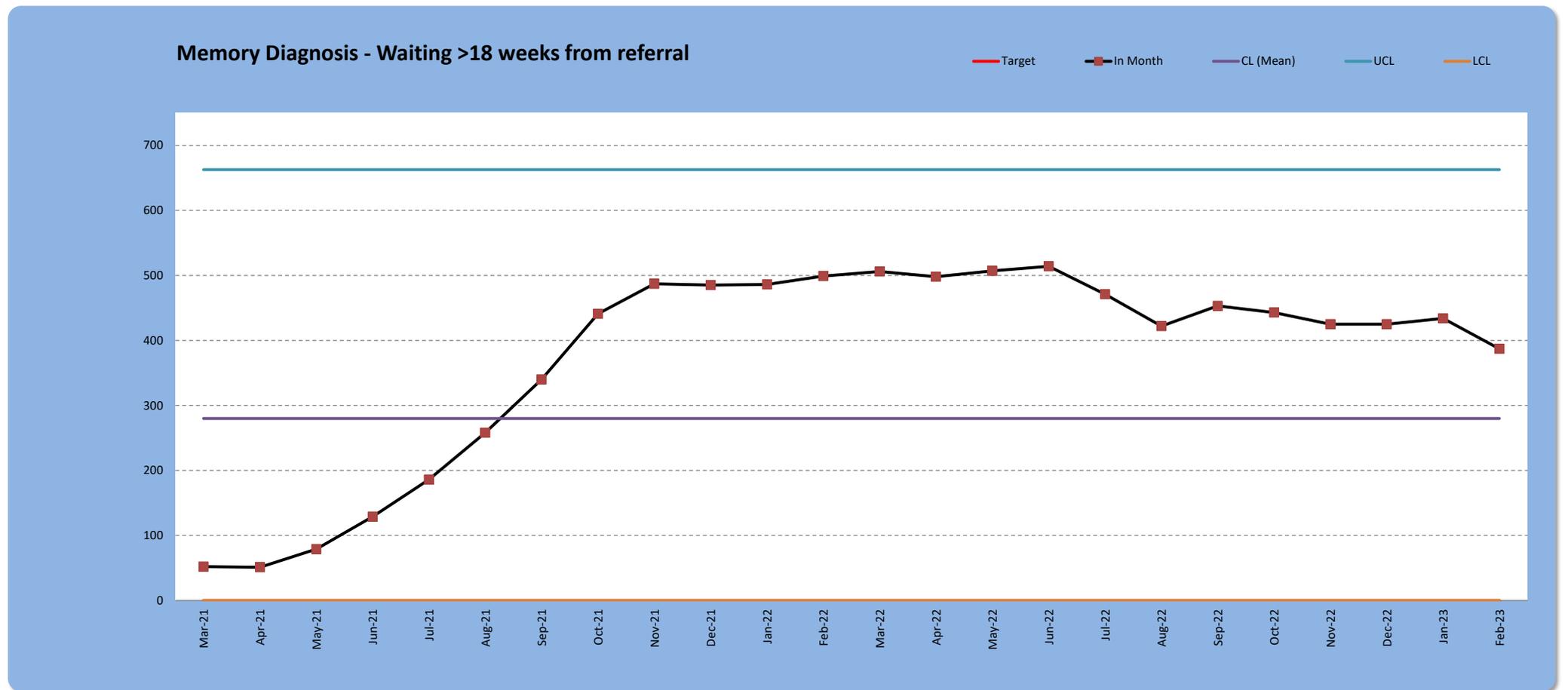
# PI RETURN FORM 2022-23

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2023**

Target:	Amber:	Current month stands at:
n/a	n/a	387

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



# PI RETURN FORM 2022-23

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2023**

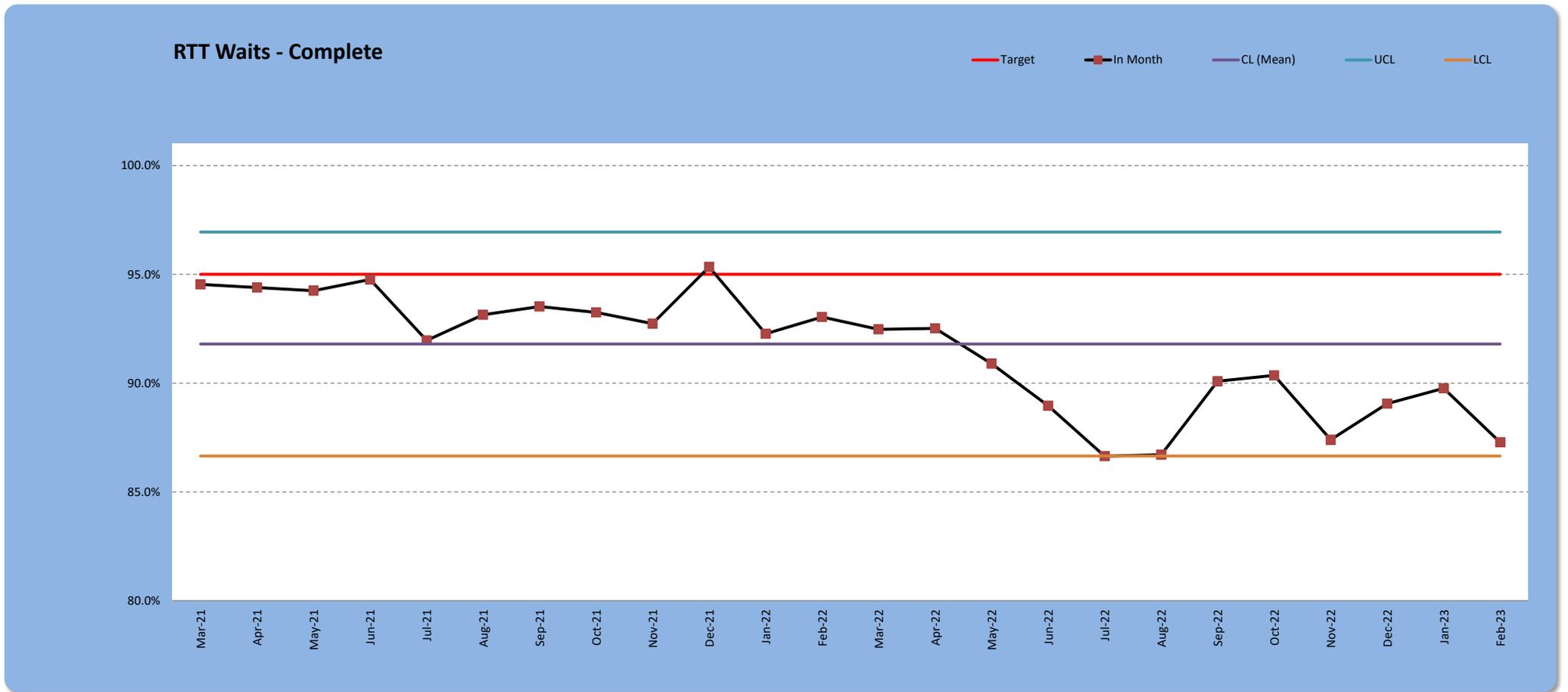
Target:	Amber:	Current month stands at:
95%	85%	87.3%

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

Executive Lead  
Lynn Parkinson

KPI Type

OP 20



# PI RETURN FORM 2022-23

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending:

**Feb 2023**

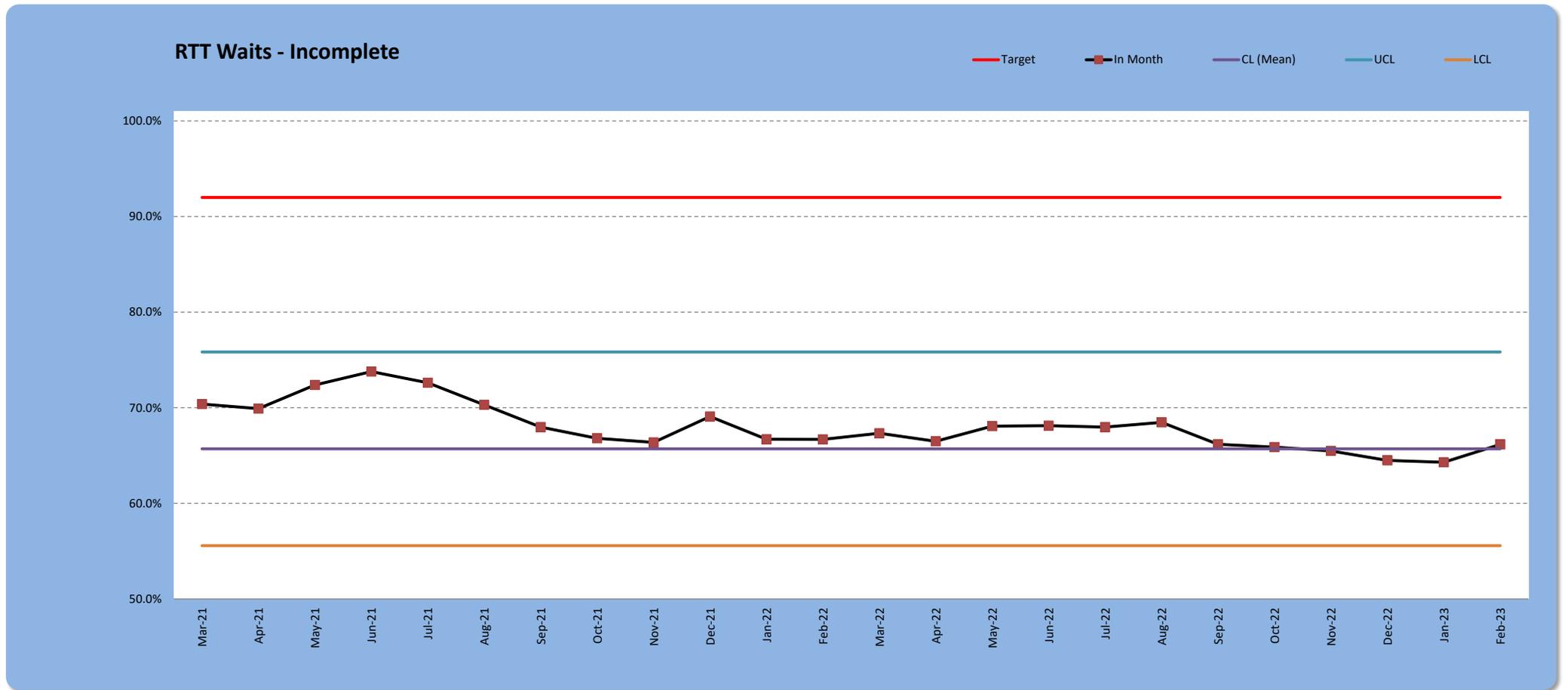
Target:	Amber:	Current month stands at:
92%	85%	66.2%

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

Executive Lead  
Lynn Parkinson

KPI Type

OP 21



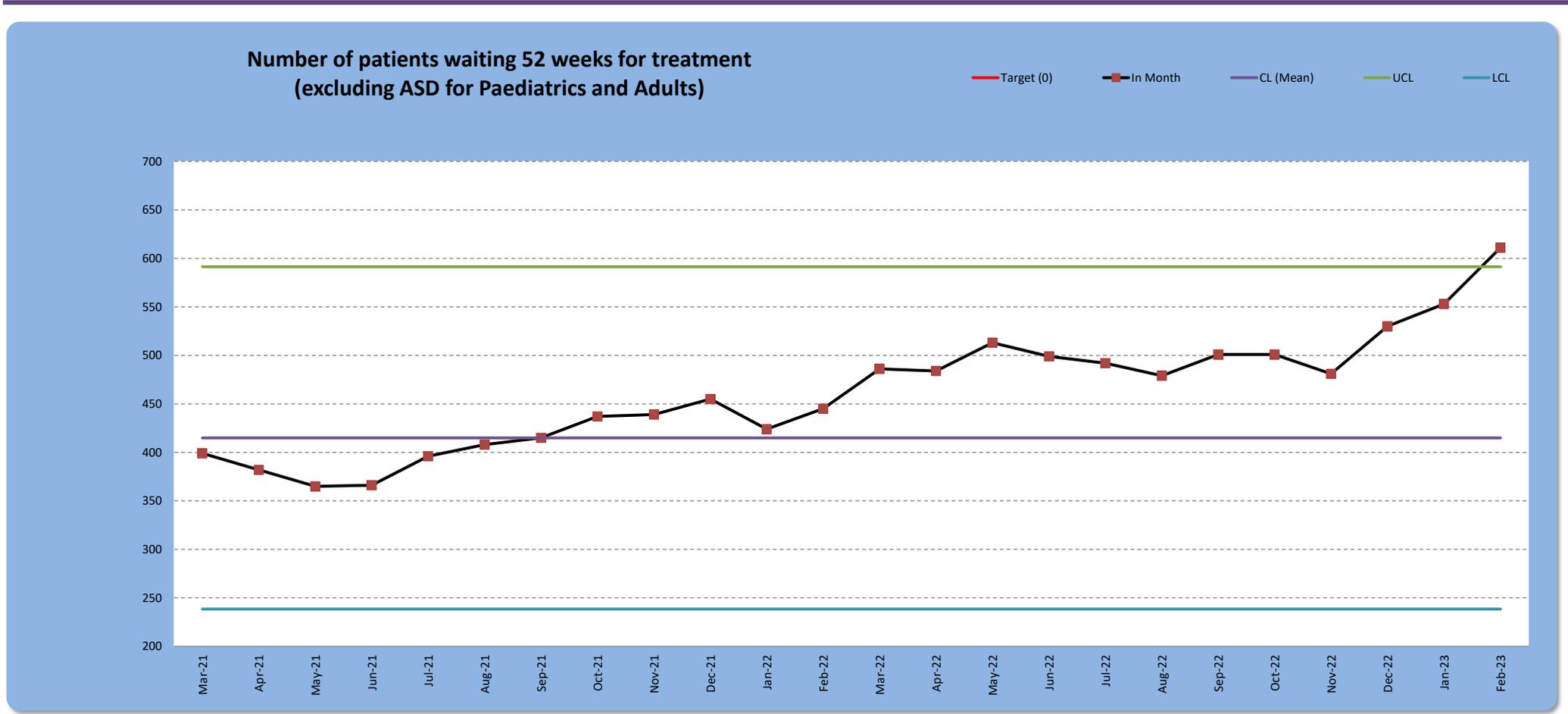
# PI RETURN FORM 2022-23

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2023**

Target:	Amber:	Current month stands at:
0	0	611

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



# PI RETURN FORM 2022-23

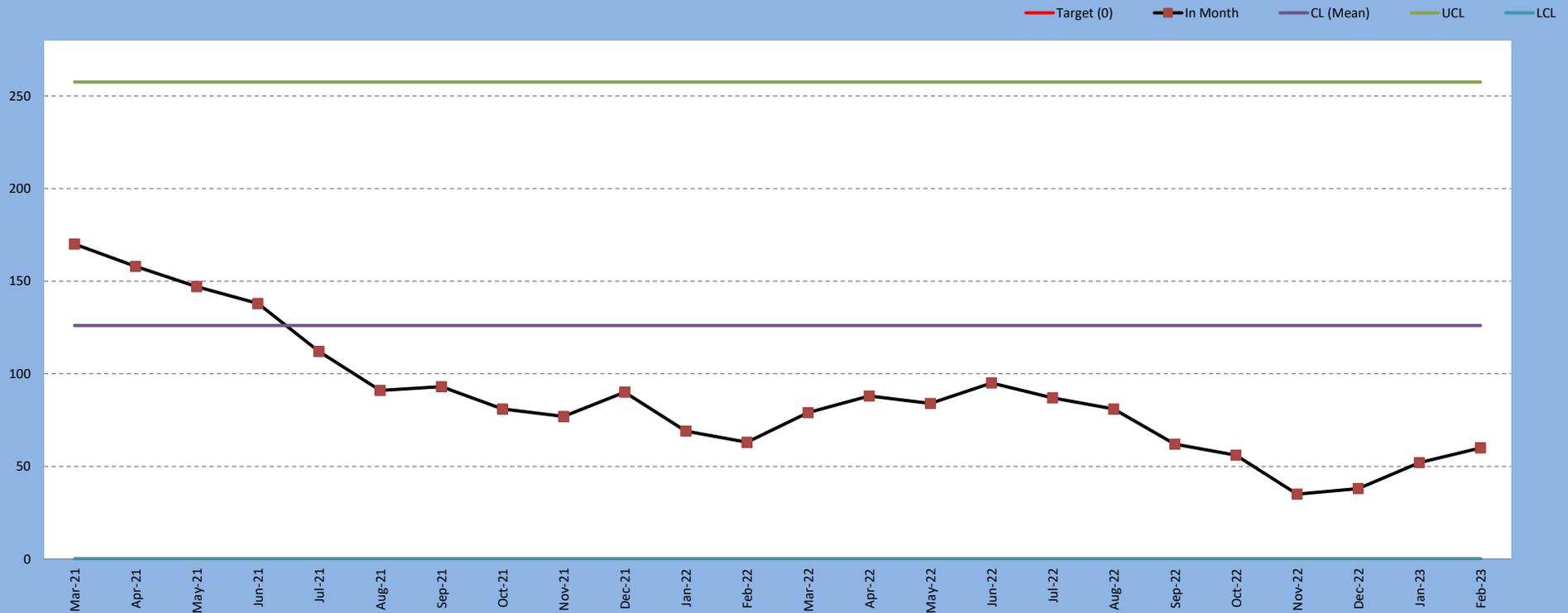
## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2023**

Target:	Amber:	Current month stands at:
0	0	60

Indicator Title	Description/Rationale	Executive Lead	KPI Type
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	OP 22u

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



# PI RETURN FORM 2022-23

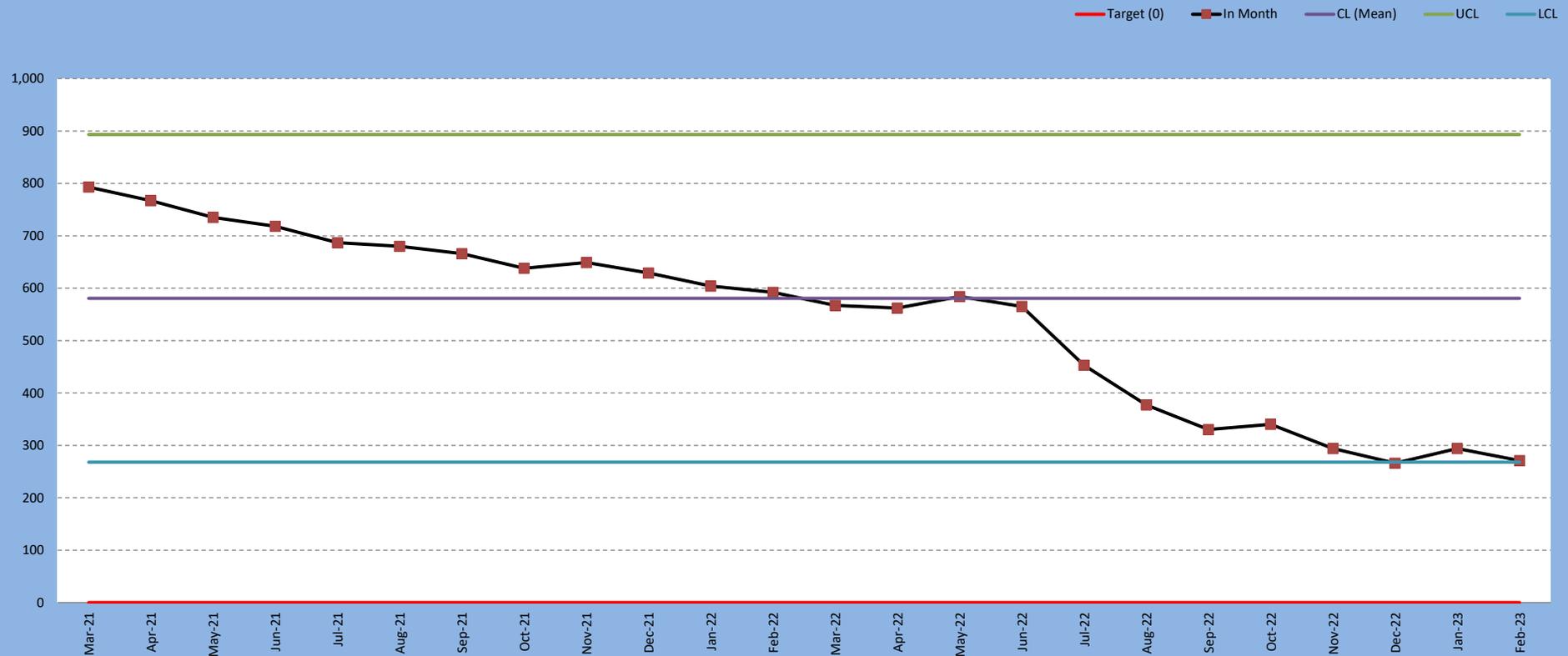
## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2023**

Target:	Amber:	Current month stands at:
0	0	271

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

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



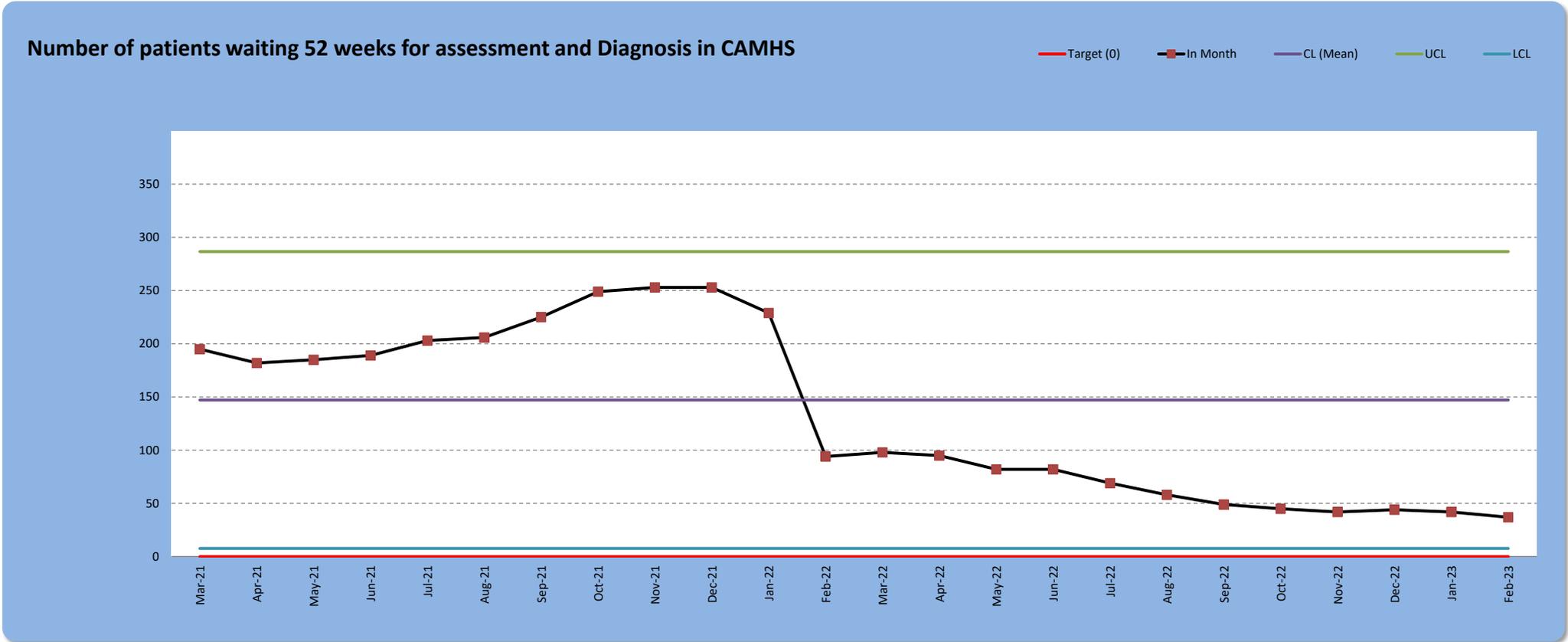
# PI RETURN FORM 2022-23

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

Target:	Amber:	Current month stands at:
0	0	37

For the period ending: **Feb 2023**

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



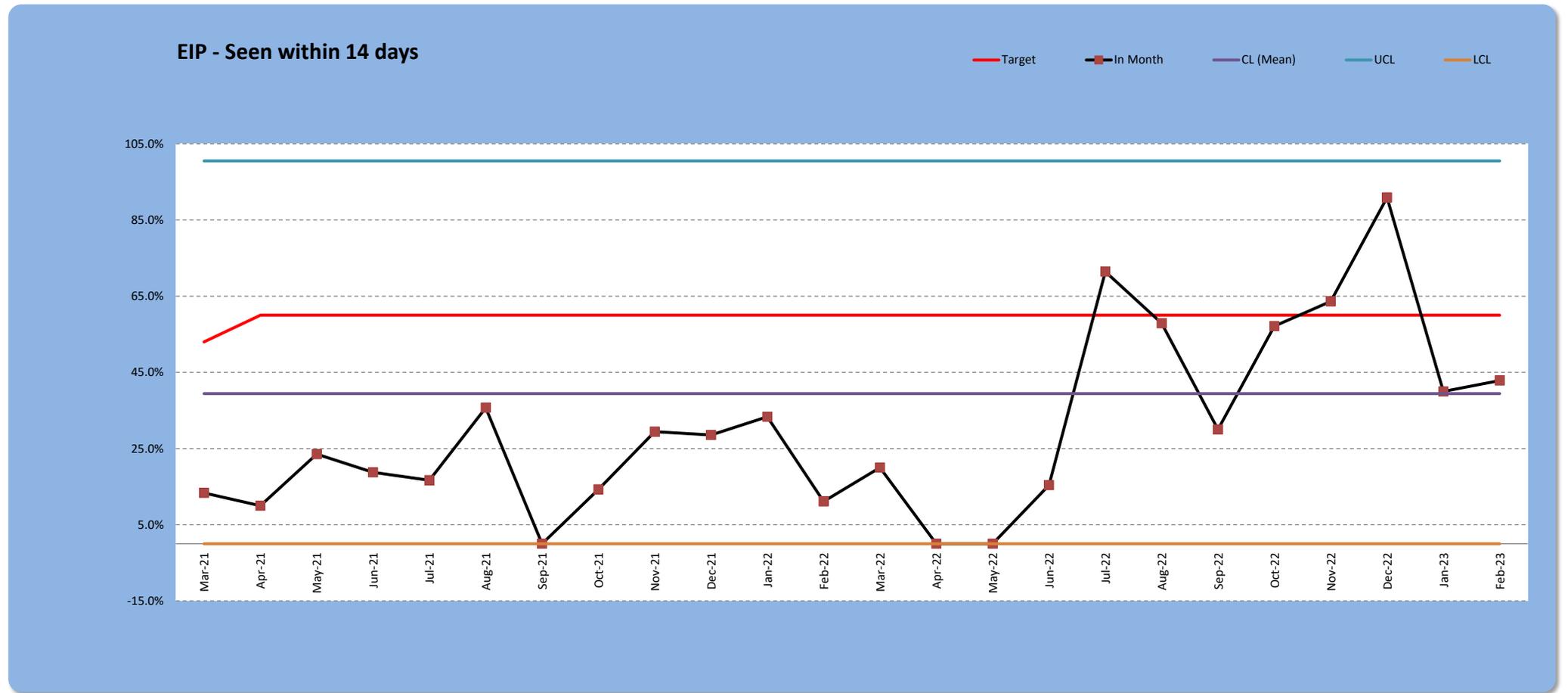
# PI RETURN FORM 2022-23

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2023**

Target:	Amber:	Current month stands at:
60%	55%	42.9%

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



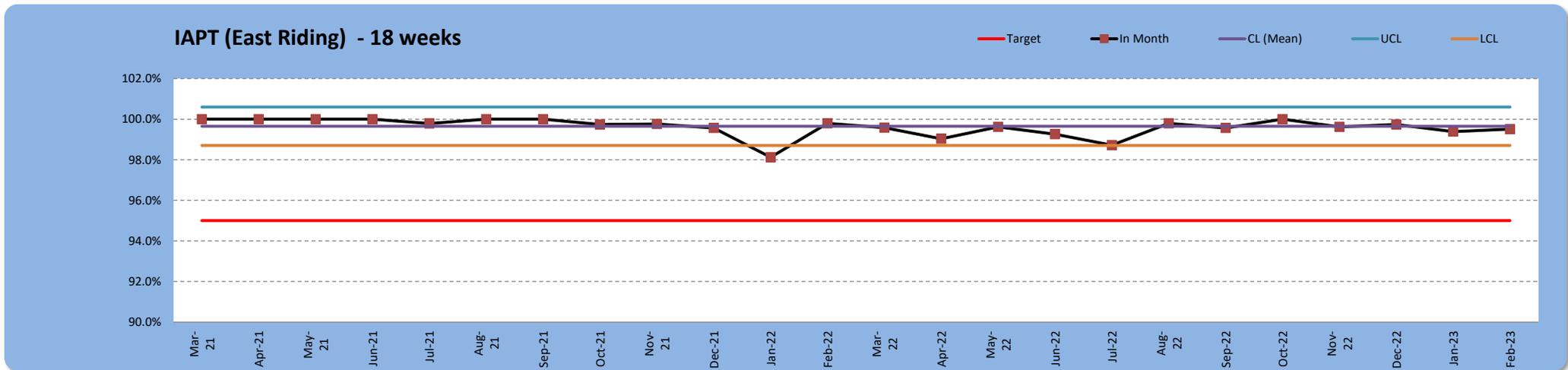
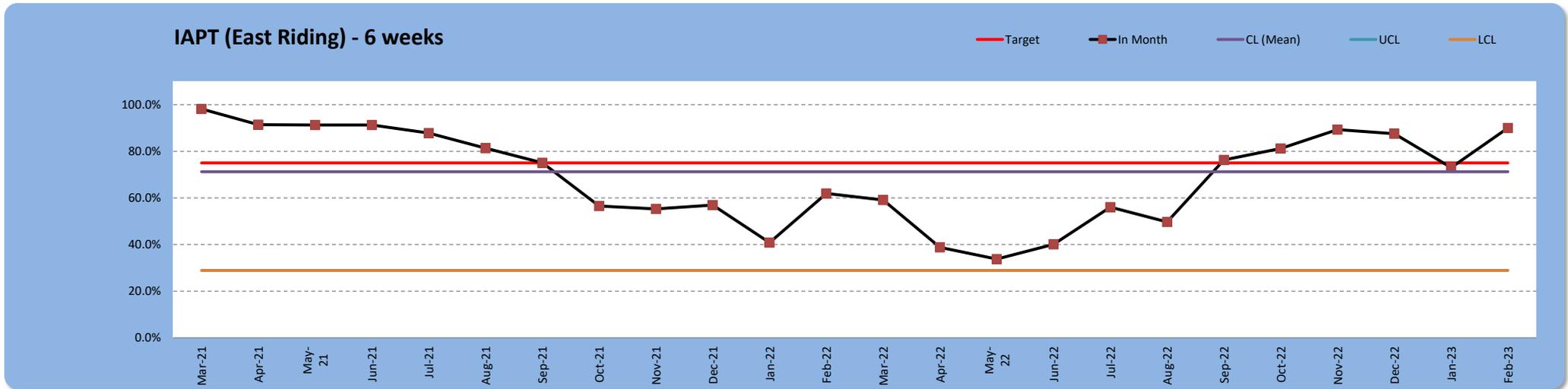
# PI RETURN FORM 2022-23

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2023**

		Current month			Current month
		6 weeks stands			18 weeks
Target:	Amber:	at:	Target:	Amber:	stands at:
75%	70%	90.0%	95%	85%	99.5%

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



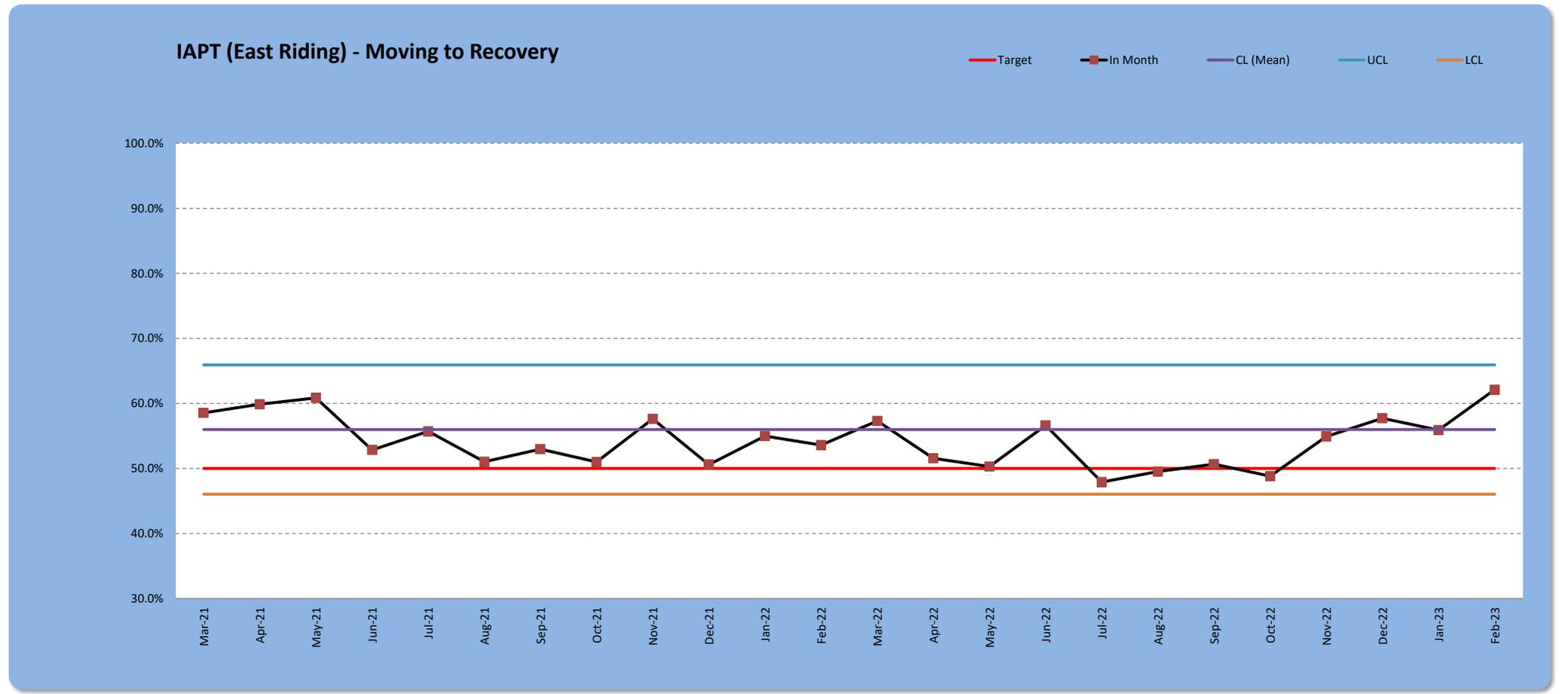
# PI RETURN FORM 2022-23

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2023**

Target:	Amber:	Current month stands at:
50%	45%	62.1%

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



# PI RETURN FORM 2022-23

## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Feb 2023**

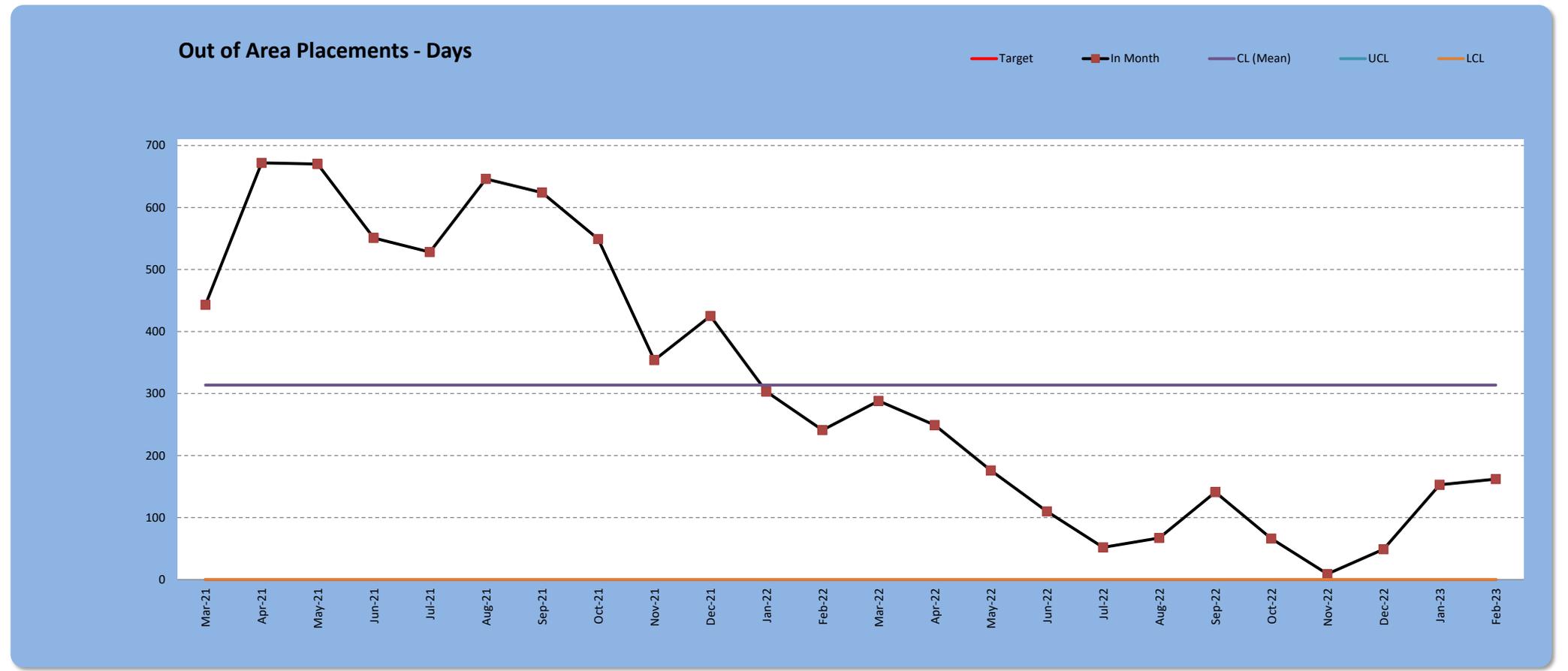
Target:	Amber:	Patients OoA within month:
0	0	9

Split:	# days	# patients
Adult	100	4
OP	6	1
PICU	56	4

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

Executive Lead  
Lynn Parkinson

KPI Type
ST 4b



# PI RETURN FORM 2022-23

## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Feb 2023**

Split for Current month:

Feb-23	Adult
100	OP
6	PICU
56	Total
162	

Indicator Title	Description/Rationale
Out of Area Placements	Number of days that Trust patients were placed in out of area wards - split by service

Executive Lead Lynn Parkinson	KPI Type ST 4 split
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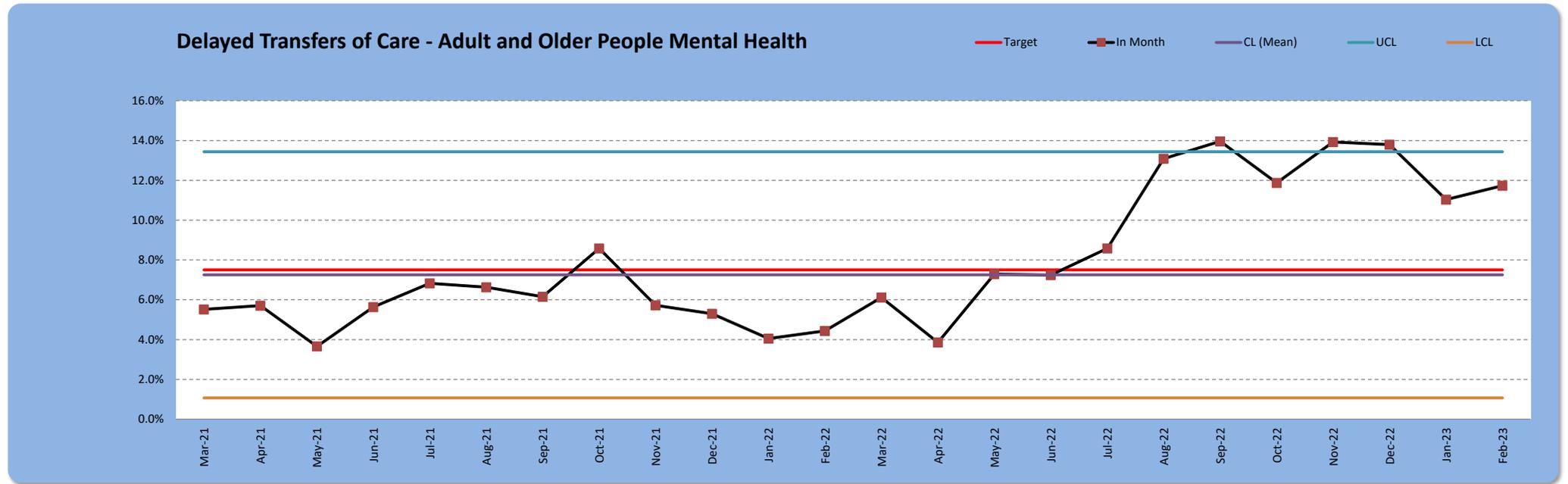
# PI RETURN FORM 2022-23

## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Feb 2023**

Target: Amber:	Current month stands at:
7.5% 7.0%	11.7%

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



# PI RETURN FORM 2022-23

## Goal 4 : Developing an Effective and Empowered Workforce

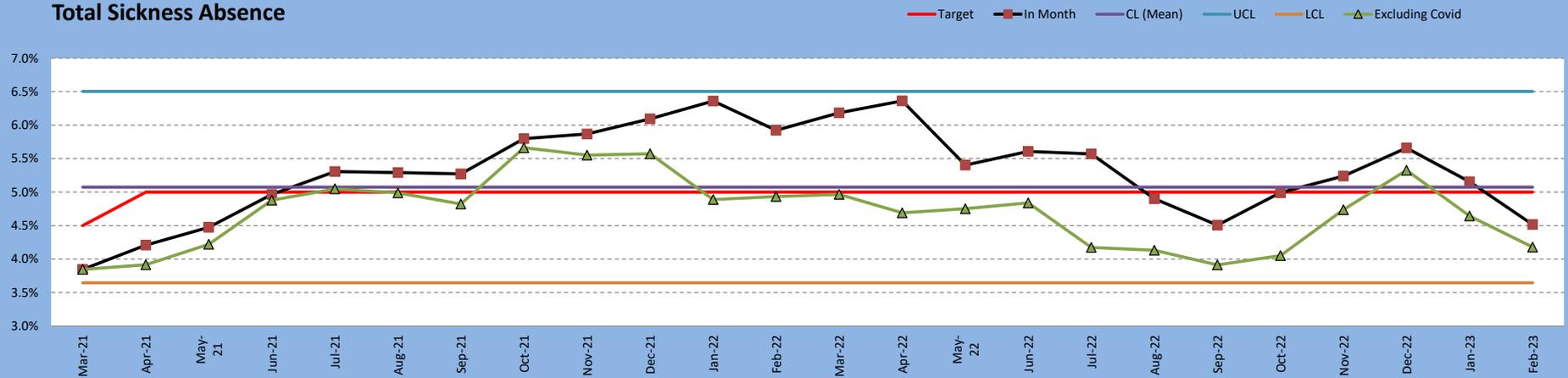
For the period ending:

**Feb 2023**

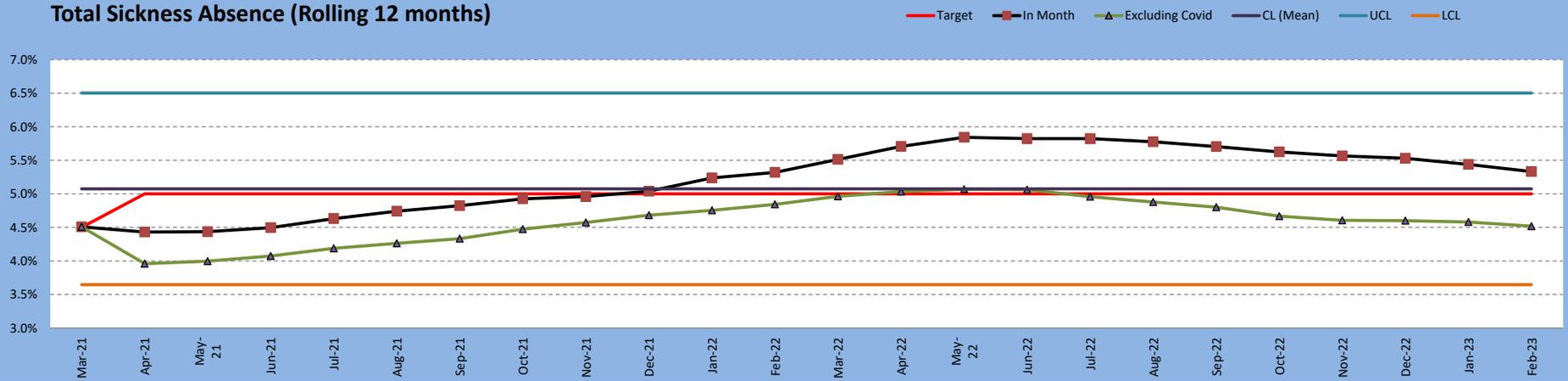
Target:	Amber:	Current month stands at:
5.0%	5.2%	5.1%

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

### Total Sickness Absence



### Total Sickness Absence (Rolling 12 months)



# PI RETURN FORM 2022-23

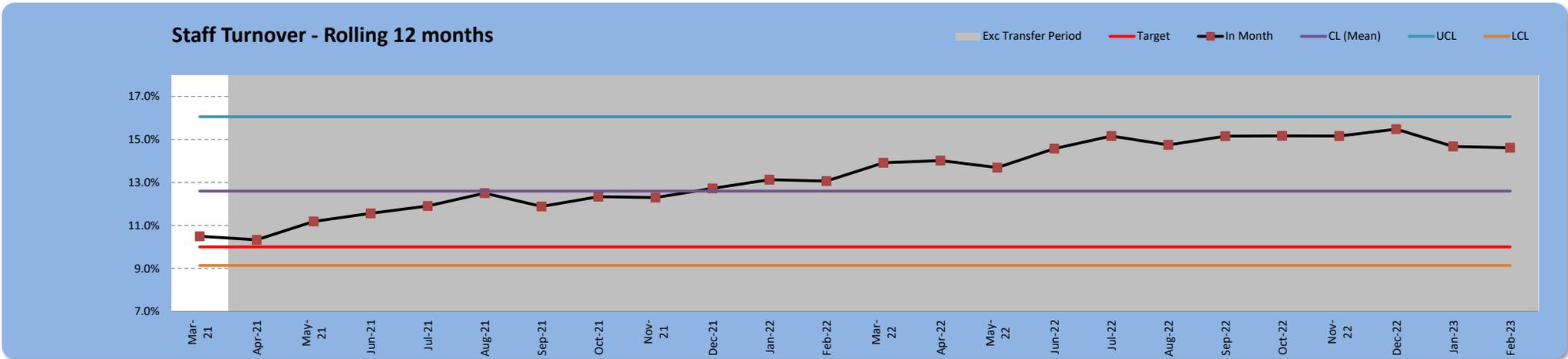
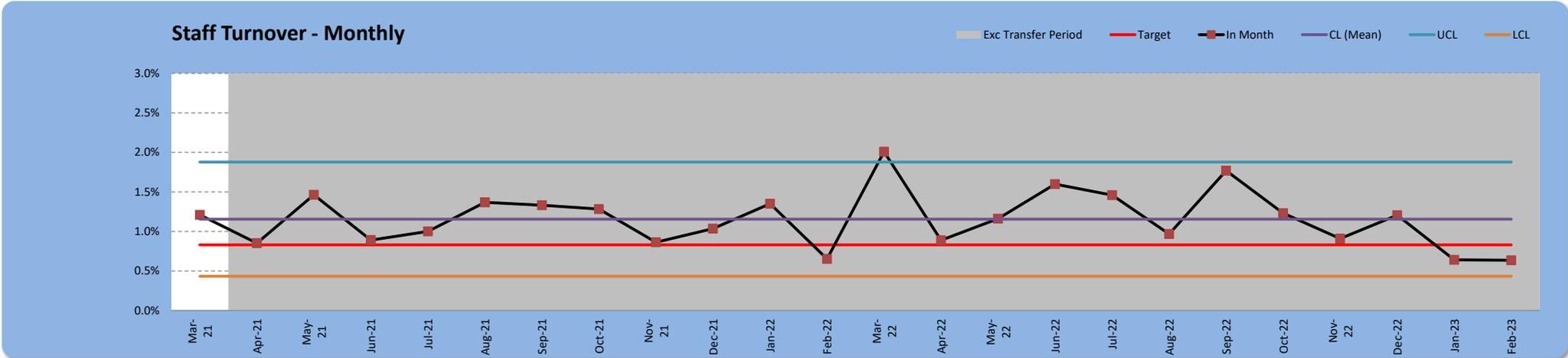
## Goal 4 : Developing an Effective and Empowered Workforce

For the period ending:

**Feb 2023**

Target: Amber:		Current month stands at:	Target: Amber:		Rolling figure stands at:
0.8%	0.7%	0.6%	10%	9%	15%

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Staff Turnover	The number of full time equivalent staff leaving the Trust expressed as a percentage of the overall full time equivalent workforce employed. Leavers include resignations, dismissals, transfers (up to Mar21), retirements and staff coming to the end of temporary contracts. It doesn't include junior doctors on rotation. From April 2021 Employee Transfers Out have also been excluded	Steve McGowan	WL 3 TOM Exc TUPE



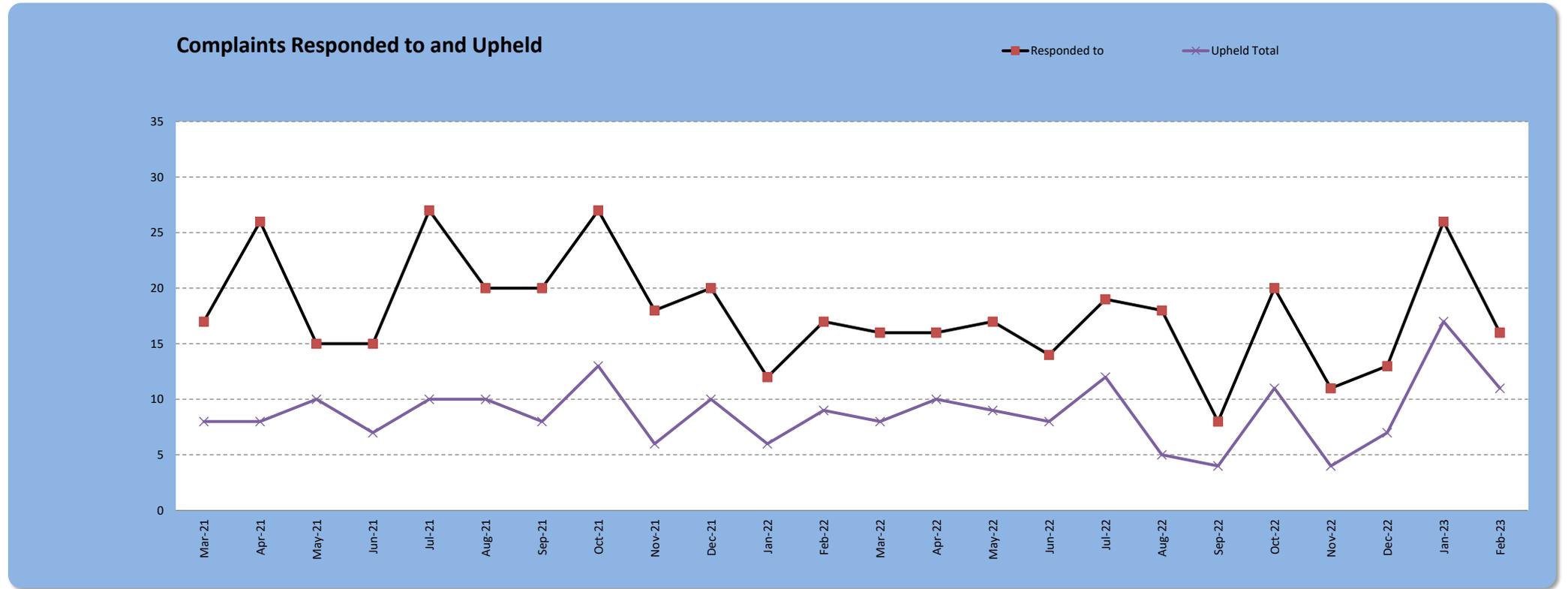
# PI RETURN FORM 2022-23

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

For the period ending: **Feb 2023**

YTD Upheld	No. of Complaints upheld in month	Current month upheld stands at:
50.0%	n/a	1

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



# PI RETURN FORM 2022-23

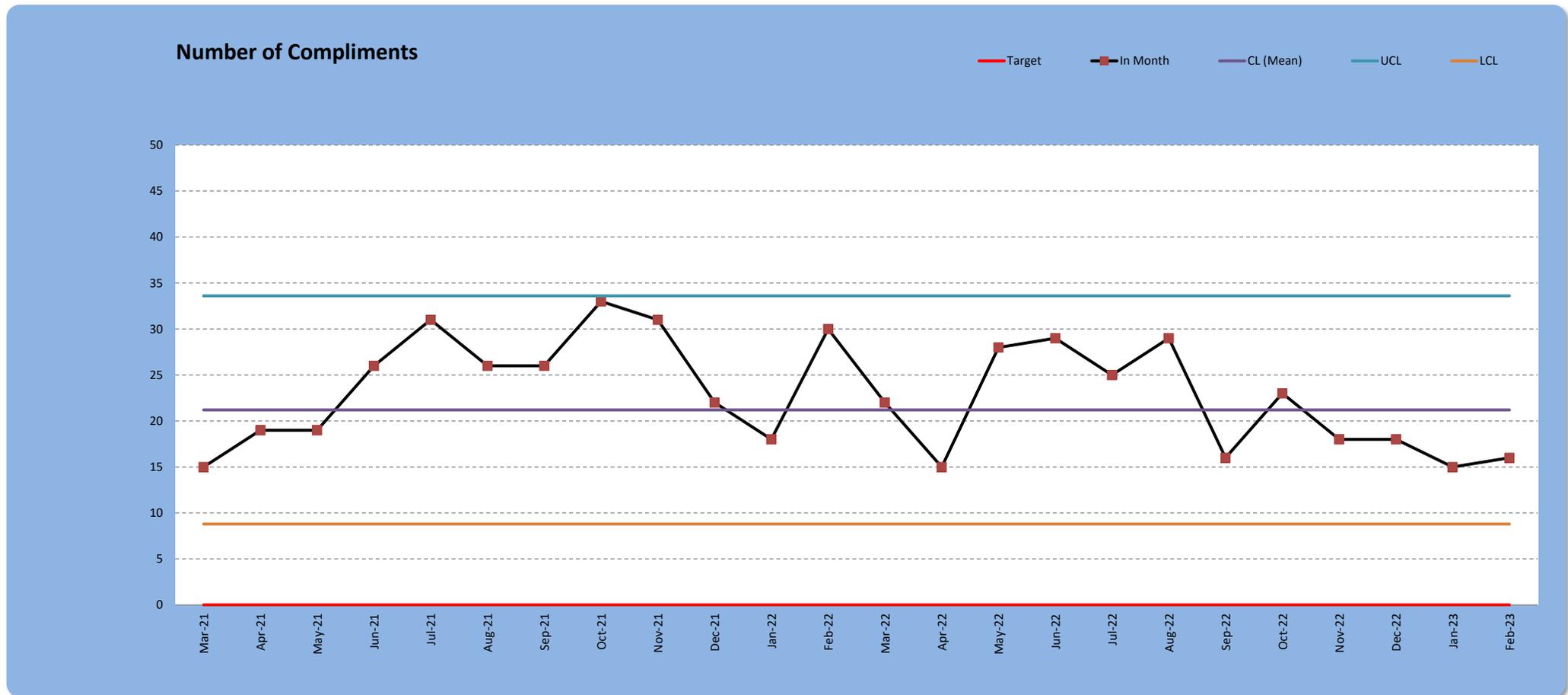
## Goal 6 : Promoting People, Communities and Social Values

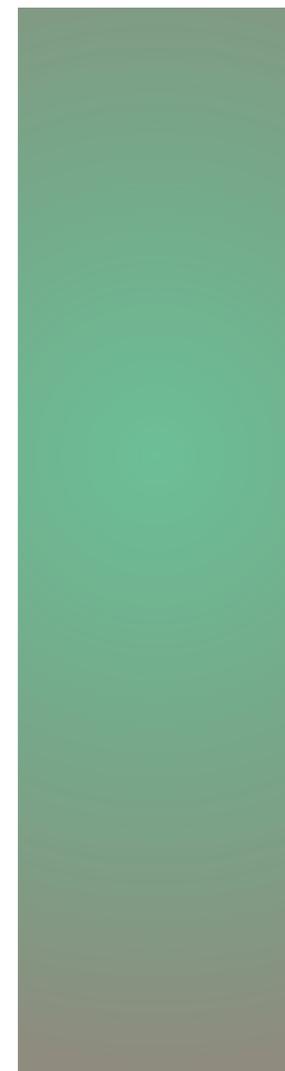
For the period ending:

**Feb 2023**

Target:	Amber:	Current month stands at:
n/a	n/a	16

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





Executive Team:

Chief Executive: Michele Moran

Chair: Caroline Flint

Chief Operating Officer: Lynn Parkinson

Director of Finance: Peter Beckwith

Director of Workforce and Organisational Development: Steve McGowan

Medical Director: Kwame Fofie

Director of Nursing: Hilary Gledhill

Issue Date: 16/03/2023

**TPR Waiting Times Narrative – February 2023**

Indicator/Service	Narrative																		
Memory Diagnosis - >18wks	<p>A significant reduction in patients waiting over 18weeks in February has been noted (387 from 434). Whilst Capacity and Demand work undertaken has highlighted the recovery and sustainable requirements, the service are exploring all options available that would enable increasing capacity to the levels required; this includes an understanding of Independent Provider services and associated costs. A briefing paper is being prepared for ODG which will detail these options.</p> <p>The service continues to implement new ways of working which includes a reduced need for psychiatry time at the end of the pathway.</p> <p>Scanning and reporting delays in the wider system continue to contribute to delays in achieving a timely diagnosis.</p>																		
RTT Waits – Complete	<p>February achieved 87.3% against a 95% target. Further analysis of the clock stop activity occurring within 18wks is being undertaken to better understand how clinical prioritisation is impacting on performance, this aligns with an overall context of services still reporting post-pandemic increased complexity and acuity of need.</p> <p>The chart below reflects the position for referrals received and demonstrates an increased level of urgent referrals which contributes to a higher level of routine referrals tipping over into the &gt;18ww bracket.</p> <div data-bbox="546 794 1505 1157" data-label="Figure"> <table border="1"> <caption>REFERRALS</caption> <thead> <tr> <th>Year</th> <th>All Referrals Monthly Ave</th> <th>Urgent Referrals Monthly Ave</th> </tr> </thead> <tbody> <tr> <td>18/19</td> <td>15487</td> <td>1091</td> </tr> <tr> <td>19/20</td> <td>14589</td> <td>1152</td> </tr> <tr> <td>20/21</td> <td>14090</td> <td>1312</td> </tr> <tr> <td>21/22</td> <td>16938</td> <td>1610</td> </tr> <tr> <td>22/23</td> <td>17441</td> <td>1762</td> </tr> </tbody> </table> </div>	Year	All Referrals Monthly Ave	Urgent Referrals Monthly Ave	18/19	15487	1091	19/20	14589	1152	20/21	14090	1312	21/22	16938	1610	22/23	17441	1762
Year	All Referrals Monthly Ave	Urgent Referrals Monthly Ave																	
18/19	15487	1091																	
19/20	14589	1152																	
20/21	14090	1312																	
21/22	16938	1610																	
22/23	17441	1762																	
RTT Waits - Incomplete	<p>February achieved 65.7% against a 92% standard which is an improved position against January. Efforts continue to undertake capacity and demand work across areas with the longest waits to understand non recurrent and recurrent needs and expected waiting list position.</p>																		

52 Week Waits (excluding ASD)	<p>February has shown a worsening position of patients that have waited over 52weeks (611 from 533). ADHD for children and adults continue to be the main contributing areas accounting for approximately 74% of these waits.</p> <p><u>Adult ADHD</u> A NEW senior administrator has now commenced and is managing workload internally and with the Independent Provider for assessment. A recovery trajectory has been established.</p> <p><u>Children's ADHD</u> The service continues to work with the Independent Provider to reduce this waiting list with progress now being seen in the weekly monitoring of waiting list reports. Funding has now been approved to continue with the recovery of this waiting list and a new trajectory being developed based on available capacity internally and with the independent sector. Currently 901 referrals/children waiting in total, 361 of which are waiting over 52 weeks, current average wait time is 63 weeks.</p>
Adult ASD >52wks	<p>February 2023 position shows that from a 52ww recovery there has been a slight increase numbers due to the capacity of the independent provider. The Service are working with the independent provider to increase their productivity through March and April. This would allow a fully recovered position to be achieved by the end of April 2023.</p>
Paediatric ASD >52wks	<p>The over 52ww position improved further in February. Non recurrent funding has now been approved to continue with the recovery of this waiting list and a new trajectory will be developed based on this.</p> <p>The current position is 1223 referrals/children waiting in total, 281 of which are waiting over 52 weeks, current average wait time is 39 weeks. In contrast, one year ago (15.03.22) 893 referrals/children waiting, 589 of which were waiting over 52 weeks, average wait time was 90 weeks. There has been a significant rise in referrals during the last 12 months but 308 fewer children waiting more than 52 weeks and a reduction of 51 weeks in average wait times (we have no children waiting over two years) due to the waiting times initiatives put in place. Currently 23% of the waiting list is over 52weeks compared to 66% 12months ago. Despite this, the overall waiting list size has grown due to increased referral levels.</p> <p>Combining the Paediatric ASD position with the ADHD position our most recent demand modelling work demonstrates a requirement to increase diagnostic capacity by 45% (due to the sustained rise in referrals) to achieve an overall under 52-week position that is sustainable – this has underpinned a business case that has been supported by both ODG and EMT. This equates to a cost of circa £800k. Discussions are still ongoing with the commissioners whose responsibility it is to fund the case and finalise a position on this, these discussions are going well. Meanwhile the Trust has been able to commit more non-recurrent funding, enabling us to increase capacity further in the short term.</p>
Core CAMHS >52wks	<p>The over 52ww position improved in February (42 to 37).</p> <p>There has been an overall rise in referrals between 2020/21 and 2021/22 of 25%, this has stabilised in the last year and not risen further (except for eating disorder referrals which continued to increase). Additionally, there is a persistent rise in acuity and complexity of need which does result in increased activity.</p>

	The recovery plan focuses on patients waiting for Cognitive Behavioural Therapy (CBT) and will commence from April 23. A full clinical validation of the waiting list has been undertaken.
EIP	<p>Following a significant deterioration in January, achieving 39.3% against a 60% target, there has been improvement in February (42.9%).</p> <p>The service is currently recruiting to vacant posts to ensure capacity does not affect performance, and work is underway to minimise the risk to performance due to patient cancellations. A recovery plan is in place and sustained improvement is expected.</p>
IAPT	<p>February achieved 99.5% against a target of 95% for the 18week standard.</p> <p>For the 6week standard, 90% against a 75% target was achieved.</p>

**Agenda Item 10**

Title & Date of Meeting:	Council of Governors Public Meeting – 20 <sup>th</sup> April 2023			
Title of Report:	Finance Report February 2023			
Author/s:	Name: Peter Beckwith Title: Director of Finance			
Recommendation:	To approve		To discuss	
	To note	✓	To ratify	
	For assurance			
	The Council of Governors are asked to note the Finance report and comment accordingly.			
Purpose of Paper:	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 2022 to February 2023.			
	This is to allow the Governors to be informed of the Trusts Financial Position and to enable any areas of clarification to be sought.			
Key Issues within the report:				
<b>Positive Assurances to Provide:</b>		<b>Key Actions Commissioned/Work Underway:</b>		
<ul style="list-style-type: none"> <li>The Trust recorded an overall operating deficit of £0.060 for Month 11 consistent with the Trust's planning target</li> <li>Cash balance at the end of Month 11 was £33.510m.</li> </ul>		<ul style="list-style-type: none"> <li>None</li> </ul>		
<b>Matters of Concern or Key Risks to Escalate:</b>		<b>Decisions Made:</b>		
<ul style="list-style-type: none"> <li>None</li> </ul>		<ul style="list-style-type: none"> <li>The Council of Governors are asked to note the Finance report and comment accordingly.</li> </ul>		
Governance:		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			

**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	

**Council of Governors  
Finance Update Report (February 2023)**

**1. Introduction**

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 2022 to February 2023.

**2. Performance 2022/23**

The Trust is required to achieve a break even position for the year.

Table 1 shows for the period ended to 28<sup>th</sup> February 2023 the Trust recorded an operating deficit of £0.060m, details of which are summarised in table 1 below.

This position is consistent with the Trusts planning target.

There is one item which doesn't count against the Trust's financial control targets, which is the Donated asset Depreciation of £0.050m year to date, this takes the ledger position to a deficit of £0.125m.

**Table 1: Reported I&E Position 2022/23**

	December 2022 £000	January 2023 £000	February 2023 £000
Income	132,780	147,870	163,405
<i>Less: Expenditure</i>	127,071	141,724	156,656
<b>EBITDA</b>	<b>5,709</b>	<b>6,146</b>	<b>6,749</b>
Finance Items	5,890	6,301	6,874
<b>Ledger Position:</b>	<b>(181)</b>	<b>(155)</b>	<b>(125)</b>
Exclude: Donated Asset Depn	(54)	(59)	(65)
<b>Net Position Surplus/(Deficit)</b>	<b>(127)</b>	<b>(96)</b>	<b>(60)</b>
<b>EBITDA</b>	<b>4.3%</b>	<b>4.2%</b>	<b>4.1%</b>
<b>Deficit (-%)/Surplus %</b>	<b>-0.1%</b>	<b>-0.1%</b>	<b>0.0%</b>

A more detailed summary of the income and expenditure position as at the end of February 2023 is shown at appendix A. Key variances are explained in the following paragraphs:

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

Children's and LD is reporting a £0.035m underspend. There were some pressures from the first half of the year relating to the CAMHS Inpatient Unit from the use of Agency Doctors, Agency Nurses and Healthcare Assistants to cover the rota pattern and the use of Agency Medics in Community CAHMS, this is offset by underspends elsewhere in the service.

### **3.2 Community and Primary Care**

Community and Primary Care is reporting an overspend of £1.182m.

Primary Care is showing a Gross Expenditure overspend against budget of £1.388m which is primarily due to pressures caused by the required increase of Locum Doctors which are significantly more expensive than substantive staff, offset by underspends in Community of £0.206m.

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

### **3.3 Mental Health**

The Division is showing an underspend of £0.009m. There are pressures within the Unplanned service division which relates to the acuity of patients within Adult and the Older Adult Units which requires increased safer staffing numbers. This is currently offset by underspends within the Planned division.

### **3.4 Forensic Services**

The overspend of £0.036m relates to additional pay relating to Medics due to additional sickness cover.

### **3.5 Corporate Services Expenditure**

Corporate Services (including Finance Technical Items) is showing an underspend of £2.509m, the main factor being items held centrally to offset pressures.

### **3.6 Depreciation**

The actual Depreciation position at Month 11 is currently showing an overspend of £1.057m which is consistent with previous reports and linked to the revaluation of the estate, this unavoidable pressure has been built into the 2023/24 trust financial plan.

### **3.9 Forecast**

Based on the Month 11 position and previous months performance, the Trust

remains on Track to deliver a break even position for the financial year.

#### 4. Cash

As at the end of February 2023 the Trusts Cash Balance was £33.510m, cash balances across the reporting period are summarised below:

**Table 3: Cash Balance**

	December 2022 £000	January 2023 £000	February 2023 £000
Government Banking Service	29,932	30,365	33,339
Nat West	140	245	131
Petty Cash	42	40	40
<b>Net Position</b>	<b>30,114</b>	<b>30,650</b>	<b>33,510</b>

#### 6. Recommendations

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

**Appendix 1**  
**Income and Expenditure Position Month 11**

	22/23 Net Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
<b>Income</b>							
Trust Income	162,634	13,637	14,116	479	147,603	146,841	(762)
Clinical Income	16,657	1,306	1,420	113	15,200	16,534	1,335
<b>Total Income</b>	<b>179,292</b>	<b>14,943</b>	<b>15,535</b>	<b>592</b>	<b>162,802</b>	<b>163,405</b>	<b>603</b>
<b>Expenditure</b>							
<b>Clinical Services</b>							
Children's & Learning Disability	37,077	3,295	3,232	63	33,924	33,888	35
Community & Primary Care	30,929	2,546	2,596	(50)	28,385	29,568	(1,182)
Mental Health	56,204	4,594	4,816	(222)	51,547	51,538	9
Forensic Services	12,731	923	1,073	(151)	11,857	11,693	(164)
	136,940	11,358	11,717	(359)	125,513	126,687	(1,174)
<b>Corporate Services</b>							
	37,364	3,191	3,215	(24)	32,478	29,969	2,509
<b>Total Expenditure</b>	<b>174,304</b>	<b>14,549</b>	<b>14,932</b>	<b>(383)</b>	<b>157,991</b>	<b>156,656</b>	<b>1,335</b>
<b>EBITDA</b>	<b>4,987</b>	<b>394</b>	<b>603</b>	<b>209</b>	<b>4,812</b>	<b>6,749</b>	<b>1,938</b>
Depreciation	3,976	350	447	(97)	3,849	4,906	(1,057)
Interest	148	12	(87)	99	135	(391)	526
IFRS 16	-	-	13	(13)	-	144	(144)
PDC Dividends Payable	2,341	195	195	-	2,146	2,146	-
<b>Operating Total</b>	<b>(1,477)</b>	<b>(163)</b>	<b>35</b>	<b>199</b>	<b>(1,319)</b>	<b>(56)</b>	<b>1,263</b>
BRS	(1,480)	(199)	-	(199)	(1,260)	-	(1,260)
Profit on Assets Held for Sale	-	-	-	-	-	4	(4)
<b>Operating Total</b>	<b>3</b>	<b>36</b>	<b>35</b>	<b>(1)</b>	<b>(59)</b>	<b>(60)</b>	<b>(1)</b>
<b>Excluded from Control Total</b>							
Donated Depreciation	70	6	6	0	64	65	(1)
	(67)	30	29	(1)	(123)	(125)	(2)
Excluded Commissioning	3	1	(0)	1	3	(0)	3
<b>Ledger Position</b>	<b>(71)</b>	<b>30</b>	<b>29</b>	<b>(0)</b>	<b>(126)</b>	<b>(125)</b>	<b>2</b>
<b>EBITDA %</b>	<b>2.8%</b>	<b>2.6%</b>	<b>3.9%</b>		<b>3.0%</b>	<b>4.1%</b>	
<b>Surplus %</b>	<b>-0.8%</b>	<b>-1.1%</b>	<b>0.2%</b>		<b>-0.8%</b>	<b>0.0%</b>	

**Agenda Item 11**

Title & Date of Meeting:	Council of Governors Public Meeting – 20 <sup>th</sup> April 2023		
Title of Report:	Annual Accounts 2021/22 – Audit findings and conclusions		
Author/s:	Ross Woodley		
Recommendation:	To approve		To discuss
	To note		To ratify
	For assurance	✓	
Purpose of Paper:	To present to the Council of Governors the main findings relating to the audit of the 2021/22 Annual Accounts		
Key Issues within the report:			
<p><b>Positive Assurances to Provide:</b></p> <p>The accounts and audit opinion have been submitted to NHSE</p> <p>The Trust received an unqualified audit report</p> <p>The draft accounts and working papers were of a good quality</p>		<p><b>Key Actions Commissioned/Work Underway:</b></p> <p>Some issues were highlighted in the audit completion report that had been discussed with management and those charged with governance – these were dealt with satisfactorily</p> <p>There was one medium level of recommendation which the Trust has addressed</p>	
<p><b>Matters of Concern or Key Risks to Escalate:</b></p> <ul style="list-style-type: none"> <li>No matters of concern or risks to escalate</li> </ul>		<p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>N/A</li> </ul>	
<p><b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i></p>		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		

**Monitoring and assurance framework summary:**

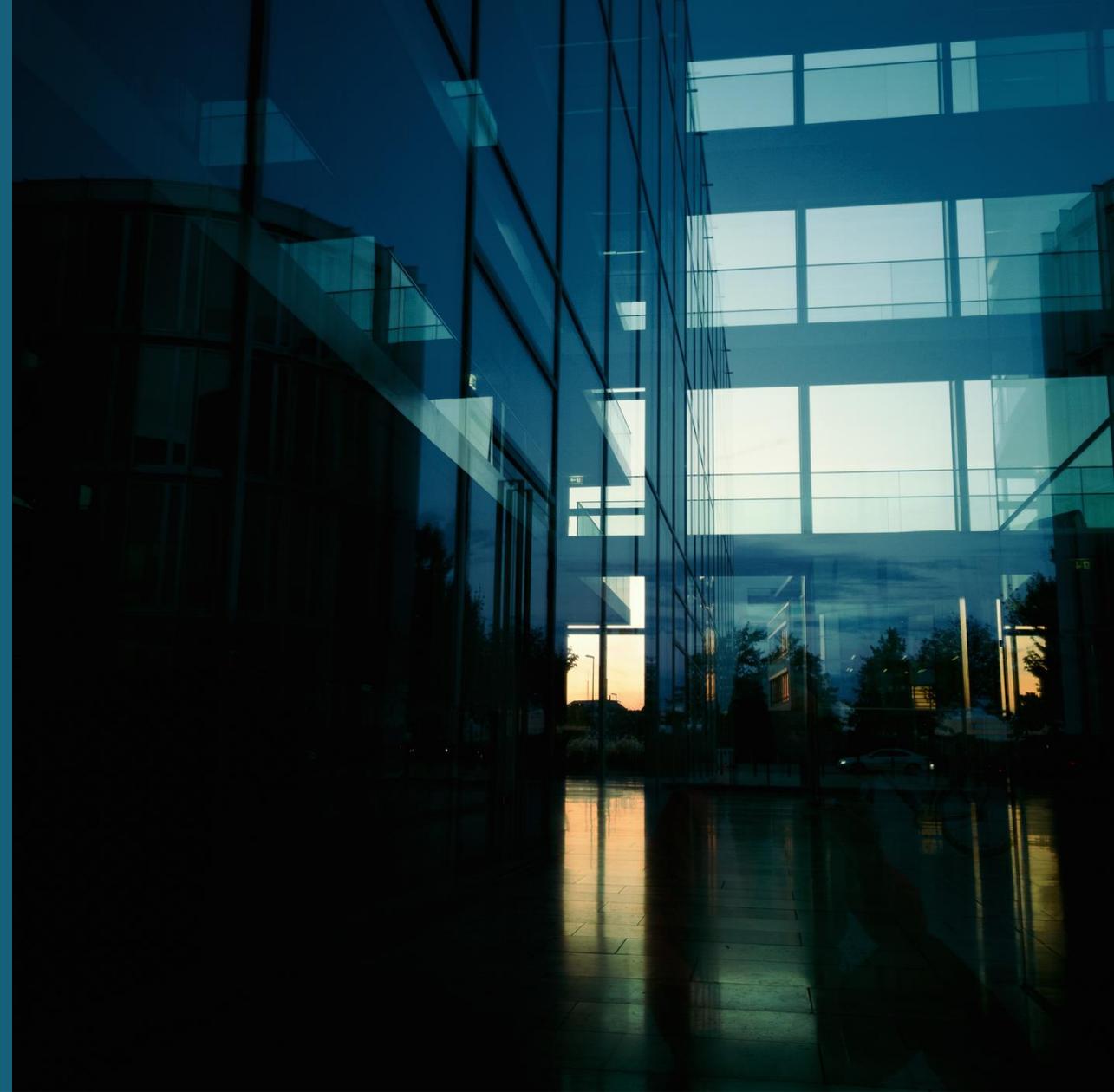
Links to Strategic Goals (please indicate which strategic goal/s this paper relates to)	
√ Tick those that apply	
<input type="checkbox"/>	Innovating Quality and Patient Safety
<input type="checkbox"/>	Enhancing prevention, wellbeing and recovery

	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	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

# Audit completion report

Humber Teaching NHS Foundation Trust  
– year ended 31 March 2022

June 2022



# Contents

- 01** Executive summary
- 02** Status of the audit
- 03** Audit approach
- 04** Significant findings
- 05** Internal control recommendations
- 06** Summary of misstatements
- 07** Value for Money

Appendix A: Draft management representation letter

Appendix B: Draft audit report

Appendix C: Independence

Appendix D: Other communications

This document is to be regarded as confidential to Humber Teaching Foundation Trust. It has been prepared for the sole use of the Audit Committee as the appropriate sub-committee charged with governance by the Board of Directors. No responsibility is accepted to any other person in respect of the whole or part of its contents. Our written consent must first be obtained before this document, or any part of it, is disclosed to a third party.



Audit Committee  
Audit Committee  
Humber Teaching NHS Foundation Trust  
Trust HQ  
Willerby Hill  
Beverley Road  
Willerby  
HU10 6ED

Mazars LLP  
5th Floor  
3 Wellington Place  
Leeds  
LS1 4AP

17 June 2022

Dear Committee Members

## **Audit Completion Report – Year ended 31 March 2022**

We are pleased to present our Audit Completion Report for the year ended 31 March 2022. The purpose of this document is to summarise our audit conclusions.

The scope of our work, including identified significant audit risks and other areas of management judgement, was outlined in our Audit Strategy Memorandum which we presented on 8 February 2022. We have reviewed our Audit Strategy Memorandum and concluded that the original significant audit risks remain appropriate.

We would like to express our thanks for the assistance of your team during our audit.

If you would like to discuss any matters in more detail, please do not hesitate to contact me on 07795 506 766.

Yours faithfully

Mark Dalton  
Mazars LLP

Mazars LLP – 5<sup>th</sup> Floor, 3 Wellington Place, Leeds, LS1 4AP

Tel: 0113 394 2000 – [www.mazars.co.uk](http://www.mazars.co.uk)

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We are registered to carry on audit work in the UK by the Institute of Chartered Accountants in England and Wales. Details about our audit registration can be viewed at [www.auditregister.org.uk](http://www.auditregister.org.uk) under reference number C001139861. VAT number: 839 8356 73

# 01

Section 01:

**Executive summary**

# 1. Executive summary

## Principal conclusions and significant findings

As outlined in our Audit Strategy Memorandum, our audit has been conducted in accordance with International Standards on Auditing (UK) and means we focus on audit risks that we have assessed as resulting in a higher risk of material misstatement.

In section 4 of this report, we have set out our conclusions and significant findings from our audit. This section includes our conclusions on the audit risks and areas of management judgement in our Audit Strategy Memorandum, which include:

- Management override of controls;
- Risk of fraud in revenue recognition; and
- Valuation of property, plant and equipment.

Section 5 sets out internal control recommendations and section 6 sets out audit misstatements.

## Status and audit opinion

Our audit in respect of the financial statements for the year ended 31 March 2022 is substantially complete.

At the time of preparing this report some matters remain outstanding as outlined in section 2.

We will provide an update to you in relation to the significant matters outstanding through issuance of a follow up letter.

Subject to the satisfactory completion of the remaining audit work, we have the following conclusions:



### Audit opinion

We anticipate issuing an unqualified opinion, without modification, on the financial statements. Our proposed audit opinion is included in the draft auditor's report in Appendix B. As explained at the previous audit committee this opinion will be delayed until we have a letter of assurance from the East Riding Pension Fund audit. We do not anticipate receiving this letter until Autumn 2022.



### Value for Money

The National Audit Office has issued an extended timeframe for reporting the results of our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources. We will report the results of our work in our Auditor's Annual Report within three months of issuing our audit opinion. Further detail on our Value for Money work is provided in section 7 of this report.



### Reporting to the group auditor

We anticipate reporting to the National Audit Office (NAO) that the Trust's consolidation data is consistent with the financial statements although we will undertake the procedures required by NAO when we have the information from the pension fund auditor necessary to complete our audit.

# 02

Section 02:

**Status of the audit**

## 2. Status of the audit

Our work is substantially complete and there are currently no matters of which we are aware that would require modification of our audit opinion, subject to the outstanding matters detailed below.

Audit area	Status	Description of the outstanding matters
Journals		We have a small number of queries outstanding on the journals we tested as part of our response to management override of control risk.
Income		We are currently reviewing working papers showing the reconciliation of income in the accounts to contracts and adjustment invoices
Remuneration report		We are in the process of testing the fair pay disclosures and exit packages.
Leases		We are in the process of testing the new IFRS16 disclosure and have requested evidence for a small sample of leases.
Pensions and WGA		This work will be completed in autumn 2022 when we have received assurance from the East Riding Pension Fund audit.
Final versions of the Annual Report, AGS and amended financial statements		We need to review the final versions of the Annual Report, Annual Governance Statement and amended financial statements
Post Balance Sheet events		Review of post balance sheet events up to the point at which we sign our audit report.
Letter of representation		Receipt of signed Letter of Management Representation in Autumn 2022
Audit Review and quality control		Completion of Manager and Partner review and Mazars quality control processes in respect of the audit.



Likely to result in material adjustment or significant change to disclosures within the financial statements.



Potential to result in material adjustment or significant change to disclosures within the financial statements.



Not considered likely to result in material adjustment or change to disclosures within the financial statements.

Executive summary

Status of audit

Audit approach

Significant findings

Internal control recommendations

Summary of misstatements

Value for Money

Appendices

# 03

Section 03:

**Audit approach**

# 3. Audit approach

## Changes to our audit approach

We provided details of our intended audit approach in our Audit Strategy Memorandum in March 2022. We have not made any changes to our audit approach since we presented our Audit Strategy Memorandum.

## Materiality

Our provisional materiality at the planning stage of the audit was set at £3.6m using a benchmark of circa 2% of gross operating expenditure. Our final assessment of materiality, based on the final financial statements and the same benchmark is £4m. The increase reflects the new area of expenditure in respect of the Provider Collaborative in the second half of 2021-22.

## Use of experts

Where relevant and necessary, provide information on the planned and actual use of experts as part of the audit and any changes to the planned approach as outlined in the ASM.

Item of account	Management's expert	Our expert
Property valuations	Cushman and Wakefield	We used available third party information and market data to challenge the key valuation assumptions. We also re-calculated the valuation movement using these assumptions and met the valuer to discuss the results.
Cash equivalent transfer values of pensions as disclosed in the Remuneration Report	NHS Pensions	PwC actuarial experts provide a review of the NHS Pensions Agency.
Actuarial valuation of defined benefit pension scheme	Hymans Robertson	NAO's Consulting Actuary (PWC) provided a review of Hymans Robertson.

There are no reporting matters to highlight from our consideration of the work of experts.

## Service organisations

Where relevant and necessary, provide information on the planned and actual use of service organisations as part of the audit and any changes to the planned approach as outlined in the ASM.

Items of account	Service organisation	Audit approach
Payroll	NHS Electronic Staff Record system (ESR) - National payroll system	We reviewed ESR ISAE3402 controls assurance report and ELFS ISAE3402 controls assurance report.  We reviewed and tested the data held by the Trust. No significant deficiencies were identified, which we need to bring to the audit committee's attention.
All entries in the financial statements that are included in the Trust's General Ledger (Oracle).  Accounts payable, accounts receivable and cash	NHS Shared Business Services (SBS)	We reviewed the assurance report provided by the service organisation to identify any additional risks to our audit. We also reviewed and tested the data held by the Trust (the outputs).

There are no reporting matters to highlight from our consideration of the work of service organisations.



# 04

Section 04:

**Significant findings**

# 4. Significant findings

In this section we outline the significant findings from our audit. These findings include:

- our audit conclusions regarding significant risks and key areas of management judgement outlined in the Audit Strategy Memorandum;
- our comments in respect of the accounting policies and disclosures that you have adopted in the financial statements. On page 14 we have concluded whether the financial statements have been prepared in accordance with the financial reporting framework and commented on any significant accounting policy changes that have been made during the year;
- any further significant matters discussed with management; and
- any significant difficulties we experienced during the audit.

## Significant risks

<b>Management override of controls</b>	<p><b>Description of the risk</b></p> <p>This is a mandatory significant risk on all audits due to the unpredictable way in which such override could occur. Management at various levels within an organisation are in a unique position to perpetrate fraud because of their ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. Due to the unpredictable way in which such override could occur there is a risk of material misstatement due to fraud on all audits.</p>
	<p><b>How we addressed this risk</b></p> <p>We addressed this risk through performing audit work over:</p> <ul style="list-style-type: none"> <li>• Accounting estimates impacting amounts included in the financial statements;</li> <li>• Consideration of identified significant transactions outside the normal course of business; and</li> <li>• Journals recorded in the general ledger and other adjustments made in preparation of the financial statements.</li> </ul>
	<p><b>Audit conclusion</b></p> <p>Subject to the satisfactory completion of the work outstanding (set out in Section 2), our work has provided the assurance we sought in the above areas and has not highlighted any material issues to bring to your attention.</p>



# 4. Significant findings

## Significant risks (continued)

**Risk of fraud in revenue recognition**

**Description of the risk**

The risk of fraud in revenue recognition is presumed to be a significant risk on all audits due to the potential to inappropriately shift the timing and basis of revenue recognition as well as the potential to record fictitious revenues or fail to record actual revenues.

For Humber Teaching NHS Foundation Trust we deem the risk to relate specifically to:

- Cut-off – recognition of income and receivables around the year end.

**How we addressed this risk**

We evaluated the design and implementation of any controls the Trust has in place which mitigate the risk of income being recognised in the wrong year. In addition, we undertook a range of substantive procedures including:

- testing of material income and year end receivables to ensure they relate to 2021/22;
- testing receipts in the pre and post year end period to ensure they have been recognised in the right year; and
- reviewing intra-NHS reconciliations and data matches provided by the Department of Health and if necessary seek direct confirmation from third parties or their external auditors.

**Audit conclusion**

Our work in response to the risk of fraud in revenue recognition has provided the assurance we sought in the above areas and has not highlighted any material issues to bring to your attention..



# 4. Significant findings

## Significant risks (continued)

**Valuation of property, plant and equipment**

**Description of the risk**

Land and buildings are the Trust’s highest value assets accounting for £76m of the Trust’s £86m Property, Plant and Equipment balance at 31 March 2022.

Management engages an external valuer as an expert to assist in determining the fair value of land and buildings to be included in the financial statements. A new valuer was appointed in 2020-21 and 2021-22 was their first full physical valuation of the Trust’s land and buildings. Changes in methods and assumptions have materially impacted on the valuation, as is common when there is a change of valuer.

Changes in the value of property may impact on the Statement of Comprehensive Income depending on the circumstances and the specific accounting requirements of the Group Accounting Manual.

**How we addressed this risk**

Our approach to this significant risk was to:

- liaise with management to update our understanding of the approach taken by the Trust in obtaining valuations;
- assess the scope and terms of engagement of management’s valuation expert and the competence, skills and objectivity thereof;
- review the work of management’s valuation expert and how these have been incorporated into the financial statements;
- review the valuation methodology used, including testing the underlying data and assumptions;
- Consider the reasonableness of the valuation by comparing the valuation output with market intelligence and challenging the Trust and the valuer; and
- Re-calculate the valuation of specialised land and buildings using the Valuer’s methods and assumptions and source data provided by RICS and the Trust.

**Audit conclusion**

There are no matters to report in respect of valuation of property, plant and equipment. However as within the disclosure amendments listed on page 21, accumulated depreciation was not reversed after posting the revaluation entries. This overstated the gross book value of assets and accumulated depreciation in respect of buildings by £3,534K. There was no impact on the net book value of property plant and equipment shown on the Statement of Financial Position.



# 4. Significant findings

## Qualitative aspects of the Trust's accounting practices

We have reviewed the Trust's accounting policies and disclosures and concluded they comply with Department of Health and Social Care Group Accounting Manual 2021/22 (GAM), appropriately tailored to the Trust's circumstances.

Draft accounts were received from the Trust on 26 April 2022 and were of a good quality.

## Significant matters discussed with management

Significant matters discussed with management during the audit included:

- The significant increase in deferred income and the extent to which this should have been recognised in 2021/22. We concluded that income was understated, and deferred income overstated by £1.9M as reported on page 20;
- The significant increase in the IR35 provision in respect of the potential impact of any demand from HMRC for tax and national insurance in respect of locums in 2020/21 and 2021/22. We concluded that the Trust had reasonable grounds for believing that there was an obligation at the 31 March 2022 and thus the provision was reasonable. However, on page 17 we have made a recommendation to the Trust to improve its IR35 arrangements to reduce the risk of recovery by HMRC; and
- The quinquennial valuation was undertaken by a different valuer to the previous one and resulted in some significant upward and downward movements in different assets. We compared the different methods and assumptions employed in the 2017 and 2022 valuations to obtain assurance that both valuations were compliant with RICS professional guidance and the GAM and understand the reasons for the movements. This resulted in the PPE audit taking several days longer than planned"

There are no additional matters in relation to these discussions that we need to highlight in this section of our report.

## Significant difficulties during the audit

During the audit we did not encounter any significant difficulties and we have had the full co-operation of management. Working papers were significantly improved on 2020-21 and the vast majority were available by the start of the audit on 9 May 2022, significantly earlier than in the previous year.

We would like to thank the Finance Team for the improvement in working papers and for their cooperation throughout the audit in response to our queries and requests for further information.



# 05

Section 05:

**Internal control recommendations**

# 5. Internal control recommendations

The purpose of our audit was to express an opinion on the financial statements. As part of our audit we have considered the internal controls in place relevant to the preparation of the financial statements in order to design audit procedures to allow us to express an opinion on the financial statements but not for the purpose of expressing an opinion on the effectiveness of internal control or to identify any significant deficiencies in their design or operation.

The matters reported are limited to those deficiencies and other control recommendations that we have identified during our normal audit procedures and that we consider to be of sufficient importance to merit being reported. If we had performed more extensive procedures on internal control we might have identified more deficiencies to be reported or concluded that some of the reported deficiencies need not in fact have been reported. Our comments should not be regarded as a comprehensive record of all deficiencies that may exist or improvements that could be made.

At this stage of the audit there is one significant control deficiencies we are required to highlight in this section of the report.

We have however provided an update on the internal control recommendations made during 2020/21.

Priority ranking	Description	Number of issues
1 (high)	In our view, there is potential for financial loss, damage to reputation or loss of information. This may have implications for the achievement of business strategic objectives. The recommendation should be taken into consideration by management immediately.	0
2 (medium)	In our view, there is a need to strengthen internal control or enhance business efficiency. The recommendations should be actioned in the near future.	1
3 (low)	In our view, internal control should be strengthened in these additional areas when practicable.	0



# 5. Internal control recommendations

## New internal control recommendation– Level 2

### Description of deficiency

The Trust is required to complete a CEST assessment for locums and other off-payroll contractors under IR35 rules set by HMRC. However, it has accepted that its arrangements for ensuring that these are accurately completed are weak and has received advice that HMRC are likely to recover tax and NI in respect of locums if they have not exercised due care in ensuring they were completed accurately.

### Potential effects

Although the potential liability at 31 March 2022 is covered by a provision in the accounts the liability is increasing annually and thus reducing funds available for patient care.

### Recommendation

The Trust should ensure that during 2022/23 the arrangements for ensuring the accurate completion of CEST assessments are improved and the provision in the accounts reviewed annually to ensure it remains appropriate..

### Management response

The Trust will develop a standing operating procedure to enable robust CEST assessments to be undertaken. The outcome from the robust assessments will inform a full and through review of the current provision and any future provisions – this will be reported through the Finance and Investment Committee.



# 5. Internal control recommendations

## Follow up on previous internal control points

### Description of deficiency

In 2019/20 IT user access testing found that rom review of all leavers in the period, 8 accounts were found not to have been deactivated from the Oracle finance system in a timely manner following their leaving date. Additional procedures were carried out to check the last log-on date. All accounts had not been accessed since the employee had left.

### Potential effects

Notwithstanding other access controls, there is an increased risk of inappropriate access to business critical systems by an individual that has left the organisation.

### Recommendation

IT should perform and document scheduled periodic access reviews of business critical systems to ensure appropriate deactivation of user accounts.

### 2020/21 update

Management have assured us that the Trusts Month end checklist was updated to ensure the Financial Control Team received a leavers list from HR on a monthly basis. This list will be used to deactivate the leavers from the Oracle Financial System by designated staff (Finance Service Manager and Staff within that team).

Once actioned, the list was forwarded to the Financial Controller / Deputy Director of Finance for sign off by either as part of the Month End closedown process..

### 2021/22 update

The HR department sends a list of leavers to the Procurement Support Specialist each month, and she then proceeds to disable the user on the Oracle system. Naturally, this means many users' access to Oracle are revoked retrospectively after their leave date. The process in place is therefore inappropriate.

The client's risk mitigation concerning inappropriate access relies on the Trust's leaver process for returning Trust equipment. the Procurement Support Specialist confirmed that no employee can access Oracle without a Trust device (laptop). Therefore, the client gains comfort that no employee inappropriately accesses Oracle due to this process, as they are aware accounts are not revoked in a timely manner.

The mitigating control is not robust enough, and leaves too much margin for error (i.e. if an employee would be unable to travel to collect / return the relevant equipment by the leave date).

### New Recommendation

**All exit staff accounts should be disabled/deleted from the relevant applications and active directory in a timely manner by the IT team (on or before their last working day). In the event where the member of staff is rehired or their contract extended, a new request should be raised for the user's access.**

### Management Response

The IT Team will undertake a review of the starters and leavers process to move to a more automated process (most likely ms forms) to enable timely notification of leavers to enable accounts to be disabled in a timely manner.



# 06

Section 06:

**Summary of misstatements**

## 6. Summary of misstatements

This section outlines the misstatements identified during the audit, above the trivial threshold for adjustment of £120,000. The table outlines the misstatements that were identified during the audit which management has assessed as not being material either individually or in aggregate to the financial statements and does not currently plan to adjust.

There were no adjusted misstatements impacting on the Statement of Comprehensive Income or Statement of Financial position in 2021/22 but there are several adjustments in respect of the supporting notes, described on the next page.

### Unadjusted misstatements

		SOCI		SOFP	
		Dr (£'000)	Cr (£'000)	Dr (£'000)	Cr (£'000)
1	Dr: Other liabilities			1,936	
	Cr: Other Operating income		1,936		
	<b>Total unadjusted misstatements</b>	<b>£0</b>	<b>£1,936</b>	<b>£1,936</b>	<b>£0</b>
<p>This relates to two large sums received in 2021/22 that may require repayment. However, there is insufficient evidence of contractual conditions that have not been met to justify deferring the income.</p>					

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# 6. Summary of misstatements

## Disclosure amendments

The following minor disclosure amendments have been agreed with management and actioned within the revised Accounts:

1. **Statement of Comprehensive Income** – a cross-reference to the section of the Annual Report reconciling the deficit on the SOCI to the break-even performance against the financial performance target has been added and the note reference beside the revaluation line corrected;
2. **Statement of Changes in Taxpayers Equity** – the statement title has been updated to include 'Taxpayers'.
3. **Note 1 Accounting policies** – updated to refer to the presumption of service continuity underpinning the assessment of going concern;
4. **Note 1.25 Sources of estimation uncertainty** – the disclosure has been updated to refer only to sources of estimation uncertainty that are significant risks of material error;
5. **Note 6.1 Operating expenditure** – the other line has been split between its main components, so the residual is immaterial;
6. **Note 10.2 Operating leases** – the minimum lease repayments by HTFT as lessee are misstated by £3.5M;
7. **Note 14 Intangible Assets** – the £8,926K shared care records system has been given its own column rather than including as software licenses;
8. **Note 15 Property, Plant and Equipment** – as stated on page 13 the accumulated depreciation on buildings has now been reversed following the revaluation at 31 March 2022;
9. **Note 17 Revaluations** – The figure for fully depreciated assets has been corrected to £12.7M from £82.7M and a cross-reference has been added to the policy on asset useful lives;
10. **Note 28 Clinical Negligence Contingent Liabilities** – Corrected to show £15M not £15K in this disclosure note;
11. **Note 31 Financial Instruments** – the disclosure has been expanded to refer to credit and liquidity risk;
12. **Note 41 Losses and Special Payments** – the reference to the Flowers payment has been clarified and the 2020/21 column of the note headed 'restated';
13. **Remuneration report** – the classification between bonuses and salaries and wages has been corrected and an explanation of the bonus and special responsibility allowances added;
14. **Remuneration report** – the fair pay disclosure was expanded to fully comply with the GAM requirements;
15. **Remuneration report** – the calculation of the real increase in pensions has been corrected; and
16. **Staff report** – the 202/21 average number of employees has been corrected.

In addition to the above, we identified a small number of minor presentational issues during our audit of the financial statements and the 'subject to audit' sections of the Annual Report and these have all been amended by the Trust.

If any misstatements are identified on completion of the outstanding audit work highlighted in section 2, these will be reported to the Audit Committee in a follow-up letter



# 07

Section 07:

**Value for Money**

# 7. Value for Money

## Approach to Value for Money

We are required to consider whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The NAO issues guidance to auditors that underpins the work we are required to carry out and sets out the reporting criteria that we are required to consider. The reporting criteria are:

- **Financial sustainability** - How the Trust plans and manages its resources to ensure it can continue to deliver its services
- **Governance** - How the Trust ensures that it makes informed decisions and properly manages its risks
- **Improving economy, efficiency and effectiveness** - How the Trust uses information about its costs and performance to improve the way it manages and delivers its services

At the planning stage of the audit, we undertake work to understand the arrangements that the Trust has in place under each of the reporting criteria and we identify risks of significant weaknesses in those arrangements. Although we describe this work as planning work, we keep our understanding of arrangements under review and update our risk assessment throughout the audit to reflect emerging issues that may suggest significant weaknesses in arrangements exist.

Where our risk-based procedures identify actual significant weaknesses in arrangements we are required to report these and make recommendations for improvement. Where such significant weaknesses are identified, we report these in the audit report.

The primary output of our work on the Trust's arrangements is the commentary on those arrangements that forms part of the Auditor's Annual Report. Consistent with the NAO's revised deadlines for the Auditor's Annual Report, we intend to issue the Auditor's Annual Report within three months of issuing our audit opinion.

## Status of our work

We are yet to complete our work in respect of the Trust's arrangements for the year ended 31 March 2022. At the time of preparing this report, we have not identified any significant weaknesses in arrangements that require us to make a recommendation, however we continue to undertake work on the Trust's arrangements.

Our draft audit report at Appendix B outlines that we have not yet completed our work in relation to the Trust's arrangements. As noted above, our commentary on the Trust's arrangements will be provided in the Auditor's Annual Report within three months of the date of our audit opinion.



# Appendices

A: Draft management representation letter

B: Draft audit report

C: Independence

D: Other communications

# Appendix A: Draft management representation letter

Mark Dalton  
Mazars LLP  
5<sup>th</sup> Floor  
3 Wellington Place  
Leeds  
LS1 4AP

Dear Mark,

### Humber Teaching Foundation Trust - audit for year ended 31 March 2022

This representation letter is provided in connection with your audit of the financial statements of Humber Teaching Foundation Trust for the year ended 31 March 2022 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view in accordance with the DHSC Group Accounting Manual. I confirm that the following representations are made on the basis of enquiries of management and staff with relevant knowledge and experience (and, where appropriate, inspection of supporting documentation) sufficient to satisfy ourselves that I can properly make each of the following representations to you.

### My responsibility for the financial statements and accounting information

I believe that I have fulfilled my responsibilities for the true and fair presentation and preparation of the financial statements in accordance with the DHSC Group Accounting Manual and relevant legislation and International Financial Reporting Standards (IFRS) as adapted and adopted by HM Treasury.

### My responsibility to provide and disclose relevant information

I have provided you with:

- access to all information of which we are aware that is relevant to the preparation of the financial statements such as records, documentation and other material;
- additional information that you have requested from us for the purpose of the audit; and
- unrestricted access to individuals within the Trust you determined it was necessary to contact in order to obtain audit evidence.

I confirm as Accountable Officer that I have taken all the necessary steps to make me aware of any relevant audit information and to establish that you, as auditors, are aware of this information. As far as I am aware there is no relevant audit information of which you, as auditors, are unaware.

### Accounting records

I confirm that all transactions that have a material effect on the financial statements have been recorded in the accounting records and are reflected in the financial statements. All other records and related information, including minutes of all Board and relevant committee meetings, have been made available to you.



# Appendix A: Draft management representation letter

### Accounting policies

I confirm that I have reviewed the accounting policies applied during the year in accordance with DHSC Group Accounting Manual and International Accounting Standard 8 and consider these policies to faithfully represent the effects of transactions, other events or conditions on the Trust's financial position, financial performance and cash flows.

### Accounting estimates, including those measured at fair value

I confirm that any significant assumptions used by the Trust in making accounting estimates, including those measured at fair value, are reasonable.

### Contingencies

There are no material contingent losses including pending or potential litigation that should be accrued where:

- information presently available indicates that it is probable that an asset has been impaired or a liability had been incurred at the balance sheet date; and
- the amount of the loss can be reasonably estimated.

There are no material contingent losses that should be disclosed where, although either or both the conditions specified above are not met, there is a reasonable possibility that a loss, or a loss greater than that accrued, may have been incurred at the balance sheet date.

There are no contingent gains which should be disclosed.

All material matters, including unasserted claims, that may result in litigation against the Trust have been brought to your attention. All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to you and accounted for and disclosed in accordance with the DHSC Group Accounting Manual and relevant legislation and IFRSs as adapted and adopted by HM Treasury.

### Laws and regulations

I confirm that I have disclosed to you all those events of which I am aware which involve known or suspected non-compliance with laws and regulations, together with the actual or contingent consequences which may arise therefrom.

We have complied with all aspects of contractual agreements that would have a material effect on the accounts in the event of non-compliance.



# Appendix A: Draft management representation letter

### Fraud and error

I acknowledge my responsibility as Accountable Officer for the design, implementation and maintenance of internal control to prevent and detect fraud and error.

I have disclosed to you:

- all the results of my assessment of the risk that the financial statements may be materially misstated as a result of fraud;
- all knowledge of fraud or suspected fraud affecting the Trust and Group involving;
  - management and those charged with governance;
  - employees who have significant roles in internal control; and
  - others where fraud could have a material effect on the financial statements.

I have disclosed to you all information in relation to any allegations of fraud, or suspected fraud, affecting the Trust's financial statements communicated by employees, former employees, analysts, regulators or others.

### Related party transactions

I confirm that all related party relationships, transactions and balances, have been appropriately accounted for and disclosed in accordance with the requirements of the DHSC Group Accounting Manual and relevant legislation and IFRSs as adopted by HM Treasury.

I have disclosed to you the identity of the Trust's related parties and all related party relationships and transactions of which I am aware.

### Impairment review

To the best of my knowledge, there is nothing to indicate that there is a permanent reduction in the recoverable amount of the property, plant and equipment and intangible assets below their carrying value at the statement of financial position date. An impairment review is therefore not considered necessary.

### Charges on assets

All the Trust's assets are free from any charges exercisable by third parties except as disclosed within the financial statements.

### Future commitments

I am not aware of any plans, intentions or commitments that may materially affect the carrying value or classification of assets and liabilities or give rise to additional liabilities.



# Appendix A: Draft management representation letter

### Ultimate parent company

I confirm that the ultimate parent company for Humber Teaching Foundation Trust is the Department of Health and Social Care.

### Subsequent events

I confirm all events subsequent to the date of the financial statements and for which the Group Accounting Manual, relevant legislation and IFRSs require adjustment or disclosure have been adjusted or disclosed. Should further material events occur after the date of this letter which may necessitate revision of the figures included in the financial statements or inclusion of a note thereto, I will advise you accordingly.

### Other matters

I can confirm in relation to the following matters that:

- COVID-19 - we have assessed the impact of the COVID-19 virus pandemic on the Trust and the financial statements, including the impact of mitigation measures and uncertainties, and are satisfied that the financial statements and supporting notes fairly reflect that assessment.
- Ukraine – we have assessed the potential impact of Russian Forces entering Ukraine on the Trust, including the impact of mitigation measures and uncertainties, and are satisfied that the financial statements and supporting notes fairly reflect that assessment.
- Brexit - we have assessed the potential impact of the United Kingdom leaving the European Union and that any disclosure in the Annual Report fairly reflects that assessment.

### Going concern

To the best of my knowledge there is nothing to indicate that the Trust will not continue as a going concern in the foreseeable future. The period to which I have paid particular attention in assessing the appropriateness of the going concern basis is not less than twelve months from the date of approval of the accounts.

I have updated our going concern assessment in light of the Covid-19 pandemic. I continue to believe that the Trust's financial statements should be prepared on a going concern basis and have not identified any material uncertainties related to going concern on the grounds that there will be continuity of services. We believe that no further disclosures relating to the Trust's ability to continue as a going concern need to be made in the financial statements.

### Annual Governance Statement

I am satisfied that the Annual Governance Statement (AGS) fairly reflects the Trust's risk assurance and governance framework and I confirm that I am not aware of any significant risks that are not disclosed within the AGS.



# Appendix A: Draft management representation letter

**Annual Report**

The disclosures within the Annual Report and Remuneration Report fairly reflect my understanding of the Trust’s financial and operating performance over the period covered by the financial statements.

**Unadjusted misstatements (if required)**

I confirm that the effects of any uncorrected misstatements are immaterial, both individually and in aggregate, to the financial statements as a whole. A list of the uncorrected misstatements is attached to this letter as an Appendix.  
*Insert appendix of unadjusted misstatements.*

Yours sincerely

Accountable Officer.....



# Appendix B: Draft auditors report

## Independent auditor's report to the Council of Governors of Humber Teaching NHS Foundation Trust

### Report on the audit of the financial statements

#### Opinion on the financial statements

We have audited the financial statements of Humber Teaching NHS Foundation Trust ('the Trust') for the year ended 31 March 2022 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows, and notes to the financial statements, including the summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual 2021/22 as contained in the Department of Health and Social Care Group Accounting Manual 2021/22, and the Accounts Direction issued under the National Health Service Act 2006.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2022 and of the Trust's income and expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2021/22; and
- have been properly prepared in accordance with the requirements of the National Health Service Act 2006.

#### Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

#### Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report.

#### Other information

The Directors are responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in these regards.

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# Appendix B: Draft auditors report

## Responsibilities of the Accounting Officer for the financial statements

As explained more fully in the Statement of Accounting Officer's Responsibilities, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

The Accounting Officer is required to comply with the Department of Health and Social Care Group Accounting Manual 2021/22 and prepare the financial statements on a going concern basis, unless the Trust is informed of the intention for dissolution without transfer of services or function to another entity. The Accounting Officer is responsible for assessing each year whether or not it is appropriate for the Trust to prepare financial statements on the going concern basis and disclosing, as applicable, matters related to going concern.

## Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Based on our understanding of the Trust, we identified that the principal risks of non-compliance with laws and regulations related to the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) and we considered the extent to which non-compliance might have a material effect on the financial statements.

We evaluated the Accounting Officer's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls) and determined that the principal risks were related to posting manual journal entries to manipulate financial performance, management bias through judgements and assumptions in significant accounting estimates, and significant one-off or unusual transactions.

Our audit procedures were designed to respond to those identified risks, including non-compliance with laws and regulations (irregularities) and fraud that are material to the financial statements. Our audit procedures included but were not limited to:

- discussing with management and the Audit Committee the policies and procedures regarding compliance with laws and regulations;
- communicating identified laws and regulations throughout our engagement team and remaining alert to any indications of non-compliance throughout our audit; and
- considering the risk of acts by the Trust which were contrary to applicable laws and regulations, including fraud. Our audit procedures in relation to fraud included but were not limited to:
  - making enquiries of management and the Audit Committee on whether they had knowledge of any actual, suspected or alleged fraud;
  - gaining an understanding of the internal controls established to mitigate risks related to fraud;
  - discussing amongst the engagement team the risks of fraud; and
  - addressing the risks of fraud through management override of controls by performing journal entry testing.

There are inherent limitations in the audit procedures described above and the primary responsibility for the prevention and detection of irregularities including fraud rests with management and the Audit Committee. As with any audit, there remained a risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal controls.

We are also required to conclude on whether the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate. We performed our work in accordance with Practice Note 10: Audit of financial statements and regularity of public sector bodies in the United Kingdom, and Supplementary Guidance Note 01, issued by the Comptroller and Auditor General in April 2021.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

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# Appendix B: Draft auditors report

## Report on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

### Matter on which we are required to report by exception

We are required to report to you if, in our opinion, we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2022.

We have not completed our work on the Trust's arrangements. On the basis of our work to date, having regard to the guidance issued by the Comptroller and Auditor General in December 2021, we have not identified any significant weaknesses in arrangements for the year ended 31 March 2022.

We will report the outcome of our work on the Trust's arrangements in our commentary on those arrangements within the Auditor's Annual Report. Our audit completion certificate will set out any matters which we are required to report by exception.

### Responsibilities of the Accounting Officer

The Chief Executive as Accounting Officer is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in the Trust's use of resources, to ensure proper stewardship and governance, and to review regularly the adequacy and effectiveness of these arrangements.

### Auditor's responsibilities for the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required by Schedule 10(1) of the National Health Service Act 2006 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our work in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in December 2021.

## Report on other legal and regulatory requirements

### Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2021/22; and
- the other information published together with the audited financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

### Matters on which we are required to report by exception under the Code of Audit Practice

We are required to report to you if:

- in our opinion the Annual Governance Statement does not comply with the NHS Foundation Trust Annual Reporting Manual 2021/22; or
- the Annual Governance Statement is misleading or is not consistent with our knowledge of the Trust and other information of which we are aware from our audit of the financial statements; or
- we refer a matter to the regulator under Schedule 10(6) of the National Health Service Act 2006; or
- we issue a report in the public interest under Schedule 10(3) of the National Health Service Act 2006.

We have nothing to report in respect of these matters.

### Use of the audit report

This report is made solely to the Council of Governors of Humber Teaching NHS Foundation Trust as a body in accordance with Schedule 10(4) of the National Health Service Act 2006.

Executive summary

Status of audit

Audit approach

Significant findings

Internal control recommendations

Summary of misstatements

Value for Money

Appendices

# Appendix B: Draft auditors report

To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust as a body for our audit work, for this report, or for the opinions we have formed.

### Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate until we have completed the work necessary to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Mark Dalton, Director  
For and on behalf of Mazars LLP

5<sup>th</sup> Floor  
3 Wellington Place  
Leeds  
LS1 4AP

Date to be confirmed



# Appendix C: Independence

As part of our ongoing risk assessment, we monitor our relationships with you to identify any new actual or perceived threats to our independence within the regulatory or professional requirements governing us as your auditors.

We can confirm that no new threats to independence have been identified since issuing the Audit Strategy Memorandum and therefore we remain independent.



# Appendix D: Other communications

Other communication	Response
<b>Compliance with Laws and Regulations</b>	We have not identified any significant matters involving actual or suspected non-compliance with laws and regulations. We will obtain written representations from management that all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements have been disclosed.
<b>External confirmations</b>	We did not experience any issues with respect to obtaining external confirmations.
<b>Related parties</b>	<p>We did not identify any significant matters relating to the audit of related parties.</p> <p>We will obtain written representations from management confirming that:</p> <ul style="list-style-type: none"> <li>a. they have disclosed to us the identity of related parties and all the related party relationships and transactions of which they are aware; and</li> <li>b. they have appropriately accounted for and disclosed such relationships and transactions in accordance with the requirements of the applicable financial reporting framework.</li> </ul>
<b>Going Concern</b>	We have not identified any evidence to cause us to disagree with Audit Committee that Humber Teaching Foundation NHS Trust will be a going concern, and therefore we consider that the use of the going concern assumption is appropriate in the preparation of the financial statements.

# Appendix D: Other communications

Other communication	Response
<p><b>Subsequent events</b></p>	<p>We are required to obtain evidence about whether events occurring between the date of the financial statements and the date of the auditor’s report that require adjustment of, or disclosure in, the financial statements are appropriately reflected in those financial statements in accordance with the applicable financial reporting framework.</p> <p>We will obtain written representations from management that all events occurring subsequent to the date of the financial statements and for which the applicable financial reporting framework requires adjustment or disclosure have been adjusted or disclosed.</p>
<p><b>Matters related to fraud</b></p>	<p>We have designed our audit approach to obtain reasonable assurance whether the financial statements as a whole are free from material misstatement due to fraud. In addition to the work performed by us, we will obtain written representations from management, and where appropriate Audit Committee, confirming that</p> <ul style="list-style-type: none"> <li>a. they acknowledge their responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud;</li> <li>b. they have disclosed to the auditor the results of management’s assessment of the risk that the financial statements may be materially misstated as a result of fraud;</li> <li>c. they have disclosed to the auditor their knowledge of fraud or suspected fraud affecting the entity involving:               <ul style="list-style-type: none"> <li>i. Management;</li> <li>ii. Employees who have significant roles in internal control; or</li> <li>iii. Others where the fraud could have a material effect on the financial statements; and</li> </ul> </li> <li>d. they have disclosed to the auditor their knowledge of any allegations of fraud, or suspected fraud, affecting the entity’s financial statements communicated by employees, former employees, analysts, regulators or others.</li> </ul>



# Mark Dalton, Director – Public Services

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## Mazars

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Mazars is an internationally integrated partnership, specialising in audit, accountancy, advisory, tax and legal services\*. Operating in over 90 countries and territories around the world, we draw on the expertise of 40,400 professionals – 24,400 in Mazars' integrated partnership and 16,000 via the Mazars North America Alliance – to assist clients of all sizes at every stage in their development.

\*where permitted under applicable country laws.

Audit Committee  
 Humber Teaching NHS Foundation Trust  
 Willerby Hill  
 Beverley Road  
 Willerby  
 HU10 6ED

Direct line +44 (0) 113 394 5316  
 Email mark.dalton@mazars.co.uk

12 December 2022

Dear Committee Members

**Conclusion of pending matters – Audit completion report for Humber Teaching NHS Foundation Trust.**

As required by International Standards on Auditing (UK and Ireland), we are writing to confirm any matters arising on the conclusion of the audit areas that were marked as outstanding within our Audit Completion Report issued on 17 June 2022. We presented an audit progress report to the Audit Committee on 8 November 2022, which provided members with an initial update on this outstanding work, but explained that at that stage we were still waiting for assurance from the East Riding Pension Fund audit, which meant some work remained outstanding.

The outstanding matters in our progress report to the November audit committee and the conclusions reached are detailed below:

Matter	Conclusion reached
Pensions	We received an assurance letter from the East Riding Pension Fund auditor on 24 November 2022. There are no matters to bring to your attention.
Whole Government Accounts	We undertook the procedures on the Trust’s consolidation data required by NAO once we received the necessary information from the pension fund auditor. There are no matters to bring to your attention.
Final versions of accounts, annual report and Annual Governance Statement	We completed our final checks once the above work was complete and we had confirmed that no further adjustments to those outlined in the June Audit Completion Report and November Audit Progress Report were necessary. We identified one minor error in the Annual Governance Statement regarding the accounting period, which has now been corrected.

Post Balance Sheet Events and Letter of Representation	We updated our review of potential post balance sheet events on the opinion date and reviewed a letter of representation signed by the Accountable Officer also on that date. There were no matters to bring to your attention.
Audit Review and Quality Control	We have completed our final review and closure procedures and noted that the disclosure note in respect of the impact of IFRS16 only showed the impact on assets at the transition date of 1 April 2022 and not the matching the impact on liabilities. The accounts have been corrected for this error.

In addition, on page 23 of our audit completion report and page 4 of our progress report we noted that we had not completed our 2021/22 review of the Trust's arrangements for value for money. However, at the time of preparing the reports we had not identified any significant weaknesses.

We have now completed our value for money assessment and issued our Auditor's Annual Report. The report summarises the Trust's arrangements for value for money during 2021/22 and confirms that there were no significant weaknesses in these arrangements.

If you wish to discuss these or any other points discussed at the meeting then please do not hesitate to contact me.

Yours sincerely



**Mark Dalton**  
Director

# Audit Progress Report

Humber Teaching NHS Foundation Trust

October / November 2022



# Contents

- 01 Audit progress
- 02 National publications

This document is to be regarded as confidential to Humber Teaching NHS Foundation Trust. It has been prepared for the sole use of the Audit Committee as the appropriate sub-committee charged with governance by the Board of Directors. No responsibility is accepted to any other person in respect of the whole or part of its contents. Our written consent must first be obtained before this document, or any part of it, is disclosed to a third party.

# Audit progress

We presented our audit completion report to this committee on 21 June 2022. This indicated that the audit was substantially complete and we were not anticipating any material adjustment to arise from the completion of the outstanding work. We explained that we could not conclude the audit until we received assurance from the pension fund auditor, which we expected in Autumn 2022, given the audit deadline for local government accounts had been set as 30 November 2022.

At the time of drafting this report we have still not received the assurance we need from the pension fund auditor. However, we are expecting it during November 2022 and will provide an oral update at the Audit Committee meeting on 8 November 2022.

The table below shows the progress made to date on the outstanding work listed on page 7 of our audit completion report:

Audit Area	Status	Findings from work completed since our completion report
Journals	Complete	No additional issues
Income	Complete	No additional issues
Remuneration Report	Complete	The disclosed redundancy was referred to as voluntary when it was compulsory and PILON costs of £2K were omitted from the note. This has been corrected.
Leases	Complete	The disclosures at Notes 10.1 and 10.2 regarding operating leases have been revised to correct a formula error on the working paper and outdated information in respect of the Whitby Hospital lease.
Pensions and WGA	Outstanding	To be completed in November 2022 and any issues reported in a follow up letter.
Final versions of accounts, annual report and AGS	Outstanding	Our final checks will be completed once the above work is complete and any further adjustments processed. Our review of the latest draft identified errors at Note 2 (segmental reporting) in respect of Provider and Trust assets and liabilities, which have now been revised to agree with the Statement of Financial Position.
Post balance sheet events and letter of representation	Outstanding	We will obtain an update as close as possible to the audit opinion date.
Audit Review and quality control	Outstanding	Our review is up to date but we will need to provide time to review the outstanding work before issuing our audit opinion.

# Audit progress (continued)

On page 23 of our audit completion report we noted that we had not completed our 2021/22 review of the Trust's arrangements for value for money. However, at the time of preparing the report we had not identified any significant weaknesses.

This position remains unchanged.

When we have completed our work on the Trust's accounts as set out on the previous page we will update our value for money assessment and issue our Auditor's Annual Report. The report will summarise the arrangements for value for money during 2021/22 but reflect any developments up to the date of the report that informs our assessment of these arrangements.

# National publications

This section highlights the recent national publications that may be of interest to Members of the Committee. If you require any additional information please contact any member of your engagement team.

We have, in the table below, provided a brief insight into the purpose/key points of the publications with indicative relevance and/or suggested action using the following ratings:

- Action required
- Action suggested
- For information only.

	Publication/update	Key points	
<b>National Audit Office (NAO)</b>			
1.	<b>Improving Government Data: A Guide for Senior Leaders – July 2022</b>	A guide to encourage decision-makers to realise the benefits of better use of data.	●
2.	<b>Departmental Overview: Department for Health and Social Care – August 2022</b>	This overview summarises the work of the Department of Health & Social Care including what it does, how much it costs, recent and planned changes and what to look out for across its main business areas and services.	●
3.	<b>Auditor Guidance Note 1 Revised – September 2022</b>	The guidance has been updated to respond to the creation of Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs) and the more complex activities and governance of the individual NHS entities to which local auditors are appointed.	●
<b>Healthcare Financial Management Association (HFMA)</b>			
4	<b>How to review and scrutinise the annual accounts – June 2022</b>	This briefing provides guidance for board and/or audit committees on how to effectively review and scrutinise the Trust's Annual Accounts. <b>Committee members may wish to refer to this guidance when reviewing the 2022/23 financial statements.</b>	●
5	<b>Board financial reports – getting the basics right – June 2022</b>	This briefing identifies good practice in preparing board financial reports. <b>The Trust may wish to reflect on this guidance when reviewing its Board finance reports.</b>	●
6	<b>Financial sustainability – the essential building blocks - June 2022</b>	This briefing highlights the competing demands of improving financial sustainability, while balancing the priorities of operational activity, workforce demands and recovery from Covid-19.	●
7	<b>The NHS external audit market: an update on current issues – August 2022</b>	This briefing highlights the key issues in the NHS external audit market.	●

## National publications (cont.)

	Publication/update	Key points	
NHS England			
8.	<b>Draft Addendum to your statutory duties – reference guide for NHS foundation trust governors - May 2022</b>	This draft addendum, subject to consultation over the summer months, supplements existing guidance for NHS foundation trust governors and explains how the legal duties of foundation trust councils of governors support system working and collaboration. <b>The Trust should ensure its Council of Governors is familiar with the revised guidance once finalised.</b>	●
9.	<b>Draft Guidance on good governance and collaboration - May 2022</b>	This guidance, subject to consultation over the summer months, issued under the NHS provider licence, sets clear expectations of collaboration by NHS trusts and foundation trusts and the governance characteristics that trusts must have in place to support this. <b>The Trust should ensure it is familiar with the revised guidance once finalised</b>	●
10.	<b>Draft Code of governance for NHS provider trusts - May 2022</b>	This code, subject to consultation over the summer months, sets out a common overarching framework for the corporate governance of trusts, reflecting developments in UK corporate governance and the development of integrated care systems. <b>The Trust should ensure it is familiar with the revised guidance once finalised. Once final, the Trust should review its governance arrangements against the new Code to identify whether changes are required.</b>	●
11.	<b>NHS Oversight Framework 2022/23 June 2022.</b>	These documents describe NHS England's approach to oversight of integrated care boards and trusts for 2022/23.	●

Audit progress

National publications

# National publications – National Audit Office (NAO)

## 1. NAO publication- Improving government data: A guide for senior leaders (July 2022)

The NAO has published Improving government data: A guide for senior leaders aimed at accounting officers, chief executives, director generals, directors and chief operating officers and people responsible for government services.

The aim of the guide is to encourage decision-makers to realise the benefits of better use of data by helping them understand in more detail the core issues to be addressed which have held back progress in the past. The guide focusses on data to support the operational delivery of public services, but much of the guide will also be relevant to data for decision-making and to improve performance.

<https://www.nao.org.uk/wp-content/uploads/2022/07/Improving-government-data-a-guide-for-senior-leaders.pdf>

## 2. Departmental Overview: Department for Health and Social Care (August 2022)

This guide summarises the key information and insights that can be gained from the NAO's examinations of the Department of Health & Social Care (the Department), the NHS, and related bodies in the health sector in England over the two financial years since April 2020. The guide includes:

- how the Department is structured and where it spent its money in 2020-21;
- how the Department manages its money and its people;
- the NAO's assessments of the Department's work in response to the COVID-19 pandemic, including the impact on people, procurement and contract management, and the NHS and social care;
- the long-term challenges the Department faces in terms of the healthcare workforce and digital transformation; and
- a look ahead, including the key elements of the Health and Care Act 2022

<https://www.nao.org.uk/wp-content/uploads/2022/08/Departmental-Overview-2020-21-Department-of-Health-Social-Care.pdf>

## 3. Auditor Guidance Note 1 (AGN01) Revised (September 2022)

The Comptroller & Auditor General has approved the updates and publication of AGN 01 General guidance supporting local audit. The guidance has been updated to respond to the creation of Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs) and the more complex activities and governance of the individual NHS entities to which local auditors are appointed.

The updated Annex to AGN 01 – Supplementary guidance on ethical requirements under the sections of 'none audit and audit related services' and 'prohibited services' therefore seeks to clarify how local auditors should approach their consideration of whether to undertake non-audit work.

<https://www.nao.org.uk/wp-content/uploads/2022/09/Auditor-Guidance-Note-01-7-Sept-2022.pdf>

Audit progress

National publications

# National publications – Healthcare Financial Management Association (HFMA)

## 4. How to review and scrutinise the annual accounts (June 2022)

This briefing sets out a series of questions that non-executive directors (NEDs) could ask at board and audit committee meetings to assess how things are going and to identify any areas of potential concern. Good governance involves NEDs appropriately challenging financial reports during the year and at the year-end – it is important that they feel able to ask questions and understand why they're asking them. Although the questions relate primarily to the annual accounts, they could also be used when reviewing the monthly or quarterly financial position.

The questions are grouped under six headings, namely:

- overall performance
- accounts preparation
- statement of comprehensive income/ statement of comprehensive net expenditure
- statement of changes in taxpayer's equity
- statement of financial position
- statement of cash flows.

It is not intended to be exhaustive in its coverage – instead, it focuses on key questions that may be helpful and relevant when discussing financial performance and the organisation's accounts.

[https://www.hfma.org.uk/docs/default-source/publications/briefings/how-to-review-and-scrutinise-the-numbers---guidance-for-governing-body-and-audit-comittee-members.pdf?sfvrsn=1ce893e4\\_2](https://www.hfma.org.uk/docs/default-source/publications/briefings/how-to-review-and-scrutinise-the-numbers---guidance-for-governing-body-and-audit-comittee-members.pdf?sfvrsn=1ce893e4_2)

## 5. Board financial reports – getting the basics right (June 2022)

The NHS is under financial pressure. Some of that pressure was eased during the pandemic because of the additional funding that was made available and there was a shift to focus on the operational management of the pandemic. From 2022/23 there is a renewed focus on improving financial sustainability. NHS bodies are being challenged to regain financial grip, while still balancing competing priorities from operational activity, workforce demands and recovery from the impact of Covid-19.

This briefing looks at how financial information should be presented to boards to support their assessment of their financial position. It is based on reviewing a number of board reports to identify good, and not so good, practice.

[https://www.hfma.org.uk/docs/default-source/publications/briefings/sbs-board-reporting-basics-briefing.pdf?sfvrsn=45a449e7\\_4](https://www.hfma.org.uk/docs/default-source/publications/briefings/sbs-board-reporting-basics-briefing.pdf?sfvrsn=45a449e7_4)

Audit progress

National publications

# National publications – Healthcare Financial Management Association (HFMA)

## 6. Financial sustainability – the essential building blocks (June 2022)

Delivering long-term financial sustainability is not something that can be achieved quickly and is an ongoing process rather than a one-off plan, with a focus on delivering value.

Since March 2020, NHS organisations have been focused on the operational management of the Covid-19 pandemic. This, coupled with the temporary financial regime and additional funding, meant efficiency requirements were put on hold. Now there is a renewed focus on improving financial sustainability and a need to regain financial grip, while still balancing the competing priorities from operational activity, workforce demands and recovery from Covid-19.

The HFMA interviewed a number of experts who support NHS organisations to improve their financial performance, as well as finance directors and senior clinicians, asking them for their views on the building blocks for improving financial sustainability.

This briefing summarises the key themes. Implementing each of them will come with challenges and they will not be implemented quickly. However, most organisations won't be starting from a blank canvas and this report is intended to be a reminder of how essential these building blocks are when improving financial sustainability.

To support finance teams engage with their non-finance colleagues about financial sustainability, the HFMA have also produced an accompanying engagement pack consisting of a slide deck and speaker notes for use within the wider organisation. This is available here <https://www.hfma.org.uk/online-learning/bitesize-courses/detail/financial-sustainability-the-essential-building-blocks>

[https://www.hfma.org.uk/docs/default-source/publications/briefings/financial-sustainability--the-essential-building-blocks-final.pdf?sfvrsn=adad49e7\\_4](https://www.hfma.org.uk/docs/default-source/publications/briefings/financial-sustainability--the-essential-building-blocks-final.pdf?sfvrsn=adad49e7_4)

## 7. The NHS external audit market: an update on current issues (August 2022)

Over recent years NHS organisations are finding it increasingly difficult to appoint an external auditor, with little or no interest being shown in invitations to tender for external audit services. Some organisations have also reported that their auditor has resigned or has declined to extend the current audit contract.

There are many complex and intertwined factors leading to the issues in the NHS external audit market, with similar issues being reported in local government. HFMA's briefing in February 2021, The NHS audit market: current issues and possible solutions explored these issues and covered the tendering process, audit interest, risk, capacity and fees. Issues have also been highlighted for members in a series of blogs including: Targeting sustainable external audit and Year-end audit: targeting a smooth operation.

The public sector external audit market remains an area of significant concern, with some commenting that it is approaching crisis point. In May 2022, 61 finance directors and chief finance officers in England responded to a short HFMA survey to help establish a picture of the latest position on external audit appointments, and in particular any difficulties in audit procurement. This briefing provides a reminder of the key issues in the external audit market and sets out the results of the survey. It also includes an update on national plans, along with local good practice actions that can be taken in the short term.

[https://www.hfma.org.uk/docs/default-source/publications/briefings/the-nhs-external-audit-market.pdf?sfvrsn=d55f49e7\\_2](https://www.hfma.org.uk/docs/default-source/publications/briefings/the-nhs-external-audit-market.pdf?sfvrsn=d55f49e7_2)

Audit progress

National publications

# National publications – NHS England

## 8. Draft Addendum to your statutory duties – reference guide for NHS foundation trust governors (May 2022)

NHS England has recently consulted on updated guidance for NHS providers in respect of good governance and the responsibilities of foundation trust governors. The consultation closed in July 2022, and the Department is currently considering responses. The guidance explains how the legal duties of foundation trust councils of governors support system working and collaboration. The key points from the addendum are as follows:

- The addendum is based on the existing statutory duties in the 2006 Act, and the principles regarding collaboration and system working in the June 2021 Integrated Care Systems: design framework;
- To support collaboration between organisations and the delivery of better, joined up care, councils of governors are required to form a rounded view of the interests of the ‘public at large’;
- Updated considerations are set out in respect to the following legal duties of councils of governors: holding the non-executive directors to account, representing the interests of trust members and the public, and approving significant transactions, mergers, acquisitions, separations or dissolutions; and
- The addendum only applies to a council of governors’ statutory role within its own foundation trust’s governance.

<https://www.england.nhs.uk/wp-content/uploads/2022/05/B0440-draft-addendum-to-your-statutory-duties.pdf>

## 9. Draft Guidance on good governance and collaboration (May 2022)

NHS England has recently consulted on draft guidance for NHS providers, which sets clear expectations of collaboration by NHS trusts and foundation trusts and the governance characteristics that trusts must have in place to support this. The consultation closed in July 2022, and the Department is currently considering responses. The key points from the guidance are as follows:

- The success of individual NHS trusts and foundation trusts will increasingly be judged against their contribution to the objectives of the integrated care system, in addition to their existing duties to deliver safe, effective care, and effective use of resources;
- This guidance sets expectations of providers in terms of collaboration in respect of three key areas – engaging consistently in shared planning and decision making, consistently take collective responsibility with partners for delivery of services across various footprints including system and place, and consistently taking responsibility for delivery of agreed system improvements and decisions; and
- Five characteristics of governance arrangements which providers must have in place to support effective collaboration are detailed.

<https://www.england.nhs.uk/wp-content/uploads/2022/05/B0562-draft-guidance-on-good-governance-and-collaboration.pdf>

Audit progress

National publications

# National publications – NHS England

## 10. Draft Code of governance for NHS provider trusts (May 2022)

NHS England has recently consulted on a draft Code of Governance for NHS providers, which sets out a common overarching framework for the corporate governance of trusts, reflecting developments in UK corporate governance and the development of integrated care systems. The consultation closed in July 2022, and the Department is currently considering responses. The key points from the Code are as follows:

- Corporate governance is the means by which boards lead and direct their organisations so that decision-making is effective, risk is managed and the right outcomes are delivered;
- In the NHS this means delivering safe, effective services in a caring and compassionate environment while collaborating through system and place based partnerships and provider collaboratives to integrate care; and
- Best practice is detailed in the following sections of the Code: Board leadership and purpose, Division of responsibilities, Composition, succession and evaluation, Audit, risk, and internal control, and Remuneration.

<https://www.england.nhs.uk/wp-content/uploads/2022/05/B0439-draft-code-of-governance-for-nhs-provider-trusts.pdf>

## 11. NHS Oversight Framework 2022/23 (June 2022)

NHS England has published the NHS Oversight Framework 2022/23 which sets out the oversight of Integrated Care boards and trusts for 2022/23 and takes effect from 1 July 2022. The approach for 2021/22 provided a single, consistent NHS monitoring framework. This updated framework takes account of:

- the establishment of statutory ICBs with commensurate responsibilities;
- NHS England's duty to undertake an annual performance assessment of these ICBs;
- early learning from the implementation of the System Oversight Framework during 2021-22; and
- revised NHS priorities as set out in 2022/23 planning documentation.

The framework includes six themes: quality of care, access and outcomes; preventing ill-health and reducing inequalities; people; finance and use of resources; leadership and capability; and local strategic priorities.

<https://www.england.nhs.uk/publication/nhs-oversight-framework-22-23/>

Audit progress

National publications

# Mark Dalton, Director – Public Services

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Mazars is an internationally integrated partnership, specialising in audit, accountancy, advisory, tax and legal services\*. Operating in over 90 countries and territories around the world, we draw on the expertise of 40,400 professionals – 24,400 in Mazars' integrated partnership and 16,000 via the Mazars North America Alliance – to assist clients of all sizes at every stage in their development.

\*where permitted under applicable country laws.

**Agenda Item 13**

Title & Date of Meeting:	Council of Governors Public Meeting – 20 April 2023															
Title of Report:	Council of Governor Sub-Groups Feedback Appointments, Terms and Conditions Committee and Engaging with Members Group															
Author/s:	Sue Cooper, Chair Appointments, Terms and Conditions Committee Doff Pollard, Chair of Engaging with Members Governor Group															
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>				To approve		To discuss		To note	✓	To ratify		For assurance			
To approve		To discuss														
To note	✓	To ratify														
For assurance																
Purpose of Paper:	To provide the Council of Governors with an update from the meetings held.															
Key Issues within the report:																
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>A verbal update will be provided at the meeting</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>N/A</li> </ul>														
<b>Matters of Concern or Key Risks to Escalate:</b> <ul style="list-style-type: none"> <li>No matters to escalate</li> </ul>		<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>N/A</li> </ul>														
Governance:		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															

**Monitoring and assurance framework summary:**

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

✓ Tick those that apply

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

### **Appointments, Terms & Conditions Committee 9 March 2023**

A verbal update will be provided on discussions at the meeting by the Committee Chair, Sue Cooper

### **Engaging with Members**

The last meeting was cancelled, and the next meeting is due to take place on 18 May 2023.

### **Training opportunities offered for Governors**

Governors attended a training session regarding the role of a Governor on 16 March 2023. This focussed on the statutory roles of a Governor including membership engagement and holding to account.

### **Governwell Training Events Attended**

1 Feb Marilyn Foster – Core Skills

8 Feb Marilyn Foster - Member & Public Engagement

2 Mar Brian Swallow – Core Skills

Title & Date of Meeting:	Council of Governors Public Meeting 20 April 2023														
Title of Report:	Adult Inpatient Redesign Programme														
Author/s:	Lynn Parkinson, Deputy Chief Executive, Chief Operating Officer														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td>✓</td> </tr> <tr> <td>To note</td> <td></td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>			To approve		To discuss	✓	To note		To ratify		For assurance			
To approve		To discuss	✓												
To note		To ratify													
For assurance															
Purpose of Paper:	To update the Council of Governors on the progress of the Adult Inpatient Redesign Programme. The presentation will cover a project overview, outline the Pre-Consultation Business Care (PCBC) process and the evaluation process and set out the next steps for the programme.														
Key Issues within the report:															
<p><b>Positive Assurances to Provide:</b></p> <ul style="list-style-type: none"> <li>The board has already approved a strategic outline business case (SOC)</li> <li>The PCBC advances the business case as far as possible before formal Public Consultation</li> <li>The PCBC has had wide stakeholder engagement which includes our service users and our staff along with other statutory agencies and partners.</li> <li>A range of approaches to engagement are being used including group events, surveys and individual meetings.</li> <li>The work is supported by a Programme Board which reports regularly to the Executive Management Team and via the Finance and Investment Committee to the Trust Board.</li> </ul>		<p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>The programme is currently focussed on completing the Pre-Consultation Business Case</li> <li>Extensive engagement work is taking place to evaluate the short list.</li> </ul>													
<p><b>Matters of Concern or Key Risks:</b></p> <ul style="list-style-type: none"> <li>The Trust submitted an expression of interest last year for the next eight schemes to be awarded capital as part of the National Hospitals Programme. No announcement has been made to date on the outcome of that process and the Trust continues to explore routes to achieve access to capital</li> </ul>		<p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>SOC was approved by the Trust Board in September 2021</li> </ul>													

funding. • Options being considered may include changes to where services are delivered from.				
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	Monthly to EMT
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

**Monitoring and assurance framework summary:**

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



Humber Teaching  
NHS Foundation Trust

# Redesigning Adult Inpatient Mental Health Services

# Contents

- Project overview
  - Our mission
  - Our key drivers
  - Benefits
- Latest updates
  - Where we are now
- Evaluation process
  - Long list of options
  - Criteria
  - Panels
  - Shortlisting



# Project overview

## Context

The Trust is exploring potential changes to inpatient services, with an aim to improve care and enhance experiences for patients and staff

## Scope

The project scope comprises mental health inpatient services that serve Hull and the East Riding, and are currently located across 5 different sites (Maister Lodge, Newbridges, Westlands, Miranda House and Mill View)

## Existing facilities

Current facilities are not conducive to enhancing patients' recovery (no outside space, for example) and staff and patients report feeling isolated in these settings

# Project overview

## Where are we now

The project is currently in the Pre-Consultation Business Case (PCBC) phase of this process which includes an evaluation of a long list of options in the case for change

## Potential changes

The options being considered may include changes to where the current services are delivered from, if this can be demonstrated to improve patient outcomes, aid recovery, support staff, and tackle staffing challenges

## Approvals

The Trust Board approved the SOC in September 2021 – NHSE advised not to go to FBC  
The PCBC advances the business case as far as possible before Public Consultation  
This is subject to NHS England approval and other statutory approvals (such as planning permission)



# Project overview

## Our objective

Our core objective is to deliver a re-designed inpatient service which will enable sustainable, high-quality, person-centered care to be provided to our patients in a safe environment, for the long term.

## Our drivers for change

- The overall demand for mental health services is increasing
- The needs of our population are changing, notably increasing in acuity and complexity, and we need to respond to these in the most appropriate way
- Our community model of care has transformed and therefore the inpatient model needs to change in response to this
- We have challenges in meeting clinical national standards
- Nationally, there is a significant shortfall in the availability of mental health care staff. Our model of care is staff intensive requiring a large number of staff to discharge the core duties
- We have challenges in meeting physical estate national standards

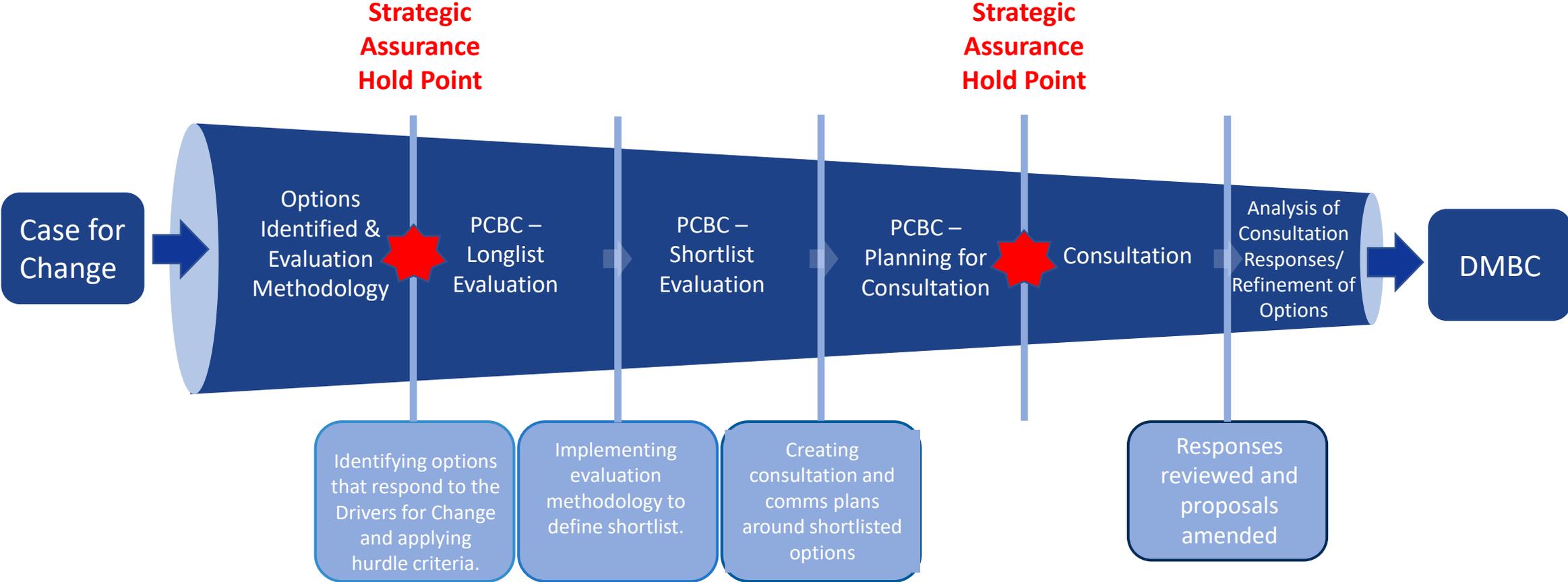
# Latest updates

## Where we are now

- Engagement is well underway with great uptake in all 3 core groups: staff, service users and stakeholders
- We have developed a long list of options with support from our key stakeholder groups
- We're currently finalising the evaluation criteria and supplementary information pack
  - This will be shared at least one week in advance of the evaluation sessions



# The PCBC in context



# Long list at a glance

## Humber PCBC options

- Services**
- Place of safety
  - Assessment
  - Crisis
  - Treatment
  - PICU

### Option 1 BAU



### Option 2 Co-locate all inpatient services



### Option 3 Co-locate all treatment services together, crisis and assessment together



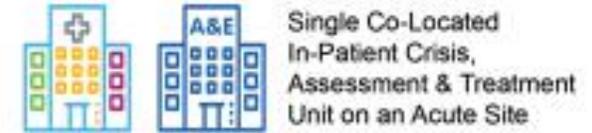
### Option 4a Community inpatient model - geographically driven



### Option 4b



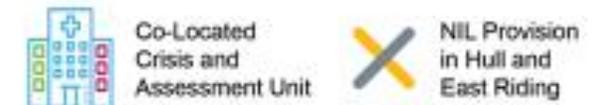
### Option 5 Co-locate inpatient services with physical care



### Option 6a Community only model, inpatient beds in wider ICS



### Option 6b



# Evaluating the long list



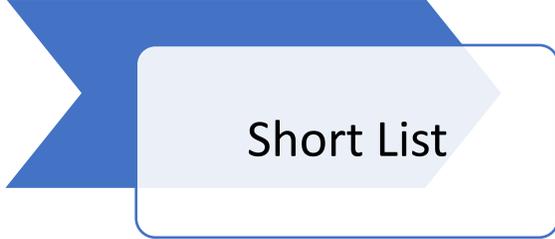
Long List

**Patient Experience** – Is this likely to improve patient experience of accessing and using our in-patient services?

**Workforce** – Is it likely improve recruitment & retention, work environment, safe feeling safe, optimised staff model?

**Clinical Standards** – Is it likely to improve quality, safety, enable model of care?

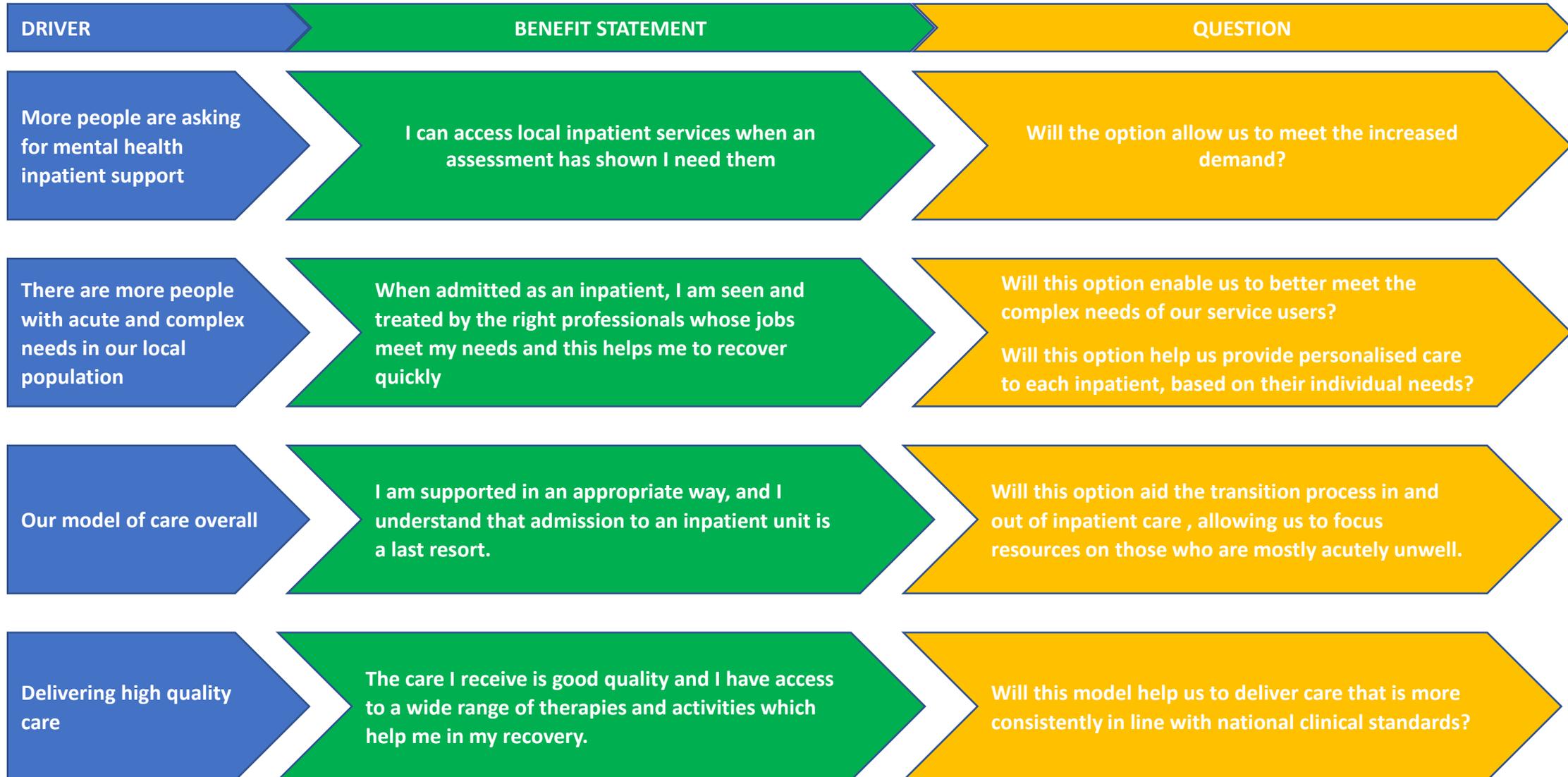
**Financial viability** – Is this likely to be financially viable/ sustainable in the long term?



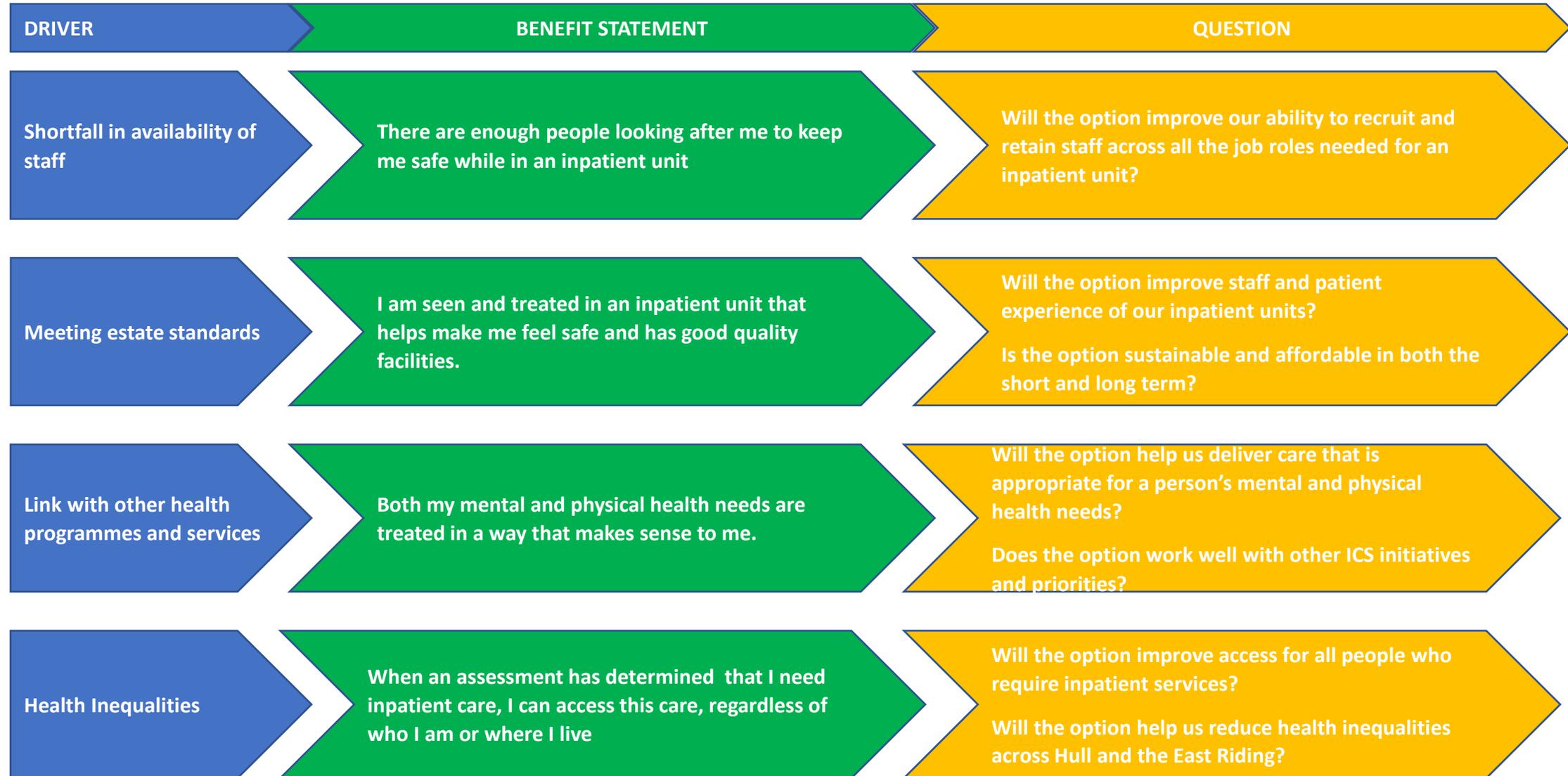
Short List



# Draft evaluation questions

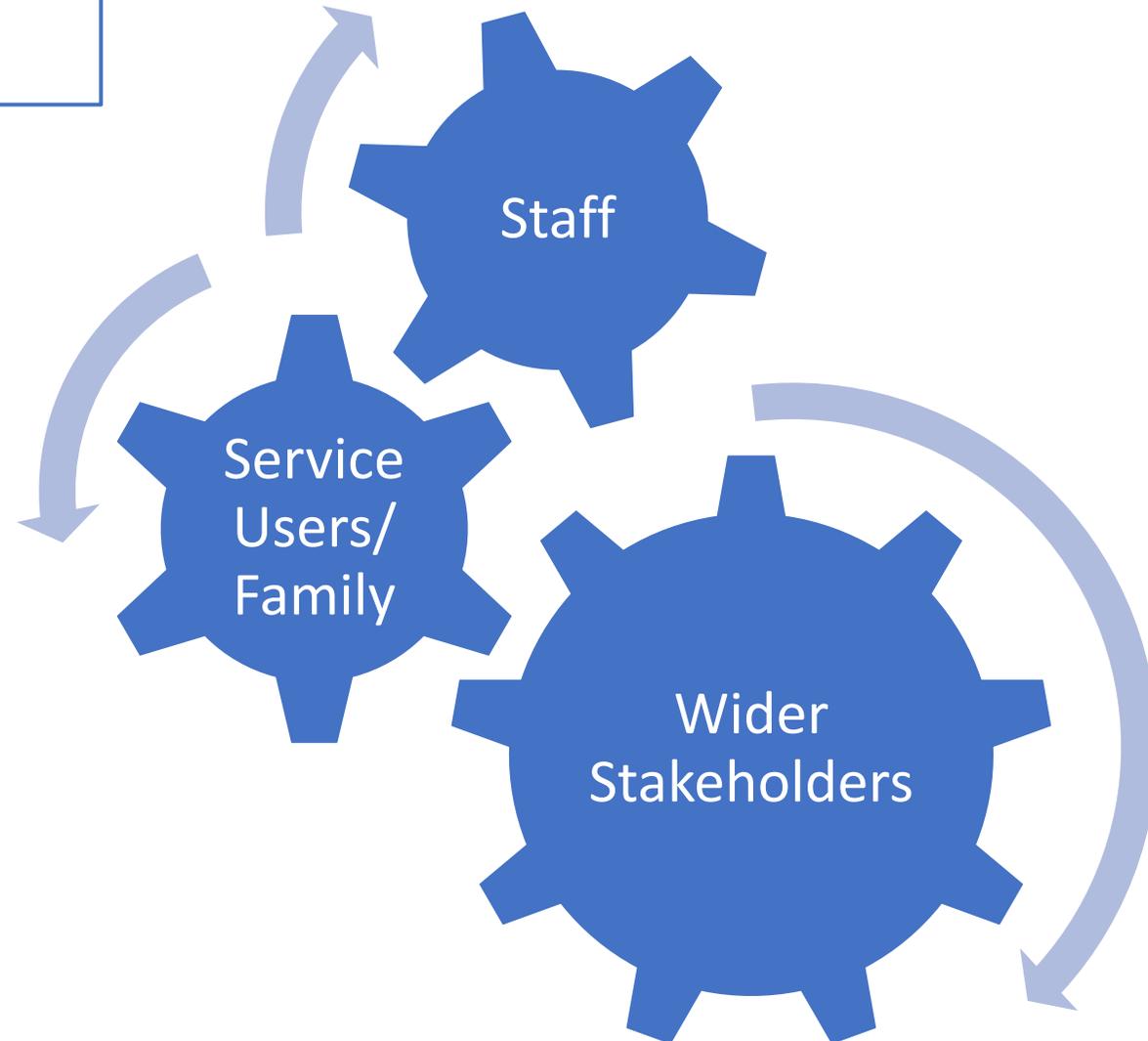


# Draft evaluation questions

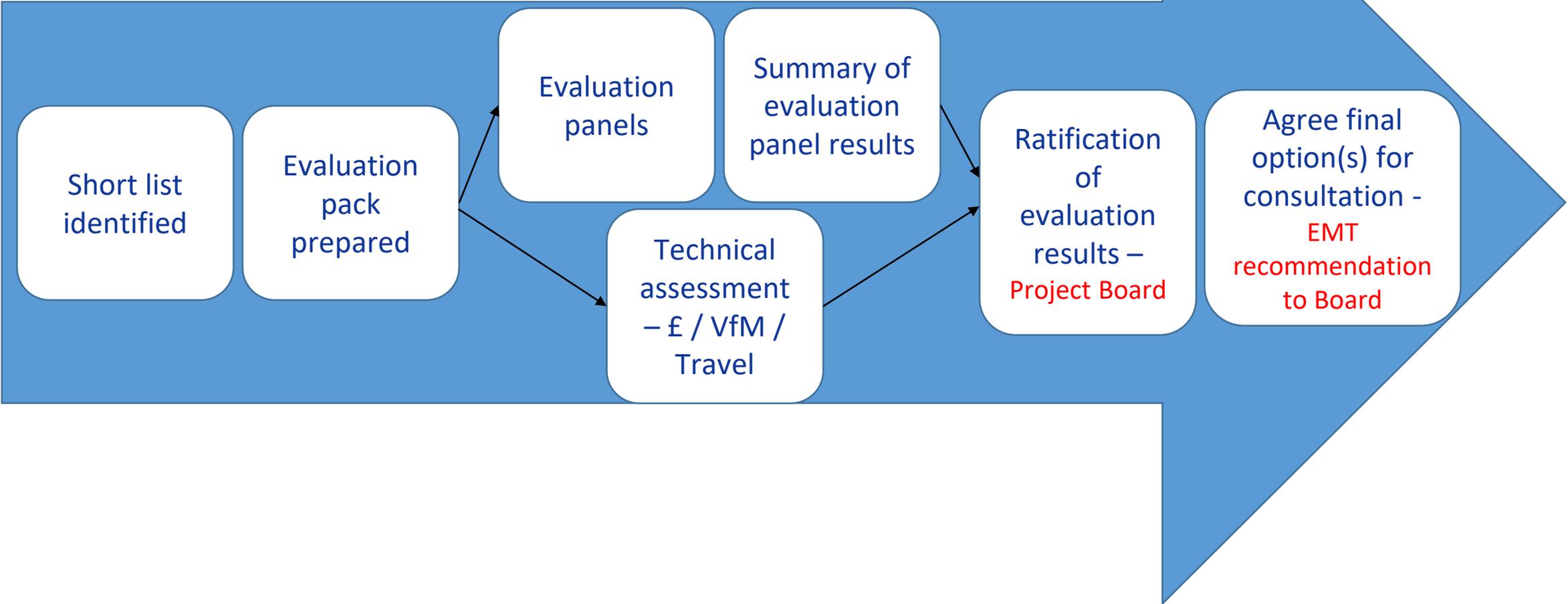


# Evaluation sessions

Information Sessions Feb / March / April  
**Evaluation Panels May**



# Shortlist process



## Next steps

- Stakeholder engagement continues until June 2023

Our stakeholder evaluation session will take place on **Wednesday 17 May 2023**

- Completed PCBC to Finance and Investment Committee 12 July 2023
- Completed PCBC to Trust Board – part II – 26 July 2023

**Agenda Item 15**

Title & Date of Meeting:	Council of Governors Public Meeting, 20 April 2023														
Title of Report:	Annual Declarations 2022/23														
Author/s:	Stella Jackson Head of Corporate Affairs														
Recommendation:	<table border="1" data-bbox="520 602 1493 719"> <tr> <td data-bbox="520 602 916 640">To approve</td> <td data-bbox="916 602 1011 640"></td> <td data-bbox="1011 602 1391 640">To discuss</td> <td data-bbox="1391 602 1493 640">x</td> </tr> <tr> <td data-bbox="520 640 916 678">To note</td> <td data-bbox="916 640 1011 678"></td> <td data-bbox="1011 640 1391 678">To ratify</td> <td data-bbox="1391 640 1493 678"></td> </tr> <tr> <td data-bbox="520 678 916 719">For assurance</td> <td data-bbox="916 678 1011 719"></td> <td data-bbox="1011 678 1391 719"></td> <td data-bbox="1391 678 1493 719"></td> </tr> </table>			To approve		To discuss	x	To note		To ratify		For assurance			
To approve		To discuss	x												
To note		To ratify													
For assurance															
	<p>Up until the financial year 2023/24, NHS Providers were required to complete annual self-certifications (declarations) under the terms of the NHS provider licence. Governors should seek assurance from Non-Executive Directors that the Trust is not breaching its licence conditions.</p> <p>A paper regarding the Trust's draft Annual Declarations for the 2022/23 financial year was considered by the Trust Board on 25 January 2023 and the Board agreed these (based on the evidence supplied) subject to information being included about the new governor induction pack and an update regarding the external well led review being incorporated. These amendments have been made and incorporated into the paper considered by the Board which is attached to this cover sheet.</p> <p>The Council of Governors is:</p> <ul style="list-style-type: none"> <li>• Invited to seek assurance from Non-Executive Directors regarding the evidence to support the declarations (the declarations are detailed at section 2 of the paper and the evidence is attached at Annex A);</li> <li>• Consider whether any additional information should be included within the paper regarding the training received by Governors (section 3 of the paper); and</li> <li>• Note a revised licence has been published by NHS England (effective from the 2023/24 financial year) and the need to self-certify against this is no longer required.</li> </ul>														
Key Issues within the report:	<p>This report provides evidence of how the Trust continues to meet the terms of its Licence, elements of the NHS Act and its Constitution.</p>														

<p><b>Positive Assurances to Provide:</b></p> <ul style="list-style-type: none"> <li>High level of assurance provided in June 2022 by Audit Yorkshire regarding the annual declarations process.</li> </ul>	<p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>None</li> </ul>																												
<p><b>Matters of Concern or Key Risks:</b></p> <ul style="list-style-type: none"> <li>None</li> </ul>	<p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>Trust Board agreed at its meeting on 25 January 2023 that information should be incorporated into the annual declaration evidence regarding the new governor induction pack and that the external well led review information should be updated. This information has been incorporated.</li> </ul>																												
<p><b>Governance:</b> Please indicate which committee or group this paper has previously been presented to:</p>	<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Audit Committee</td> <td></td> <td>Remuneration &amp; Nominations Committee</td> <td></td> </tr> <tr> <td>Quality Committee</td> <td></td> <td>Workforce &amp; Organisational Development Committee</td> <td></td> </tr> <tr> <td>Finance &amp; Investment Committee</td> <td></td> <td>Executive Management Team</td> <td></td> </tr> <tr> <td>Mental Health Legislation Committee</td> <td></td> <td>Operational Delivery Group</td> <td></td> </tr> <tr> <td>Charitable Funds Committee</td> <td></td> <td>Collaborative Committee</td> <td></td> </tr> <tr> <td></td> <td></td> <td>Other (please detail)</td> <td>Trust Board 25/1/2023</td> </tr> </tbody> </table>		Date		Date	Audit Committee		Remuneration & Nominations Committee		Quality Committee		Workforce & Organisational Development Committee		Finance & Investment Committee		Executive Management Team		Mental Health Legislation Committee		Operational Delivery Group		Charitable Funds Committee		Collaborative Committee				Other (please detail)	Trust Board 25/1/2023
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**Monitoring and assurance framework summary:**

Links to Strategic Goals (please indicate which strategic goal/s this paper relates to)				
√ Tick those that apply				
√	Innovating Quality and Patient Safety			
√	Enhancing prevention, wellbeing and recovery			
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√	Developing an effective and empowered workforce			
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√	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	√			
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Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

## Trust Board (January 2023)

### Annual Declarations 2022/23

#### 1. Introduction and Purpose

This purpose of this paper is to provide the Trust Board 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 to advise how the views of Governors will be taken into consideration.

#### 2. NHS Licence Conditions

Currently, all NHS Foundation Trusts are required to self-certify whether or not they have complied with the conditions of the NHS provider licence, have the required resources available if providing commissioner requested services, and have complied with governance requirements.

For the 2022/23 financial year, the Trust is required to make the following declarations:

Declaration	Details
G6 (3)	Providers must certify that their Board has taken all necessary precautions to comply with the licence, NHS Act and NHS Constitution.
FT4 (8)	Providers must certify compliance with required governance standards and objectives
CoS7 (3)	Providers providing Commissioner Requested Services (CRS) have to certify that they have a reasonable expectation that required resources will be available to deliver designated services.

Previous reports to the Trust Board and Council of Governors have highlighted the evidence available to support the above declarations.

Audit Yorkshire reviewed the annual declarations process as part of the 2021/22 internal audit plan with a report provided in June 2022 giving a 'High' level of assurance.

#### 2.1 Condition G6

Condition G6 requires the Trust to have effective systems and processes in place to ensure compliance with its provider licence, the NHS Act and the NHS Constitution. The Trust should identify any risks to compliance and take reasonable mitigating actions to prevent those risks and a failure to comply occurring.

The Trust Licence (No 130053 – Issued 1<sup>st</sup> April 2013) contains seven sections which details conditions relating to the following areas:

- General Conditions
- Pricing
- Choice and Competition
- Integrated Care
- Continuity of Services
- NHS Foundation Trust Conditions
- Interpretation and definitions

Details of the Trust licence conditions and commentary to support compliance is attached at Appendix A.

Declaration G6 also requires the Board to declare that the Licensee continues to meet the criteria for holding a licence, there are currently 2 conditions:

- The Trust must be registered with the Care Quality Commission
- The Directors and Governors of the Trust must meet the 'fit and proper persons test'

The Trust is compliant with these conditions.

## 2.2 Condition FT 4

Condition FT4 requires the Trust to apply the principles, systems and standards of good practice which would reasonably be regarded as appropriate for a supplier of health care services to the NHS.

Evidence to demonstrate the Trust's compliance against the six statements is attached at Appendix B, this is not an exhaustive list and has been updated based on feedback from previous Board and Council of Governor discussions.

## 2.3 Condition CoS7

As the Trust is a provider of Commissioner Requested Services, it must make a declaration under CoS7, evidence for which is included in Appendix A.

## 3. Additional Declaration – Training of Governors

Whilst not a specific licence condition, the Trust is also required to make an annual declaration in relation to the Training of Governors. It is a requirement of the Health and Social Care Act that the Trust ensures governors are equipped with the skills and knowledge they require. The Trust is required to make the following statement

***'The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training to Governors, as required by S151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they require to undertake their role'***

Based on the statement above the following list provides evidence of the Trusts compliance:

- Governor Induction Programme (including the development and provision of an updated Governor Induction pack)
- Governor Development Workshop/Sessions
- Council of Governor Meetings

## 4. Next Steps

The deadline for annual declarations has yet to be published but in previous years declarations have been made in May and June.

Subject to board approval this report will be presented to the Council of Governors in April to ensure their views are taken into consideration. A final paper will be presented to the Trust Board prior to declarations being made.

## **5. Recommendation**

That Trust Board agrees the following declarations, based on the evidence included in this report:

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

## Annex A

## Licence Conditions:

Condition	Explanation	Comments
<b>General licence conditions (G)</b>		
G1. Provision of information	Obligation to provide NHS Improvement/Monitor with any information it requires for its licensing functions.	<ul style="list-style-type: none"> <li>• The Trust complies with any NHS England and Improvement requests for information and complies with the reporting requirements as set out in the Single Oversight Framework.</li> <li>• The Trust has robust data collection and validation processes.</li> <li>• Accurate, complete and timely information is produced and submitted to third parties to meet specific requirements.</li> <li>• The Trust makes monthly submissions to NHS England and Improvement</li> </ul>
G2. Publication of information	Obligation to publish such information as NHS Improvement/Monitor may require.	<ul style="list-style-type: none"> <li>• The Trust Board of Directors continues to meet in public with digital access available to view meetings.</li> <li>• Agendas, minutes and papers are published on the Trust's website.</li> <li>• Monthly board meetings include updates on operational performance, quality and finance.</li> <li>• The Trust's website contains a variety of information and referral point information should the public require further information.</li> <li>• Published Quality Accounts and Annual Report.</li> <li>• The Trust responds to Freedom of Information requests</li> <li>• The Board Assurance Framework and Trust Wide Risk Register are reported to the board quarterly.</li> <li>• The Council of Governors receives regular communication about the work of the Trust.</li> <li>• The Trust complies with its obligations under Duty of Candor.</li> </ul>
G3. Payment of fees to NHS Improvement/Monitor	Gives NHS Improvement/Monitor the ability to charge fees and for licence holders to pay them.	<ul style="list-style-type: none"> <li>• There are currently no plans to charge a fee to Licence holders.</li> <li>• The Trust's financial systems enable it to comply with this requirement in the future.</li> </ul>
G4. Fit and proper persons as Governors and Directors	Prevents licensees from allowing unfit persons to become or continue as governors or directors.	<ul style="list-style-type: none"> <li>• Governors and Members of the Board of Directors are required to make an annual declaration to ensure that they continue to meet the Fit and Proper Persons Test.</li> </ul>

Condition	Explanation	Comments
G5. NHS Improvement/Monitor guidance	Requires licensees to have regard to NHS Improvement/Monitor guidance.	<ul style="list-style-type: none"> <li>• The Trust responds to guidance issued by NHS Improvement/Monitor.</li> <li>• Submissions and information provided to NHS Improvement/Monitor are approved through relevant and appropriate authorisation processes.</li> <li>• The Trust has regard to Monitor guidance and submits self-certifications as required by Monitor</li> </ul>
<b>G6. Systems for compliance with licence conditions and related obligations</b>	Requires providers to take reasonable precautions against risk of failure to comply with the licence.	<ul style="list-style-type: none"> <li>• The Trust's Internal Auditors (Audit Yorkshire) considered the Board Assurance Framework and Risk Management as part of the 2020/21 audit work programme; the outcome provided 'High' assurance.</li> <li>• Previously governance arrangements (Board &amp; Committee Effectiveness) were reviewed as part of the 2018/19 internal audit programme, providing 'good' assurance.</li> <li>• The Board Assurance Framework and Trust Wide Risk Register are reported to the board quarterly as well as relevant parts to the sub-committees of the Board and Executive Management Team.</li> <li>• Annual Governance Statement <ul style="list-style-type: none"> <li>• The 2021/22 Annual Head of Internal Audit Opinion provided 'Significant' Assurance</li> </ul> </li> </ul> <p><b>* This is a declaration on behalf of the Trust as part of the annual submissions</b></p>
G7. Registration with the Care Quality Commission (CQC)	Requires providers to be registered with the CQC and to notify NHS Improvement/Monitor if their registration is cancelled.	<ul style="list-style-type: none"> <li>• The Trust is registered with the Care Quality Commission (CQC).</li> <li>• The Trust's last full CQC inspection was in 2019 and assessed the Trust as 'Good'</li> <li>• The Quality Committee has reviewed all evidence to support submissions made to the CQC</li> <li>• The Trust Board and Quality Committee has oversight of CQC Action Plans</li> </ul>
G8. Patient eligibility and selection criteria	Requires licence holders to set transparent eligibility and selection criteria for patients and apply these in a transparent manner.	<ul style="list-style-type: none"> <li>• Details of Services the Trust provides are published on the Trust's website</li> <li>• Patients referred to the Trust are not selected on any eligibility grounds.</li> <li>• Eligibility is defined through commissioner contracts and patient choice</li> <li>• Treatment decisions are made on clinical grounds and treatment options (risks and benefit) are discussed with the patient through the consent to treatment process.</li> </ul>
G9. Application of section 5 (Continuity of Services)	Sets out the conditions under which a service will be designated as a CRS	<ul style="list-style-type: none"> <li>• CRS are defined in the Trusts contracts with Clinical Commissioning Groups</li> <li>• <b>The Trust makes a declaration under CoS7</b></li> </ul>

Condition	Explanation	Comments
<b>Pricing conditions (P)</b>		
P1. Recording of information	Obligation of licensees to record information, particularly about costs.	<ul style="list-style-type: none"> <li>• The Trust has well established systems for coding, collection, retention and analysis of activity and cost information.</li> <li>• The 2020/21 Internal Audit Programme undertook an audit of the National Cost Collection provided 'High' assurance</li> </ul>
P2. Provision of information	Obligation to submit the above to NHS Improvement/Monitor.	<ul style="list-style-type: none"> <li>• The Trust responds to guidance and requests from NHS England and Improvement.</li> </ul>
P3. Assurance report on submissions to Improvement/Monitor	Obliges licensees to submit an assurance report confirming that the information provided is accurate.	<ul style="list-style-type: none"> <li>• The Trust Board have signed off the process in relation to National Cost Collection (July 2021).</li> </ul>
P4. Compliance with the national tariff	Obliges licensees to charge for NHS health care services in line with national tariff.	<ul style="list-style-type: none"> <li>• All Trust contracts are agreed annually and are in line with the national tariff where applicable.</li> <li>• Contracts are in place with the ICB which were approved at the Trust Board in November 2022</li> <li>• The Trust continues to work with its commissioners on the requirement to develop a local tariff within the terms of national guidance.</li> </ul>
P5. Constructive engagement concerning local tariff modifications	Requires license holders to engage constructively with commissioner and to reach agreement locally before applying to NHS Improvement/Monitor for a modification	<ul style="list-style-type: none"> <li>• The Trust has positive working relationships with commissioners.</li> <li>• The Trust adopted a new collaborative commissioning approach to contracting in 2018/19</li> <li>• The Trust became the Lead Provider for Specialist Services across Humber and North Yorkshire in October 2021</li> </ul>
<b>Choice and competition (C)</b>		
C1. The right of patients to make choice	Protects patients' rights to choose between providers by obliging providers to make information available and act in a fair way where patients have a choice of provider.	<ul style="list-style-type: none"> <li>• The Trust has in place a service directory setting out the services available.</li> <li>• Commissioners monitor the Trust's compliance with the legal right of choice as part of contract monitoring in line with NHS Standard Contract requirements.</li> </ul>

Condition	Explanation	Comments
C2. Competition oversight	Prevents providers from entering into or maintaining agreements that have the effect of preventing, restricting or distorting competition to the extent that it is against the interests of health care users.	<ul style="list-style-type: none"> <li>The Trust is aware of the requirements of competition in the health sector and would seek legal and/or specialist advice should Trust Board decide to consider any structural changes, such as mergers or joint ventures.</li> </ul>
<b>Integrated care condition (IC)</b>		
IC1. Provision of integrated care	Requires Licensee to act in the interests of people who use healthcare services by facilitating the development and maintenance of integrated services.	<ul style="list-style-type: none"> <li>The Trust actively works with its partners, through formal and informal mechanisms to foster and enable integrated care, including lead provider arrangements where appropriate.</li> <li>A number of services provided are done so through partnership working with other local stakeholders.</li> <li>The Trust has become the lead provider in the Humber Coast and Vale Geography for the following specialised Mental Health Services                             <ul style="list-style-type: none"> <li>Adult Secure inpatient care (Low/Medium Secure)</li> <li>Children's and Adolescent Mental Health Inpatient Services</li> <li>Adult Eating Disorders Inpatient Services</li> </ul> </li> </ul>
<b>Continuity of service (CoS)</b>		
CoS1. Continuing provision of Commissioner Requested Services (CRS)	Prevents licensees from ceasing to provide CRS or from changing the way in which they provide CRS without the agreement of relevant commissioners.	<ul style="list-style-type: none"> <li>The Current Contracts with commissioners require agreement with commissioners on the ways CRS services are provided.</li> </ul>
CoS2. Restriction on the disposal of assets	Licensees must keep an up-to-date register of relevant assets used in commissioner requested services (CRS) and to seek NHS Improvement/Monitor's consent before disposing of these assets IF NHS Improvement/Monitor has concerns about the licensee continuing as a going concern.	<ul style="list-style-type: none"> <li>The Trust maintains a full capital asset register.</li> <li>Any disposals are reported/approved by the Trust Board</li> </ul>

Condition	Explanation	Comments
CoS3. Standards of corporate governance and financial management	Licensees are required to adopt and apply systems and standards of corporate governance and management, which would be seen as appropriate for a provider of NHS services and enable the Trust to continue as a going concern.	<ul style="list-style-type: none"> <li>• The Trust has Standing Orders, Standing Financial Instructions and a Scheme of Delegation in place, refreshed May 2022.</li> <li>• The Board of Directors receives monthly performance reports aligned to the Trust Strategic Goals.</li> <li>• The Trust has a Board Assurance Framework and Risk Register</li> <li>• The Trust's Internal Auditors review risk management processes as part of the strategic audit plan.</li> <li>• The Trust has a current CQC rating of 'Good' for Well Led</li> </ul>
CoS4. Undertaking from the ultimate controller	Requires licensees to put a legally enforceable agreement in place to stop the ultimate controller from taking action that would cause the licensee to breach its licensing conditions.	<ul style="list-style-type: none"> <li>• The Trust does not operate and is not governed by an Ultimate Controller arrangement, so this License Condition does not apply.</li> </ul>
CoS5. Risk pool levy	Obliges licensees to contribute to the funding of the 'risk pool' (insurance mechanism to pay for vital services if a provider fails).	<ul style="list-style-type: none"> <li>• The Trust currently contributes to the NHS Litigation Authority (NHS Protect) risk pool for clinical negligence and public liability schemes.</li> </ul>
CoS6. Co-operation in the event of financial stress	Applies when a licensee fails a test of sound finances and obliges the licensee to co-operate with NHS Improvement/ Monitor.	<ul style="list-style-type: none"> <li>• The Trust has not received any such notices from regulators</li> <li>• The Trust would full comply with this condition if required.</li> </ul>
<b>CoS7. Availability of resources*</b>	Requires licenses to act in a way that secures resources to operate commissioner requested services (CRS).	<ul style="list-style-type: none"> <li>• The Trust has an approved budget and has remained on target throughout the financial year</li> <li>• The Trust continues to complete its on a going concern basis and there are no indications this will change</li> <li>• The Trust has maintained a bank balance of circa £30m</li> </ul> <p><b>* This is a declaration on behalf of the Trust as part of the annual submissions</b></p>
<b>Foundation Trust conditions (FT)</b>		
FT1. Information to update the register of NHS foundation trusts	Obliges foundation trusts to provide information to NHS Improvement/Monitor.	<ul style="list-style-type: none"> <li>• The Trust has provided NHS Improvement with a copy of its NHS Foundation Trust Constitution</li> <li>• The Trust has provided NHS Improvement with a copy of its Board approved Annual Report and Accounts.</li> </ul>

Paper considered by Trust Board on 25 January 2023

Condition	Explanation	Comments
FT2. Payment to NHS Improvement/Monitor in respect of registration and related costs	The Trust would be required to pay any fees set by NHS Improvement/Monitor.	<ul style="list-style-type: none"> <li>• If NHS Improvement required fees to be paid by the Trust, the Trust would comply with this condition.</li> </ul>
FT3. Provision of information to advisory panel	NHS Improvement/Monitor has established an independent advisory panel to consider questions brought by governors. Foundation trusts are obliged to provide information requested by the panel.	<ul style="list-style-type: none"> <li>• The Trust would comply with this as required through the provision of any requested information.</li> </ul>
FT4. NHS Foundation Trust governance arrangements	Gives NHS Improvement/Monitor continued oversight of the governance of foundation trusts.	<p><b>* This is a signed declaration on behalf of the Trust as part of the annual submissions. Evidence against this submission is detailed in appendix B.</b></p>

## Condition FT4 (8): the provider has complied with required governance arrangements

	Statement	Sources of Evidence and Assurance
1	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	Scheme of Delegation, Reservation of Powers and Standing Financial Instructions have been updated and refreshed – May 2022 Board.  Constitution has been reviewed and updated
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Trust Wide Risk Register Board Assurance Framework Board Performance Reports Finance Report
3	The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	Committee Structures well established  Committee Effectiveness reviews are reported to Trust Board Annually  Clear Accountability through EMT and Executive Directors Portfolios.  Level 3 performance reports and 'ward to board' reporting.  Well Led Review has taken place and all recommendations have been implemented.
4	The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;	<i>External Audit Opinion on VFM (ISA260)</i> <i>Going Concern review</i> <i>Annual Governance Statement</i> All Statutory requirements met Delivered Financial Targets in 2021/22 (2021/22 on plan) Previous use of Resource Score of 2 (currently not recorded) Trust plan agreed to its financial targets for 2022/23 Monthly Performance report to Trust Board Quality Report to Quality Committee Monthly returns to NHS Improvement Risk Register and Board Assurance Framework Annual Report on non-clinical safety presented to Trust Board <i>Annual Report and Accounts</i> <i>Annual Quality Report</i>

	Statement	Sources of Evidence and Assurance
	<p>(g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and                      (h) To ensure compliance with all applicable legal requirements.</p>	
5	<p>The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure:</p> <p>(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;</p> <p>(b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;</p> <p>(c) The collection of accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and</p> <p>(f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.</p>	<p>Board Skill Mix</p> <p>CQC well led rating of Good</p> <p>Board Development Programme</p> <p>Standing Items to Board</p> <ul style="list-style-type: none"> <li>• Performance Report</li> <li>• Finance</li> <li>• Chief Executive Update including                             <ul style="list-style-type: none"> <li>○ Nursing Update</li> <li>○ Operations Update</li> <li>○ Medical Update</li> <li>○ HR Update</li> </ul> </li> </ul> <p>Refreshed Trust Strategic Objectives</p> <p>Patient and Staff Stories reported to Board</p> <p>Programme of Exec Visits (Virtual and Physical)</p> <p>Friends and Family Test</p> <p>CQC Action Plan/Improvement Plan</p> <p>Midday Mail/Midweek Global</p> <p>EMT New Headlines</p> <p>Board Talk</p> <p>Meet with Michele</p>
6	<p>The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.</p>	<p>Trust Board undertake Fit and Proper Persons Test</p> <p>Board Secretary maintains declarations of interest register</p> <p>Staffing Figures reported to the board regularly.</p> <p>Trust Workforce Strategy</p> <p>Workforce included in Service Plans</p> <p>The Trust has established a Workforce Committee</p>

**Agenda Item 16**

Title & Date of Meeting:	Council of Governors Public Meeting – 20 April 2023														
Title of Report:	Public Trust Board Minutes – November 2022 & January 2023														
Author/s:	Caroline Flint Trust Chair														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>			To approve		To discuss		To note	✓	To ratify		For assurance			
To approve		To discuss													
To note	✓	To ratify													
For assurance															
Purpose of Paper:	The minutes from the public Board meetings for November 2022 and January 2023 are presented for information.														
Key Issues within the report:															
<b>Positive Assurances to Provide:</b>		<b>Key Actions Commissioned/Work Underway:</b>													
<ul style="list-style-type: none"> <li>Contained in the minutes</li> </ul>		<ul style="list-style-type: none"> <li>N/A</li> </ul>													
<b>Matters of Concern or Key Risks to Escalate:</b>		<b>Decisions Made:</b>													
<ul style="list-style-type: none"> <li>No matters to escalate</li> </ul>		<ul style="list-style-type: none"> <li>N/A</li> </ul>													
Governance:		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														

**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	✓			
Inequalities	✓			
Collaboration (system working)	✓			
Equality and Diversity	✓			
Report Exempt from Public Disclosure?			No	

**Item 3**

**Trust Board Meeting**  
**Minutes of the Public Trust Board Meeting held on Wednesday 30 November 2022 via**  
**Microsoft Teams**

**Present:**

- Rt Hon Caroline Flint, Chair
- Mrs Michele Moran, Chief Executive
- Dr Phillip Earnshaw, Non-Executive Director
- Mr Hanif Malik OBE, Associate Non-Executive Director
- Mr Stuart McKinnon-Evans, Non-Executive Director
- Mr Francis Patton, Non-Executive Director
- Mr Dean Royles, Non-Executive Director
- Mr Mike Smith, Non-Executive Director
- Mr Peter Beckwith, Director of Finance
- Dr Kwame Fofie, Medical Director
- Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals
- Mr Steve McGowan, Director of Workforce and Organisational Development
- Mrs Lynn Parkinson, Chief Operating Officer

**In Attendance:**

- Mrs Stella Jackson, Head of Corporate Affairs
- Mrs Jenny Jones, Trust Secretary (Minutes)
- Mrs Alison Flack, Programme Director (for item 229/22)
- Ms Rebecca Johns-Bielby, Emergency Planning Manager observing

**Apologies:** None

Board papers are 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.

220/22	<p><b>Declarations of Interest</b></p> <p>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.</p> <p>The Chief Executive, Director of Finance, Mike Smith, Non-Executive Director and Stuart McKinnon-Evans, Non-Executive Director have a standing declaration of interest regarding items relating to the Collaborative Committee.</p>
221/22	<p><b>Minutes of the Meeting held 26 October 2022</b></p> <p>The minutes of the meeting held on 26 October were agreed as a correct record.</p>

222/22	<p><b>Matters Arising and Actions Log</b> The action log and work plan were noted.</p> <p><b>205/22 Quality and Safety of Mental Health, Learning Disability and Autism Inpatient services- Humber Teaching NHSFT response to Panorama Expose on Edenfield Secure Services</b> It was noted that the graph in the report had been amended and recirculated to Board members.</p>
223/22	<p><b>Staff Story – Gemma Cartman – Being Humber</b> Steve McGowan presented the staff story and introduced Gemma Cartman, Senior Organisational Development Practitioner. Gemma talked about her experiences of developing a Behavioural Framework that covered the requirements of the Trust and captured the culture we strive to achieve. The Being Humber campaign was launched last month, and awareness had been raised across the organisation through various forums.</p> <p>Francis Patton noted that Gemma’s background was outside the NHS and asked how it compared with working in the NHS. Gemma explained that the biggest difference was that industry focussed on profit whereas the NHS sought to improve services for the benefit of those who used them.</p> <p>Other questions asked/comments made by Board members related to behaviours, the comparative better practice exercise undertaken and language used. This important piece of work would take the organisation forward and would be used in recruitment. The use of the branding of Being Humber would be considered going forward.</p> <p>The Board thanked Gemma and the team for the work that had been done.</p>
224/22	<p><b>Chair’s Report</b> The Chair presented her report and drew the Board’s attention to information regarding the HSJ Awards and the visits update.</p> <p><b><u>Resolved:</u></b> The update was noted.</p>
225/22	<p><b>Chief Executive’s Report</b> The report provided updates from each of the Directors along with a summary of activities undertaken by the Chief Executive. Areas highlighted to the Board included: -</p> <ul style="list-style-type: none"> <li>• HSJ Awards – The Trust Communications team were highly commended in the NHS Communications Initiative of the Year category. As part of the Humber and North Yorkshire Health and Care Partnership, the Trust also celebrated a high commendation for their wider mental health programme focusing on maternal mental health and the overall integrated care framework for children and young people</li> <li>• The three polices presented for ratification: Apprenticeships, Organisational Change and Engagement and Deployment of Short-term Staffing</li> <li>• The Oliver McGowan Mandatory Training on Learning Disability and Autism</li> <li>• NHS Providers - Julian Hartley had been formally announced as the Next Chief Executive of NHS Providers</li> <li>• The Care Quality Commission update</li> <li>• Recent work carried out by NHSI on ‘time to hire’ showed the Trust was the 5th</li> </ul>

	<p>best across the North East and Yorkshire region for non-medical staff with 51 days taken from vacancy to recruitment</p> <ul style="list-style-type: none"> <li>• High uptake for the flu and Covid vaccinations</li> </ul> <p>Lynn Parkinson provided an update on the challenges and pressure expected in the coming months. The Trust's winter plan had recently been shared with Mental Health Collaborative colleagues. Updates were also provided on work to support discharges, industrial action (Artic Willow) and the associated work taking place in preparation. System pressures continued and the Trust was at OPEL 2.</p> <p>Stuart McKinnon- Evans asked about the proposal to establish a new eating disorder community treatment service. He was informed that further evidence was emerging that an intensive home treatment model may be more appropriate, and work was happening at pace in this area.</p> <p>During a recent visit to an inpatient team, Wishes requests through Charitable Funds was discussed. Francis Patton asked if these were promoted through the organisation. Communication was through a variety of ways including Ask the Exec, Chief Executive's VLOGs and through Health Stars. Information on Wishes would also be provided to hand out to staff on future visits.</p> <p>It was noted that the Social Values report was expected in the next few weeks.</p> <p>The Apprenticeships, Organisational Change and Engagement and Deployment of Short-term Staffing policies were ratified.</p> <p><b><u>Resolved:</u></b> The report and updates were noted.</p>
226/22	<p><b>Publications and Highlights Report</b></p> <p>The report provided an update on recent publications and policy. Of particular note were the reports on the Covid Inquiry and Artic Willow.</p> <p><b><u>Resolved:</u></b> The report was noted.</p>
227/22	<p><b>Performance Report</b></p> <p>Pete Beckwith presented the report relating to the current levels of performance as at the end of October 2022 and highlighted the following key points</p> <ul style="list-style-type: none"> <li>• A Review of the Care Programme Approach (CPA) across all Divisions was taking place</li> <li>• The number of delayed transfers of care was reduced during October</li> <li>• Safer staffing dashboard – an error identified with Mill View Lodge occupancy had been rectified</li> <li>• Out of Area beds usage was lower in October compared to earlier in the year</li> <li>• Increasing Access to Psychological Therapies (IAPT) performance was above target</li> <li>• Statutory and mandatory training remained above the Trust target of 85% and was currently at 91.3%.</li> </ul> <p>Mike Smith referred to the Friends and Family Test data in relation to GPs and asked whether it was known why patients were not providing positive answers to the questions. Kwame Fofie responded that face to face responses were positive. Actions</p>

	<p>had been taken to increase reception staff to answer telephones more efficiently and to support triaging. An improvement was expected in the future.</p> <p>Basic Life Support (BLS) training was raised by Francis Patton as an area of issue. He was informed this was going in the right direction and an update would be provided to the next Workforce &amp; Organisational Development Committee.</p> <p>Phillip Earnshaw noted the struggle to reduce over 18 week waits for Memory Diagnosis and asked if there was a plan to address this. Lynn Parkinson reported that a detailed recovery plan was in place. The issue was in Hull and discussions were taking place with commissioners. A detailed capacity and demand analysis had been completed to ensure resources were optimised.</p> <p>It was noted that Townend Court had a Covid outbreak which affected performance in September.</p> <p><b><u>Resolved:</u></b> The report and verbal updates were noted</p>
228/22	<p><b>Finance Report</b></p> <p>The finance report as at the end of October 2022 was presented to the Board by Pete Beckwith who highlighted the following areas:</p> <ul style="list-style-type: none"> <li>• The Trust was in a strong financial position at month seven.</li> <li>• A review of trajectories for primary care and agency had been undertaken. An update would be provided to every informal Executive Management Team (EMT) meeting. An update on primary care would be provided to the next Finance &amp; Investment Committee (FIC) meeting</li> <li>• Off framework agency spend was monitored by EMT</li> <li>• The cash position remained positive</li> </ul> <p>Phillip Earnshaw was aware of the Integrated Care System (ICS) financial position and asked whether this would have an impact on the organisation. Pete Beckwith confirmed that the ICS was off plan but had forecast to achieve the plan by the end of the year. It was unclear whether there would be any impact on the Trust.</p> <p>A slight reduction in off framework agency spend was reported in October. Locum GPs were not included in this as specified in the planning guidance.</p> <p><b><u>Resolved:</u></b> The Board noted the Finance report</p>
229/22	<p><b>Humber and North Yorkshire Integrated Care System – Mental Health and Learning Disabilities Collaborative Programme Update</b></p> <p>The report was presented by Alison Flack, programme Director and taken as read. Areas highlighted were:-</p> <ul style="list-style-type: none"> <li>• A review of recovery plans against the long term plan ambitions was being undertaken</li> <li>• There was challenge in some areas around Dementia diagnosis rate and access targets for children and young people</li> <li>• A successful winter planning workshop had been held</li> <li>• The 4<sup>th</sup> International conference would be taking place in December with Professor Sir Michael Marmot and Chris Dzikiti, Director of Mental Health at the</li> </ul>

	<p>Care Quality Commission as speakers. The conference would focus on health inequalities within Mental Health, Learning Disabilities and Autism.</p> <p>In relation to the winter planning update, Francis Patton noted that the six key metrics the Integrated Care Board (ICB) would be measured on were all acute focussed rather than mental health. Alison Flack reported that from a mental health perspective these areas were captured on the dashboard as mental health/learning disabilities did impact on the flow and therefore needed to be flexible through the emerging developments. The 111 crisis telephone lines would go live from December with the aim to help reduce the impact on the acute Trust and emergency department.</p> <p>It was noted the developing learning principles discussion would need to ensure that the outcomes were improved where needed. There was not as much funding available and some specific changes in areas would be needed across the six Places to enable delivery of services. Ahead of the planning guidance being received, the principles were being worked through. Funding would be into areas of need rather than shared out and this was being progressed in the system.</p> <p>Hanif Malik asked about metrics for retention and was informed that this would be monitored through the Workforce and Organisational Development Committee.</p> <p><b><u>Resolved:</u></b> The report was noted.</p>
230/22	<p><b>Humber, North Yorkshire, York Integrated Care Board (ICB) Minutes 12.10.22</b></p> <p>The Chief Executive presented the minutes for information. Work was underway to reduce duplication, bureaucracy and reporting levels.</p> <p>Hanif Malik noted the work on the cost of living crisis and industrial action. He asked if there was anything in the work that could be useful to support our staff. The Chief Executive explained that the organisation benchmarked well against other organisations in terms of the offers to staff and the situation continued to be monitored. The report would be circulated for information.</p> <p><b><u>Resolved:</u></b> The minutes were noted  <b><u>Cost of living report to be circulated to the Board Action MM</u></b></p>
231/22	<p><b>Mental Health Legislation Committee Assurance Report</b></p> <p>The report was taken as read. Mike Smith reported that discussions at the meeting included, staffing within the Probation Service, positive assurance on CQC visits, Reducing Restrictive Interventions (RRI) and the use of Section 4. Time was also spent discussing Edenfield and the associated details.</p> <p><b><u>Resolved:</u></b> The report was noted</p>
232/22	<p><b>Audit Committee Assurance Report</b></p> <p>A summary of the discussions held at the meeting on 8 November was presented by Stuart McKinnon-Evans. The report detailed the areas covered at the meeting and the Annual Information Governance report was presented.</p> <p><b><u>Resolved:</u></b> The report was noted.</p>
233/22	<p><b>Quality Committee Assurance Report</b></p> <p>Phillip Earnshaw gave a verbal update following the meeting held on 23 November</p>

	<p>2022. Items discussed included:</p> <ul style="list-style-type: none"> <li>• Edenfield – ensuring that issues had been reviewed and there was leadership and visibility in the organisation. Visits out of hours were debated as different teams would be on duty.</li> <li>• Good progress being made with the Princes Medical Centre Care Quality Commission (CQC) action plan.</li> <li>• Internal audit report gave good assurance for NICE Guidelines</li> <li>• Digital access to clinical systems</li> <li>• Retirement of the Deputy Director of Nursing</li> </ul> <p>The Chair asked for a written report to be circulated to Board members as soon as possible.</p> <p><b>Resolved:</b> The update was noted.</p>
234/22	<p><b>Potential Items for Consideration at Future Strategy Meetings</b> Areas suggested included:-</p> <ul style="list-style-type: none"> <li>• Primary Care – February meeting</li> <li>• Waiting list work</li> <li>• Edenfield and closed cultures</li> <li>• Budget Reduction Strategy (BRS)</li> </ul> <p>Dean Royles suggested that the Patricia Hewitt report be discussed when published.</p>
235/22	<p><b>Items to Escalate including to the High Level Risk register</b> No items were raised.</p>
236/22	<p><b>Any Other Business</b> No other business was raised.</p>
237/22	<p><b>Review of the Meeting</b> Board members felt the meeting was effective and that the reports were of a good quality. The time spent on items had been appropriate and there was good and effective challenge.</p>
238/22	<p><b>Exclusion of Members of the Public from the Part II Meeting</b> 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.</p>
239/22	<p><b>Date and Time of Next Meeting</b> Wednesday 25 January 2023, 9.30am via Microsoft Teams</p>

Signed ..... Date .....

Chair

**Trust Board Meeting**  
**Minutes of the Public Trust Board Meeting held on Wednesday 25 January 2023 via**  
**Microsoft Teams**

**Present:** Rt Hon Caroline Flint, Chair  
 Mrs Michele Moran, Chief Executive  
 Dr Phillip Earnshaw, Non-Executive Director  
 Mr Hanif Malik OBE, Associate Non-Executive Director  
 Mr Stuart McKinnon-Evans, Non-Executive Director  
 Mr Francis Patton, Non-Executive Director  
 Mr Dean Royles, Non-Executive Director  
 Mr Mike Smith, Non-Executive Director  
 Mr Peter Beckwith, Director of Finance  
 Dr Kwame Fofie, Medical Director  
 Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals  
 Mr Steve McGowan, Director of Workforce and Organisational Development  
 Mrs Lynn Parkinson, Chief Operating Officer

**In Attendance:** Mrs Stella Jackson, Head of Corporate Affairs  
 Mrs Jenny Jones, Trust Secretary (Minutes)  
 Mr Dave Reade Service User & Carer Lead (for item 04/23)  
 Craig (for item 04/23)  
 Ms Sarah Clinch, Senior Partnerships and Strategy Manager (for item 10/23)  
 Mr Oliver Sims, Corporate Risk and Compliance Manager (for items 14/23 and 15/23)  
 Ms Cathryn Hart, Assistant Director of Research and Development (for item 16/23)  
 Mrs Tracy Flanagan, Assistant Director of Nursing & Quality (for item 21/23)

**Apologies:** None

Board papers are 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.

01/23	<p><b>Declarations of Interest</b>          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.</p>
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	The Chief Executive; Director of Finance; Mike Smith, Non-Executive Director; and Stuart McKinnon-Evans, Non-Executive Director have a standing declaration of interest regarding items relating to the Collaborative Committee.
02/23	<b>Minutes of the Meeting held 30 November 2022</b> The minutes of the meeting held on 30 November were agreed as a correct record.
03/23	<b>Matters Arising and Actions Log</b> The action log and work plan were noted. The Board requested that the work plan for 2023/24 be forwarded to the next meeting.  Hilary Gledhill reported that the Edenfield update would be provided at the March Board and the action plan would be amended to reflect this.
04/23	<b>Patient Story – Addictions Service – Achieving Recovery and the Future</b> Kwame Fofie welcomed Craig and Dave to the meeting. Craig shared his story with the Board telling them of his journey in his mid-teens to the current time. He explained the problems he had overcome and his plans for the future including continuation of volunteering and seeking employment. In preparation for employment, he had completed appropriate training courses. During ensuing discussion, Craig was signposted to the Recovery College as this could provide him with employment opportunities. Other opportunities that could be of interest to Craig would be followed up outside of the meeting.  The Board appreciated Craig sharing his personal experiences and thanked him and Dave for attending.
05/23	<b>Chair’s Report</b> The Chair presented her report which was taken as read. No questions were raised.  <b><u>Resolved:</u></b> The update was noted.
06/23	<b>Chief Executive’s Report</b> The report provided updates from each of the Directors along with a summary of activities undertaken by the Chief Executive. The following key points were highlighted to the Board: -  <ul style="list-style-type: none"> <li>• The Associate Hospital Manager’s (AHM) Policy required Board ratification</li> <li>• The Collaborative Committee Terms of Reference required Board approval</li> <li>• 28 Days of Wellness Campaign supported by the Health and Wellbeing and Communications teams had commenced to promote staff health and wellbeing.</li> <li>• Schoen Clinical Care Quality Commission (CQC) report which had moved from Inadequate to Good overall and Good for all 5 domains in a short space of time and was a positive demonstration of collaborative commissioning work.</li> <li>• Humber Primary Care Ltd had received a good assurance report from the CQC</li> <li>• Humber and North Yorkshire Integrated Care Board (ICB) had been announced as one of 6 areas selected to trial innovative long-term solutions to free up hospital beds, reduce discharge delays and move patients from hospital to home more quickly.</li> <li>• Interviews for the Joint Group Chief Executive for North Lincolnshire and Goole Hospitals (NLAG) and Hull University Teaching Hospitals Trust had been postponed.</li> </ul>

	<ul style="list-style-type: none"> <li>• The Respect campaign was an important piece of work and would build on the work already done in the organisation.</li> <li>• Digital was highlighted as an important area of focus for the Board. It was suggested this be considered in more at the April Strategic Development meeting.</li> <li>• New Headquarters (HQ) facilities were working well. The Chair of the Humber and North Yorkshire Health and Care Partnership visited and was impressed with the arrangements. The Trust would be hosting the next ICB Board meeting.</li> <li>• An update on system pressures was provided by Lynn Parkinson and included industrial action preparations. Business Continuity plans continued to be reviewed and amended as necessary.</li> </ul> <p>Stuart McKinnon-Evans queried whether the supporting of mental health service users into paid employment was cost effective and evaluated. Lynn Parkinson reported that it was part of a national programme which included evaluation. The Trust also undertook evaluations in connection with longer term health inequalities plans.</p> <p>Francis Patton asked how the waiting list surge proposal work was progressing. Lynn Parkinson reported that staff had been mobilised and standard operating procedures (SOPS) were in place, all that was needed was identification of the estate to move into which the acute trust was progressing.</p> <p>In relation to the AHMs policy, Mike Smith suggested that the specific reference to 56p per mile be removed as this could change over time. He noted there were prospective candidates for AHM roles and asked to be involved in the recruitment process. The Board recognised the amount of work that Mike Smith had been involved with and supported his involvement. At the request of Francis Patton clarification was provided on the changes made to the policy for the role of Non-executive Directors (NEDs).</p> <p><b><u>Resolved:</u></b> The report and updates were noted. The AHM policy was ratified, and the Collaborative Committee Terms of Reference approved.  <u>Digital proposed as a topic for discussion at the April Strategic Development Meeting</u>  <b><u>Action PB</u></b></p>
07/23	<p><b>Publications and Highlights Report</b>  The report provided an update on recent publications and policy. Specific reference was made to the Operating Guidance and the Hewitt report.</p> <p><b><u>Resolved:</u></b> The report was noted.</p>
08/23	<p><b>Performance Report</b>  Pete Beckwith presented the report relating to the current levels of performance as at the end of December 2022. The report included detailed waiting time information and mandatory training compliance remained high. It was pointed out that the Red Amber Green (RAG) rating was incorrect on the Safer Staffing dashboard. Delayed Transfers of Care (DTC) continued to be an area of issue and was being discussed at system level.</p> <p>Stuart McKinnon-Evans asked about further provision for the adult ADHD service and whether there was a supply problem. Three providers were used across adult ADHD, children’s ADHD and ASD services. Two providers worked across adults and</p>

	<p>children’s services. The capacity and demand model had been refreshed and closely monitored. Discussions with commissioners continued through the planning rounds.</p> <p>Francis Patton queried why sickness absence compliance had reduced by almost 10% to 85.8% in December. Hilary Gledhill explained that sickness levels had increased and there was also the Bank Holidays over the Christmas period that impacted in this area.</p> <p>Francis Patton noted staff turnover was steadily rising which Steve McGowan reported was anticipated coming out of Covid, despite all the efforts the Trust was making. The reasons for staff leaving were collated as part of exit interviews. The Chief Executive explained that some teams could experience multiple people leaving at the same time due to training programmes ending. The Trust’s workforce was quite mature and some people retired and returned.</p> <p>Phillip Earnshaw asked if there was a data issue for dietetics and paediatric dietetics in the Vale of York. Lynn Parkinson responded that there were vacancies in the service which were difficult to recruit to. Since Covid there had been a backlog and capacity and demand modelling had been applied and skill mix opportunities offered to help improve the position. The organisation was not an outlier in this areas and service users requiring urgent attention were being prioritised.</p> <p><b><u>Resolved:</u></b> The report and verbal updates were noted</p>
09/23	<p><b>Finance Report</b></p> <p>The finance report as at the end of October 2022 was presented to the Board by Pete Beckwith. The Trust remained in a strong financial position at month 9 and was on track to deliver the planned break-even position. Primary care and agency spend were highlighted as areas of concern. The cash position remained strong as did performance with the Better Pay Practice Code.</p> <p><b><u>Resolved:</u></b> The Board noted the Finance report</p>
10/23	<p><b>Social Values Report</b></p> <p>The Social Values 2021/22 report was presented to the Board and taken as read. The work had been led by the Head of Marketing and Communications. Sarah Clinch attended to explain the approach taken, the methodology used and how views had been brought together from across the Trust to form the report.</p> <p>Mike Smith found the report easy to read. His only comment was in relation to font sizes suggesting the accessibility of the document should be reviewed.</p> <p>Stuart McKinnon-Evans would have liked to see more detail on diversity, workforce and supporting service users into employment in the report. Hanif Malik suggested additional information on the not-for-profit sector could be included in the community section. Sarah Clinch reported that diversity and workforce had been considered during the process, alongside environmental factors, but as the organisation already had a Green Plan and an Equality Diversity Inclusion report which covered these areas, it had been deemed best to avoid duplication. The Chair suggested weaving some of the information from these reports into the commentary and narrative to demonstrate they were part of the story.</p> <p><b><u>Resolved:</u></b> The Social Values report was approved by the Board.</p>

11/23	<p><b>Annual Declarations Report</b></p> <p>The report was presented by the Head of Corporate Affairs and taken as read. NHS Providers were required to complete annual self-certifications under the terms of their licence and the report detailed the evidence to support this.</p> <p>The Chair suggested adding reference to the revised Governor induction pack. Stuart McKinnon-Evans highlighted on appendix D the item referring to the Well Led review needed updating as it had been commissioned and completed.</p> <p><b><u>Resolved:</u></b> The report was noted, and the suggested amendments would be made to the report.</p>
12/23	<p><b>External Review of Governance Action Plan Update</b></p> <p>The Chief Executive presented the report which demonstrated the establishment and embeddedness of the actions. The majority of these had been achieved except for Freedom to Speak Up Work which was ongoing in relation to the ambassador role; a rolling advert for this role would be circulated across the organisation</p> <p><b><u>Resolved:</u></b> The report was noted.</p>
13/23	<p><b>Revised Board Assurance Framework</b></p> <p>The report covered the the Quarter 3 2022/23 period and was taken as read. The BAF had been updated to reflect the refreshed strategic objectives and to align existing risks to these.</p> <p>Stuart McKinnon-Evans believed some of the of the principal risks should identify what the risk was. Oliver Sims would review these in conjunction with the executive lead. A discrepancy between the front sheet and the document was queried by Stuart McKinnon-Evans. It related to the `Developing an Effective and Empowered Workforce' rating which was yellow amber on the front sheet, but yellow orange in the document. It was clarified this should be yellow amber and was an error on the front sheet and would be rectified.</p> <p>Steve McGowan asked if it was the assurance committees that set the ratings. Oliver Sims explained that discussions were held at the committees and the Executive Management Team (EMT) meetings to review the ratings.</p> <p><b><u>Resolved:</u></b> The BAF was approved.</p>
14/23	<p><b>Risk Register</b></p> <p>The report was taken as read. Five risks scoring 15 or above were included on the register. Two risks had been de-escalated and no longer met the criteria for inclusion on the Trustwide register. The total number of risks had reduced from 182 in September 2022 to 169. New risks identified were being scoped through the Divisions.</p> <p>Stuart McKinnon-Evans reported that a deep dive into Division risks was undertaken by the Audit Committee on a quarterly basis. He suggested that quantification be applied to some risks and gave an example of including the number of beds and their usage within the risk. He was informed that work was underway in this area to look at performance driven metrics and Key Performance Indicators (KPIs)</p> <p><b><u>Resolved:</u></b> The report was noted.</p>

15/23	<p><b>Six Monthly Research &amp; Development Report</b></p> <p>The report presented was taken as read. The Chief Executive declared an interest in this item as the Chair of the Clinical Research Network (CRN).</p> <p>Cathryn Hart drew the following areas from the report to the Board's attention:</p> <ul style="list-style-type: none"> <li>• GP Practices involved in research target of 45% had been surpassed with 100% being achieved which was excellent compared to 29% regionally.</li> <li>• Good performance reported for the numbers of people recruited for research studies</li> <li>• Positive annual performance review from the Yorkshire and Humber Clinical Research Network (CRN)</li> <li>• Hosting of regional research posts across Yorkshire and Humber Teaching NHS Foundation Trust</li> <li>• Trust's Research Strategy links in with the national strategy. Research was being embedded in clinical practice in the Trust</li> <li>• Research team was now part of the clinical team to help with research and screen patients into studies</li> <li>• Successful business cases for primary care and pharmacy support. Funding awarded to support clinical teams developing grant applications</li> <li>• Positive outcome following the change to the formula for funding excess treatment costs.</li> <li>• Annual conference took place with the highest number registered.</li> <li>• Working with the Jean Bishop Centre to promote involvement in recruitment of patients for research studies.</li> </ul> <p>The Chair commended the team on the innovative and entrepreneurial way it sought out opportunities. She asked how these efforts could be captured to demonstrate the impact on patients and development of staff. The Chief Executive suggested it could be added to the benefit booklet used for recruitment to promote the Trust and attract staff. Cathryn Hart informed the Board that there was also information on the Humberleivable and the medics recruitment sections of the website.</p> <p>Stuart McKinnon-Evans asked how decisions were made on choosing research studies and whether this was based on local or national policy. Most of the research was part of a national research campaign as local programmes often did not have enough interest/take-up to provide meaningful results. National studies allowed access to a wider health population which in turn would impact on the results. As funding was provided to the organisation, there was the expectation that relevant studies were undertaken.</p> <p><b><u>Resolved: The report was noted</u></b></p>
16/23	<p><b>Humber and North Yorkshire (HNY) Integrated Health and Care Strategy</b></p> <p>The Chief Executive presented the Integrated Care partnerships strategy written on behalf of the Integrated Care System (ICS). The strategy had been presented to the Integrated Care Board (ICB) earlier in the month. It covered areas such as living well and ending life well. It underpinned enhancing and improving productivity and supporting better economic frameworks. The Chief Executive asked the ICB to be mindful of the links with current provider organisations strategies.</p> <p>Francis Patton like the approach to start well, live well and end well. It was</p>

	<p>aspirational and he looked forward to seeing how it would be delivered.</p> <p><b><u>Resolved:</u></b> The Board noted the report.</p>
17/23	<p><b>Collaborative Committee Assurance Report</b> Stuart McKinnon-Evans presented the report as Chair of the Committee. He highlighted the positive work on the Schoen Clinic, the holding to account of units by the commissioning team and the good progress being made in the workstreams</p> <p><b><u>Resolved:</u></b> The report was noted</p>
18/23	<p><b>Finance and Investment Committee Assurance Report</b> The assurance report was presented by the Committee Chair, Francis Patton who drew attention to the following areas:</p> <ul style="list-style-type: none"> <li>• NHS England and Integrated Care System (ICS) deficit financial position at month 8</li> <li>• IR 35 work</li> <li>• Ongoing finance and workforce positions</li> <li>• Good reports and discussions at the meetings</li> <li>• Discussion at the meeting held on the latest planning guidance and Trust 23/24 programme</li> </ul> <p><b><u>Resolved:</u></b> The report was noted</p>
19/23	<p><b>Charitable Funds Committee Assurance Report*</b> The report was presented to the Board as Corporate Trustee and was taken as read. The Committee Chair, Stuart McKinnon-Evans reported that fund raising performance was being reviewed. Funds continued to be spent and a donation had been received from the League of Friends in Malton. Work to improve the process for Wishes was underway.</p> <p><b><u>Resolved:</u></b> The Board noted the report.</p>
20/23	<p><b>Charitable Funds Accounts*</b> The Charitable Funds accounts were presented to the Board as Corporate Trustee. These had been reviewed by the Charitable Funds Committee and independently examined and were due to be filed by 31 January 2023.</p> <p>Mike Smith requested that the reference in the document to Corporate Trustees be amended to Corporate Trustee.</p> <p><b><u>Resolved:</u></b> The accounts were approved by the Board as Corporate Trustee.</p>
21/23	<p><b>Six Month Review of Safer Staffing - Inpatient Units</b> Tracy Flanagan introduced the report and highlighted the following key points.</p> <ul style="list-style-type: none"> <li>• Care hours per patient day (CHPPD) targets reviewed at team level to reflect local dependency data. The new CHPPD thresholds for each unit had been agreed by EMT</li> <li>• CHPPD in all areas remained above the previous Trust target with the exception of Malton.</li> </ul>

	<ul style="list-style-type: none"> <li>• Data showed that some areas with lower fill rates were still providing good CHPPD due to reduced bed occupancy</li> <li>• Strong CHPPD performance maintained (upper quartile) when benchmarked regionally and nationally</li> <li>• Townend Court, Inspire and Swale had adequate assurance, 16 areas had good assurance. (An error was reported in the report as Swale was shown as good assurance and this would be updated)</li> <li>• Sickness remained a challenge across many areas</li> </ul> <p>The Chair noted that bed occupancy had dropped and asked how any increase would be shown on safer staffing. Tracy Flanagan explained that low bed occupancy increased the CHPPD. The tool used to calculate the rate utilised independent data and considered the number of patients on a unit. This could be tailored to include any specific factors.</p> <p>Kwame Fofie asked if there was any comparison between single site organisations and multiple site trusts and whether this made a difference. The tool did not reflect whether it was a stand-alone unit of multiple sites. The Humber Centre was different to other units due to the make-up. The final outcome would be based on a judgement discussion with the staffing team and considered isolation impact and the decision made based on the tool and input from the team.</p> <p>Stuart McKinnon-Evans noted the units that required business cases developing and asked how a decision was made. Pete Beckwith said this would be identified in the financial planning process and the commissioner intentions process. There was a modest level of growth with the Mental Health Investment Standard (MHIS) and if required safer staffing would be prioritised.</p> <p><b><u>Resolved:</u></b> The six-monthly report was noted</p>
22/23	<p><b>February Board Strategic Development Agenda</b> The agenda was presented for information and identified the areas to be discussed at the meeting</p> <p><b><u>Resolved:</u></b> The agenda was noted</p>
23/23	<p><b>Items to Escalate including to the High-Level Risk Register and for Communication</b> No items were raised.</p>
24/23	<p><b>Any Other Urgent Business</b> No other business was raised.</p>
25/23	<p><b>Review of the Meeting – Being Humber</b> Board members reviewed the meeting and found it to be effective with reports of a good quality. The time spent on items had been appropriate and there was good, effective and respectful challenge.</p>
26/23	<p><b>Exclusion of Members of the Public from the Part II Meeting</b> 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.</p>

27/23	<b>Date and Time of Next Meeting</b> Wednesday 29 March 2023, 9.30am via Microsoft Teams
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Signed ..... Date .....  
Chair