

**Council of Governors
Public Meeting – Thursday 16 January 2020**

For a meeting to be held at 2.00pm in the Lecture Theatre, Trust Headquarters
(Room available for a Governor pre meet 12.45pm – 1.45pm)

		Lead	Action	Report Format
	Standing Items			
1.	Apologies for Absence	SM	To note	verbal
2.	Declarations of Interest	SM	To receive & note	√
3.	Minutes of the Meeting held on 22 October 2019	SM	To receive & approve	√
4.	Actions Log and Matters Arising	SM	To receive & discuss	√
5.	Michael & Georgina's Story	MD	To receive & note	√
6.	Chair's Report	SM	To note	verbal
7.	Chief Executive's Report	MM	To receive & note	√
	Corporate			
8.	Public Trust Board Minutes –September & October 2019	SM	To receive & note	√
9.	Annual Declarations	PBec	To receive & approve	√
	Performance & Delivery			
10.	Performance Update	PBec	To receive & note	√
11.	Finance Report	PBec	To receive & note	√
	Governor Issues			
12.	Governor Groups Feedback & Activity	All	To receive & note	√
13.	Responses to Governor Questions	All	None this meeting	verbal
14.	Any Other Business			
15.	Date, Time and Venue of Next Meeting Thursday 23 April 2020, 2.00pm in the Lecture Theatre, Trust Headquarters, Willerby Thursday 16 July, 2020 2.00pm in the Lecture Theatre, Trust Headquarters, Willerby Thursday 15 October 2020, in the Lecture Theatre, Trust Headquarters, Willerby			



Agenda Item 2

Title & Date of Meeting:	Council of Governors Public Meeting – 16 January 2020			
Title of Report:	Declarations of Interest			
Author/s:	Name: Jenny Jones Title: Trust Secretary			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	To provide the Council of Governors with an updated list of declarations			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Appointments, Terms & Conditions Committee		Engaging with Members Group	
	Finance, Audit, Strategy and Quality Governor Group			
	Trust Board		Other (please detail)	Quarterly report to Council
Key Issues within the report:	Governors are asked to note the report and to inform the Trust Secretary of any further changes to their declarations. Any declarations made by Governors are included on the publicly available register.			

Monitoring and assurance framework summary:

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

✓ Tick those that apply

	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	



Governors' Declaration of Interests

Constituency	Governor	Interests Declared
Elected – Hull Public	Eric Bennett	None
	Robert Hunt	<ul style="list-style-type: none"> • Member of the Labour Party • Member of MIND • Chair of the Patient Participation Group of North Point Practice
	Vacant	
	Vacant	
Elected – East Riding Public	John Cunnington	<ul style="list-style-type: none"> • None
	Christopher Duggleby	<ul style="list-style-type: none"> • Involved with National Institute for Health Research (NIHR), Alzheimer's Society and Age UK
	Huw Jones	<ul style="list-style-type: none"> • Director of Maldaba – provider to LD Services at Trust • Owner of Innov8 Consulting Ltd provider of health care consulting services to predominantly technology companies and cardiac services • Vice Chair of Governor Body, Oakfield School, Hull
	Ros Jump	<ul style="list-style-type: none"> • Councillor -East Riding of Yorkshire Council (Cottingham North), Cottingham Parish Council • Governor Westfield Primary School, Cottingham • Governor Dunswell Primary School, Dunswell • Trustee Dunswell Village Institute, Dunswell • Consultancy work for Eden & Partnership
	Sam Muzaffar	<ul style="list-style-type: none"> • Councillor, Elloughton-cum Brough Town Council • Director of a Limited Company providing General / Performance management Consultancy.
	Fiona Sanders	<ul style="list-style-type: none"> • TBC
Elected – Wider Yorkshire & Humber Public	Vacant	
Elected Whitby	Doff Pollard	<ul style="list-style-type: none"> • Whitby Health Engagement Network representative for Hambleton, Richmond and Whitby Clinical Commissioning Group • Charity Trustee of Registered Charities and Ltd Co by guarantee Rural Arts Cleveland Ironside Mining Museum Action with Communities in Rural England (ACRE) • Volunteer - Captain Cook Memorial

		Museum and Skinningrove Bonfire Committee, Whitley Community Transport
Service User and Carer	Mike Oxtoby	None
	Stephen Christian	<ul style="list-style-type: none"> • Bank Porter and Volunteer for the Trust
Elected - Staff	Craig Enderby (clinical)	None
	Jack Hudson (clinical)	None
	Sam Grey (non clinical)	None
	Mandy Dawley (non clinical)	None
	Anne Gorman (non clinical)	None
Appointed	Gwen Lunn (Hull City Council)	TBC
	East Riding of Yorkshire Council	<ul style="list-style-type: none"> • Awaiting confirmation of representative
	Jacqui White Hull University	<ul style="list-style-type: none"> • I am Associate Dean Education of the Faculty of Health Sciences and employed by the University of Hull who I represent as a partner Governor. • I sometimes accept fees and expenses for speaking at meetings organised by the Pharmaceutical industry. In the last year this was on two occasions for Janseen-Cilag Ltd. I presented my own work. This activity was approved by my Dean.
	Voluntary Sector, Andy Barber, SMILE	<ul style="list-style-type: none"> • Charity Manager for SMILE currently working on the Charitable Funds redevelopment for the Trust • Health Stars • Sub Contract for VCSE contract
	Paul McCourt, Humberside Fire and Rescue	<ul style="list-style-type: none"> • Director of Public Safety, Humberside Fire and Rescue Service
	Humberside Police	<ul style="list-style-type: none"> • Awaiting confirmation of representative

**Minutes of the Council of Governors Public Meeting held on
Tuesday 22 October 2019 in the Conference Room, Trust Headquarters**

Present: Sharon Mays, Chair
Michele Moran, Chief Executive
Eric Bennett, Hull Public Governor
John Cunnington, East Riding Public Governor
Mandy Dawley, Staff Governor
Christopher Duggleby, East Riding Public Governor
Craig Enderby, Staff Governor
Anne Gorman, Staff Governor
Sam Grey, Staff Governor
Huw Jones, Lead Governor (by telephone)
Ros Jump, East Riding Public Governor
Gwen Lunn, Appointed Governor, Hull City Council
Sam Muzaffar, East Riding Public Governor
Doff Pollard, Whitby Public Governor
Fiona Sanders, East Riding Public Governor
Jacquie White, Appointed Governor, University of Hull

In Attendance: Peter Baren, Non Executive Director/Senior Independent Director
Mike Cooke, Non Executive Director
Mike Smith, Non Executive Director
Pete Beckwith, Deputy Director of Finance
Lynn Parkinson, Chief Operating Officer
Jenny Jones, Trust Secretary

Apologies: Andy Barber, Appointed Governor, Smile Foundation
Stephen Christian, Service User and Carer Governor
Jack Hudson, Staff Governor
Robert Hunt, Hull Public Governor
Paul McCourt, Appointed Governor, Humberside Fire & Rescue
Suzanne Milan, Hull Public Governor
Mike Oxtoby, Service User/Carer Public Governor
Francis Patton, Non Executive Director
Dean Royles, Non Executive Director
Katie Colrein, Membership Officer

45/19 **Declarations of Interest**
Any changes to declarations should be notified to the Trust Secretary. The Chair requested that if any items on the agenda presented anyone with a potential conflict of interest they should declare the interest and remove themselves from the meeting for that item.

46/19 **Minutes of the Meeting held on 11 July 2019**
The minutes of the meeting held on 11 July 2019 were agreed as a correct record.

47/19 **Matters Arising and Actions Log**
The action log was reviewed and noted. It was suggested and agreed that item 37/17 regarding branding be removed from the action log



48/19

Patient Story – NHS Improvement Film – Culture

Mrs Dawley explained that NHS Improvement had contacted the Trust some months ago to ask for us to take part in the patient experience films. Five films were made with involvement of service users, patients and carers. The film shown to Governors was “Culture”, other films are on leadership, quality improvement, always events and service improvement programme. There is also a top tips film. All the films were launched at an event in Leeds in September which was attended by the Chair and Chief Executive.

Mr Jones suggested that a link to the all the films would be useful to Governors. It was confirmed that the films are available on the website. Professor Cooke asked if the films could be on the home page to give maximum coverage.

Dr White explained that the University is trying to drive co-production in its patient and carers and the work that Mrs Dawley and the team are doing has helped to support this work. The University has employed a carer to lead the work which is about changing the culture and it becoming embedded and the benefits are already being seen.

Mrs Pollard attends the patient and carer forum in Whitby where there is a growing amount of engagement, positivity and support.

Mrs Gorman commented on the professional look of the videos which could be used in other areas of the Trust’s work. The Chief Executive said that the details of the film maker have been made available to the Trust for potential future use.

49/19

Chair’s Report

The Chair provided a verbal update on her activities and news since the last meeting. These included:-

- Appointment of a new Non Executive Director Dean Royles
- Governor elections – the nomination deadline has passed with nominations received for all available seats. An update will be provided as soon as the withdrawal period has ended.
- Public Governor – Suzanne Milan, Hull Public Governor has resigned with immediate effect. The Chair will be writing to thank Suzanne for her contribution while in her governor role.
- Executive Director attendance – following discussion at the last meeting, it has been agreed that Executive attendance at each Council of Governor meeting will be the Chief Executive, Director of Finance and Chief Operating Officer. Other Executive Directors will attend by invitation if there is an issue to discuss, but there will be interaction at the Governor Development sessions for specific topics.
- The Annual Members Meeting took place in September as did the Staff Awards event both of which Governors attended. Congratulations to Mrs Gorman who won an award.
- Regular meetings have taken place with the Lead Governor, Mr Jones and with public and staff Governors.
- Internal and external meetings continue to take place.
- The first Medical Education Conference was held and also the launch of the Patient Safety Strategy which were positive events for the Trust.

Resolved: The verbal update was noted

50/19

Chief Executive’s Report

The Chief Executive presented her report which gave an update on the local, regional and national issues. Of particular note were:-

- Services visits taken place across a broad spectrum of services
- External Governance Review – this is a Board determined process and guidance suggests that trusts should carry out an external review of their governance every 3

years on a 'comply or explain' basis. An external governance review was commissioned in late 2016 with the final report received in May 2017. The action plan to address the recommendations was delivered on time and confirmed to the Board in September 2017. Given the improvements that have been embedded since the external review in 2017 and the CQC review in 2019 where the Trust was rated Good, an external governance review will be commissioned and undertaken within a five year period. The Board supported the recommendation from the Chief Executive to undertake the review in the next couple of years.

- Congratulations to the occupational health team who have achieved the SEQOHS (safe, effective, quality occupational health services) accreditation and also to the Finance team for achieving accreditation.
- The Trust has been nominated for four Health Service Journal Awards and is holding a celebration event for staff on 30 October at Cave Castle. A nomination for the Sustainable Transformation Partnership (STP) has also been received and a separate event for those staff involved is being held on 28 October also at Cave Castle.
- The annual staff survey has been issued to staff
- Following the introduction of car parking charges, there have been some initial issues, but it is going well
- Sustainable Transformation Partnership (STP)/Integrated Care Service (ICS) – a development session will be arranged to look at the changes to Accelerator sites
- Jane Hawkard, Chief Executive of East Riding Clinical Commissioning Group (CCG) is leaving. Emma Latimer, Chief Operating Office for Hull Clinical Commissioning Group (CCG) will be taking over and will be responsible for Hull, East Riding and North East Lincolnshire.
- Brexit – The Director of Finance is the Senior Responsible Owner. Business continuity plans have been reviewed and preparations are being made for a no deal Brexit.
- Child and Adolescent Mental Health Services (CAMHS) – it is disappointing that the project is delayed, however recruitment for the unit has been successful and the Consultant post is being progressed. Staff have been undertaking training to ensure they are ready for the open day.

Mrs Gorman asked about the changes to Disclosure and Barring Service (DBS) charges. It was confirmed that from 1 October staff will no longer be asked to pay for the checks. Mrs Gorman expressed concern around Brexit and the impact on overseas charging regulations for the NHS and how this would affect the organisation. The Chief Executive said there is potential for impact with this and work is being trialled in an area of the Trust which may help.

Mr Jones asked if there would be any help to provider organisations following the review. The Chief Executive said there a lot of areas that will have accelerator process to get all organisations into an Integrated Care Service (ICS) by 2020. In the patch there are some organisations that are in financial special measures. There will be some support and understanding around the financial regime, oversight and working together to manage the targets, but the control total has not yet been signed up to. The governance processes needs strengthening as does the decision making process and strategy and what the landscape of Humber Coast and Vale (HCV) will look like. There will be focussed attention in the 12 week period to identify priorities.

Mr Jones asked with the new CAMHS unit if there was any impact from staff leaving community teams to work in the new service. The Chief Executive said this is being reviewed to see if there are any gaps. Work is progressing to support the staff in the new unit whilst it is delayed. Different ways of working are being looked at and to use staff/skill mix in a different way across the organisation. A workforce summit is being held on 4 November to try to address some of the issues.

Resolved: The report and verbal updates were noted.

The minutes of the public Board meetings for June and July 2019 were provided for information.

Resolved: The minutes were noted.

52/19

Performance Update

The report informed the Council of Governors on the current levels of performance as at the end of August 2019. The majority of indicators are within normal variation, the exceptions being waiting times and cash in bank for which a detailed narrative has been provided in the body of the report.

Other areas to note for which commentary has been provided

- Clinical Supervision
- CPA 12 month reviews
- Friends and Family Test

The Trust remains segmented under the Single Oversight Framework within segment 2, 'targeted support in relation to finance and use of resources', which is consistent with the Trusts approved Financial Plan.

Mr Jones was concerned about the CAMHS waiting times. Mrs Parkinson explained there are key elements that have contributed to the waiting times in CAMHS especially for autism diagnosis, core CAMHS, Attention Deficit Hyperactivity Disorder (ADHD) and Speech and Language. This is affecting services predominantly in Hull where there has been a significant rise in demand particularly for autism and core CAMHS. The Trust is working in partnership with commissioners to look at the short, medium and longer term options to improve the position. Since this report was produced there is evidence to suggest there has been some reduction in waiting times for Speech and Language Therapy, core CAMHS and ADHD. For autism, commissioners are supportive of making changes to the pathway and staffing resources for this service. Core CAMHS have a high number of referrals not taken forward and looking at what point pre referral stream and how support this areas to give early support but not necessarily a referral to CAMHS. There is more work to do to improve this further.

Mr Jones thanked Mrs Parkinson for the update. He asked if the reason for reduction was due to demand plateauing or due to the actions taken. Mrs Parkinson responded that for core CAMHS these have started to plateau. For ADHD, the impact has been due to the interventions taken and the increased capacity. Dr White felt this was another example of where opportunities are needed to work in partnership. Additional funding from the National Lottery around CAMHS. Dr White is undertaking an independent evaluation of Head Start and she has found the information provided useful. Mrs Parkinson agreed to keep the narrative in the report updated going forward. Mrs Gorman suggested holding a workshop with the people involved with the children around behaviour and expectations. Dr White said there are established networks and voluntary services who work with children and young people and it would be better to use these. The Chair said that some schools are looking at this and trying to educate parents on how to deal with anxiety and depression in children to try and stop referrals to services.

Resolved: The report and verbal updates were noted.

53/19

Finance Report

The report presented by Mr Beckwith, provided the Council of Governors with a summary of financial performance for the Trust for the 3 month period June 2019 to August 2019. Of particular note were:

- For 2019/20 the Trust has a control total to deliver a £0.350m deficit.
- As at the end of August 2019, the Trust had recorded an operational surplus of £0.072m.

- The Cash Balance at the end of August 2019 was £16.621m. However this is due to timing of programmes for Child and Adolescent Mental Health Services (CAMHS) and Local Health Care Record Exemplar (LHCRE). The amount will also reduce in September due to payment of the half year dividend and bank loans.

Mr Jones asked about the reasons for agency costs which were high in August. Mr Beckwith explained that two locum consultants had reverted back to agency from locum contracts.

Mr Muzaffar informed the Council of Governors that at the last Finance and Audit Governor Group meeting, Governors had been impressed with the performance compared to this time last year and Governors wished to express their appreciation to the finance team for this achievement.

Resolved: The report was noted.

54/19 **Governor Groups Feedback and Activity**

The report provided feedback from the Governors Groups that have been held recently. Governor recorded activity was also included.

Mr Jones reported that at the recent Quality and Strategy meeting Governors discussed the workforce issues and agreed that workforce would be included in the remit of this group. The Terms of Reference have been amended to reflect this. Professor Cooke felt this was a positive move as quality and workforce work together. It is clear that recruitment and retention is an issue for the organisation and the impact on quality and safety and not being able to recruit. The Chief Executive felt this was a useful way forward as this is the number one risk for the organisation. Governors have a role to play in encouraging people to come and work for the Trust within their constituencies.

Resolved: The report and verbal updates were noted.

55/19 **Responses to Governor Questions**

An update was included in the report to the query raised by Mr Enderby at the last meeting regarding clinical supervision. Mr Enderby suggested that updates could be included in the narrative of the performance report going forward. Mr Beckwith will review this in conjunction with Mrs Parkinson.

Ms Jump asked if the changes in the way that the police deal with people with mental health issues will have an impact on services. The Chief Executive said there is a drive from the Home Office to do more with the police and there are ongoing discussions taking place. Work is ongoing with Humberside Police and the Chief Executive has a meeting planned with the Assistant Chief Constable to progress. It is unknown at this time what changes will be made, but the organisation is working in partnership with the Police.

Resolved: The report and verbal updates were noted.

Addition of narrative for clinical supervision to be considered for future Performance Reports to provide appropriate updates Action PBec/LP

56/19 **Any Other Business**

No other business was raised.

57/19 **Date and Time of Next Meeting**

Thursday 16 January 2020, 2.00pm in the Lecture Theatre, Trust Headquarters, Willerby

Signed..... Date
Chair

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

Summary of actions from October 2019 meeting and update report on earlier actions due for delivery in January 2020						
<i>Rows greyed out indicate action closed and update provided here</i>						
Date of Meeting	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
22.10.19	55/19	Responses to Governor Questions	Addition of narrative for clinical supervision to be considered for future Performance Reports to provide appropriate updates	Director of Finance/ Chief Operating Officer	January 2020	Narrative Updated
Outstanding Actions arising from previous Council meetings for feedback to a later meeting						
9.4.19	24/19(b)	Chief Executive's Report	Details of dementia diagnosis performance to be provided to Mr Duggleby	Chief Executive/Chief Operating Officer	July 2019	Closed
9.4.19	29/19	Governor/Director Visits Update	A Governor Development session will be arranged led by a Governor, Non Executive Director and an Executive Director to find the best way of facilitating visits.	Chair	June 2019	Group has met to take this forward. Discussion to take place at the November Development Day
A copy of the full action log recording actions reported back to the Committee and confirmed as completed/closed is available from the Trust Secretary						

Agenda Item 5

Title & Date of Meeting:	Council of Governors Public Meeting: 16 th January 2020			
Title of Report:	Michael and Georgina's Story			
Author/s:	Name: Mandy Dawley Title: Head of Patient and Carer Experience and Engagement			
Recommendation:	To approve		To receive & note	√
	For information		To ratify	
Purpose of Paper:	To provide the Council of Governors with a story of a Veteran's experience of living with Post Traumatic Stress Disorder (PTSD) and his wife's experience of living with someone with the condition.			
Governance: <i>Please indicate which group or committee this paper has previously been presented to:</i>	Name of group (please list all)	Date	Name of Group (<i>continued</i>)	Date
	Appointments, Terms & Conditions Committee		Engaging with Members Group	
	Finance, Audit, Strategy and Quality Governor Group			
	Trust Board	27.11.19		
			Other type of review (please detail)	
Key Issues within the report: <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<p>The key messages of the story from Michael (Veteran) are:</p> <ul style="list-style-type: none"> • Involve family from start; offer help to them • Keep doing what you're doing • Mediation with employers (letters updates dismissal interviews etc.) <p>The key messages of the story from Georgina (Veteran's Wife) are:</p> <ul style="list-style-type: none"> • Living with someone who has PTSD is very hard; it can be very lonely and extremely isolating • Humber Traumatic Stress Service helped start a long and challenging road to recovery • PTSD is the third person in our marriage but we now know how to deal with it and prevent it from interfering 			

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	Yes	If any action	N/A	Comment



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

Agenda Item 7

Title & Date of Meeting:	Council of Governors Public Meeting – 16 January 2020			
Title of Report:	Chief Executive's Report			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	To provide the Council of Governors with an update on local, regional and national issues.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Appointments, Terms & Conditions Committee		Engaging with Members	
	Finance, Audit, Strategy and Quality Governor Group			
	Trust Board	Dec 19*		
	*In part		Other (please detail)	
Key Issues within the report:	Detailed within the report			

Monitoring and assurance framework summary:

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



Chief Executive's Report

1. Around the Trust

1.1 Visits

I have spent time this month working with our Approved Mental Health Professionals (AMHPs) and Social Workers. It was really useful to see first hand the challenges faced on a day to day basis.

1.2 Annual Members Meeting

The table below highlights the comparison of this year's annual members meeting compared with last year. The public members are still low so this will be the focus of discussion with the communications team.

	2019 (KCOM)	2018 (Hilton)
TOTAL in attendance	160	146
No of staff	124	109
No of members	5	6
No of governors	13	13
Members of public	7	8
No of partner organisations	11	10
<i>No of stall holders</i>	<i>40</i>	<i>33</i>

1.3 Breastfeeding Guardian

I successfully completed my Breastfeeding Guardian training so I am now the Trust's official Breastfeeding Guardian.

1.4 Nomination

The workforce team been nominated in three categories for the National Centre for Diversity Grand Awards 2020. The nominations are for Most Improved Organisation of the Year, Most Innovative EDI Initiative of the Year and EDI Lead of the Year.

1.5 100% Attendance Letters

I am in the process of signing over 700 letters to staff who have achieved 100% attendance between 1 September 2018 and 31 August 2019.

1.6 Health Service Journal (HSJ) Winners

The Trust was shortlisted for four Health Service Journal awards and one for the Mental Health Partnership. It gives me great pleasure to announce that Humber were the winners of the prestigious Mental Health Provider of the Year, winning against strong competition. A full communications programme has been developed which includes a year long journey for the trophy across the organisation. It is important to note that this award is for the whole organisation.

Judges said "The journey for this organisation is exemplary", they went on to say that "they don't know quite how impressive they are. They retain an understated wow factor in their progress to change patient safety and embedded positive culture. A unique presentation for a unique trust".

1.7 Health Service Journal Transforming Mental Health Summit

I was asked to be the Keynote speaker at the recent Health Service Journal Transforming Mental Health Summit followed by 45 minutes interview with Alistair McLean. It put Humber and our achievements on the map following which I have been asked to speak at the provider summit next year

1.8 Christmas Carol Service and Market

Thanks to all who made this year's Christmas Carol Service and Market such a success, similar events were held across the patch.

1.9 Director Portfolio Change

I have reviewed Hilary's portfolio to include the professional leads, I have therefore agreed to change Hilary's title to: Director of Nursing, Allied Health and Social Care Professionals.

1.10 Greentrees

Our services provided at Greentrees were temporarily moved to Darley Ward to allow for estates work to be undertaken. Ahead of the move back into the Greentrees building the service users have proposed a change of name to give it a new identity - the service users have chosen Pine View. The new unit will open in February and is an important step in our approach to the changing bed provision of our Forensic Services.

2. Around the Region

2.1 Clinical Research Network Yorkshire and Humber

The clinical research network has confirmed that Amber O'Malley will be joining the Clinical Research Network Yorkshire and Humber as Chief Operating Officer. Amber O'Malley has over 10 years' experience working at a national level in the NIHR Clinical Research Network (NIHR CRN) and has contributed to the overall collective leadership and management of the NIHR CRN Coordinating Centre (CRNCC), including participation in strategic development, organisational improvement, operational implementation and performance review.

As Head of Performance Management Amber played a pivotal role in the effective development, review and continuous improvement of the CRN Performance Management function across the CRNCC and the 15 Local Clinical Research Networks (LCRNs). Amber also currently leads the development and maintenance of the LCRN contractual framework, which includes setting national performance indicators and works closely alongside the leadership teams of the 15 LCRNs to support national consistency and collaborative working to improve national performance. Amber is passionate about ensuring the NIHR CRN maximises opportunities for patients, carers and the public to find out about and take part in clinical research.

2.2 Clinical Commissioning Group (CCG) Merger

Approval has been granted, with conditions, from NHS England/Improvement to merge the three Clinical Commissioning Groups (CCGs) – NHS Hambleton Richmondshire and Whitby CCG, NHS Harrogate and Rural District CCG, NHS Scarborough and Ryedale CCG – on 1 April 2020 to create the North Yorkshire CCG.

2.3 Humber Coast & Vale (HCV)

- Work on the accelerator is progressing on how we work together and the function of the partnership. This work will conclude early 2020.
- Collaboration between NLAG and HUF is developing
- Phil Mettam now leading the Cancer Alliance
- Following the recent work of the ICS Accelerator Programme the following has been agreed as the way forward..

The main principles as follows:

- **be clinically-led**
Systems should be driven by senior clinicians who should be empowered to lead the transformation that is needed.
- **be locally-owned**

Systems should be engaging with key stakeholders across their local communities, and Plans should be co-developed with the voluntary sector and local authorities.

- **be financially balanced**

Systems will need to show how the ambitions set out in their plans will be resourced, with financial modelling demonstrating sustainable funding arrangements

Design template for an ICS is as follows:

- Neighbourhoods (populations circa 30,000 to 50,000 people) -served by groups of GP practices working with NHS community services, social care, voluntary and community services and other providers to deliver more coordinated and proactive services, including through primary care networks.
- Places (populations circa 250,000 to 500,000 people) -served by a set of health and care providers in a town or district, connecting primary care networks to broader services including those provided by local councils, community organisations and hospitals.
- Systems (populations circa 1 million to 3 million people) -in which the whole area's partners in different sectors come together to set strategic direction and to develop economies of scale including collaboration, networks or chains of providers.

In addition to the Partnership Board, each ICS will need to put in place processes to allow regular executive discussion and aligned decision-making. This will most likely be through a forum of chief executives and accountable officers, coming together on a more regular basis, and may be supported by other functional groups e.g. system oversight group, finance group, transformation workstreams, clinical fora. These groups will be key to enable the ICS to take on more responsibility for NHS oversight.

At the place level there will need to be the necessary arrangements to ensure joined-up working with local authorities, as well as management and oversight of the delivery of care in places and neighbourhoods. The relationship between the Partnership Board and HWBBs at place-level will be determined locally based on the make-up of the system but should be clear and transparent.

Decisions at the place level must be made in conjunction with partners at neighbourhood level, including PCNs. Each organisation within the ICS will continue to be accountable for their own statutory responsibilities through their boards and utilising existing accountability mechanisms including Health & Wellbeing Boards (HWBBs) and Health Overview and Scrutiny Committees (HOSCs).

HCV in this regard is to create an environment within which system partners will work together to agree and deliver a co-ordinated programme of transformational change, to secure the long-term sustainability of the system and to component parts to ensure local delivery of the Long Term Plan.

This transformational change will need to include the development of in-depth Population Health Management capacity and capability, including access to predictive advanced analytics, underpinned by integrated data sets from local integrated care records.

This insight will then inform the design of new models of care and major service changes to deliver improved population health outcomes. The development of Primary Care Networks (PCNs) is a key part of this transformation.

In the more mature systems, partners are underpinning this by coming together to collectively manage overall system performance.

2.4 University of Hull

Julie Jomeen will be leaving after 13 years at the University of Hull, Julie will be leaving the University in mid-March next year. Julie has been offered an exciting opportunity to take up a post as the Dean, School of Health and Human Sciences and Professor of Midwifery at Southern Cross University, Australia.

2.5 Chief Executive – Tees, Esk & Wear Valley (TEWV)

Colin Martin CEO of the TEWV will be retiring in 2020.

2.6 Clinical Lead Role, Mental Health Partnership

It is a great pleasure to confirm that Dr Stella Morris has accepted the clinical lead role (2 days per week for 2 months commencing February 2019) working in the Mental Health Partnership, this builds on the great work that Steve Wright is currently undertaking.

3 National News

3.1 Election

Area	Constituency	Name	Party
East Riding	Haltemprice and Howden	David Davis	Conservative
	Brigg and Goole	Andrew Percy	Conservative
	Beverley and Holderness	Graham Stuart	Conservative
	East Yorkshire	Sir Greg Knight	Conservative
Hull	Hull West and Hessle	Emma Hardy	Labour
	Hull East	Karl Turner	Labour
	Hull North	Diana Johnson	Labour
North Yorkshire	Harrogate and Knaresborough	Andrew Jones	Conservative
	Richmond	Rishi Sunak	Conservative
	Scarborough and Whitby	Robert Goodwill	Conservative
	Selby and Ainsty	Nigel Adams	Conservative
	Skipton and Ripon	Julian Smith	Conservative
York	Thirsk and Malton	Kevin Hollinrake	Conservative
	York (central)	Racheal Maskell	Labour
	York (outer)	Julian Sturdy	Conservative

The Conservatives are likely to reintroduce the two bills directly related to Health and Social Care that featured in the October Queen's Speech - the Health Service Safety Investigations Bill and the Medicines and Medical Devices Bill. It is also likely we will see the Conservatives honour their manifesto commitment to seek to enshrine in law the 'fully funded, long-term NHS plan' in some way and to reiterate their commitment to continuing to reform the current Mental Health Act. A new Immigration Bill is also on the cards, which will set out the framework for a new post-Brexit points based immigration system.

Cross-party talks were also promised on social care, it is unclear whether the long awaited social care green paper will be published next year.

Other Conservative health manifesto commitments include:

- commit £850m to upgrading 20 hospitals, £2.7bn to build six new hospitals and providing seed funding to progress work on 34 other hospitals.
- deliver 50,000 more nurses, 6,000 more doctors in general practice and 6,000 more primary care professionals, such as physiotherapists and pharmacists – on top of the 7500 extra nurse associates and 20,000 primary care professionals already announced.
- introduce an NHS Visa, which will ensure that qualified doctors, nurses and allied health professionals, who hold a job offer from the NHS, have been trained to a recognised standard, and who have good working English, are offered fast-track entry, reduced visa fees and dedicated support to the come to the UK with their families.
- provide student nurses with a £5000-£8000 annual maintenance grant every year during their course

- improve NHS performance, using the funding settlement to bring down operating waiting times, improve A&E performance and increase cancer survival rates.
- use frontline technology to improve patients' experience, provide flexible working for clinicians and help save lives.
- deliver 50 million extra general practice appointments a year.
- end hospital car parking charges by making parking free for those in greatest need, including disabled people, frequent outpatient attenders, parents of sick children staying overnight and staff working night shifts.
- hold an urgent review, working with the British Medical Association and the Academy of Medical Royal Colleges, to address the 'taper problem' in doctors' pensions.

4 Director's Updates

4.1 Chief Operating Officer Update

4.1.1 Winter Pressures

The Trust has continued to actively participate and contribute in the system work across all of our geographical areas to ensure that we are prepared for this coming winters pressures.

For Hull and East Riding system providers and commissioners continue to plan for winter preparedness, monthly meetings of the unplanned care delivery programme are supported by daily system calls to identify and solve capacity issues. Hull University Teaching Hospital continue to be challenged by A&E waiting times and delayed transfers of care, to offset this they have established a number of work streams including, Hospital wider improvement programme, primary care streaming, diversionary pathways and reducing DToC / reducing delays for highly complex patients. In line with the winter letter sent on the 5 November by Pauline Philip and Richard Barker (NHS Improvement) the Trust is ensuring it can respond quickly and comprehensively to emergency department presentations. The Trust is establishing a second health based place of safety suite and building work and staffing are progressing on plan. Within the mental health liaison team all staff posts have now been recruited to with new staff having appropriate induction and training. The Trust has commenced uptake of the flu vaccine of which peer vaccinators will play a strong part in reaching a target of 80% or above.

Similarly work has taken place across Scarborough, Ryedale, Vale of York and Whitby to ensure that robust plans are in place. The Accident and Emergency Delivery Board has been developed to become a Health and care Resilience Board and is taking a broader system approach to tackling the pressures. This board is in the process of consolidating its action plan to address three key delivery groups:

- Pre Hospital
- In Hospital
- Interface

Humber has contributed to all of these areas of work and our services in these areas contribute to the regular system escalation mechanisms that are in place.

Across all areas the Operational Pressures Escalation Level (OPEL) actions that are taken to reduce the operational pressures in individual organisations and across the system have been reviewed and revised to ensure that they are as robust as possible. This includes the actions we will take to reduce our own pressures as a Trust, the mutual aid we will provide to the system when pressures are rising and the aid we will expect when our pressures are high.

Internally we continue to review our business continuity plans to ensure that they are robust through our emergency and resilience planning work. We have internal mechanisms in place daily on order to assess demand and capacity to ensure that our patient flow is optimised. Our mental health acute patient flow continues to perform well against a national position where use of out of area beds remains problematic.

4.1.2 Service Transformation Update

A review has recently been undertaken to ensure that the service transformation programmes that report to the transformation board are in line with our current operational priorities, some programmes have now been made business as usual e.g. Scarborough and Ryedale Phase II mobilisation. Due to successfully securing national transformation fund monies two existing programmes have been revised, the Crisis and Liaison Services redesign and Community Mental Health Team (CMHT) Transformation. A new mental health Forensic Outreach and Liaison service development is currently being added to the service transformation programme also due to a successful application for new monies as part of the wider Secure Services, Humber, Coast and Vale new model development.

The Service Transformation Board is chaired by the Chief Operating Officer, work is in place to address the key cross cutting themes of workforce, estate, finance, and information technology. The following current programmes are set out below with a brief summary of key programme updates and next steps:

Adult and Older Peoples Mental Health Campus

Key Updates

- Paper prepared for EMT setting out the current position and reframing project and timescale
- Clinical Model to be presented to Quality Committee in December
- Developing timeline with support from Citycare to ensure there is sufficient time for all tasks, project plan is being finalised

Agile Working

Key Updates

- Agile Working policy submitted to ODG and agreed
- Meeting with CMHT East staff, agreed go live date of January 1st 2020
- Looked into SOS app for phones for Lone Working

CMHT Transformation

Key Updates

- Project Group established.
- New Project Manager due to go out to advert shortly
- Overview of clinical model presented to last Quality Committee

Crisis and Liaison Services Transformation

Key Updates

- Project Group established
- Review of bid submitted to reduce cost to fit financial envelope available

E-Rostering

Key Updates

- Development of planned action/Trust

- approach
- Continue roll out at Field House and Market Weighton
- GP surgeries wishing to uptake e-roster

Learning Disability Forensic Outreach

Key Updates

- Clinical work has begun with a small cohort
- Confirmation of funding agreed by CCG
- Interviews commenced – offers made for Criminal Justice Worker, OT and Forensic Case Manger
- Co-commissioning of a service user research proposal agreed

OPMH Memory Assessment Service Redesign

Key Updates

- Current state process mapping completed for both Hull and ER services

Adult Mental Health Rehabilitation Service

Key Updates

- Project established
- Project Team established
- Project governance established

Whitby Hospital Remodel

Key Updates

- This project is being led by NHSPS. HTFT Operations has been notified that the expected start date of the remodelling is mid to late January 2020. HTFT Operational project plan is drafted and awaiting confirmation of dates to be fully populated.
- Bed reduction plan to facilitate the IPU moving from its current location to the remodelled maternity unit has been signed off by CCG.

4.2 Director of Nursing

4.2.1 Patient Safety Strategy – Board Update

Following the launch of the Patient Safety Strategy some key work streams have commenced as follows:

- The Head of Patient and Carer Experience is leading on developing the role of the Patient Safety Partner. These are lay people with a specific remit regarding patient safety. Working with existing patient engagement forums and staff the role will be defined in line with the National Patient Safety Strategy requirements. Job descriptions and the recruitment processes will be agreed with reporting to the Operational Delivery Group, the Executive Management Team and the Quality Committee.

- We are working with the provider of our risk management system DATIX to commission an additional module which will produce patient safety dashboards at team/service and organisational level. These dashboards will enable staff at all levels to interrogate patient safety data, produce reports and thereby promote patient safety discussion across all areas and at all levels within the organisation.
- An extensive patient safety training plan has been produced describing access to training for all staff (non-clinical/students/clinical and those who require specialist skills i.e. investigators). Divisions are currently reviewing the plan to ensure it will meet the needs of their staff. Support in delivering what is a very ambitious plan is being sought from the Improvement Academy.

In addition to the above we are currently exploring how we can shift the focus from examining what went wrong to what went well in line with the evidence based Safety 2 approach. Whilst we recognise we will always need to investigate when something went wrong and harm was caused it is recognised that the greatest learning is from what went well. With this in mind we have proposed establishing 'GREATIX'; linked to utilising the DATIX risk management system staff will be encouraged to report patient safety initiatives. Monthly awards will be presented i.e. patient safety team/individual of the month, culminating in an annual patient safety award identified from the winners from the previous months.

The Director of Nursing has written to all staff to raise awareness of the strategy and what is required from them. Staff have been specifically requested to:

- Display the Patient Safety Poster in their areas
- Review the training plan when it is launched and ensure they and their staff attend sessions that are relevant/of interest depending upon roles.
- Have 'Patient Safety good practice and concerns' as a regular item on team meetings and report good practice via 'GREATIX' when launched
- Regularly review and discuss team level patient safety information (team level dashboards available soon).
- Take action at individual and team level to maximise patient safety e.g use of safety huddles/having patient safety conversations with patients and carers
- Share learning with others

4.2.2 Social Work for Better Health

As part of the Department of Health and Social Care initiative "Social Work for Better Mental Health", the Trusts Principle Social Worker, Fran Ashton has contributed the development of national guidance for NHS managers who support and manage social workers in mental health services. This work has been led by the National Collaborating Centre for Mental Health and NHS England and there are also plans, as part of this, to work with Health Education England on new roles for social work.

The guidance is due to be launched in February 2020 and Fran will represent the Trust as a critical friend in reviewing the guidance prior to its launch. The guidance is needed to define and fulfil duties for the support and governance of social workers/social care staff and to provide clarity for local authority managers who are placing social work staff into integrated services operated by the NHS. It seeks to support the creation of leadership, organisation and team environments which enable social approaches to be better understood and implemented.

Also to promote good practice and consider the vital role of managers in integrated care the guidance hopes to consolidate evidence on what works and develop tailored resources which link managers to wider advice and networks.

The impact of social work in settings such as Humber Trust relies on robust collaborative leadership between professional and operational leaders. Senior managers need to be clear about what is required in their role as an employer of social workers. Team and middle managers play a pivotal part in creating the right conditions for social workers to avoid blurred or disempowered roles and in enabling transformative and innovative practice.

Our involvement in this guidance will support staff and managers and be particularly helpful in the current CMHT system redesign work with partners.

4.2.3 CAMHS UNIT: Update

We have had confirmation of the commencement of a Locum CAMHS Consultant who will commence on Monday 6th January. We are also pursuing another Locum Consultant should the situation with the Consultant we are expecting to commence with the Trust change.

4.3 Medical Director

4.3.1 Health Education England/Fair Health Charity

The Trust hosted a Health Education England/Fair Health Charity sponsored event concentrating on Health Inequalities. Over 70 GP's including trainees attended the event which attracted positive media attention from Radio Humberside. The trust was had some of its own GP's and trainees in the audience under the leadership of Dr Iqbal Hussain, the GP clinical lead for our primary care services.

4.3.2 Annual Hull York Medical School (HYMS) Monitoring Visit

The Trust recently completed its annual Hull York Medical School monitoring visit. It was pleasing to note their recognition and commendation for the significant work that's been undertaken in the past 18 months which has enabled them to significantly increase their student numbers, while at the same time we have seen significant improvement in our own student satisfaction scores with their mental health block, and is now rated higher than many of the other blocks on the program. Agreed development plans for the next year including shifting education to a remote/digital model as well as considering the introduction of clinical teaching fellows which have been successfully trialled in the acute environment.

4.3.3 Electronic Prescribing

The Electronic Prescribing roll out across our inpatients units is continuing with Westlands, Avondale and Newbridges currently going through the process. Our Pharmacy team and clinical systems teams continue to report high levels of staff enthusiasm and engagement with regard to the process and that we are building on the 'lessons learnt' from early adopters.

4.3.4 Quality Improvement

The QI team has developed a training program which will be avail to all staff beginning in the new year. We will be in a position to offer short taster sessions, more focussed learning sessions for teams as well as a 3-5 day program for those keen to develop expertise to lead improvement programs at team level. The delivery team includes Cathryn Hunter and Tom Nicklin who both graduated from the National QSIR program.

4.4 Director of Workforce and Organisational Development Update

4.4.1 Staff Survey

The staff survey closed on 29th November and a 40% response rate was recorded which is in line with last year.

4.4.2 Probationary Period Policy and Procedure

The Trust will introduce a probationary period for all new staff (excluding medical staff) with effect from 1st January. Introduced to ensure new starters have the support they need in their first few months with the organisation, the policy will be launched at senior Leadership Forum in December.

4.4.3 New Induction Process

The Trust induction process has been overhauled and the new approach started on 2nd December. A more interactive and targeted session, there will also be an opportunity to meet EMT, the Chair and NEDs at a drop in lunch session. In addition Executive Directors on a rotating basis will be chairing a 'coffee and chat' sessions for staff that have been with us for six months to find out how things are going.

4.4.4 Staff Engagement Budget

£10,000 (total) has been made available to managers for local staff engagement initiatives 2019/20 increasing to £25,000 for 2020/21 and beyond. This idea came from the newly formed Staff Engagement, Health and Wellbeing Group.

4.4.5 Flu Vaccinations

The programme of vaccinations started in early October and finishes in February. To date 66% of all clinical staff has had a vaccination. This is ahead of the same position last year (61%).

5 Communications Update

5.1 Website & Intranet

The current website and intranet sites are fourteen years old and sit on an outdated platform in term of functionality and technology. They have developed organically over that period as the Trust has developed and are therefore no longer fit of purpose. Up to date guidance is that websites should be a continuous improvement project that develops in response to review of real time data. However, due to the age of the platform a new site build is required to bring the site up to date with current web standards and conventions, enabling us to improve site performance.

As well as a new platform a redesign of the navigation and structure of the sites is required to ensure that we are supporting the areas that we operate in and the individual sites and units that we operate. It is also important that we engage with patients, service users, carers, partners and stakeholders to design an external website site that meets their needs and delivers the information that they require. We will also work closely with our teams and in partnership with Employee Engagement to ensure that our intranet keeps our staff informed and engaged.

There is a phased approach to this work to ensure that we are immediately able to make some changes that will improve performance whilst also ensuring that any investment is maximised by ensuring the site is developed in line with the requirements of our stakeholders.

Phases 1-3 will be covered by the current marketing & communications budget. Costs for Phase Four will be subject of a future capital bid.

Brand

Engagement for a refresh of the Trust brand begins in January 2020. A series of meetings and workshops are planned with stakeholder to understand current brand perceptions to bring clarity to Trust branding whilst upholding our responsibility to protect the NHS brand.

New Team Members

Loren Hakeney joins the team as PR Officer on 6th January 2020. Loren joins the trust from three year tenure as a Marketing Lead & UX Writer at global marketing agency Accenture Interactive. Loren will creating inspiring, informative and engaging content for delivery across our earned and owned communications channels. She will work proactively to gather good news stories and case studies from around the Trust, liaising with service managers and clinicians, and converting these into news stories.

We are also welcoming an intern into the team from the University of Hull via their Flexible Internship Programme. This programme offers students a grant to support their expenses whilst taking on an eight week placement. Connor Neal is a third year Business Management student and will join the team to support us a day and a half a week.

Media Round Up

- Five stories were posted on the Trust's external website between 14 November and 11 December 2019. Total news page views over this period = 2,742 (up from 972 Oct/Nov)
- Positive media highlights include:
 - > Recruiting GPs in hard to reach areas (BBC Radio Humberside)
 - > Healthtrainers Coffee Morning at Bridlington Spa (BBC Radio Humberside)

- > 'Turning point' for Whitby Hospital redevelopment (The Scarborough News)

Current Performance

- **Website**

	2018	2019	% change
Users	10,721	12,611	+16%
Sessions	13,687	15,908	+15%
Page Views	30,511	33,190	+8%
Bounce Rate *	65%	66%	+1%

*Bounce Rate: The percentage of visitors who navigate away having viewed only one page. Ideally should be between 25-50%

- **Intranet**

Current performance (over period)

	2018	2019	% change
Users	2,570	8,755	240%
Sessions	12,745	52,340	310%
Page Views	26,942	115,573	328
Bounce Rate *	62%	62%	-

- Improvements to internal emails have resulted in a 200 additional website sessions than the same period 2018 (47-242). Click throughs to the Intranet from internal global emails have increased by 115% on the same period 2018.

- **Social Media**

Performance over period

Impressions	Engagements	Link Clicks	Growth
93,760	5,787 (+31% on previous period)	249 (+121% on previous period)	0.9%

- Linked in has seen particular growth and improvement with a 44% increase in follower growth against last period.
- Recruitment posts are particularly popular with our audience with recent GP ad generating over 50 clicks throughs to the post on NHS Jobs.

Campaign support

Key campaigns over this period included:

- Leading Staff flu communications. We are currently tracking ahead of the same time last year despite starting several weeks later. A targeted approach to improving rates in GP practices and with nurses has been successful, particularly with GP support staff (up 47% increase in uptake) and GP Nurses (53% increase in uptake). Nursing is also showing an improvement on last year already having improved on the 18/19 position by .83%.

We are leading a system wide campaign on staying mentally well this winter which will be supported by NHS and other local partners (local councils, emergency services). We will be marking #wellnesswednesday each week with a focus sharing useful advice from our clinicians and professionals on steps you can take to support your mental health over winter.

6 Health Stars Update

6.1 Key People at Health Stars

With the recent changes to the Health Stars team as there has been some changeover of staff at Health Stars we thought it would be good to give an overview of the current team in place.

Health Stars	HEY Smile Foundation
Kristina Poxon, Fundraising Manager Caroline Stephenson, Temporary Admin Support	Andrew Barber, CEO Victoria Winterton, Head of Smile Health Ann Newlove, Impact Appeal Lead)

Kristina Poxon started at the end of October. As Fundraising Manager she is responsible for the operational management of Health Stars including all fundraising and overseeing Circle of Wishes. She is full time at Trust HQ, working 8am until 4pm. She is currently supported by Caroline Stephenson who is providing temporary administration, particularly for Circle of Wishes. We will shortly be recruiting a permanent community champion to start in January 2020.

Victoria Winterton has taken up a new role at Smile Foundation as Head of Smile Health, reporting to Andy Barber CEO. Victoria's role is to lead and develop Smile's NHS Charities, with Health Stars as a priority. She is the line manager for Kristina and will regularly attend the CFC meetings and be at HTFT 1-2 days per week.

Ann Newlove has been the lead on the Impact Appeal, Ann was an additional resource put in by Smile with Impact being a capital Appeal. Ann's experience has been pivotal in the success of the appeal to date. Her role will conclude in December.

6.2 Impact Appeal

The Impact Appeal has now raised £301,708.99. We're delighted with the success of the appeal and feel it has been a good achievement for Health Stars and our CAMHS team and future patients and families. The appeal process has been an excellent learning opportunity for the Health Stars team and the Trust to help us progress positively for our next appeal.

**Michele Moran,
Chief Executive
January 2020**

Agenda Item 8

Title & Date of Meeting:	Council of Governors Public Meeting – 16 January 2020		
Title of Report:	Public Trust Board Minutes – September & October 2019		
Author/s:	Name: Sharon Mays Title: Chair		
Recommendation:	To approve		To receive & note <input checked="" type="checkbox"/>
	For information		To ratify
Purpose of Paper:	The public minutes of the Trust Board meetings held in September and October 2019 are presented for information.		
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date	Date
	Appointments, Terms & Conditions Committee		Engaging with Members
	Finance, Audit, Strategy and Quality Governor Group		
	Trust Board	30.10.19 27.11.19	
			Other (please detail)
Key Issues within the report:	Any issues identified in the minutes		

Monitoring and assurance framework summary:

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



Trust Board Meeting – Public Meeting
Minutes of the Trust Board Meeting held on Wednesday 25 September 2019 at
Ryedale Community and Leisure Centre, Scarborough Road, Norton, North Yorkshire
YO17 8EG

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

In Attendance: Mrs Michelle Hughes, Interim Head of Corporate Affairs
Mrs Jenny Jones, Trust Secretary
Mr Adam Dennis, Communications Officer
Mrs Mandy Dawley, Head of Patient & Carer Experience & Engagement (for items 148/19, 161/19, 162/19 & 163/19)
Mr Gavin Hamilton, Journey Group member (for item 148/19)
Mr Ian Graves, Journey Group member (for item 148/19)
Mr Derek Raitt, Professional Lead for Occupational Therapy (for item 148/19)
Mr Oliver Sims, Corporate Risk Manager (for items 165/19 & 166/19)
Ms Hannah Schofield, Care Quality Commission

Apologies: None

The Chair welcomed Mr Royles, Non Executive Director to his first Board meeting

- 14519 **Declarations of Interest**
Any further changes to declarations should be notified to the Trust Secretary. The Chair requested that if any other items on the agenda presented anyone with a potential conflict of interest, they declare their interests and remove themselves from the meeting for that item.
- 146/19 **Minutes of the Meeting held on 31 July 2019**
The minutes of the meeting held on 31 July 2019 were agreed as a correct record.
- 147/19 **Matters Arising and Actions Log**
The actions list was discussed. No issues were raised
- 148/19 **Patient Story - Co-Production in the Development of the Peer Support Worker Role**
Mr Raitt introduced Mr Hamilton and Mr Graves who are members of the Journey Group. He explained that the group was established to develop the Peer Support

Worker role within the Trust and how this work was being taken forward. A job description and person specification for the role has been produced by the group in conjunction with Trust staff. Mr Hamilton and Mr Graves have experience of Trust services and have been involved in this work and bring their knowledge of services to the group.

The role is being developed in liaison with the University of Hull, however funding will be needed to support the training packages that will be required to support the roles. The role will be in different environments and the workers will be able to support others by taking them out for a coffee or walking their dog and helping them in the ways that they need.

Mr Smith thanked them for attending and asked going forward, how Peer Support Workers may be supported in terms of associated costs for example any travel costs as some people may not have the means to pay for these. Mr Hamilton explained this would be through supervision. The Peer Support Worker role will be an employed role with the appropriate banding, supervision and appraisal process in place. It is hoped that this will be a role for people in the Recovery and Wellbeing pathway. Supervision will be through the Recovery College and Peer Support Workers will have an identified supervisor.

Professor Cooke welcomed the move, however in his experience, these type of roles can become isolated if they do not have status within the team. Supervision is key to success and the team will see the positive benefit the role can bring. Mrs Parkinson, Chief Operating Officer, agreed and is keen that this work is progressed. The role will start at either a band 2 or 3, but there is potential for the person to develop further and she is keen to see a career pathway developed. Mr Graves explained that the banding needed to be appropriate to allow people to carry out one to ones with others outside the clinical environment. The role is intended to work in all areas at different times of the day. If these meetings only took place on a clinical environment, as many people could not be seen and the Peer Support Workers would be able to be utilised to their full capacity if they were outside the clinical environment.

The Chief Executive said this is a positive role and wanted it to progress to be part of a career pathway. She would like a paper to go to the Executive Management Team (EMT) on the recruitment, what this will pathway will look like and how it needs to be taken forward at pace. An update will be included in a future Chief Executive's report following the discussion at EMT.

Resolved: The Board thanked Mr Raitt, Mr Graves and Mr Hamilton for attending to discuss the work.

A report will be submitted to EMT regarding recruitment, career pathway and how the work can be taken forward. **Action LP**

Following discussion at EMT, an update will be included in a future Chief Executive's report **Action MM**

149/19

Chair's Report

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

- A quarterly staff awards event is taking place after today's Board meeting, to recognise long service which all Board members are welcome to stay for.
- The Annual Members Meeting was held recently. The Chair thanked everyone who attended and those who had been involved in the planning. She also

thanked Jenny Tong, Tom Nicklin and other speakers who presented on the day. Mrs Hughes provided an update on feedback received from St Mary's College and details of the number of people who had watched the live feed and on the website after the event.

- Attendance at the launch of the NHS Improvement Patient & Carer Experience Films
- Holding a range of meetings including with the Chair and Chief Executive of City Care
- A meeting with the Suicide Prevention lead and Mrs Julie Hastings, a former Lead Governor who has been appointed as a lay member on York Clinical Commissioning Group (CCG)
- Meetings with Governors as groups and on an individual basis

Resolved: The verbal update was noted.

150/19

Chief Executive's Report

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

- Time has been spent with staff across a broad spectrum of services. They continue to deal with many challenges on a daily basis, but morale appears to be improving.
- Congratulations to the Occupational Health team who have achieved the SEQOHS (safe, effective, quality occupational health services) accreditation. Mr McGowan, Director of Workforce and Organisational Development explained that this was an excellent achievement. He was included in the thorough assessment process and the assessors were impressed with the support they had been given, what they had seen and work that is being done.
- The Trust has recruited over 800 people into National Institute for Health Research (NIHR) Portfolio studies, already exceeding our annual target of 660 which is an excellent achievement. Thanks were extended to Dr Byrne, Medical Director and his team.
- Work continues with the Provider Collaborative and a change in the landscape for the Sustainable Transformation partnership (STP).
- Changes have been made to the Oversight Framework which will be monitored by the Trust.
- The Trust has been shortlisted for Four Health Service Journal (HSJ) awards:
 - Mental Health Provider of the Year
 - Acute Sector Innovation of the Year: Frequent Attenders Service Hull
 - Connecting Services and Information Award: Frequent Attenders Service, Hull
 - Patient Safety Award: Frequent Attenders Service Hull
 - Humber, Coast and Vale Mental Health Partnership have also been nominated for Humber Coast System Leadership Initiative of the Year, in which the Trust plays a large part.

NHSI guidance 'developmental reviews of leadership and governance using the well-led framework' says Trusts should carry out an external review of their governance every 3 years on a 'comply or explain' basis. An external governance review was commissioned in late 2016 with the final report received in May 2017.

A number of improvements have been introduced and embedded since that time and given the internal and external reviews - most importantly the full well led inspection undertaken by the CQC and the rating of Good, it was proposed to postpone an external governance review on an 'explain' basis. The Board supported the proposal to postpone the review and noted that an external governance review will be commissioned and undertaken within a five year period.

It was noted that changes have been made to the Disclosure and Barring Scheme (DBS) checks. The Executive Management Team recently agreed that the cost of these checks should no longer be passed onto staff and that the Trust would pay for these going forward.

Professor Cooke commended the Chief Executive for the work she has done on the Provider Collaborative. With the recent nominations for HSJ awards and the launch of the NHSI films that the Trust was involved with, he felt these were areas the Trust should be celebrating recognition for as it was excellent work.

In terms of Traumatic Stress Service, Professor Cooke asked what is being done to support staff in the services with the issues they are dealing with. Mrs Parkinson explained that this had been included in the report to throw a spotlight on the services and the actions that have been taken to upskill staff and leadership and supervision is in place.

In response to Professor Cooke asking for an update on the Child and Adolescent Mental Health Services (CAMHS) build, Mrs Gledhill, Director of Nursing, explained that there are still issues with the doors and windows and it is likely to be November before the building is handed over. However the delay has allowed additional time for training to take place to ensure that staff are ready for the first day. The Consultant Psychiatrist role is still to be appointed to following the withdrawal of an identified person. Mr Patton asked if any work had been undertaken on staff that have moved from other units to the new build to see if there has been or will be any impact. Mrs Gledhill explained that work is underway for this to see if any units that have lost one or more staff to the new build and to monitor any impact.

Mr Smith congratulated the Trust on achieving 100% attendance at Multi-Agency Public Protection Arrangements (MAPPA) meetings. He commented that the sub group is looking at a review of Section 136 of the Mental Health Act (MHA) and asked if this is something the Trust is reviewing. Dr Byrne said this is discussed as part of the Crisis Care Concordat meetings where there are links with the Police. Section 136 is a big issue and has been discussed at length in the Mental Health Legislation Committee, however there is no simple solution and it is a challenge faced by the Trust and Police colleagues. Mrs Parkinson confirmed that a review of Section 136 is a key element of the Crisis Care Concordat for Hull and East Riding

Mr Patton noted the Medical Conference that is taking place on 16 October. Dr Byrne said the Trust is also involved in supporting another event on 15 November. Both events will be held in the Lecture Theatre. The Communications team have been involved in promoting the Medical Conference which has been helpful to the team.

Policies for Infusions Therapies, Recognising the deteriorating patient and Overseas Visitor Charging Regulations were ratified by the Board.

Resolved: The report, verbal updates and ratified policies were noted. The Board supported the proposal to postpone the review and noted that an external governance

review will be commissioned and undertaken within a five year period.

151/19 **Publications and Highlights Report**

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

Mr Baren commented that on the Time of Transition publication by NHS Providers that 8% of respondents felt the Care Quality Commission (CQC) regulatory system was value for money and 25% agreed that the benefits of their most recent inspections justified the cost.

Resolved: The report was noted

152/19 **Performance Report**

Mr Beckwith, Director of Finance, presented the report which showed current levels of performance as at the end of August 2019. The majority of indicators were within normal variation, the exceptions being waiting times and cash in bank. Commentary was provided for Clinical Supervision, Care Programme Approach (CPA) 12 month reviews and the Friends and Family Test.

The Trust remains segmented under the Single Oversight Framework within segment 2, 'targeted support in relation to finance and use of resources', which is consistent with the Trust's approved Financial Plan.

Mr Baren made a general comment around the charts included in the report which tended to look back rather than look forward and he asked how recovery would be measured. Mrs Parkinson explained that more detail is included in the report later on the agenda, but reported that some areas are starting to show improvement. For all areas that need further work lots of activity is being undertaken. The intention is to review the trajectories in light of the work being done. The Chair thanked Mrs Parkinson for the update and asked for the narrative to be updated to reflect this.

Mr Baren thanked the team for including RAG ratings on clinical supervision. He noted that there was no RAG rating for Malton Hospital on the safer staffing dashboard. He also commented that from December 18 to the present there had been a 20% deterioration and wondered if this was something to be concerned about. Mr Beckwith will review the detail and include a post meeting note in the minutes. The Chief Executive said that other areas as the fill rate and vacancies level is slightly better than this time last year. She suggested some diagnosis of the data is required.

Mr Smith referred to the number of vacancies noticing that the trend line had increased at a high rate and that the narrative around plans being formulated to address it did not provide assurance. Mr McGowan explained that this had been discussed at the Workforce and Organisational (OD) Committee recently. EMT has discussed this at a recent Time Out and work is underway to look at trends, data and the national picture. A number of actions were agreed including the previously mentioned changes around DBS. A HR Summit is planned on 4 November and each Care Group will report back on their plans to deal with vacancies. Mr Patton explained that the focus of the Workforce & OD Committee is on vacancies and sickness.

Mr Royles commented on the use of agency which is currently at a high level. He assumed that of the 120 vacancies that other staff were covering some of these vacancies as they may wish to work in a more flexible way. The Chief Executive said the Trust bank of staff is used, but recognised there is more agency use at the moment due to some hot spots, but this was within the agency spending limit. Mr Patton said it

was being well covered as the Finance and Investment, Quality and Workforce & OD Committees are focussing on it. Mr Royles said that other organisations have looked at the skill mix and use Allied Health Professionals (AHPs) differently which may be something to consider going forward.

Professor Cooke noted the change in the sickness absence figure and wondered if there was a specific reason for this as it had remained in a similar position for some time. Mr McGowan explained that from 1 October sickness is directly put onto the ESR system by staff. As the report covers the previous month's performance this is currently unvalidated data, but by the next report this will be validated. He advised that the figure in the report be taken with caution.

Mr Patton commented on the target for patients who have had a Care Programme Approach (CPA) review in the last 12 months. Mrs Parkinson explained that this is a requirement and there are variations within teams. All teams that are not achieving this have improvement trajectories in place. Mr Patton noted that improvement is seen when plans are put into place, but it seems that once the focus is reduced, the target drops again. The Chief Executive suggested that an update be included in her report next month to explain the actions that have been taken.

It was noted that Referral to Treatment (RTT) waiting times are on a slow downward trajectory. Mrs Parkinson will review outside the meeting and share an update with the Board.

The Friends and Family test scores have reduced significantly with no reason identified. Dr Byrne said it related to GP surgeries data and they have been asked for their views on the reasons for this. A post meeting note will be circulated to the Board to confirm the reasons and actions that will be taken.

Resolved: The report and verbal updates were noted

A post meeting note to be included in the minutes regarding the level of deterioration in the safer staffing dashboard for Malton Hospital **Action PBec**

An update to be included in the Chief Executive's next report to explain the actions that have been taken relating to Care programme Approach (CPA) targets **Action LP**

Referral to Treatment (RTT) waiting times will be reviewed outside the meeting and an update provided with the Board. **Action LP**

A post meeting note will be circulated to the Board to confirm the reasons and actions that will be taken in relation to the Friends and Family test scores **Action JB**

Post Meeting Note – Malton Hospital

Narrative has been reviewed and updated for this month's report

153/19

Finance Report

The report covered the financial position for the Trust as at the 31 August 2019 and provided assurance regarding financial performance, key financial targets and objectives. An operational surplus position of £0.072m was recorded in the period and the cash balance at was £16.621m, which included £1.348m of Local Health Care Record Exemplar (LHCRE) and £1.186m of Child and Adolescent Mental Health Services (CAMHS) capital funding. The underlying cash position is £14m.

Mr Royles commented on the cash position asking with Brexit if consideration would be given to paying small local suppliers before the usual payment date in case they were struggling. Mr Beckwith confirmed the Trust deals with local suppliers and aims to pay

them within 30 days as the Trust's 90% achievement of the Better Payment Practice Code demonstrates. However the suggestion will be considered further.

Mr Smith asked if the underlying cash position could be included in future reports as it was a public document.

Resolved: The report was noted.

Underlying cash position to be included in future reports Action PBec

154/19

Quality Committee Assurance Report & 2 May 2019 Minutes

Professor Cooke presented an executive summary of the discussions at the Quality Committee meeting held on 7 August 2019. The approved minutes of the meeting held on 2 May 2019 were presented for information.

Professor Cooke explained that concerns have been escalated around staff vacancies and the links to quality and safety will be monitored. Further discussions on additions will take place at future meetings. Good assurance was received on the Child and Adolescent Mental Health (CAMHS) waiting lists and the CQC action plan. Different themes were seen through patient safety and workforce. The annual report for Safeguarding was approved by the Committee as there is no requirement for this to come to the Board.

The Chief Executive was pleased to see the really positive progress that is being made with clinical audit and thanked everyone involved with this work. The additions service review will give links into the geographical patch are positive. Dr Byrne explained that there has been recent media interest around inappropriate prescribing of opiates and the Chief Pharmacist will be reviewing the Trust's use of this type of medication within the principles and focus on improvement at a local level. The outcome of the review will go to the Drugs and Therapeutics Committee.

Mr McGowan said in terms of workforce Mrs Parkinson is looking at support given to staff and some of the data coming through and what support staff need to access the services. This work is predominantly through the Staff and Wellbeing group.

Resolved: The report and minutes were noted.

155/19

Mental Health Legislation Committee Assurance Report

An executive summary of discussions held at the meeting held on 8 August 2019 was presented by Mr Smith. It was a good meeting with the annual report being approved and the Liberty Protection Safeguards discussed. Concerns were raised around Section 136 and that focus is required on the Risk Register for the potential risks. Section 140 of the Mental Health Act is a duty for Clinical Commissioning Groups (CCGs) to tell the public which hospital they should go to. However this is not complied with in most of the country and there is insufficient pressure on CCGs to comply.

Dr Byrne explained that Section 136 is crucial for the Trust. The Crisis Care Concordat has improved working and is trying to gain an understanding of the Police perspective and vice versa. The impact of some drug issues is being seen in Hull are being seen in services. Improved quality of Section 136 suites gives assurance that demand can be managed in a safe way.

Resolved: The report and verbal updates were noted.

156/19

Finance and Investment Committee Assurance Report

Mr Patton presented the reports which covered discussions held at the meetings in July and August 2019.

Discussions were held around cyber security and Mr Patton has agreed to be the Non Executive lead for cyber security. The October meeting will be the half yearly review and Board members were invited to attend. The Health and Safety updates were reviewed with no issues or concerns highlighted. From the August meeting the good work done on gas and electricity supplies was noted.

Mr Beckwith explained that control totals are expected to be received this week. High level modelling has been done and the early indications that the pay award will not be covered by the national tariff uplift and this will be a cost pressure. A report will be prepared for the next Committee meeting when the control total has been received to review the efficiency target.

Professor Cooke was pleased to see that the Trust is the preferred provider for the East Riding Improving Access to Psychological Therapies (IAPT).

In relation to the pension issue, Mr Royles asked if there are implications for consultants or whether anyone has reduced their amount of PAs as a result. There is close working with the BMA and Local Negotiating Committee (LNC) taking place and Dr Byrne reported that so far it does not seem to have caused any issues, but the situation is being monitored. At the Medical Staff Committee, the Chief Executive explained that any anxieties are trying to be alleviated around this issue. A Pensions seminar has been planned for 14 October for staff who are affected.

Resolved: The report and verbal updates were noted. Mr Patton has agreed to be the Non Executive lead for cyber security.

157/19

Workforce and Organisational Development Committee Assurance Report

Reports were presented from the meeting held on 18 September 2019. The minutes of the meeting held on 24 July were presented for information. Mr Patton reported that there was a clear focus at the meeting on sickness and vacancies. The Board Assurance Framework (BAF) was discussed and a change suggested for strategic goal 4 moving the rating from yellow to amber. The Guardian of Safeworking Annual report was also reviewed which will be presented at the next Board meeting.

The Chief Executive explained that for sickness this will be included in the accountability reviews that are taking place. The Executive Directors will provide assurance to the Committee at its next meeting,

Resolved: The report was noted.

158/19

Audit Committee Assurance Report

Mr Baren presented the report which provided an executive summary of discussions held at the meeting held on 13 August 2019. He explained that the external auditors, Deloitte have resigned due to them providing services for the LHCRE project and no longer being able to provide an independent view to the organisation. The process is underway to appoint the new auditors, which is a Council of Governor appointment.

Scoring of risks on the Risk Register was discussed as there was some inconsistency. The Executive team were asked to review the risks and the scoring. The Information Governance annual report was received and approved subject to some minor

amendments requested. It was confirmed there is no statutory requirement for this to come to the Board. Significant improvement was seen with internal audit report actions following the process put into place by the Executives.

Resolved: The report was noted

159/19

Charitable Funds Committee Assurance Report and 10 July 2019 Minutes

Professor Cooke presented the assurance report from his first meeting as Committee Chair. He explained it was a good meeting and the introduction of an insight report had been helpful. An update on staffing of the team was provided by Mr Beckwith as there have been changes within the last few months. The Chief Executive has emphasised the need for sustainability within the Health Stars team for future recruitment.

For the benefit of Mr Royles it was clarified that the charity is a separate legal entity with a contract with HEY Smile Foundation. It operates under the Health Stars name and the Board are trustees.

It was noted that the Charitable Funds accounts will be submitted to the November Board to allow a meeting with 360 accountants to take place. A session on Health Stars will be arranged for the February 2020 part III meeting.

Change of Use of Existing Funds

The Trust Board is the corporate trustee of the Trust's charitable funds, (Working name; Health Stars). The Board delegates responsibility to the Charitable Funds Committee to fulfil its objectives of improving patient, carer and employee experience, across the Trust services and the communities in which it serves.

A proposal to amend the designation of the charitable funds that are held for Bridlington, Driffield, Withernsea, Hornsea and Beverley was made which will enable the funds to be maximised for the community in which they were originally donated was presented to the Charitable Funds Committee. Legal advice has been provided by Rollits and has been followed.

The Chair pointed out some amendments that needed making to the declaration in relation to Trust name, date and the approving Board. With these amendments the Board approved the recommendation to change the use of existing charitable funds.

Resolved: The assurance report and minutes were noted.

Subject to changes to the declaration, the Board approved the recommendation to change the use of existing charitable funds.

160/19

Child and Adolescent Mental Health Services (CAMHS) Waiting List Update

The report provided an update on progress with waiting lists associated with all CAMHS pathways in Hull and East Riding. The report identified key issues around;

- Different rates of referrals and service changes which have impacted on waiting times.
- The challenges and opportunities presented by significant increases in the workforce.
- Waiting times across all pathways but in particular autism and attention deficit hyperactivity disorder.
- How waiting lists are currently managed and further improvements that are being made to this process.
- The opportunities to provide more CAMHS services across both localities and

make improved use of the specialist workforce required.

Mrs Parkinson explained that having waiting lists in these areas was not satisfactory however it replicated the national picture for CAMHS, Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD). The clock does not stop on waiting times until a diagnosis has been reached. There is some demand for core CAMHS services and increased capacity has been put into the system which appears to be having an impact. For Autism and ADHD, a wider system approach through the Sustainability Transformation Programme (STP) is being looked at.

Mr Patton noted there were two systems of support for Headstart and asked what the solution is to avoid the confusion. Mrs Parkinson explained that the fragmented commissioning is the issue particularly in Hull and redesign work is taking place to bring this element of the service through. Operational changes have already been made. In terms of the five recommendations, it was reported that principally these are all in place.

The Chair said this was a useful report and it will be helpful when the trajectories and narrative are reviewed that are included in the performance report.

Resolved: The report was noted

161/19 **Patient & Carer Experience Annual Report**

The report was presented for ratification to the Trust Board by Mrs Dawley, Head of Patient & Carer Experience & Engagement. Details included:-

- Delivery of the first year's milestones within the Patient and Carer Experience Strategy 2018-2023.
- Two new Patient and Carer Experience forums commenced in Whitby & District and Scarborough & Ryedale.
- A Friends and Family Test (FFT) Live Data Dashboard was launched in April 2018 where all staff can view the results of FFT surveys in real time.

Mrs Dawley reported that patient carer experience forums have been introduced in all three areas of the Trust, Hull and East Riding, Whitby and district and Malton and Scarborough. The forums are getting good patient representation. Two patients have enrolled on the Quality Service Improvement and Redesign (QSIR) College programme and staff champions is going well in Hull and east Riding.

Mrs Gledhill felt this was an excellent report which demonstrated the breadth of the work being undertaken. She asked if links have been made into the CAMHS in patient team and was informed that this has been taken forward with the development of a Friends and Family survey and interest in identifying a staff champion expressed.

Dr Byrne highlighted that there is a five year strategy, but this cannot change the culture and there is a challenge with engaging some teams. The Chief Executive thanked Mrs Dawley and the team for all their work and suggested if there are any challenges with teams these should be escalated to EMT.

The Chair thought this was an excellent report with clear links to the strategic goals and demonstrated improvements by care groups.

Resolved: The report was ratified by the Board

162/19 **Healthwatch Key Themes from Annual Reports**

An overview of the key themes presented from the six Healthwatch annual reports 2018-19 in our geographical area was presented to the Board. Dr Byrne drew the Board's attention to the homelessness section as something which could be taken forward with GP surgeries.

Mrs Parkinson reported that a bid for monies by Hull CCG has been successful so there is funding available for physical and mental health. The Chief Executive had raised that there was no reference to mental health only physical health previously and has asked that before the money is allocated this is considered.

Resolved: The report was noted

163/19 **Friends and Family Test (FFT) Update**

The report provided an update on the NHS England and NHS Improvement guidance "*Using the Friends and Family Test to Improve Patient Experience*" published in September 2019. The new guidance will replace all previous implementation guidance for the patient focused Friends and Family Test (FFT) and will include a new standard question for all settings: "Overall, how was your experience of our service?".

Changes will come into effect from 1st April 2020. A FFT working group including patients, service users, carers and staff is being established to co-produce the Trust's new FFT survey form, systems and processes in line with the new published guidance. The survey forms will be reviewed so there are only two, one of which will be in accessible format. Professor Cooke asked if language could be considered when producing the accessibility form. The first workshop is scheduled for October 2019.

Resolved: The Board noted the report

164/19 **Infection Prevention Control Annual Report 2018/19**

The annual report for 2018/19 was presented to the Board by Mrs Gledhill following approval by the Quality Committee. Highlights of the report included:-

- Overall incidence of Healthcare Associated Infection remains low with annually agreed contractual thresholds for Clostridium difficile, MRSA and E.coli and MRSA bacteraemia cases achieved. Both cases of C. difficile have been peer reviewed and were determined to be unavoidable
- The contractually agreed MRSA screening compliance target of 95% for Hull and East Riding has been achieved.
- The Trust determined Infection Prevention and Control Mandatory Training compliance target of 85% has been achieved in all areas including Scarborough and Ryedale.
- The Water Safety Group (WSG) continues to take steps to improve water safety and governance. Despite all actions taken Legionella colonisation within Peeler House and Ouse Unit has remained a challenge.
- An overall improvement has been noted in the environmental audit results achieved in the inpatient units.

Mr Baren commented on the increased uptake of the flu vaccination asking if the campaign for this year will be starting soon. Mr McGowan hopes for a further increase in uptake this year and an increase in peer vaccinators. Dr Byrne felt the reward initiative had worked well and an increased communications campaign would help with this.

The Chair liked the format of the report which linked to the strategic goals and the inclusion of the patient and carer experience.

Resolved: The Board ratified the annual report.

165/19 **Board Assurance Framework**

The Quarter 2 2019/20 version of the Board Assurance Framework (BAF) was presented by Mr Sims who gave a resume of the changes detailed in the report, that had been made since the last update to the Board.

Resolved: The report was noted

166/19 **Risk Register**

The report provided an update of Trust-wide risk register (15+ risks) including the detail of any changes since the last report to the Board in July 2019. Eight risks are held on the Trust-wide Risk Register. Three risks previously held on the Trust-wide risk register have been reduced and removed from the Trust-wide risk register for local management within the relevant Care Group / Project Group. Mr Sims provided explanations for the changes to the Risk Register detailed in the report.

Professor Cooke thanked Mr Sims for his work on the document. He asked that for future reports when risks are de-escalated that their previous rating be included. Mr Baren asked about Brexit and whether there were any intentions to increase the risk score. This has been discussed at EMT and due to the mitigations in place it was felt that this should remain as a 12, but this will be monitored.

Resolved: The report was noted

167/19 **Any Other Business**

No other business was raised.

168/19 **Exclusion of Members of the Public from the Part II Meeting**

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

169/19 **Date and Time of Next Meeting**

Wednesday 30 October 2019, 9.30am in the Conference Room, Trust Headquarters

Signed Date
Chair

Trust Board Meeting – Public Meeting
Minutes of the Trust Board Meeting held on Wednesday 30 October 2019 in the
Conference Room, Trust Headquarters

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

In Attendance: Mrs Michelle Hughes, Interim Head of Corporate Affairs
Mrs Jenny Jones, Trust Secretary
Mr Adam Dennis, Communications Officer
Mrs Patti Boden, Senior Nurse
Mr Paul Lumsdon, Interim Deputy Chief Operating Officer
Mrs Claire Strawbridge, Strategy Manager (for item 181/19)
Dr Jennifer Kuehnle, Guardian of Safe Working (for item 183/19)
Ms Hannah Schofield, Care Quality Commission
3 Members of the public

Apologies: None

- 170/19 **Declarations of Interest**
Any further changes to declarations should be notified to the Trust Secretary. The Chair requested that if any other items on the agenda presented anyone with a potential conflict of interest, they declare their interests and remove themselves from the meeting for that item.
- 171/19 **Minutes of the Meeting held on 25 September 2019**
The minutes of the meeting held on 25 September 2019 were agreed as a correct record.
- 172/19 **Matters Arising and Actions Log**
The actions list was discussed and noted.
- 173/19 **Patient/Staff Story**
The Chief Executive informed the Board that since the patient story was produced, the Trust has been informed that Michael had passed away. The Board extended its thoughts and sympathies to Michael's family and held a period of silence as a mark of respect.
A video has been made around the Professional Strategy which is being launched next week and this was shared with the Board. Mrs Gledhill, Director

of Nursing explained that the video will be used as part of the launch. Professor Cooke, Non Executive Director, acknowledged the internal usage of the video, but felt it deserved external coverage which Mrs Gledhill is taking this forward. It will also focus in Board Talk.

174/19 **Chair's Report**

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

Nominations have closed for Governor elections for the seats in Hull, Wider Yorkshire and Humber and Staff. All nominations were unopposed and no election is needed. Congratulations were extended to the following candidates who have been elected and come into post on 1 February 2020:-

- Ian Graves, Hull Public
- Helena Spencer, Hull Public
- Tim Durkin, Public, Wider Yorkshire and Humber
- Craig Enderby, Staff Governor

It was reported to the Council of Governors meeting last week that Suzanne Milan, Hull Public Governor has resigned. This seat will remain vacant until the next elections.

The Chair has continued to meet with Governors and the Council meeting was held recently and has attended Health Expo which was a fantastic event with many stalls from the Trust

A meeting took place with the Chair of Hull University Teaching Trust where a Board to Board meeting was discussed along with meetings with local Chairs and stakeholders during the month.

Resolved: The verbal update was noted.

175/19 **Chief Executive's Report**

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

- Annual Members Meeting (AMM) – an update on the attendance analysis will be included in next month's report.
- Higher Training Places - the allocation of 2 extra higher training places from next August is excellent news for the organisation.
- Jane Hawkard, Accountable Officer for East Riding of Yorkshire Clinical Commissioning Group (CCG) is leaving at the end of the month. She will be replaced by Emma Latimer who is the Accountable Officer for Hull and North Lincolnshire and Goole CCGs.
- Slavery and Human Trafficking Policy Statement - the web statement in relation to slavery and human trafficking policy statement has been updated and was approved.
- East Riding Local Authority - Kevin Hall Director of Children's Services has retired and Eoin Rush has replaced Kevin in the role.

The Chief Executive reported that Hambleton, Richmondshire and Whitby CCG will be moving into the Humber Coast and Vale area which is a positive move. Stephen Eames is the Independent Chair and is moving to three sats a week.

The Integrated Care Services (ICS) Accelerator Programme has been launched and an update will, be provided at the next meeting.

The Chief Executive has written to Claire Murdoch about the Mental Health Investment Standards and the allocation of the £2.4 billion across the system. There is a clear steer from the Centre to see how the money has been spent given the trajectories and transformation in relation to mental health.

The Celebrating Mental Health National Conference is taking place on 15 November in The Lakeside Conference Centre, The National Agri-Food Campus, Sand Hutton, York YO41 1LZ with key note speakers Claire Murdoch and Paul Jenkins.

Mr Baren referred to the Care Quality Commission section of the Director of Nursing report included in the update, noting there were two open actions due for completion at the end of this month; he asked if there was any update on these. Mrs Hughes, Interim Head of Corporate Affairs responded that these were followed up at a recent Quality and Regulations Group meeting. Regulation 18 is about ensuring there are sufficient skills and competencies for staff and all sub actions have been delivered, the outstanding part is the licence which does not impact on the work that has been undertaken and continues. It is a technical issue with the licence and there is ~~enough~~ assurance in the system that this work has been progressed.

Regulation 17 is a similar situation in that there are a number of sub actions which have been completed. The outstanding sub action relates to additional training that continues to be made available to staff. Clinical staff know how to record care plans and risk assessments and this additional SystemOne training supports the actions already taken. In addition, YouTube videos have been produced to support this further and there is sufficient assurance in the system that this is being monitored and managed.

Mr Royles referred to the NHS Integrated Care Bill stating that the shift in the provider work collaboratively, through shared decision making and changes to contracts provides a lot of opportunity for the Trust. The Chief Executive said this is the intention around procurement initially and there is a natural move away from this way to working more across the areas with not as much competition and the legislation will help.

Mr Patton asked when the Child and Adolescent Mental Health Services (CAMHS) unit will open. The Chief Executive said the date has slipped to 29 November due to a supply issue for the doors. It is likely that it will not be open to admissions until the new year. However staff remain motivated and are working across the patch to keep updated.

Mr Patton congratulated the Medical Directorate team on the recent success of the Clinical Excellence and Innovation conference held. Professor Cooke felt that the insight of one of the key note speakers into models and collaboration with the Police was worthy of further understanding due to some local difficulties. Mrs Parkinson, Chief Operating Officer explained that work is underway to take this forward and the Chief Executive has met with the Assistant Chief Constable to agree a way forward.

Professor Cooke referred to the recent sad media news about trafficking asking

if this could potentially be an occurrence in Hull as a large port city. The Chief Executive acknowledged that there was always potential for this to happen and has held discussions with the Chief Constable and the Chief Fire Officer recently as Hull is a container port. She was quite reassured that the services are working together and the statement contained in the report for approval was shared with them.

Reference was made to the terminology being used for the Improving the Health and Wellbeing for people with multiple learning disabilities. Professor Cooke suggested this may need to be reviewed.

Resolved: The report, verbal updates and ratified policies were noted. The Board approved the Slavery and Human Trafficking Policy Statement

176/19 **Publications and Highlights Report**

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

Professor Cooke noted the significant change to reporting of patient safety data from 42 days to 6 days which was an achievement for the Trust.

Mr Royles suggested that the role and remuneration of Chairs and Non Executive Directors report raised questions about the Foundation Trust model and the direction of travel.

Resolved: The report was noted

177/19 **Performance Report**

Mr Beckwith, Director of Finance, presented the report which showed the majority of indicators are within normal variation, the exceptions being waiting times and cash in bank for which a detailed narrative has been provided in the body of the report. The Trust remains segmented under the Single Oversight Framework within segment 2, 'targeted support in relation to finance and use of resources', which is consistent with the Trust's approved Financial Plan.

Mr Beckwith reported that on page 26 there was an error in the figures for Delays for Mental Health which were recorded as being 164 instead of 156, but this did not affect the overall percentage.

Mr Patton asked about mandatory training and the impact of the new pay progression policy. Mr McGowan, Director of Workforce and Organisational Development explained that the policy only applies to new people joining the organisation at present. The Electronic Staff Record (ESR) system has been developed to allow staff to record their training with communications sent out and a process is in place to make this happen. A reminder will also be sent in the new year.

The number of nil response rates for clinical supervision was highlighted by Mr Patton. He was informed that the relevant teams have been alerted even though this data was from previous months. In terms of fill rates, it was explained that teams are using the validating tools, but there is still a level of sickness and vacancies. An area of concern for Mrs Gledhill is Malton Hospital where there are three Registered Nurse vacancies. The team has made every effort to recruit, but has struggled. Whitby is in a better position and is now fully

established and there has also been improvement at the Humber Centre. A piece of work has been commissioned around staffing which the Senior Nurse, Mrs Patti Boden is undertaking. The Chief Executive acknowledged the issues raised and looks at the triangulation between occupied bed days, serious incidence and violence and aggression which gives an indication of issues. She recognised that the organisation needs to take hold of the sickness rates and a summit is planned on 4 November to look at workforce issues including recruitment and sickness to try to identify ways to remedy the situation.

Mr Baren commented on the occupied bed days percentages some of which were 100%, but were still green. Mr Beckwith explained the threshold for the specialist beds was 95-100% which is based on the commissioned level of bed occupancy.

Professor Cooke mentioned the narrative on the death and mortality dashboard and felt it needed putting more into context. He also commented on waiting times noting that some of these were not just about young people with the trajectories needing to be kept to particularly for continuing care in Hull.

Dr Byrne explained that the mortality dashboard is in line with NHS England requirements. Every death is reviewed by the safety huddle and by the Clinical Risk Management Group weekly. In terms of the increase in numbers since the last meeting, he explained that this was due to a new service being taken on which historically had not reported appropriately. Dr Byrne is happy to bring something back to the Board about the policy if required.

In terms of workforce Professor Cooke felt that sampling of sickness absence would be useful given the changes to ESR reporting to give assurance that it is working. He also noted the reduction in the appraisal rate since the last month. The Chief Executive felt that there is some progress being made with sickness absence, but long term sickness remains an issue. Appraisals are due in the new year under the new policy and monitoring will take place during the specific period identified. Discussions have also taken place at both the Executive Management Team (EMT) and the Senior Leadership meeting. There is a national, regional and local issue with workforce and ways of working differently using the staff we have are needed. Groups will be set up to look at this and the output fed back to the Workforce and Organisational Development Committee.

Mrs Parkinson provided an update on waiting times for the Board. She explained that there is a focus on all waiting times not just those over 52 weeks. Child and Adolescent Mental Health Services (CAMHS) continues to have the biggest proportion of longer waits. Mitigating actions are in place and there has been some additional further investment across all of the services to address the waiting times. Hull recently had the SEND revisit and early verbal feedback is that progress has been made with the Speech and Language Therapy, Autism and Attention Deficit Hyperactivity Disorder (ADHD), although there is still further work to do. Improvement has started to be seen due to the additional measures that have been put in place at the point of contact to triage to other services.

The Trust started to provide continuing health care services in April 2019 and a quality evaluation has been completed which identified that more people than was originally thought are on the list. This work is planned to complete by the end of the month and there is the expectation that a lot of these cases will be closed on the system.

Mr Patton asked about referral to treatment figures which appeared to continue to deteriorate and he asked about plans to resolve this. Mrs Parkinson said there is a specialist plan in place to address this, but some of the issue is due to the long waiting times.

The Chair, as a general comment, felt the narrative needed to be carefully reviewed as some said there was slight improvement when the graphs suggested otherwise.

Mr Smith recognised the reduction in the time for recruiting to take place and the increase in vacancies and he queried about any preparatory work that is done. Mr McGowan acknowledged the increase some of which is from contracts that have been won and the team is trying to be as prepared as possible for planned work. He acknowledged that the improvement in recruitment times is positive and he thanked the team for their efforts in achieving this.

Mr Baren referred to the under 18 admissions to adult wards figure which had increased. He asked if there is any more assurance that could be given as to how long they were on units and what ages they were. Mrs Parkinson did not have the details to hand and will provide them outside of the meeting. She acknowledged there has been a big increase in recent months contributed to by the breakdown of Looked After Children (LAC) placements predominantly in the East Riding and the Trust is working with the local authority to prevent future admissions.

Resolved: The report and verbal updates were noted
Details of under 18 admissions to adult units to be shared with Mr Baren Action LP

178/19 **Finance Report**

The financial position for the Trust as at the 30th September 2019 (Month 6) was presented by Mr Beckwith He reported:-

- An operational surplus position of £0.118m was recorded to the 30th September 2019.
- Expenditure for clinical services was lower than budgeted by £0.885m.
- Expenditure for Corporate Services was £0.833m lower than budget.
- A BRS Risk Provision of £2.150m was included in the reported position.
- Cash balance at the end of September 2019 was £14.335m (Underlying Government Banking Service Cash position was £11.623m)
- Capital Spend as at the end of September was £4.560m.

It was noted that income is behind budget for the reported month. Mr Beckwith explained that this was in relation to the specialist commissioning contract set out at last year's contract value which was still under negotiation which had not concluded.

Resolved: The report was noted.

179/19 **Quality Committee Assurance Report & 7 August 2019 Minutes**

The report provided an executive summary of discussions held at the meeting on 9 October 2019 with a summary of key issues for the Board to note. The approved minutes of the meeting held on 7 August 2019 were presented for

information.

Professor Cooke reported that discussions took place about the patient safety in line with the national strategy and improving responses to the Friends and Family Test. The Committee also discussed and discouraged the opening of the CAMHS unit over the Christmas period.

Resolved: The report and minutes were noted.

180/19

Finance and Investment Committee Assurance Report

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

- month six performance and focus on key areas including the Primary Care recovery plan.
- forecast delivery of the NHSI control total at yearend.
- assurance received on the Digital Delivery plan, the quarterly update of the Estates strategy and comments on the Strategic objectives refresh.

An update on the NHSI/NHS England financial position was received by the Committee and a discussion on the primary care recovery and assurance provided around the governance processes.

A long debate was held at the meeting around the strategic objectives and the measurability of them. It was also suggested there should be one overarching strategy with plans to support it.

Mr Smith felt there was a substantial amount of detail in the report and it was difficult to identify what was important. He will discuss outside the meeting with Mr Patton. The Chair found the report useful and insightful and thanked Mr Patton for his prompt turnaround to meet the report timelines.

Resolved: The report and verbal updates were noted.

181/19

Our Strategic Objectives: Refreshed for 2019 – 2022

The Chair welcomed Claire Strawbridge, Strategy Manager to the meeting. The Chief Executive explained that this document is around the strategic direction for the organisation and has been co-produced with staff and key stakeholders. It was emphasised that this document did not influence any discussions that will take place in the part III meeting. It is a specific transactional piece of work to help and enable the strategic objectives going forward. Mr Beckwith thanked Ms Strawbridge for all her work on the report. He explained that the next step is for a defined set of measures to be identified that can be reported on quarterly through the performance report.

Mr McGowan asked how it would be known that the objective has been achieved, particularly around strategic goal 4 as there are not enough measures and how it would link it into the Proud programme. Mr Beckwith explained that staff would find it more difficult if it was too transactional and in his opinion it was about the publicising of it and what is being done to improve staff engagement. This is a piece of work for the Executive Directors to undertake to look at how this work is presented back to the Board.

Professor Cooke referred to the strategy booklet that was reissued in 2018 asking what is going to be different in a refreshed version as he felt there should be inclusion of some Sustainable Transformation Partnership (STP) assumptions. The Chief Executive explained that the booklet is used for staff and stakeholders and caution should be exercised around STP assumptions. Feedback from staff has been positive about the booklet. Professor Cooke acknowledged that the system is changing and although difficult to call at this time, he felt a forward view was needed. Dr Byrne also liked the booklet and felt that if elements of it are delivered, the staff survey for next year will give a measure of whether we are getting it right or not. Professor Cooke said his thinking was more from a Board perspective and what elements of the strategy are not fitting in.

Mrs Gledhill reported that the patient safety strategy has recently been approved and she suggested that recognition of the Professional Strategy be included in goal 4. It was agreed this would be added to the final version.

The Chair referred to the front page of the document asking if the health and social care reference is accurate. Following discussion it was agreed to change this to read “excellent services”.

Resolved: The report was noted. Subject to the addition of the Professional Strategy in goal 4 and amendment to the front page of the document to “Caring, learning and growing to deliver excellent services”, the strategy refresh was approved.

182/19

Emergency Preparedness Resilience and Response (EPRR) Assurance Process 2019-20

NHS Trusts are required to undertake an annual self-assessment against the Emergency Preparedness, Resilience and Response (EPRR) core standards, as set out in the NHS England and NHS Improvement Core Standards Matrix. Failure to meet the NHSE/I deadline for the assurance process would risk being categorised as non-compliant against the core standards for EPRR.

The Chair recalled that there had been a previous discussion about the inclusion of reference to Mr Smith, the Non Executive Director lead for emergency planning in the report. Mr Smith confirmed that although not mentioned, he has been fully consulted and involved in the work. Mr Baren noted that the report had not been through any Committees and suggested that it could come through the Audit Committee next year which was supported by the Chair.

The Chair asked where the statement of compliance will be monitored. Mrs Parkinson reported that it will be done internally through the EPRR group which reports into the Operational Delivery Group and into the Executive Management Team.

Resolved: The compliance statement and assessment was approved by the Board.
Future reports to be submitted to the Audit Committee prior to the Board. The Committee workplan will be updated to reflect the inclusion of EPRR report
Action LP

183/19

Guardian of Safe Working Annual Report

Dr Jennifer Kuehnle, Guardian of Safe Working presented the annual report to the Board. She explained that the report has been discussed at the Workforce and Organisational Development Committee. Last year there were 150 exceptions reports from Junior Doctors on the rota. A monitoring exercise was undertaken and as a result the rota hours have been altered and the work schedule changed. There are early indications that this has been successful as in the last two months only two exception reports have been received. Subtle changes that have been made appear to be having an impact. The Trust has received no fines in the last year for any breaches.

Mr Smith thanked Dr Kuehnle for the report acknowledging the style and content of the report. He felt that the changes made were having an impact and would be appealing for recruitment and congratulated her on this achievement.

Professor Cooke asked about the fill rates and reputation with junior doctors in coming to work for the organisation. Dr Kuehnle said that as an area it is a struggle, but the Trust is the same as the national average. Dr Kuehnle said it was about encouraging people to join the Trust and explained that she came as a graduate of the Hull York Medical School and never left!

The Chief Executive thanked Dr Kuehnle for the report and also Dr Byrne and Dr Stella Morris for their work on medical education. She felt that this should be publicised as the report is helpful and shows that junior doctors are supported in the organisation.

The Chair liked the format of the report especially the reminder about the role of the Guardian. The report referred to the Board receiving quarterly and annual updates, but at the moment quarterly reports are submitted to the Workforce and Organisational Development Committee. The Chair asked Dr Byrne to clarify in a post meeting note whether this arrangement fulfilled the requirements of Health Education England (HEE).

**Resolved: The report was noted
Dr Byrne to clarify in the actions log whether this arrangement fulfilled the
requirements of Health Education England (HEE). Action JB**

184/19

Any Other Business

No other business was raised.

185/19

Exclusion of Members of the Public from the Part II Meeting

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

186/19

Date and Time of Next Meeting

Wednesday 27 November 2019, 9.30am in the Conference Room, Trust Headquarters

Signed Date
Chair

Agenda Item 9

Title & Date of Meeting:	Council of Governors Public Meeting – 16 January 2020			
Title of Report:	Annual Declarations 2019/20			
Author/s:	Name: Peter Beckwith Title: Director of Finance			
Recommendation:	To approve	✓	To receive & note	
	For information		To ratify	
Purpose of Paper:	To provide the Council of Governors with a summary of the annual declarations that are required to be made by the Trust, evidence of how the Trust meets these declarations and to ensure that the views of Governors have been taken into consideration.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Appointments, Terms & Conditions Committee		Engaging with Members	
	Finance, Audit, Strategy and Quality Governor Group			
	Trust Board	27.11.19		
		Other (please detail)		
Key Issues within the report:	<p>The Trust is required to make annual declarations after the financial year end. Details of declaration and comments/evidence are included within the report.</p> <p>The Council of Governors are asked to discuss and approve the following annual declarations, based on the evidence included in this report being submitted to the Board in May:</p> <ul style="list-style-type: none"> • 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 <p>That 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.</p>			

Monitoring and assurance framework summary:

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

✓ Tick those that apply

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



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

Council of Governors (January 2020)

Annual Declarations 2019/20

1. Introduction and Purpose

This purpose of this paper is to provide the Council of Governors with a summary of the annual declarations that are required to be made by the Trust alongside evidence/comments of how the Trust meets these declarations.

3. NHS Licence Conditions

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.

The Trust is required to make the following two 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.

In terms of commissioner requested services the Trust has not previously made this declaration however

- The CAMHS Tier 4 Contract will require this declaration to be made, and
- There has been a request from Hull and East Riding CCG for services to be included in the contract this is currently going through the contract governance process.

3.1 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 previous update to the Trust Board in September 2017 highlighted the evidence available to support the above declarations. At the meeting a request was made by the Chairman for a review of the Trust Licence to ensure the criteria is met and whether any breaches have occurred.

The Trust Licence (No 130053 – Issued 1st 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.

3.2 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 discussions.

3.3 Condition CoS7

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

4. 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 requires the Trust to ensure 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
- Governor Development Workshop/Sessions
- Council of Governor Meetings

5. Next Steps

The deadline for annual declarations has yet to be published, it is likely that the following dates will apply:

- Condition G6/CosS7 31st May 2020
- Condition FT4 and Training of Governors 30th June 2020

A final paper will be presented to the Trust Board in May alongside the annual report and accounts taking on board the views from the Council of Governors.

6. Recommendation

The Council of Governors are asked to discuss and endorse the following annual 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
- That 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.

Appendix A

Licence Conditions:

Condition	Explanation	Comments
General licence conditions (G)		
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"> • The Trust complies with any Monitor/NHS Improvement requests for information and complies with the reporting requirements as set out in the Single Oversight Framework. • The Trust has robust data collection and validation processes. • Accurate, complete and timely information is produced and submitted to third parties to meet specific requirements. • The Trust makes monthly submissions to NHS Improvement
G2. Publication of information	Obligation to publish such information as NHS Improvement/Monitor may require.	<ul style="list-style-type: none"> • The Trust Board of Directors meets in public. • Agendas, minutes and papers are published on the Trust's website. • Monthly board meetings include updates on operational performance quality and finance. • The Trust's website contains a variety of information and referral point information should the public require further information. • Published Quality Accounts and Annual Report. • The Trust responds to Freedom of Information requests • The Board Assurance Framework and Trust Wide Risk Register are reported to the board quarterly. • The Council of Governors receives regular communication about the work of the Trust. • The Trust complies with its obligations under Duty of Candour.
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"> • There are currently no plans to charge a fee to Licence holders. • The Trust's financial systems enable it to comply with this requirement in the future.
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"> • Governors and Members of the Board of Directors are required to make an annual declarations to ensure that they continue to meet the Fit and Proper Persons Test.
G5. NHS Improvement/Monitor guidance	Requires licensees to have regard to NHS Improvement/Monitor guidance.	<ul style="list-style-type: none"> • The Trust responds to guidance issued by NHS Improvement/Monitor. • Submissions and information provided to NHS Improvement/Monitor are approved through relevant and appropriate authorisation processes. • The Trust has regard to Monitor guidance and submits self-certifications as required by Monitor



Condition	Explanation	Comments
G6. Systems for compliance with licence conditions and related obligations	Requires providers to take reasonable precautions against risk of failure to comply with the licence.	<ul style="list-style-type: none"> The Trust's Internal Auditors considered Governance arrangements (Board & Committee Effectiveness) as part of the 2018/19 internal audit programme, providing 'good' assurance. 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. Annual Governance Statement Annual Head of Internal Audit Opinion provides 'Good' Assurance <p>* This is a declaration on behalf of the Trust as part of the annual submissions</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"> The Trust is registered with the Care Quality Commission (CQC). The Trust's last CQC inspection was in 2019 and assessed the Trust as 'Good' The Quality Committee has reviewed all evidence to support submissions made to the CQC The Trust Board and Quality Committee has oversight of CQC Action Plans
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"> Details of Services the Trust provides are published on the Trust's website Patients referred to the Trust are not selected on any eligibility grounds. Eligibility is defined through commissioner contracts and patient choice Treatment decisions are made on clinical grounds and treatment options (risks and benefit) are discussed with the patient through the consent to treatment process.
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"> CRS are defined in the Trusts contracts with Clinical Commissioning Groups The Trust makes a declaration under CoS7
Pricing conditions (P)		
P1. Recording of information	Obligation of licensees to record information, particularly about costs.	<ul style="list-style-type: none"> The Trust has well established systems for coding, collection, retention and analysis of activity and cost information.
P2. Provision of information	Obligation to submit the above to NHS Improvement/Monitor.	<ul style="list-style-type: none"> The Trust responds to guidance and requests from NHS Improvement/Monitor.
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"> The Finance and Investment Committee have signed off the process in relation to National Cost Collection (April 2019).

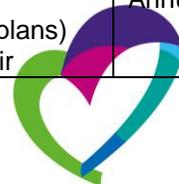
Condition	Explanation	Comments
P4. Compliance with the national tariff	Obliges licensees to charge for NHS health care services in line with national tariff.	<ul style="list-style-type: none"> All Trust contracts are agreed annually and are in line with the national tariff where applicable. The Trust continues to work with its commissioners on the requirement to develop a local tariff within the terms of national guidance.
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"> 2019/20 contracts with the commissioners have been agreed with local CCGs and with NHS England. The Trust has positive working relationships with commissioners. The Trust adopted a new collaborative commissioning approach to contracting in 2018/19
Choice and competition (C)		
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"> The Trust has in place a service directory setting out the services available. Commissioners monitor the Trust's compliance with the legal right of choice as part of contract monitoring in line with NHS Standard Contract requirements.
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"> 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.
Integrated care condition (IC)		
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"> The Trust actively works with its partners, through formal and informal mechanisms to foster and enable integrated care, including lead provider arrangements where appropriate. A number of services provided are done so through partnership working with other local stakeholders.
Continuity of service (CoS)		
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"> The Current Contracts with commissioners requires agreement with commissioners on the ways CRS services are provided.

Condition	Explanation	Comments
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"> • The Trust maintains a full capital asset register.
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"> • The Trust has Standing Orders, Standing Financial Instructions and a Scheme of Delegation in place, refreshed November 2019. • The Board of Directors receives monthly performance reports aligned to the Trust Strategic Goals. • The Trust has a Board Assurance Framework and Risk Register • The Trust's Internal Auditors review risk management processes as part of the strategic audit plan. • The Trust has agreed not to undertake a Well Led Review following the CQC rating of 'Good' for Well Led
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"> • The Trust does not operate and is not governed by an Ultimate Controller arrangement so this License Condition does not apply.
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"> • The Trust currently contributes to the NHS Litigation Authority (NHS Protect) risk pool for clinical negligence and public liability schemes.
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"> • The Trust has not received any such notices from regulators • The Trust would full comply with this condition if required.
CoS7. Availability of resources*	Requires licenses to act in a way that secures resources to operate commissioner requested services (CRS).	<ul style="list-style-type: none"> • The Trust has an approved operational plan • The Trust's Financial Use of Resource score is currently 3, consistent with its approved NHSI Plan • The Trust has approved its annual accounts on a going concern basis • The Trust has an underlying bank balance of circa £12m <p>* This is a declaration on behalf of the Trust as part of the annual submissions</p>

Condition	Explanation	Comments
Foundation Trust conditions (FT)		
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"> • The Trust has provided NHS Improvement with a copy of its NHS Foundation Trust Constitution • The Trust has provided NHS Improvement a copy of its Annual Report and Accounts.
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"> • If NHS Improvement required fees to be paid by the Trust, the Trust would comply with this condition.
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"> • The Trust would comply with this as required through the provision of any requested information.
FT4. NHS Foundation Trust governance arrangements	Gives NHS Improvement/Monitor continued oversight of the governance of foundation trusts.	* <i>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.</i>

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 – November 2019 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 and Use of Resources Score
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 now embedded Workforce Committee now established Finance and Investment Committee amalgamated 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.
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; (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	External Audit Opinion on VFM (ISA260) Going Concern review Annual Governance Statement All Statutory requirements met Delivered Financial Position in 2018/19 Use of Resource Score of 3 Trust agreed to its control total for 2019/20 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 Fire and Health and Safety presented to Trust Board Annual Accounts Annual Quality Report



	Statement	Sources of Evidence and Assurance
	<p>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"> • Performance Report • Finance • Chief Executive Update including <ul style="list-style-type: none"> ○ Nursing Update ○ Operations Update ○ Medical Update ○ HR Update <p>Refreshed Trust Strategic Objectives Patient Stories reported to Board Programme of Exec Visits Governor Visits Friends and Family Test CQC Action Plan/Improvement Plan Midday Mail/Midweek Global EMT New Headlines Board Talk 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 Board Secretary maintains declarations of interest register Staffing Figures reported to the board regularly. Trust Workforce Strategy Workforce included in Service Plans The Trust has established a Workforce Committee</p>

	Statement	Sources of Evidence and Assurance

Agenda Item 10

Title & Date of Meeting:	Council of Governors Public Meeting – 16 January 2020			
Title of Report:	Performance Report - Month 8 (November)			
Author/s:	Name: Peter Beckwith Title: Director of Finance			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	<p>The purpose of this report is to inform the Council of Governors on the current levels of performance as at the end of November 2019.</p> <p>The report is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits presented in graphical format.</p>			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Appointments, Terms & Conditions Committee		Engaging with Members	
	Finance, Audit, Strategy and Quality Governor Group			
	Trust Board	Dec 2019		
			Other (please detail)	
Key Issues within the report:	<p>Exception reporting and commentary is provided for each of the reported indicators:</p> <p>The majority of indicators are within normal variation, the exceptions being clinical supervision (positive performance) waiting times and PADR for which narrative has been provided in the body of the report.</p> <p>The Trust remains segmented under the Single Oversight Framework within segment 2, 'targeted support in relation to finance and use of resources', which is consistent with the Trusts approved Financial Plan.</p>			

Monitoring and assurance framework summary:

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



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



Financial Year
2019-20

INTEGRATED BOARD REPORT

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

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



Reporting Month:
Nov-19

Caring, Learning and Growing

Chief Executive: Michele Moran
Prepared by: Business Intelligence Team



Humber Teaching NHS Foundation Trust

Integrated Board Report

For the period ending: **Nov 2019**

Purpose	This paper provides a summary on the progress being made against a basket of NHS performance indicators together with executive summary and underpin the Trust's Strategy 2017-2022. A sample of the strategic goals are represented in this report. Particular attention is drawn to the new format and the use of Statistical Process Control (SPC) in the following charts. SPC charts contain upper and lower control limits which are based on 2 standard deviation points above and below the 2 yearly average.		
What are SPCs?	<p>Statistical process control (SPC) charts can help us understand the scale of any problem, gather information and identify possible causes when used in conjunction with other investigative tools such as process mapping. SPC tells us about the variation that exists in the systems that we are looking to improve:</p> <p>S – statistical, because we use some statistical concepts to help us understand processes. P – process, because we deliver our work through processes ie how we do things. C – control, by this we mean predictable.</p> <p>SPC should be used to help to get a baseline and evaluate how we are currently operating. SPC will also help us to assess whether service changes have made a sustainable difference. They give an indication as to whether there is relatively stable variation over time or whether there are special causes creating exceptional variance. This is done by analysing the chart looking at how the values fall around the average and between or outside the control limits. The average and control limits do not indicate whether the indicator is achieving the target that has been set, but they allow us to better understand how stable the performance is and whether or not it is changing.</p>		
Strategic Goal 1	Innovating Quality and Patient Safety	Strategic Goal 4	Developing an effective and empowered workforce
Strategic Goal 2	Enhancing prevention, wellbeing and recovery	Strategic Goal 5	Maximising an efficient and sustainable organisation
Strategic Goal 3	Fostering integration, partnership and alliances	Strategic Goal 6	Promoting people, communities and social values
Key Indicators	The following is a list of indicators highlighted within this report and the Goal to which they are set against. Other than the Safer Staffing dashboard, each indicator uses SPC charts		
Dashboard	Safer Staffing	A dashboard to provide overview on a number of clinical indicators for the Trust's inpatient units across all services	
Dashboard	Mortality	Learning from Mortality Reviews	
Goal 1	Incidents	Total number of incidents reported on Datix	
Goal 1	Mandatory Training	A percentage compliance for all mandatory and statutory courses	
Goal 1	Vacancies	Variance between the budget (funded) establishment and actual staff in post. Note that not all vacancies are funded	
Goal 1	Clinical Supervision	Percentage of staff with appropriate clinical supervision taken place within the last 4-6 weeks	
Goal 1	FFT - Patient Recommendation	Results where patients would recommend the Trust's services to their family and friends	
Goal 2	FFT - Patient Involvement	Results where patients felt they were involved in their care	
Goal 2	CPA - 7 day follow ups	Percentage of patients who were on CPA and had a follow up within seven days of discharge from hospital	
Goal 2	CPA - Reviews	Percentage of patients who are on CPA and have had a review in the last 12 months	

Humber Teaching NHS Foundation Trust

Integrated Board Report

For the period ending: **Nov 2019**

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

PI RETURN FORM 2019-20

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Nov 2019**

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

Narrative

Above Target

Target: 85%
Amber: 75%

Current month stands at 87.7%



Exception Reporting and Operational Commentary

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

Business Intelligence

There are 18 individual courses monitored in the IQPT dashboards. There are seven courses below target (IG 91.8%, MAPA 84.8%, ILS 75.5%, POVA 77.5%, MHA 76.4%, PATS 70.4% and BLS 70.3%).

PI RETURN FORM 2019-20

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Nov 2019**

Indicator Title

Description/Rationale

Vacancies (WTE)

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

Executive Lead
Steve McGowan

KPI Type

WL 2 VAC

Narrative

within control limits

Target: TBC
Amber: TBC
Current month stands at 374.3



Exception Reporting and Operational Commentary

The largest number and percentage of vacancies is for qualified nursing (123.9 WTE vacancies, 15% of establishment). Care Divisions are formulating plans to address vacancies. Vacancies across the Trust are 13.3% of the funded staffing establishment.

Breakdown of Vacancies per Division

Vacancies as @ 30/11/19 - Total 374.3 WTE (13%)

Vacancy Rates per Division	WTE	%
Mental Health Planned Care	48.5	12.4%
Mental Health Unplanned Care	73.3	14.6%
338 Secure Services	31.2	13.8%
338 Childrens and Learning Disability	86.9	13.9%
338 Community and Primary Care	66.3	12.3%
338 Corporate Services	68.1	13.0%

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

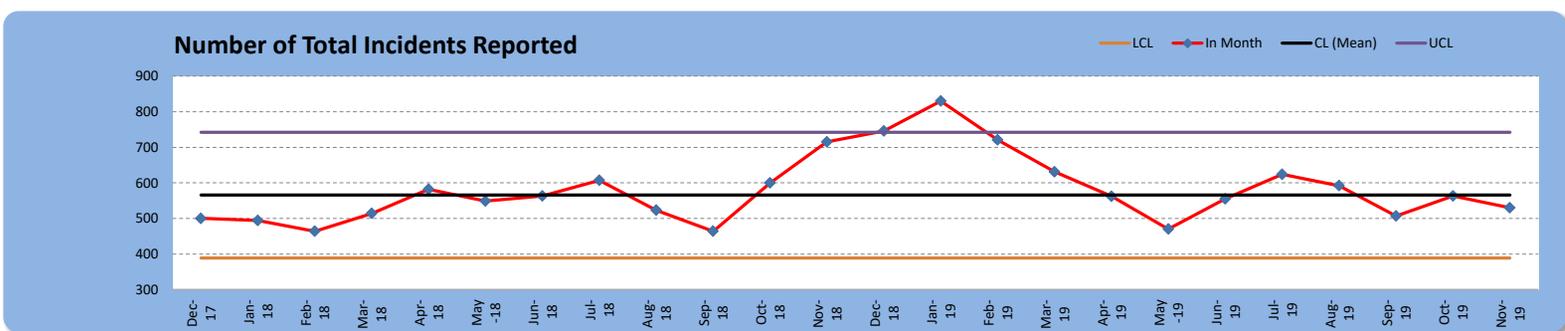
PI RETURN FORM 2019-20

Goal 1 : Innovating Quality and Patient Safety

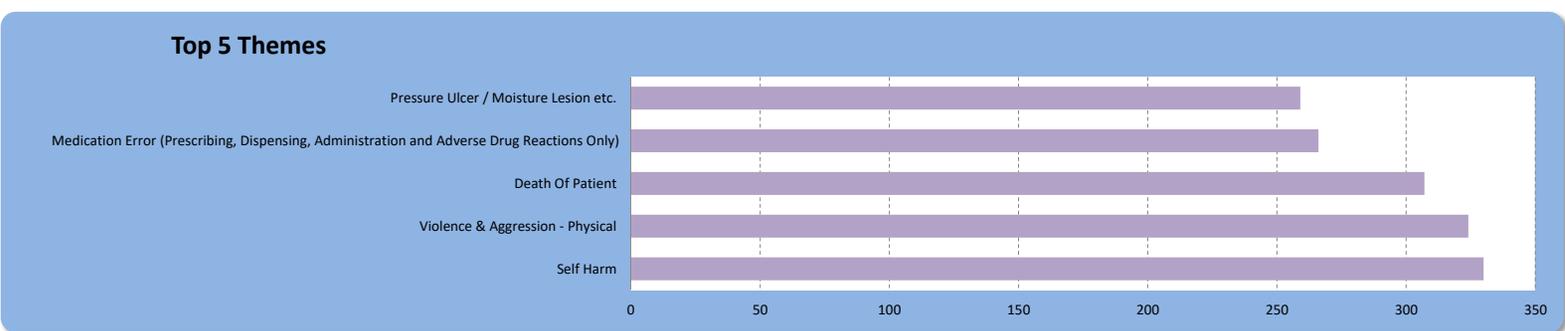
For the period ending: **Nov 2019**

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

Narrative	
Within Control Limits	
UCL:	743
LCL:	389
Current month stands at	530



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



Exception Reporting and Operational Commentary

Incident reporting rates in October across the Trust increased slightly compared to the previous month to just below the mean reporting rate for the previous two reporting years. For October 2019, 97.7% of the total reported incidents resulted in no harm or low harm. The highest reported category of incident for the month was 'Self-Harm' and of those incidents, 96.8% resulted in no harm or low harm, with 2.9% resulting in moderate harm and 0.4% severe. This continues the reporting trends seen year-to-date, with 'Self-Harm' being the highest reported category of incidents for the current financial year (April 2019 to September 2019), 'Violence and Aggression - Physical' the next highest reported and 'Death of Patient' (inclusive of expected deaths) being the third highest reported incident category. In line with revised national guidance, the reported harm linked with pressure ulcer incidents is now reflective of the severity of the pressure ulcer and not necessarily the level of harm caused by the Trust. All reported incidents continue to be monitored on a daily basis by the Corporate Huddle.

Business Intelligence

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

PI RETURN FORM 2019-20

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Nov 2019**

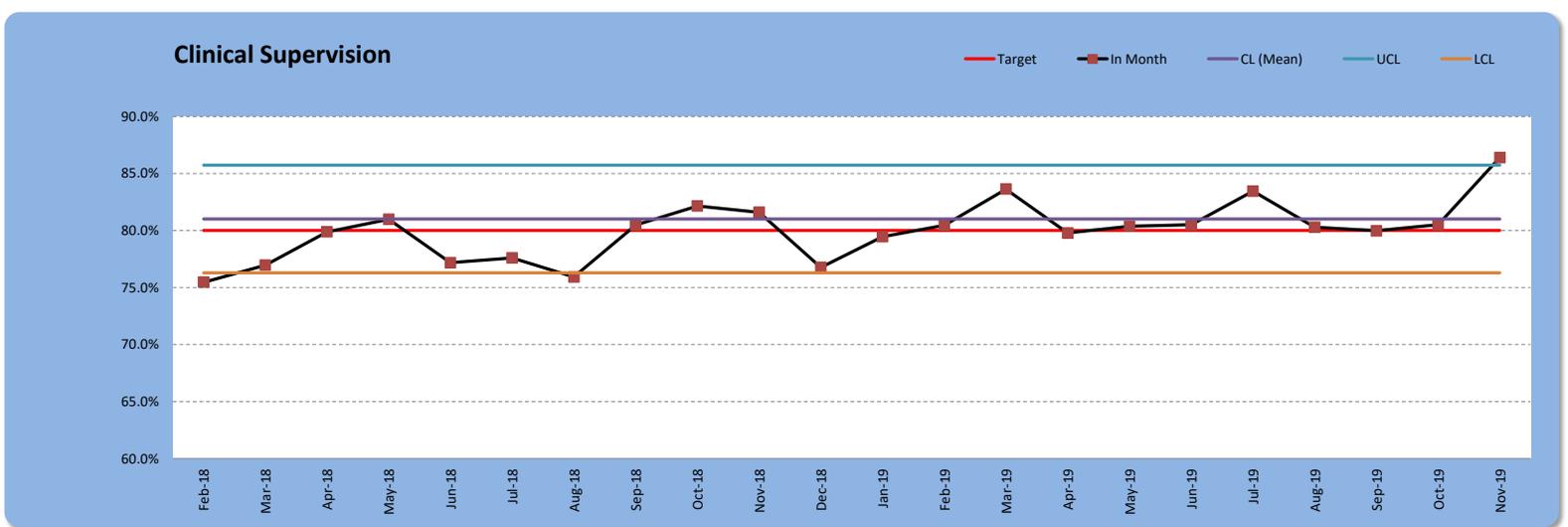
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Clinical Supervision	Percentage of staff with appropriate clinical supervision taken place within the last 4-6 weeks	Hilary Gledhill	WL 9a

Narrative

Performance above target

Target: 80%
Amber: 75%

Current month stands at 86.4%



Exception Reporting and Operational Commentary

There has been an improvement in the compliance rate to 86.4% in November from 80.5%. The number of returns provided has dropped slightly to 84.4%. The Humber Centre will be the first area to pilot the recording of supervision onto ESR starting in January. This should improve the quality of the reporting.

Business Intelligence

Teams who do not provide a return are being actively managed by the divisions and reminders sent out by BI team. The process in BI has been updated to capture all entries of supervision across a six week period for the relevant month.

HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING QUALITY DASHBOARD

Contract Period:	2019-20
Reporting Month:	Oct-19



Speciality	Ward	Speciality	WTE	OBDs (inc leave)	CHPPD Hours (Nurse)	Bank/Agency Hours				Average Safer Staffing Fill Rates				QUALITY INDICATORS (Year to Date)				High Level Indicators							Indicator Totals	
						Bank % Filled	Improvement	Agency % Filled	Improvement	Day		Night		Staffing Incidents (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ party upheld)	Failed S17 Leave	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	PADRs	Sickness Levels (clinical)	WTE Vacancies (RNs only)	Sep-19	Oct-19
										Registered	Un Registered	Registered	Un Registered													
Adult MH	Avondale	Adult MH Assessment	30.8	51%	19.54	18.0%	↑	1.6%	↓	85%	84%	87%	114%	0	2	0	0	63.3%	89.2%	83.3%	89.5%	63.6%	8.0%	3.2	1	3
	New Bridges	Adult MH Treatment (M)	35.4	90%	9.00	7.5%	↑	4.3%	↓	80%	98%	92%	109%	3	1	0	0	No Ret	99.5%	100.0%	100.0%	97.5%	3.5%	5.0	2	1
	Westlands	Adult MH Treatment (F)	35.0	90%	8.87	28.1%	↑	12.0%	↓	73%	100%	89%	110%	3	3	0	0	93.8%	89.4%	90.9%	84.0%	81.6%	10.6%	5.6	2	2
	Mill View Court	Adult MH Treatment	28.0	87%	9.33	19.8%	↑	7.6%	↓	82%	96%	89%	111%	0	2	0	0	92.3%	93.2%	90.0%	82.4%	93.1%	7.6%	3.8	2	1
	Hawthorne Court	Adult MH Rehabilitation	24.0	50%	11.73	22.3%	↑	0.4%	↓	67%	74%	100%	100%	0	6	0	0	100.0%	92.1%	80.0%	93.3%	85.2%	7.5%	0.2	2	3
	PICU	Adult MH Acute Intensive	22.2	48%	28.25	37.4%	↑	20.2%	↓	75%	125%	86%	119%	2	1	0	0	100.0%	87.9%	100.0%	100.0%	80.0%	12.9%	6.4	3	1
OP MH	Maister Lodge	Older People Dementia Treatment	36.8	86%	13.47	12.4%	↑	0.0%	→	71%	112%	100%	100%	0	14	0	0	100.0%	89.8%	90.0%	96.4%	95.1%	5.3%	2.0	1	2
	Mill View Lodge	Older People Treatment	24.8	109%	12.85	9.4%	↑	0.0%	→	82%	84%	100%	98%	0	0	0	0	69.6%	98.4%	92.3%	100.0%	78.6%	9.5%	0.8	3	3
Specialist	Darley	Forensic Low Secure	20.3	99%	11.55	16.7%	↑	0.0%	→	85%	78%	100%	100%	0	0	0	7	100.0%	95.3%	77.8%	84.6%	86.4%	6.7%	3.0	2	1
	Derwent	Forensic Low Secure	27.9	99%	18.29	36.1%	↑	3.2%	↓	91%	97%	123%	122%	1	0	0	1	93.1%	93.0%	75.0%	90.9%	86.7%	5.1%	3.8	3	0
	Ouse	Forensic Low Secure	24.8	98%	7.42	14.0%	↑	9.8%	↓	88%	95%	100%	108%	1	0	0	14	96.3%	93.8%	75.0%	90.0%	100.0%	7.6%	3.4	1	2
	Swale	Personality Disorder Medium Secure	27.1	65%	13.84	36.2%	↑	0.0%	→	79%	104%	100%	122%	0	0	1	0	100.0%	91.5%	88.9%	84.2%	75.9%	12.7%	3.0	2	1
	Ullswater	Learning Disability Medium Secure	27.2	67%	15.50	35.4%	↑	0.0%	→	83%	100%	101%	79%	0	2	0	6	88.0%	92.3%	80.0%	88.2%	75.0%	10.1%	1.0	1	1
LD	Townend Court	Learning Disability	37.7	59%	21.00	30.8%	↑	0.0%	→	59%	94%	52%	127%	1	7	0	0	66.7%	90.1%	76.9%	95.7%	76.3%	10.2%	3.9	5	4
	Granville Court	Learning Disability Nursing Treatment	42.6	Not Avail	n/a	39.5%	↓	0.0%	→	88%	94%	113%	119%	0	0	0	n/a	92.2%	86.6%	70.0%	77.8%	63.0%	11.5%	1.0	2	2
CH	Whitby Hospital	Physical Health Community Hospital	33.9	89%	7.32	0.0%	→	0.0%	→	98%	112%	98%	102%	2	1	0	n/a	92.3%	91.3%	65.0%	84.2%	82.9%	5.1%	-1.6	2	0
	Malton Hospital	Physical Health Community Hospital	28.7	86%	6.79	Not on eRoster	→	Not on eRoster	→	92%	95%	111%	93%	0	0	0	n/a	66.7%	79.5%	68.8%	86.4%	35.9%	8.4%	2.5	6	3

Exception Reporting and Operational Commentary

Overall the performance of all the teams is stable or improving with the exception of Maister; Avondale and Hawthorn Court. Maister's fill rates have improved from September but are still below target. Their sickness has increased slightly for 5.0%- 5.3% Avondale's sickness has increased to 8% and clinical supervision compliance has dropped below target in the month. Most teams are showing an improved or stable position in relation to fill rates with the exception of Townend Court and Hawthorn Court. Townend Court has fill rates below agreed targets for registered nurses on days and nights. However their low bed occupancy means they have good CHPPD rates at 21.00. Hawthorn Court has below target fill rates for both RN and unregistered on days but overall their CHPPD remains good at 15.58. The CHPPD figures are all above target with the exception of Ouse. Their CHPPD has improved slightly from September. Overall the qualified nurse vacancies and number of shifts where there is only one registered nurse on duty is contributing to the below target levels of performance in several areas in relation to Supervision and PADRs. Sickness is also an issue with only one team achieving the trust target within the month. Malton has improved CHPPD rates and fill rates compared to September but still needs further improvement in relation to clinical supervision, PADR and ILS training. ILS training is being delivered on site and further supervision training has been arranged to increase capacity for 1:1 supervision being offered. Newbridges did not complete a clinical supervision return and this has been addressed directly with the charge nurse. AHPs and pharmacy technicians and nursing associates are working on several of the units and a piece of work has commenced to ensure all of this additional capacity will be built into the e roster reporting going forward.

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

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

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

Registered Nurse Vacancy Rates

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

Slips Trips and Falls

	Apr	May	Jun	Jul	Aug	Sep	Oct
Maister Lodge	3	4	1	2	4	3	4
Mill View Lodge	1	3	1	2	0	2	0
Whitby	1	3	10	4	3	2	3
Malton	4	3	3	3	4	4	2

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

PI RETURN FORM 2019-20

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Nov 2019**

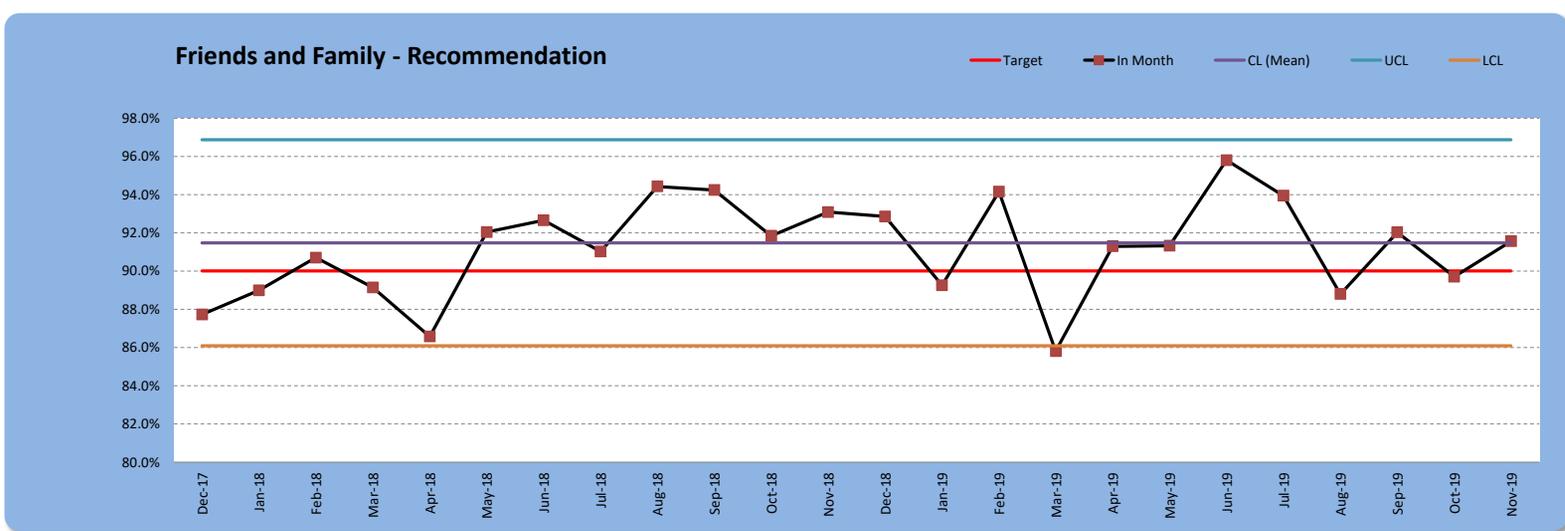
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Friends and Family Test	Results of the overall surveys completed where patients would recommend the Trust 's services to their family and friends	John Byrne	FFT %

Narrative

In below target by 2.8%

Target: 90%
Amber: 80%

Current month stands at 91.6%



Exception Reporting and Operational Commentary

For November 2019, the percentage of people who would recommend our services to their friends and family is 1.6% above the national target of 90%.

It must be noted that there was an issue with October 2019 data reported. The 2 Hull GP surgeries use MJOG to collect their friends and family test feedback. The refresh to include this data was not available in October to include the responses. Therefore the total figure of 704 FFT responses in October was incorrect, it should have been 913 responses received. This has resulted in an improved recommend score (from 87.2% to 89.7%).

NHS England and NHS Improvement have completed the review of the FFT survey and 'recommend' question. The new guidance was published on 2nd September 2019 and will replace all previous implementation guidance for the patient focused FFT. There is a new standard question for all settings: "Overall, how was your experience of our service?" The new question has a new response scale: "Very good, good, neither good nor poor, poor, very poor, don't know". Work continues in the Trust to review the existing additional FFT survey form questions and co-produce new questions.

Business Intelligence

Calculation based on ALL surveys completed across all service areas including GPs. Mjog data is now included for the two Hull GP's.

The number of Friends & Family returns received for November is:
656

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Nov 2019**

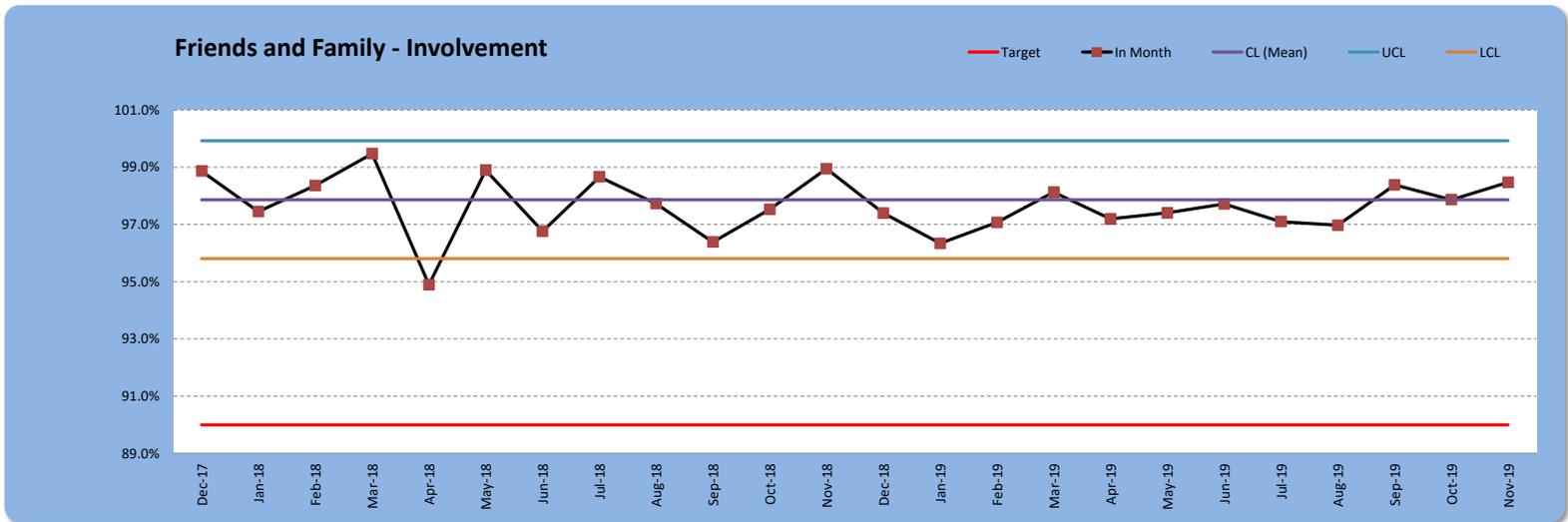
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Friends and Family Test	Results of the overall surveys completed where patients felt they were involved in their care	John Byrne	CA 3c %

Narrative

In month target achieved

Target: 90%
Amber: 80%

Current month stands at 98.5%



Exception Reporting and Operational Commentary

The Trust continues to score high for key question around involvement and remains consistently above the target of 90% with a current month score of 98.5%. The SPC chart shows normal statistical variation.

Business Intelligence

The results for the two remaining question results are:

Patients Overall FFT Helpful	98.7%
Patients Overall FFT Information	98.4%

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

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Nov 2019**

Indicator Title	Description/Rationale	Executive Lead	KPI Type
CPA 7 Day Follow Ups	This indicator measures the percentage of patients who were on CPA and had a follow up within seven days of discharge	Lynn Parkinson	OP 12

Narrative

1 breach, but remains above target

Target: 95%
Amber: 85%

Current month stands at 98.6%



Exception Reporting and Operational Commentary

There was one breach in November. Patient was remanded in prison. Team unable to contact following discharge from hospital.

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

Business Intelligence

CQUIN - 3 day follow up process
88.3% of follow ups in achieved for November

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

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Nov 2019**

Indicator Title

Description/Rationale

KPI Type

Care Programme Reviews

This indicator measures the percentage of patients who are on CPA and have had a review in the last 12 months

Executive Lead
Lynn Parkinson

OP 7

Narrative

Performance increase and above target

Target: 95%
Amber: 85%

Current month stands at 96.5%



Exception Reporting and Operational Commentary (awaiting update from Clive)

CPA Compliance has improved slightly again this month and continues to remain above target for November. The division continues to focus on ensuring this standard is met. CPA reviews are monitored within the Care Group and where required, improvement trajectories and remedial plans are put into place within service areas which provide greater oversight and ability to support teams with required improvement. Hull West and Hull East CMHT's have improvement trajectories to be compliant by the end of September 2019 which they have achieved. Hull East have improved this month but more focus on Hull West is taking place. Other specific actions include regular provision of individual reports detailing levels of CPA compliance being provided to the Team Leader and Clinical Lead, who through supervision will address areas of reduced compliance with protected time and increased administrative support. Where a failure to complete a review within 12 months does occur the Division General Manager maintains oversight to identify and share any lessons through the clinical networks. The Chief Operating Officer is monitoring this on a weekly basis as this is a key patient quality measure.

Business Intelligence

Table below shows the number of teams this month which have more than eight patients with an outstanding review

Number of teams with Overdue Reviews >8 - Nov	Overdue
Holderness Mental Health Team	10
Hull East Community Mental Health Team	17

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Nov 2019**

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

KPI Type
OP 20

Narrative

Slight improvement on previous month

Target: 95%

Amber: 85%

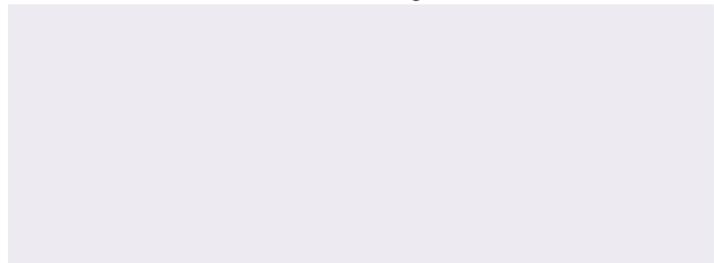
Current month stands at 92.7%



Exception Reporting and Operational Commentary

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

Business Intelligence



PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Nov 2019**

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

KPI Type

OP 21

Narrative

slight deterioration from previous month

Target: 95%
Amber: 85%

Current month stands at 69.9%



Exception Reporting and Operational Commentary

Waiting times are monitored rigorously by the care groups and oversight is monitored and managed by the Operational Delivery Group chaired by the COO. Where necessary exception reports, remedial action plans and improvement trajectories are required and put in place. Information is provided to patients waiting as to how to contact services if their need becomes more urgent and people are sign posted to other services who can provide support whilst they wait. In order to ensure that this is an active process a patient can be provided with additional support to connect with other services and as part of the regular review and contact made by teams they will check the patient is still in contact with that service and if not discuss the reason with the patient.

Business Intelligence

Over the past 3 months we have seen the patients waiting more than 18 weeks increase from 2476 to 2566 (increase of 90).

The services with the greatest number of patients waiting >18 weeks:-

- Paediatric Autism (Hull) - 942 (increased by 22 when compared to previous reporting period)
- CAMHS - 469 (increased by 52)
- S&R - 358 (no change)
- Adult ASD - 303 (no change)
- Paediatric Therapy - 184 (increased by 31)

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Nov 2019**

Indicator Title

Description/Rationale

52 Week Waits

Number of patients who have yet to be seen for treatment and have been waiting more than 52 weeks

Executive Lead
Lynn Parkinson

KPI Type

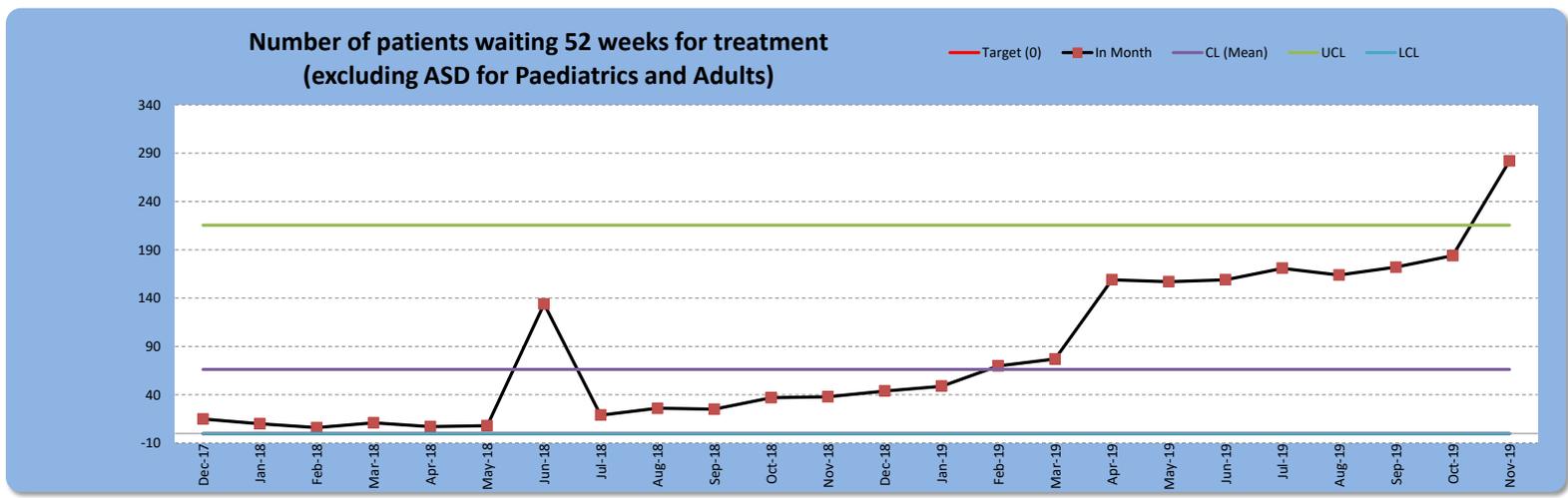
OP 22x

Narrative

Significant increase (98) on number waiting over 52 weeks

Target: 0
Amber: 0

Current month stands at 282



Exception Reporting and Operational Commentary

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

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

Business Intelligence

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

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

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Nov 2019**

Indicator Title

Description/Rationale

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

Executive Lead
Lynn Parkinson

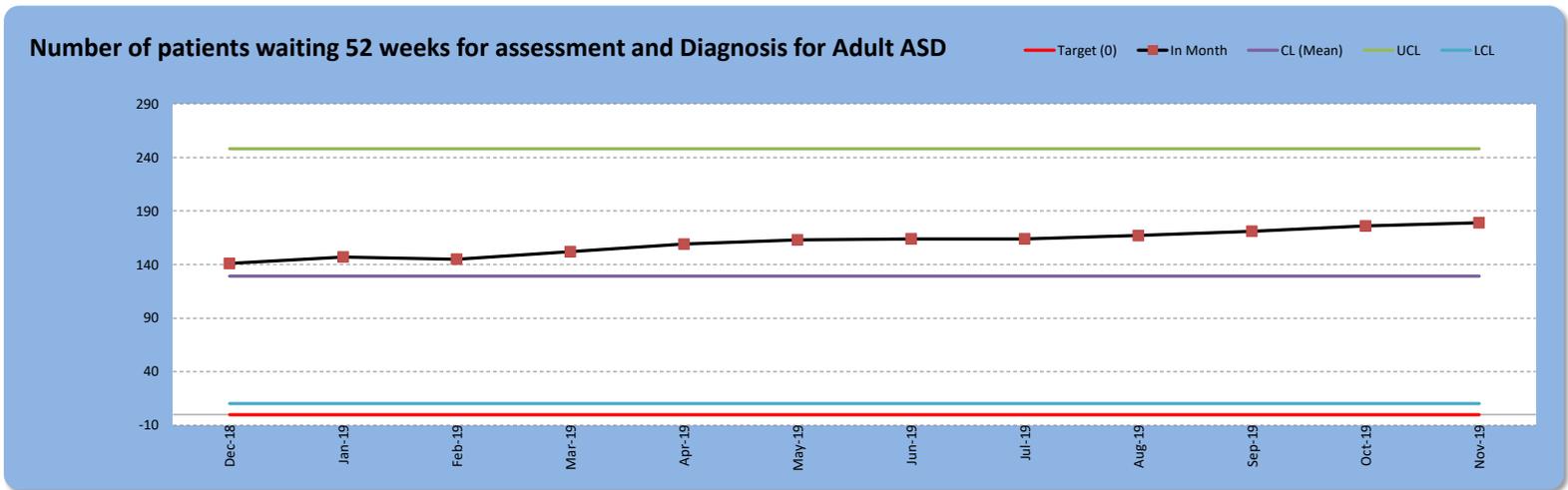
OP 22u

Narrative

Increase of 3 when compared on the previous reporting period.

Target: 0
Amber: 0

Current month stands at 179



Exception Reporting and Operational Commentary

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

Business Intelligence

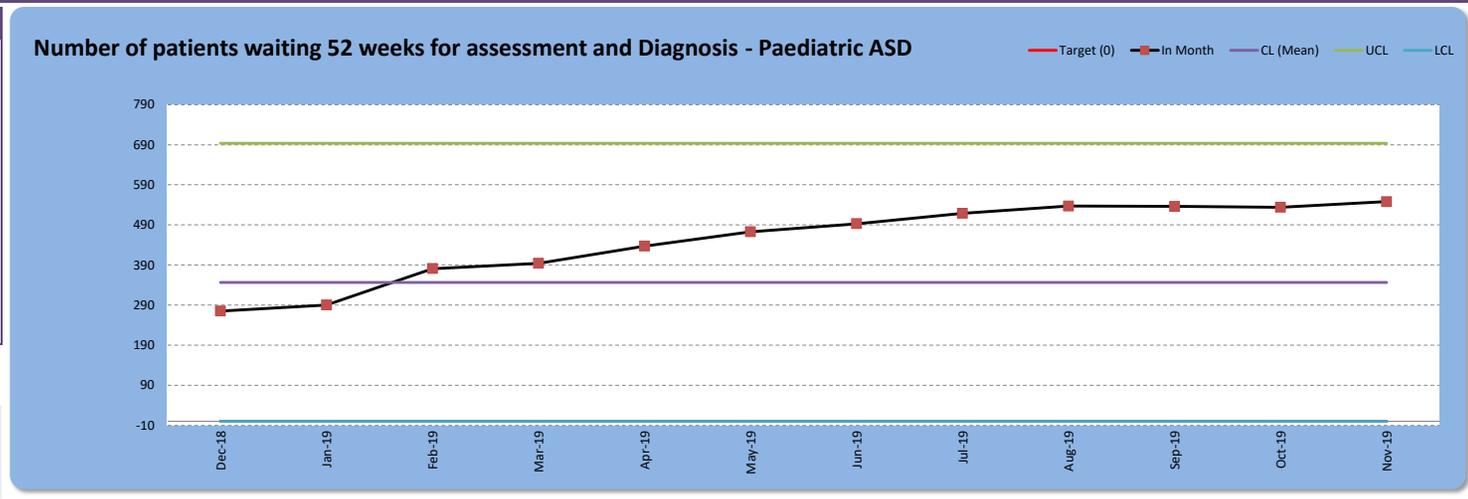
PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Nov 2019**

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

Narrative	
Increase of 18 when compared to the previous month.	
Target:	0
Amber:	0
Current month stands at	548



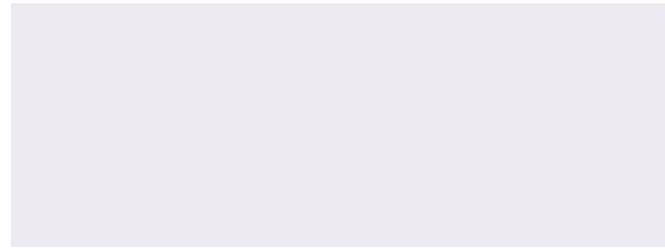
Exception Reporting and Operational Commentary

Hull:
Hull autism waiting list overall has started to reduce however those waiting over 52 weeks continues to rise. This is due to CCG request to prioritise pre school children, 16 and over school leavers, LAC and those in contact with the the criminal justice system which has resulted in a marked drop in those waiting less than 12 weeks. We have agreed with commissioners to re balance the prioritisation process for those waiting over 52 weeks. The impact of this should become evident during the remainder of 2019-20.

East Riding:
All ER posts are now recruited to and have commenced.

Hull and East Riding:
The overall autism waiting list for both localities are now reducing. We have successfully bid for some waiting list monies which includes additional capacity for the ASD pathway. This runs from December 2019 to end of March 2020. Ongoing requests for prioritisation from commissioners is based on clinical risk, this means that the 52 week waiters will not necessarily reduce at the same rate as the overall waiting list.

Business Intelligence

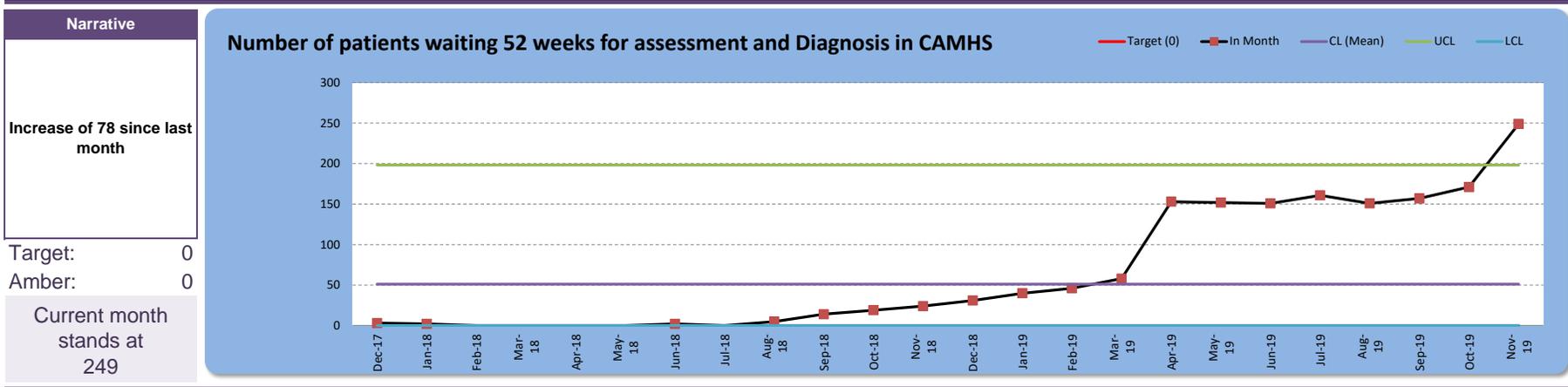


PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Nov 2019**

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



Exception Reporting and Operational Commentary

New referrals for ADHD have now stabilised at a higher rate following the change in Community Paediatricians no longer providing ADHD assessments. Performance waiting lists will see high numbers of referrals but operationally every referral over 18 weeks will have had some form of assessment. It is not until the young person is either assessed by a Consultant Psychiatrist following this comprehensive assessment or assessed as not requiring a Specialist Assessment and is referred on that they are deemed not waiting on performance reports. This is therefore a long assessment process.

Hull: The number of referrals into Contact Point continues to be high, over 300 per month, all of which need to be triaged and processed. Roughly one third are accepted at Core CAMHS. The remainder are taking considerable time to process which reduces capacity that would otherwise be directed to provide treatment and reduce the waiting list. We have a robust waiting time reduction plan in place and as part of this we continue to refer to Mind for CPWP or counselling input. We are a placement site for trainee psychologists who, under the supervision of Clinical Psychologists, pick up a non-complex caseload and undertake evidence based interventions. Temporary bank staff and an agency CBT therapist are being used as a part of a waiting list initiative. The Helios contract has now been mobilised over 52 weeks and are now picking up families. Commissioners have also agreed to fund additional contact point capacity via Mind.

The referral rate for Trauma in Hull has been growing. Due to the nature of Trauma work there is usually a high level of multi-agency working prior to individual interventions taking place. The waits on performance reports in the past have appeared longer due to this level of preparatory and consultation work. HTFT's activity recording has been changed so this activity can be recorded as intervention.

The 6 session family systemic intervention is working well for the DSH client group in Hull. For those young people who are emotionally dysregulated and where systemic practice is not found useful we are exploring models of working with this complex client group and how we link into adult services for transition. Consultation is offered at Contact Point is offered to ensure agencies are provided with advice and early support, referrals requiring face to face intervention are then prioritised on the trauma pathway.

East Riding: All ERY children waiting over 42 weeks are ADHD cases that transferred from CHCP (April 2019 increase). We are currently agreeing a business case with ERY commissioners and meetings are continually in progress.

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

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Nov 2019**

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

KPI Type
OP 9

Narrative

Target achieved

Target: 56%
Amber: 51%

Current month stands at 84.6%



Exception Reporting and Operational Commentary

Within normal parameters.

Business Intelligence

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

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Nov 2019**

Indicator Title
Improved Access to Psychological Therapies

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

Executive Lead
Lynn Parkinson

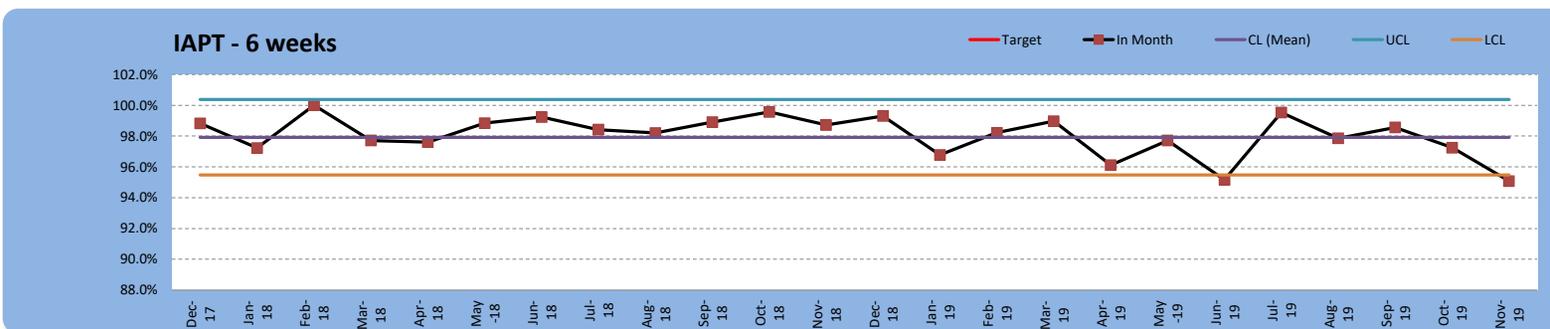
KPI Type

OP 10a

Narrative

Target achieved

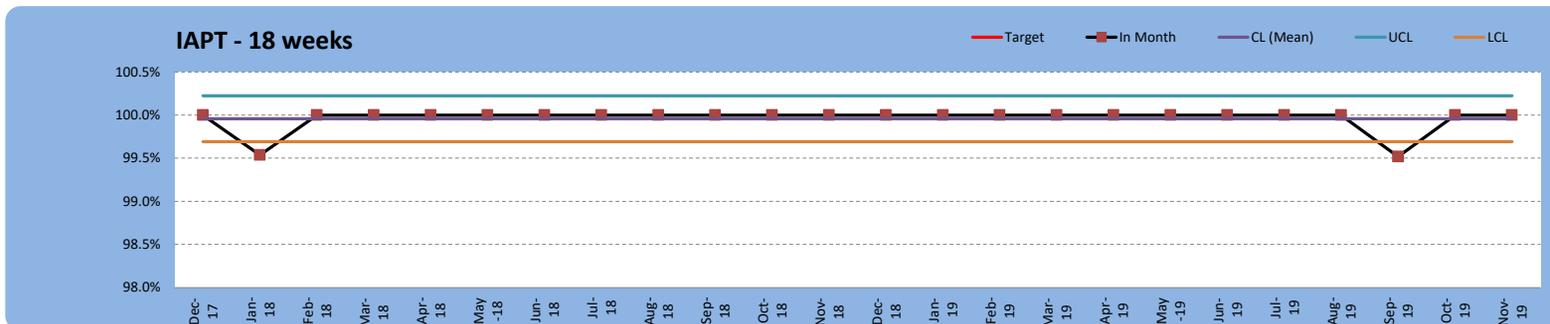
Target: 75%
Amber: 70%
Current month
95.1%



Narrative

Target Achieved

Target: 95%
Amber: 85%
Current month
100.0%



Exception Reporting and Operational Commentary

The service has met and exceeded the standard in the month to see new referrals 6 and 18 weeks. Rates of referrals vary significantly from month to month and the service continues to work to ensure that it has the capacity match the variation in demand.

Business Intelligence

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

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

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Nov 2019**

Indicator Title

Description/Rationale

Improved Access to Psychological Therapies

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

Executive Lead
Lynn Parkinson

KPI Type

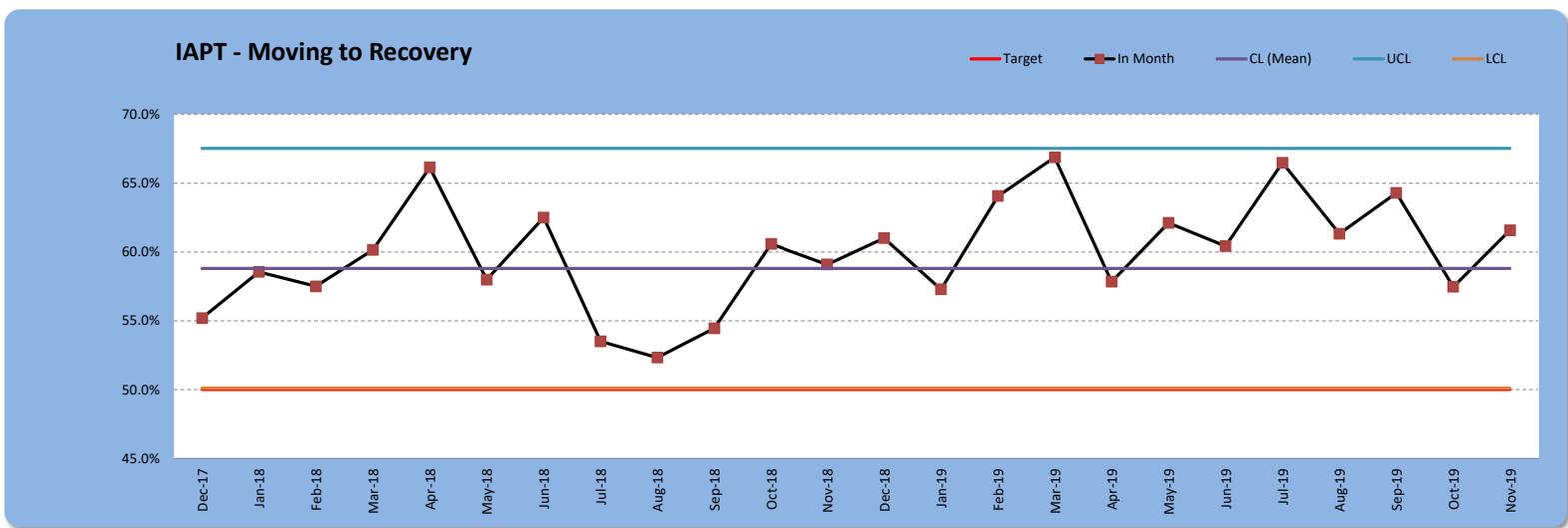
OP 11

Narrative

Target Achieved

Target: 50%
Amber: 45%

Current month stands at 61.6%



Exception Reporting and Operational Commentary

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

Business Intelligence

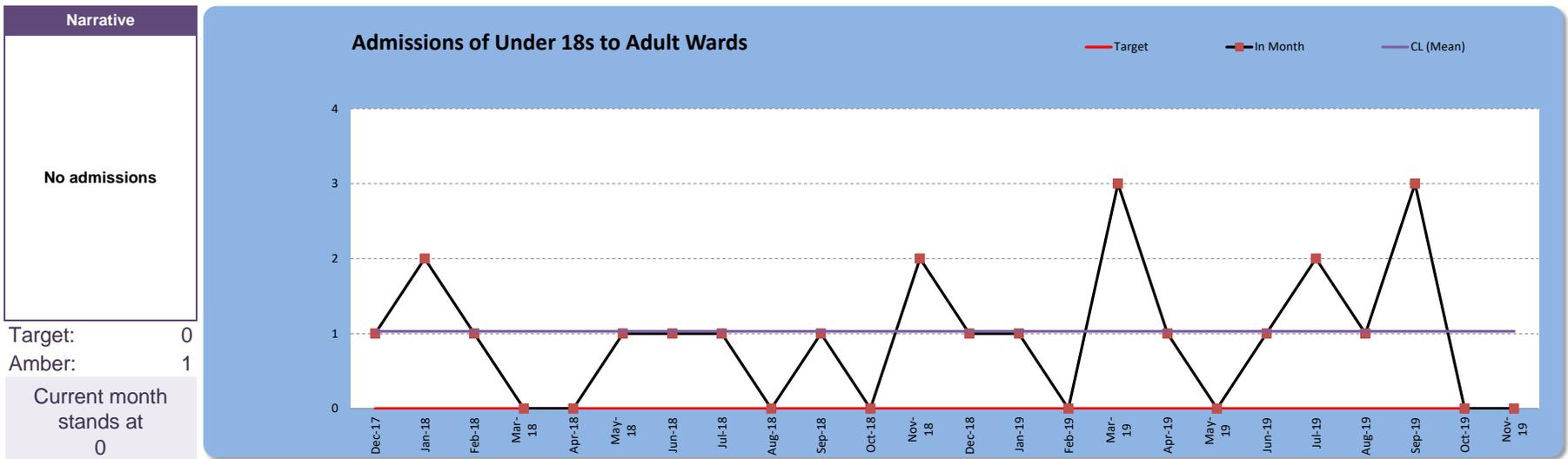
Performance continues to exceed the national target of 50% and performance remains with the control limits.

PI RETURN FORM 2019-20

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Nov 2019**

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Under 18 Admissions	Number of patients aged 17 and under who were admitted to an adult ward	Lynn Parkinson	ST 1



Exception Reporting and Operational Commentary

There were no admissions in November. All emergencies with no alternative CAMHS beds available. All now discharged to appropriate settings

Business Intelligence

2016/17	9	0	9
2017/18	13	1	14
2018/19	10	1	11

PI RETURN FORM 2019-20

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Nov 2019**

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

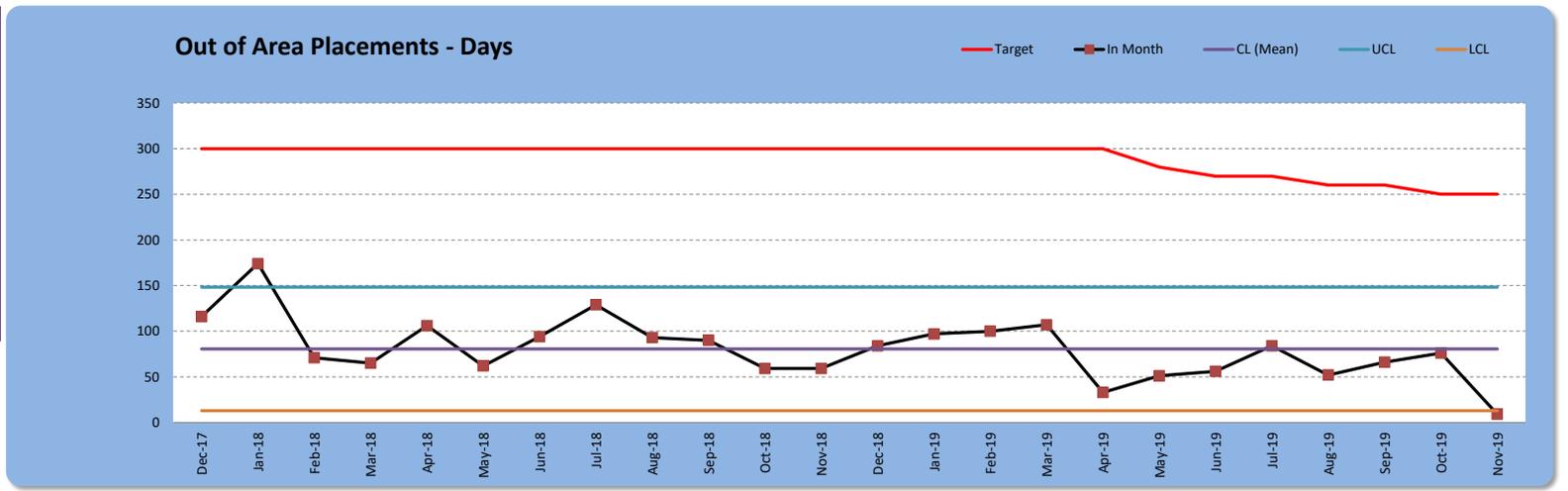
KPI Type
ST 4b

Narrative

Significant drop in bed days

Target: 250
Amber:

Current month stands at 9



Exception Reporting and Operational Commentary

A rigorous approach to bed management continues to be applied to ensure that out of area placements are avoided. Performance in relation to out of area placements for acute mental health beds continues to demonstrate sustained improvement for mental health beds. However, out of area placement for PICU beds continues to be a pressure. Work has been undertaken to review our PICU model and agreement has been reached with commissioners to reduce capacity to 10 beds. Opportunity is being considered within the STP programme to improve flow through these beds.

Split of Speciality and Reasons in current month

Patients out of area in month:

Unavailability of bed	9
Safeguarding	0
Offending restrictions	0
Staff member/family/friend	0
Patient choice	0
Admitted away from home	0

Adult	9
OP	0
PICU	0

PI RETURN FORM 2019-20

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Nov 2019**

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

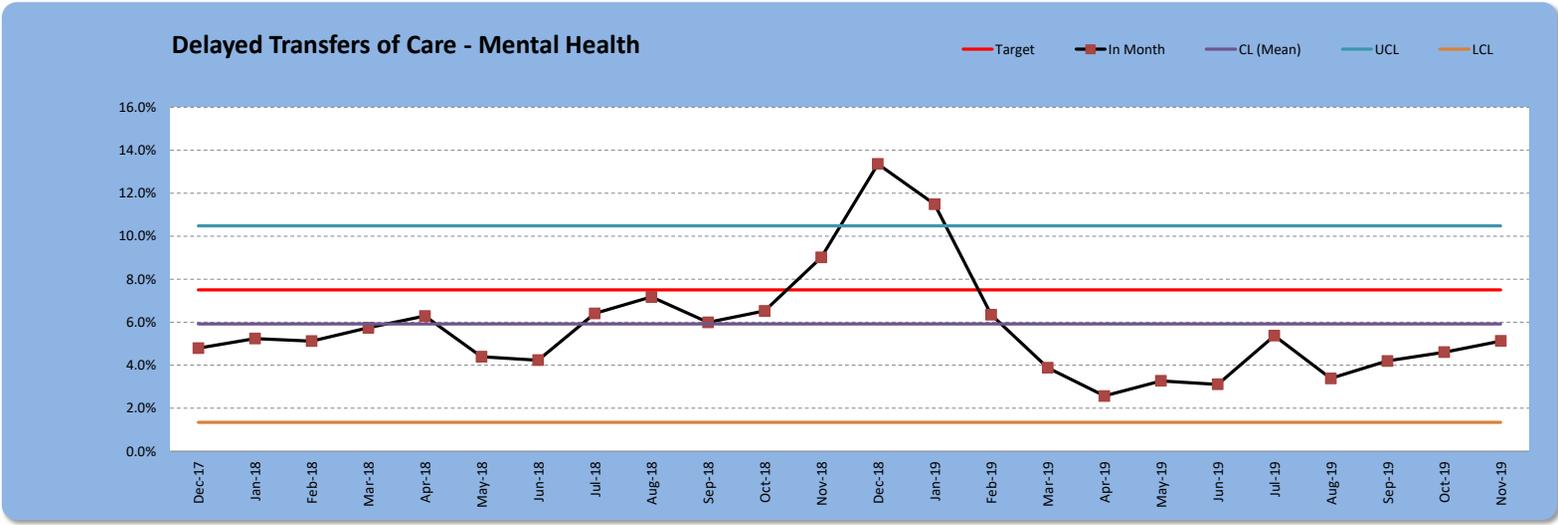
Narrative

remains well within target

Target: 7.5%

Amber: 7.0%

Current month stands at 5.1%



Exception Reporting and Operational Commentary

Remains within the required standard this month. Delays continue to be managed rigorously through the approaches in place to manage acute bed demand, capacity and flow. Ongoing partnership work with the Local Authorities has been improved with enhanced systems and processes in place to avoid and reduce delays, this has been strengthened specifically to help ensure that delays during the forthcoming winter are minimised. Delays continue to be monitored through our daily system escalation processes.

Business Intelligence

There were 213 delayed days in mental health during November. This is a slight increase on the previous month but still well within scope. Three patients in Older People's and eight patients in Adult services.

Learning Disabilities	0.0%
Community Hospitals	8.1%

Top three reasons:

Awaiting residential home placement or availability	100
Awaiting nursing home placement or availability	30
Disputes	30

PI RETURN FORM 2019-20

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Nov 2019**

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

Narrative

In month target not achieved.

Target: 5.0%
Amber: 5.2%

Current month 5.0%



Exception Reporting and Operational Commentary

Long term sickness (periods of 28 days or over) represents 67% of sickness absence in the Trust. Sickness rates are reported to managers on a monthly basis and details of staff sickness can be accessed by managers via ESR. The trust recognises good attendance (thank you letters) and has in place a policy and procedure to help manage sickness absence which is being reviewed. National median sickness figure for comparable trusts is 5.08%. More detailed information regarding sickness is provided to Workforce and OD Committee.

Business Intelligence (previous month)

Trustwide - Nov
5.0%
Rolling 12m
5.2%
WTE
2420.47

Care Group Split Below	Nov %	Rolling 12m	WTE
Secure Services	7.58%	7.79%	192.82
Adult MH Planned	4.56%	5.44%	240.50
Adult MH Unplanned	6.05%	5.93%	345.28
OP MH Planned	5.71%	6.73%	98.47
OP MH Unplanned	7.67%	4.44%	83.67
Community Services	4.63%	5.59%	374.58
Children's Services	4.54%	4.47%	353.39
LD Services	5.68%	5.41%	180.05
Corporate Split Below	Nov %	Rolling 12m	WTE
Medical	8.49%	5.47%	32.39
Human Resources	6.09%	4.32%	49.94
Finance	3.06%	3.22%	103.82
Nursing and Quality	1.74%	4.89%	38.23
General Practices	1.47%	1.85%	99.10
Chief Executive	0.85%	2.88%	16.67
Chief Operating Officer	3.74%	3.86%	211.56

PI RETURN FORM 2019-20

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Nov 2019**

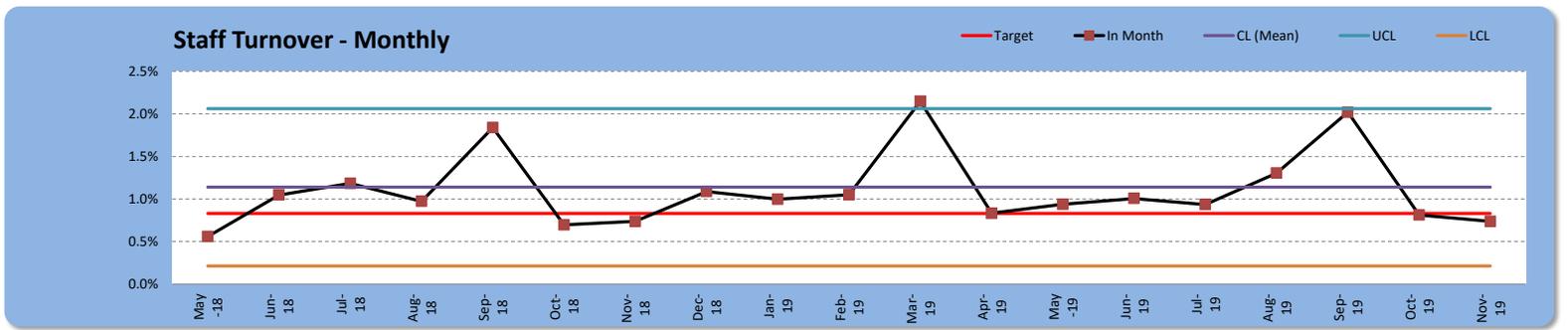
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Staff Turnover	The number of full time equivalent staff leaving the Trust expressed as a percentage of the overall full time equivalent workforce employed. Leavers include resignations, dismissals, retirements, TUPE transfers out and staff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

Narrative

Within target

Target: 0.83%
Amber: 0.70%

Current month stands at 0.7%



Narrative

Exceeds Target

Target: 10%
Amber: 9%

Current month stands at 14.6%



Exception Reporting and Operational Commentary

The TUPE transfer of staff to CHCP in 2017 largely accounts for the high figures from June 17 to March 18. The Trust is actively trying to recruit to vacant posts within the Trust, and encourages retire and return where possible. Care Divisions are working up recruitment and retention plans to address vacancies and turnover in their areas. More detailed information on turnover is provided to the Workforce and OD Committee as part of the Workforce Insight Report.

Main Reasons for Leaving - Year to Date

Excludes Students, Psychology Students and Bank

Year to Date	No.
Voluntary Resignations	117
Retirement	66
Work Life Balance	46
Other	12
End of Contract	7
Total	248

PI RETURN FORM 2019-20

Goal 4 : Developing an Effective and Empowered Workforce

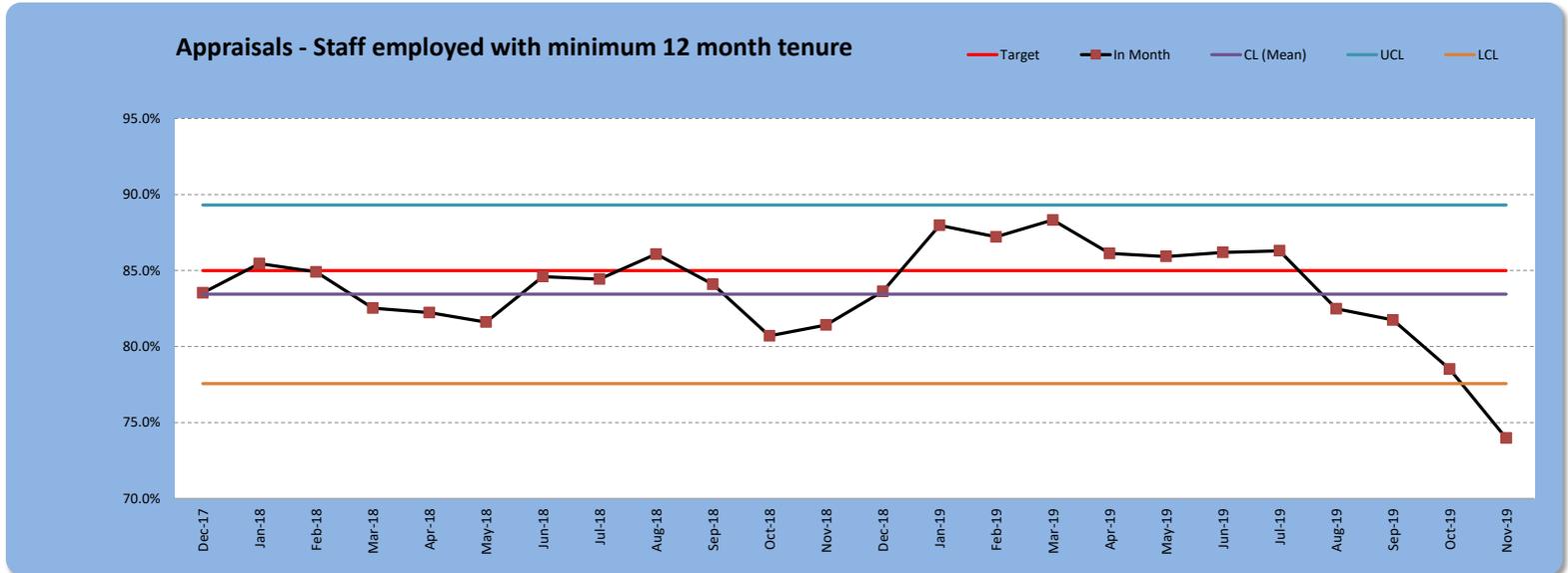
For the period ending: **Nov 2019**

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Staff Appraisals	Percentage of staff who have received an Appraisal within the last 12 months (excludes staff on maternity)	Steve McGowan	WL 4 (ii)

Narrative

in month target not achieved

Current month stands at 74.0%



Exception Reporting and Operational Commentary

The dip in performance is predominantly related to operational services. This is partially attributable to the operational services restructure, however, appraisal rates is picked up with divisional managers as part of accountable reviews and is also picked up at Operational Delivery Group (ODG).

All managers have been reminded of the need to still conduct appraisals that are due for renewal whilst we await the instruction of the new appraisal window in April.

Business Intelligence

Care Group and Corporate Splits Below

Divisional Split	Nov-19
Corporate	85.2%
Childrens and LD	66.3%
Primary Care	69.3%
MH Planned	68.6%
MH Unplanned	77.7%
Secure Services	81.3%

Chief Exec	92.3%
Finance	88.6%
Human Resources	90.7%
Medical	84.4%
Nursing and Quality	86.8%

PI RETURN FORM 2019-20

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Nov 2019**

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

Narrative

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

Target:
Amber:

Current month stands at £11,929 ,000



Exception Reporting and Operational Commentary

As at the end of November 2019 the Trust cash balance was £11.929m.

The in month reduction relates in the main to the payment of capital invoices.

The cash balance includes central funding for the CAMHS and LCHRE capital projects where there are timing difference between receipt and expenditure, the underlying cash balance in the Trusts Government Banking Service Account was £11.795m.

Business Intelligence

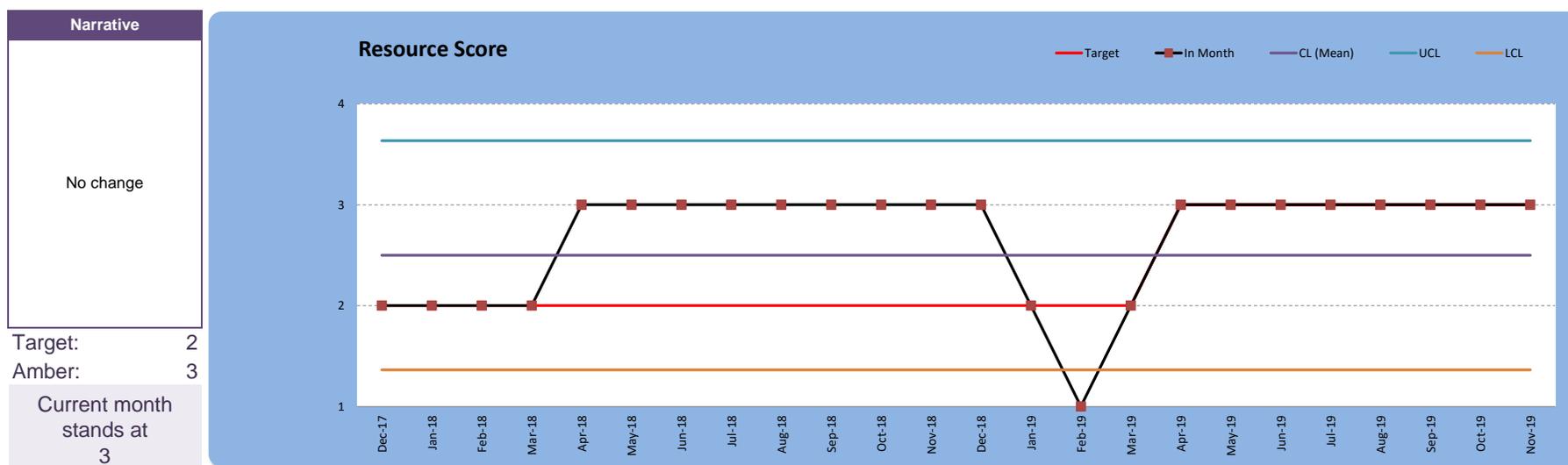
The cash figure represents the cash balances held by the Trust (Government Banking Service, Commercial Account and Petty Cash).

PI RETURN FORM 2019-20

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Nov 2019**

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



Exception Reporting and Operational Commentary

The 2019/20 assessment is now based on the recently resubmitted NHSI plan.

The Trust's Use of Resources score in November is a 3, this is consistent with previous months and the Trusts NHSI Plan Submission.

The profiled plan moves the Trust to a Use of Resource score of 2 by the end of the financial year.

Business Intelligence

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

PI RETURN FORM 2019-20

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Nov 2019**

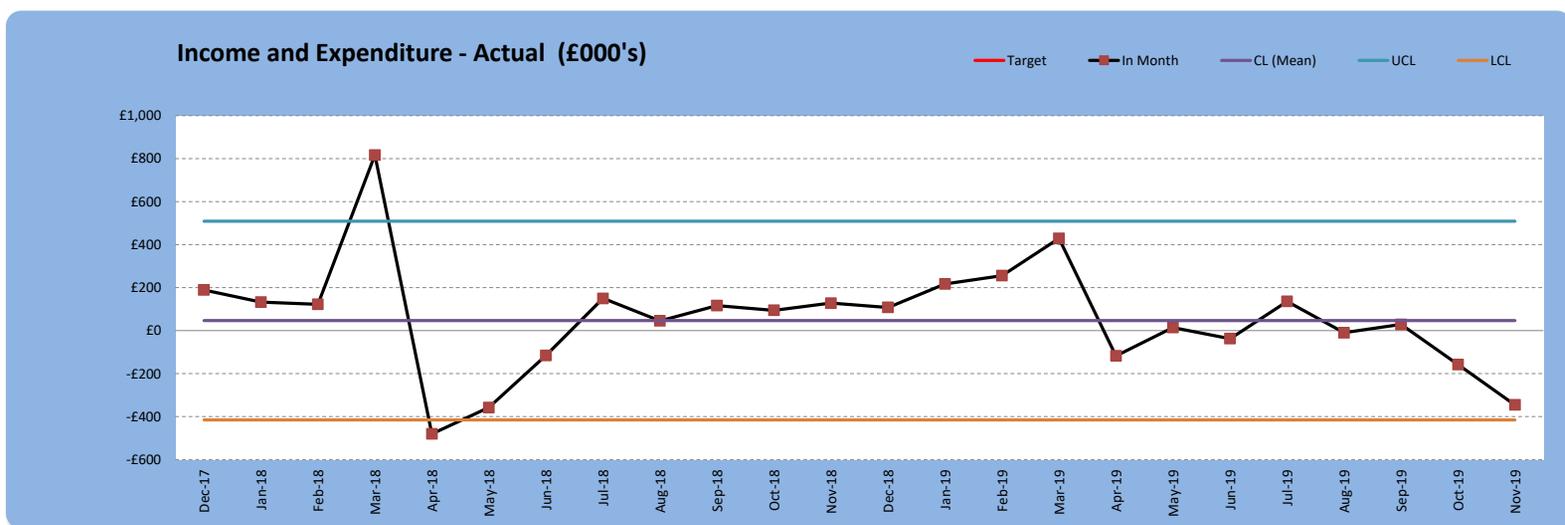
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Income and Expenditure (£000's)	Review of the Income versus Expenditure (£000's) by month	Peter Beckwith	F 4b

Narrative

The Trust are reporting a year to date deficit, consistent with its NHSI Plan.

Target:
Amber:

Current month stands at -£345 ,000



Exception Reporting and Operational Commentary

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

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

Business Intelligence

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

PI RETURN FORM 2019-20

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Nov 2019**

Indicator Title

Description/Rationale

KPI Type

Complaints

Two charts showing the number of Complaints Received in month (chart 1) and the number of Complaints Responded to and Upheld (chart 2)

Executive Lead
John Byrne

IQ 1

Narrative

within tolerance

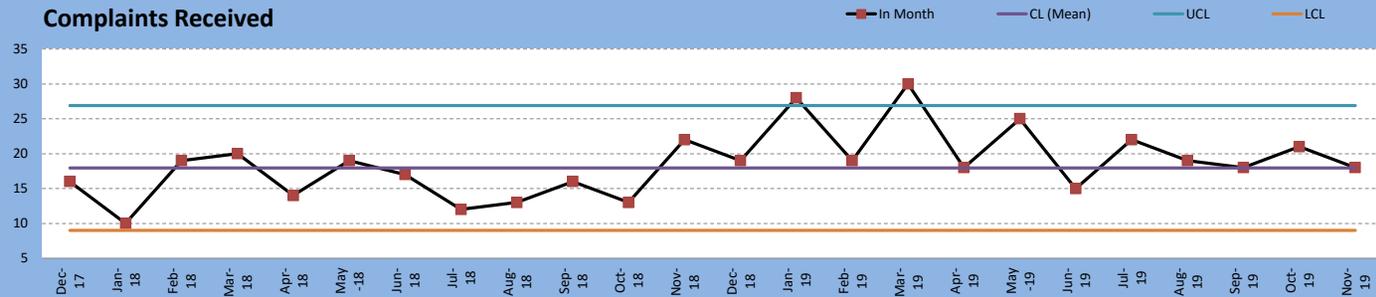
Current month stands at
18

Narrative

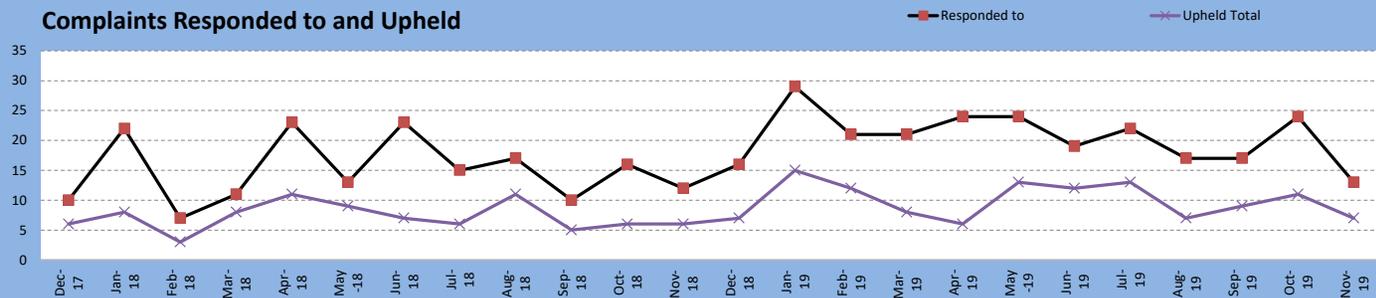
Upheld YTD
78
48.8%

Current month upheld stands at
7

Complaints Received



Complaints Responded to and Upheld



Exception Reporting and Operational Commentary

The Trust responded to 13 complaints in the month of November 2019. Of the 13 complaints, 6 complaints were not upheld (46.2%) and 7 complaints were partly or fully upheld (53.8%). The top theme for complaints responded to (year to date) is appointments with 30 complaints followed by patient care with 29 complaints.

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

Appointments	30
Patient care	29
Communications	25
Values and behaviours (staff)	16
Clinical treatment	13

All Complaints responded to YTD 160

PI RETURN FORM 2019-20

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Nov 2019**

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

KPI Type
IQ 7



Exception Reporting and Operational Commentary

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

Business Intelligence

25 Compliments logged for the current month



Executive Team:

Chief Executive: Michele Moran

Chairman: Sharon Mays

Chief Operating Officer: Lynn Parkinson

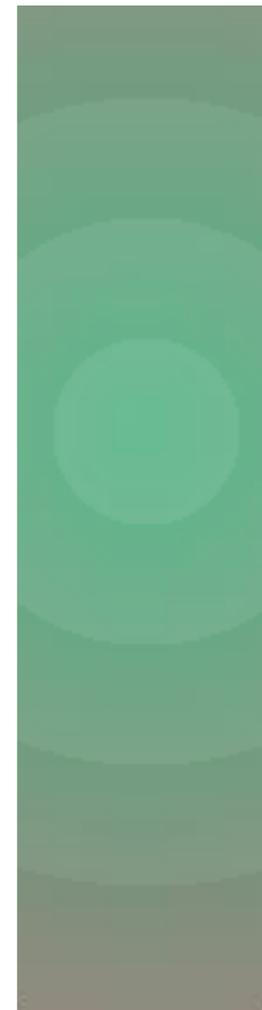
Director of Finance: Peter Beckwith

Director of Workforce and Organisational Development: Steve McGowan

Medical Director: John Byrne

Director of Nursing: Hilary Gledhill

Issue Date: 20/12/2019



Agenda Item 11

Title & Date of Meeting:	Council of Governors Public Meeting – 16 January 2020			
Title of Report:	Finance Update Report (November 2019)			
Author/s:	Name: Peter Beckwith Title: Director of Finance			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	<p>This purpose of this report is to provide the Council of Governors with a summary of financial performance for the Trust for the 3 month period September 2019 to November 2019.</p> <p>This report provides assurance regarding financial performance, key financial targets and objectives.</p> <p>This is to allow the Governors to be informed of the Trusts Financial Position and to enable any areas of clarification to be sought.</p>			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Appointments, Terms & Conditions Committee		Engaging with Members	
	Finance, Audit, Strategy and Quality Governor Group			
	Trust Board	Dec 2019		
			Other (please detail)	
Key Issues within the report:	<ul style="list-style-type: none"> For 2019/20 the Trust has a control total to deliver a £0.350m deficit. As at the end of November 2019, the Trust had recorded an operational deficit of £0.350m. The Cash Balance at the end of November 2019 was £11.929m. 			

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	√			To be advised of any future implications as and when required by the author
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 (November 2019)

1. Introduction and Purpose

This purpose of this report is to provide the Council of Governors with a summary of financial performance for the Trust for the 3 month period September 2019 to November 2019.

2. Performance 2019/20

The table below summarises the reported income and expenditure position for the Trust to the end of November 2019 (*reported figures are cumulative*).

Table 2: Reported I&E Position 2019/20

	September 2019 £000	October 2019 £000	November 2019 £000
Trust Income	52,509	61,725	70,477
<i>Less: Expenditure</i>	50,406	59,403	68,290
EBITDA	2,103	2,322	2,187
Finance Items	2,560	3,072	3,415
Sustainability Funding (Income)	(472)	(606)	(739)
Operational Surplus/(Deficit)	15	(144)	(489)
Exclude: Donated Asset Depn	(104)	(121)	(139)
Net Position Surplus/(Deficit)	119	(23)	(350)
EBITDA	4.0%	3.8%	3.1%
Deficit (-%)/Surplus %	0.2%	0.0%	-0.5%

The Trust reported a year to date operational deficit of £0.350m to the end of November 2019 (after donated asset depreciation has been excluded).

The Trust has a control total for 2019/20 to deliver a £0.350m deficit, the plan assumes £0.400m of allocation funding in relation to the Local Authority Pay Award which has now been received.

The reported position to August is inclusive of £0.789m of sustainability funding, this is cash funding and will be paid quarterly providing the Trust remains on Plan.

The position at Month 8 was ahead of the profiled NHSI plan and a BRS contingency has been included in the reported position to recognise the prudent approach taken to profiling of the financial plan.



A more detailed summary of the income and expenditure position as at the end of November 2019 is shown at appendix A.,

A summary of the key variances is summarised in the table below

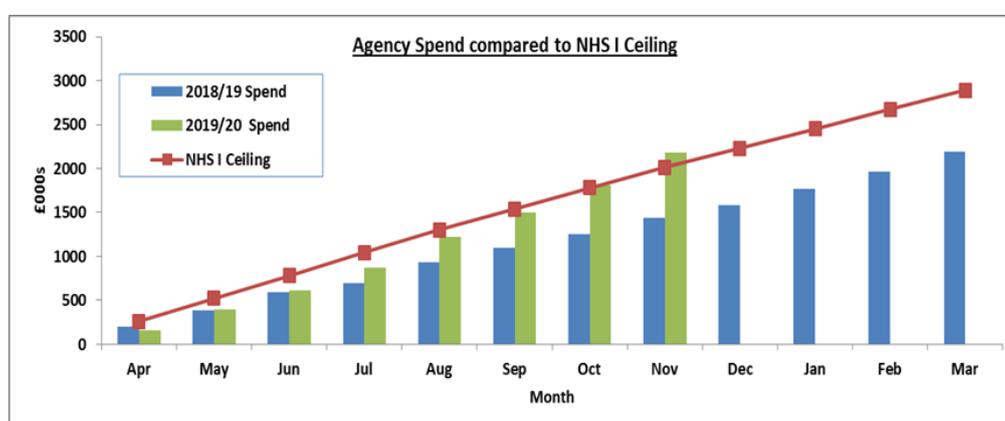
Table 3: Key Variance at August 2019

Children and Learning Disability	Year to date net expenditure of £13.488m represents an underspend against budget of £0.699m. The main budget pressures are within the Learning Disabilities departments. These pressures are mitigated by pay related underspends within Division, due to vacancies.
Community and Primary Care	Year to date net expenditure of £10.730m represents an underspend against budget of £0.338m. The main budget pressures are within the General Practices. A recovery plan is in place for the General Practices department.
Mental Health	An underspend of £0.484m was recorded year to date for Mental Health. This was as a result of lower than planned pay costs due to vacancies.
Secure Services	An overspend of £0.214m was recorded YTD for Secure Services, relating to additional staffing costs being incurred including bank staff to provide cover for enhanced packages of care and cover staff absences due to sickness. A recovery plan is in place to reduce this overspend.
Corporate	The overall Corporate Services expenditure was £0.308m underspent year to date.

4. Agency costs

For 2019/20 NHSI has allocated the Trust an agency expenditure ceiling of £2.891m. Agency spend is monitored monthly, and a year on year comparison is summarised below:

Table 4: Agency Spend compared prior year



5. Cash

The cash balance at 30th November was £11.929m, cash balances across the reporting period is summarised below:

Table 4: Cash Balances

	September 2019 £000	October 2019 £000	November 2019 £000
Government Banking Service	13,827	12,180	11,795
Nat West	479	256	108
Petty Cash	29	27	26
Net Position	14,335	12,463	11,929

The cash balance is bolstered by funding for the CAMHS Capital Build and IT projects the Trust is hosting, the underlying cash position is circa £11.5m.

6. Recommendations

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



2019/20 Income and Expenditure Summary (As at 30th November 2019)

	19/20 Net Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Income							
Trust Income	107,559	9,006	8,752	(254)	70,919	70,477	(442)
Net Expenditure							
Clinical Services							
Children's & Learning Disability	22,031	1,864	1,857	7	14,187	13,488	699
Community & Primary Care	16,442	1,341	1,315	26	11,068	10,730	338
Mental Health	35,153	3,086	2,911	174	23,638	22,974	663
Secure Services	8,595	712	712	0	5,748	5,962	(214)
	82,221	7,002	6,794	208	54,641	53,154	1,487
Corporate Services							
Chief Executive	1,979	170	160	10	1,281	1,271	10
Chief Operating Officer	4,191	472	526	(54)	3,672	3,698	(26)
Finance	8,963	781	724	57	5,902	5,549	354
HR	2,754	227	175	52	1,816	1,603	212
Director of Nursing	1,805	149	151	(2)	1,208	1,194	13
Medical	1,781	148	152	(4)	1,190	1,213	(23)
Finance Technical items (including Reserves)	415	39	104	(65)	275	607	(233)
	21,888	1,987	1,992	(5)	15,344	15,136	308
Total Net Expenditure	104,109	8,989	8,786	203	69,984	68,290	1,795
EBITDA	3,449	17	(35)	(51)	934	2,187	1,252
Depreciation	2,807	229	211	18	1,830	1,710	120
Interest	148	12	8	(8)	98	89	(3)
PDC Dividends Payable	2,188	176	207	(19)	1,408	1,477	(157)
PSF Funding	(1,343)	(134)	(133)	(1)	(739)	(739)	-
Operational Position	(350)	(266)	(328)	(61)	(1,663)	(351)	1,312
BRS	-	(475)	(433)	(43)	194	1,470	(1,276)
Operating Total	(350)	209	105	(104)	(1,857)	(1,821)	36
Excluded from Control Total							
Donated Depreciation	216	18	17	1	144	139	5
Ledger Position	(566)	191	87	(103)	(2,001)	(1,959)	42
EBITDA %	3.2%	0.2%	-0.4%		1.3%	3.1%	
Surplus %	-0.3%	-3.0%	-3.7%		-2.3%	-0.5%	



Agenda Item 12

Title & Date of Meeting:	Council of Governors Public Meeting – 16 January 2020			
Title of Report:	Governor Groups Feedback and Governor Activity			
Author/s:	Huw Jones Chair of Finance, Audit, Strategy and Quality Governor Group			
Recommendation:	To approve		To receive & note	
	For information		To ratify	
Purpose of Paper:	To provide the Council of Governors with an update on meetings held and Governor activity.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date	Engaging with Members	Date
	Appointments, Terms & Conditions Committee			
	Finance, Audit, Strategy and Quality Governor Group			
	Trust Board			
			Other (please detail)	
Key Issues within the report:	Identified in the report			

Monitoring and assurance framework summary:

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



Feedback from Governor Groups and Governor Activity

Finance, Audit, Strategy, Quality and Workforce Group

The first meeting of the group including Workforce was held on 18th December 2019. The meeting focussed on Quality and Workforce areas of assurance.

Mike Cook presented the work of the Quality Committee in the months since the last discussion at the group. The scope of the work at the Committee is wide. The discussion at the Group highlighted the following issues:

- CQC responses to items raised in terms of quality – now resolved
- Clinical engagement structures
- Work led by Dr Stella Morris on clinical leadership
- Prevention and repatriation of out of area placements
- Learning from research
- Quality Improvement
- Addictions
- Dual diagnosis
- Always events

The Group was assured about the process being followed in the Committee and the developments being made.

It is intended that a future meeting focus on the work on patient and carer experience as this has been requested by Cllr G Lunn.

There was a detailed discussion on CAMHS. It was in 2 parts – the new inpatient unit and the waiting time position.

The Governors were pleased to have received invitations to a guided tour of the new unit scheduled for 10th January 2020. Many of the Governors indicated they were hoping to attend. Mike Cook informed the group that there will be a phased opening of the unit to ensure that the clinical model was implemented in the best way possible.

Mike Cook discussed the progress being made with waiting times and summarised the discussions taking place at Board on this challenging topic. The Governor Group were assured that robust discussions had been taking place and were pleased to be presented with charts suggesting an improvement in the position had begun to be demonstrated through data.

Francis Patton and Steve McGowan attended to group for the first time to discuss workforce issues and the work of the Committee. FP took the group through the history of the Committee and its make-up. Specific mention was made of Dean Royles recent appointment. The focus of the Committee is on a number of priority issues, namely:

- Vacancies
- Sickness
- Leadership development
- Behaviour standards

Governors had noticed an improvement in the advertisements as they appear on websites, especially making the most of the recent HSJ award.



Steve McGowan informed the group about the leadership development processes that were being put in place. It is thought that some of the leadership work will have an impact on the sickness issues.

A brief discussion took place on how managers are supported when faced with an issue with staff. The group felt that it is important for issues to be effectively tackled at the earliest opportunity.

Appointments, Terms and Conditions Committee

Meeting postponed.

Governor Activity

Details of Governor activity submitted since the last meeting (22 October 2019) are included with this report. Governors are asked to submit their activity records, which will help them feedback to members.



Governor's Activity Report

Please can you complete a summary of any Governor activity? This will assist us in providing evidence on how our Governors are fulfilling their responsibilities.

Name **Huw Jones** Month **December 2019**

Governor Visits
Service Area Interests Activity
Regional Governor Meetings
Other 2/12 Meeting re Visits 5/12 Meeting with Sharon 18/12 Meeting of the Governor Group

Governor's Activity Report

Please can you complete a summary of any Governor activity? This will assist us in providing evidence on how our Governors are fulfilling their responsibilities.

Name **Huw Jones** Month **October – November 2019**

Governor Visits

Service Area Interests Activity

Regional Governor Meetings

15/11 Celebrating Mental Health in Partnership STP meeting in York

Other

3/10 Meeting with Sharon Mays
7/10 External Audit Evaluation
17/10 Staff Awards
22/10 Council of Governors
5/11 Meetng with Sharon Mays
5/11 Public Governor meeting
12/11 Governor Development
27/11 Trust Board

Governor's Activity Report

Please can you complete a summary of any Governor activity? This will assist us in providing evidence on how our Governors are fulfilling their responsibilities.

Name.....Eric Bennett.....

Month October / November 2019.....

Governor Visits
Service Area Interests Activity
Regional Governor Meetings 22 nd Oct Council of Governors Meeting HQ.
Governor meetings – i.e PLACE inspections, membership recruitment events, Board/Governor meeting etc 17 th October 19 Whitby Hospital. Place inspection 29 th October 19 Meeting Patient & Carer Experience HQ. 31 st October 19 Townend Court Hull Place inspection 5 th November 19 Maister Lodge Placeinspection 12 th November 19 Governor Development Meeting
Other



Governor's Activity Report

Please can you complete a summary of any Governor activity? This will assist us in providing evidence on how our Governors are fulfilling their responsibilities.

Name.....**Ros Jump**..... Month...**October 2019**.....
.....

Governor Visits Miranda House 22 nd October 2019 Mill View 29 th October 2019
Service Area Interests Activity
Regional Governor Meetings
Governor meetings – i.e PLACE inspections, membership recruitment events, Board/Governor meeting etc PLACE
Other

Governor's Activity Report

Please can you complete a summary of any Governor activity? This will assist us in providing evidence on how our Governors are fulfilling their responsibilities.

Name Huw Jones Month July – September 2019

Governor Visits
Service Area Interests Activity
Regional Governor Meetings
Other 18/7 – Staff award meeting 5/8 – Meeting Sharon Mays 12/8 – Strategy meeting 3/9 – STP Conference 10/9 – Public Governors and Meeting with Sharon Mays 12/9 - AMM

Governor's Activity Report

Please can you complete a summary of any Governor activity? This will assist us in providing evidence on how our Governors are fulfilling their responsibilities.

NameDoff Pollard..... Month.....Jan to Sept 2019.....

Governor In-patient Visits

3rd April Governor Visit to Malton Hospital
18th June Governor visit to Millview Lodge Older People Mental Health inpatient Unit, Castle Hill
16th July Governor Visit to Whitby Hospital
12th June Governor visit to Health Trainers session

Service Area Interests Activity

Area of interest Whitby Hospital...
16th Sept Patient and Carers Forum at Whitby Hospital
19th June Patient and Carers Forum at Whitby Hospital
3rd June attended Whitby Hospital League of Friends meeting

Regional Governor Meetings

17th Jan Council of Governors
9th April Council of Governors

Governor meetings – i.e Appointment & Terms and Conditions Committee, Finance and Audit, PEAT inspections, membership recruitment events etc

23rd Jan Building Priorities Meeting
30th April Governor Development Session
26th June Attended Public Trust Board meeting in Whitby
10th Sept Governor Development Session
12th Sept Annual Members Meeting

Other

11th Sept Whitby area Joint PPG meeting to review progress of Hospital attended and provided the update I had received from CCG
Attended Local PPG. 11th Feb, 13th May and 12th Aug encourage PPG participants to engage in Humber activities such as review of strategy
26th June Represented Humber at Dying Matters event in Whitby
24th Feb Attended briefing for the Primary Care Network invitation to Whitby area PPG's

Governor's Activity Report

Please can you complete a summary of any Governor activity? This will assist us in providing evidence on how our Governors are fulfilling their responsibilities.

Name: Mandy Dawley

Months: January 19 to September 19

Governor Visits
Service Area Interests Activity
Regional Governor Meetings
<p>Governor meetings – i.e PLACE inspections, membership recruitment events, Board/Governor meeting etc</p> <ul style="list-style-type: none"> • Engaging with members meeting – 9th January 2019 • CoG meeting – 17th January 2019 • Operating Plan Open Session for Governors – 5th March 2019 • Staff Governor meeting – 7th March 2019 • Staff Governor meeting with Katy Marshall – 9th April 2019 • CoG meeting – 9th April 2019 • Governor Development Session – 30th April 2019 • Staff Governor meeting – 5th June 2019 • Governor Development Session – 18th June 2019 • CoG meeting – 11th July 2019 • Staff Awards judging panel – 18th July 2019 • Staff Governor meeting – 11th September 2019 • Annual Members Meeting – 12th September 2019
Other

