

**Council of Governors  
Public Meeting – Thursday 15 October 2020**

For a virtual meeting to be held at 2.45pm by Microsoft Teams

		Lead	Action	Report Format
	<b>Standing Items</b>			
1.	Apologies for Absence	SM	To note	verbal
2.	Declarations of Interest	SM	To receive & note	√
3.	Minutes of the Meeting held on 16 July 2020	SM	To receive & approve	√
4.	Actions Log and Matters Arising	SM	To receive & discuss	√
5.	Patient Story – Alcohol can affect anyone, look around, is it you?	MD	To note	√
6.	Chair's Report	SM	To note	verbal
7.	Chief Executive's Report	MM	To receive & note	√
	<b>Corporate</b>			
8.	Patient Led Assessment of the Care Environment (PLACE)	LP	To receive & note	√
9.	Planning Update	PBec	To receive & note	√
10.	Engaging with Member Group Terms of Reference	MH	To receive & approve	√
11.	Finance, Audit, Strategy, Quality, Workforce, Mental Health Legislation Governor Group Terms of Reference	HJ	To receive & approve	√
12.	Public Trust Board Minutes – June and July 2020	SM	To receive & note	√
	<b>Performance &amp; Delivery</b>			
13.	Performance Update	PBec	To receive & note	√
14.	Finance Report	PBec	To receive & note	√
	<b>Governor Issues</b>			
15.	Governor Groups Feedback & Activity	All	To receive & note	√
16.	Responses to Governor Questions	All	To receive & note	√
17.	Any Other Business			
18.	<b>Date, Time and Venue of Next Meeting</b> Thursday 14 January 2021, 2.00pm in the Lecture Theatre, Trust Headquarters, Willerby			



**Agenda Item 2**

Title & Date of Meeting:	Council of Governors Public Meeting – 16 October 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		Other (please detail)	Quarterly report to Council
	Trust Board			
Key Issues within the report:	Governors are asked to note the report and to inform the Trust Secretary of any further changes to their declarations. Any declarations made by Governors are included on the publicly available register.			

**Monitoring and assurance framework summary:**

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

√ Tick those that apply

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



### Governors' Declaration of Interests

Constituency	Governor	Interests Declared
<b>Elected – Hull Public</b>	Eric Bennett	None
	Helena Spencer	<ul style="list-style-type: none"> <li>Trustee/Director of the Homeless Charity, Emmaus Hull</li> </ul>
	Vacant	
	Vacant	
<b>Elected – East Riding Public</b>	John Cunnington	None
	Christopher Duggleby	<ul style="list-style-type: none"> <li>Involved with National Institute for Health Research (NIHR), Alzheimer's Society and Age UK</li> </ul>
	Huw Jones	<ul style="list-style-type: none"> <li>Vice Chair, Oakfield School, Hull</li> <li>Mobilisation Lead, Maldaba Ltd</li> <li>Director, Innov8 Consulting</li> </ul>
	Ros Jump	<ul style="list-style-type: none"> <li>Councillor -East Riding of Yorkshire Council (Cottingham North), Cottingham Parish Council</li> <li>Governor Westfield Primary School, Cottingham</li> <li>Governor Dunswell Primary School, Dunswell</li> <li>Trustee Dunswell Village Institute, Dunswell</li> <li>Trustee H.A.N.A. Trust</li> <li>Consultancy work for Eden &amp; Partnership</li> </ul>
	Sam Muzaffar	<ul style="list-style-type: none"> <li>Councillor, Elloughton-cum Brough Town Council</li> <li>Director of a Limited Company providing General / Performance management Consultancy.</li> </ul>
	Fiona Sanders	<ul style="list-style-type: none"> <li>TBC</li> </ul>
<b>Elected – Wider Yorkshire &amp; Humber Public</b>	Tim Durkin	<ul style="list-style-type: none"> <li>Member of Hull and East Yorkshire Mind</li> <li>Member of (National) Mind</li> <li>Member of the Trust's Associate Hospital Managers Panel</li> </ul>
<b>Elected Whitby</b>	Doff Pollard	<ul style="list-style-type: none"> <li>Whitby Health Engagement Network representative for Hambleton, Richmond and Whitby Clinical Commissioning Group</li> <li>Charity Trustee of Registered Charities and Ltd Co by guarantee Rural Arts Cleveland Ironside Mining Museum Action with Communities in Rural England (ACRE)</li> <li>Volunteer - Captain Cook Memorial Museum and Skinningrove Bonfire Committee, Whitby Community Transport</li> </ul>
<b>Service User and Carer</b>	Vacant	
	Vacant	

<b>Elected - Staff</b>	Craig Enderby (clinical)	None
	Jack Hudson (clinical)	None
	Sam Grey (non clinical)	None
	Mandy Dawley (non clinical)	None
	Anne Gorman (non clinical)	None
<b>Appointed</b>	Gwen Lunn (Hull City Council)	TBC
	Paul Nickerson, East Riding of Yorkshire Council	TBC
	Jacque White Hull University	<ul style="list-style-type: none"> <li>• Mental Health Strategy Lead</li> <li>• 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.</li> <li>• Member of the Labour Party</li> </ul>
	Voluntary Sector, Andy Barber, SMILE	<ul style="list-style-type: none"> <li>• Charity Manager for SMILE currently working on the Charitable Funds redevelopment for the Trust</li> <li>• Health Stars</li> <li>• Sub Contract for VCSE contract</li> </ul>
	Paul McCourt, Humberside Fire and Rescue	<ul style="list-style-type: none"> <li>• Director of Public Safety, Humberside Fire and Rescue Service</li> </ul>
	Jenny Bristow, Humberside Police	None

**Minutes of the Council of Governors Public Meeting held on  
Thursday 16 July 2020 via Microsoft Teams**

**Present:** Sharon Mays, Chair  
Michele Moran, Chief Executive  
Jenny Bristow, Appointed Governor Humberside Police  
Tim Durkin, Wider Yorkshire & Humber Public Governor  
Craig Enderby, Staff Governor  
Anne Gorman, Staff Governor  
Sam Grey, Staff Governor  
Jack Hudson, Staff Governor  
Ros Jump, East Riding Public Governor  
Gwen Lunn, Appointed Governor, Hull City Council  
Paul McCourt, Appointed Governor, Humberside Fire & Rescue  
Sam Muzaffar, East Riding Public Governor  
Doff Pollard, Whitby Public Governor  
Fiona Sanders, East Riding Public Governor  
Helena Spencer, Hull Public Governor  
Jacquie White, Appointed Governor, University of Hull

**In Attendance:** Peter Baren, Non Executive Director/Senior Independent Director  
Francis Patton, Non Executive Director  
Dean Royles, Non Executive Director  
Pete Beckwith, Director of Finance  
Lynn Parkinson, Chief Operating Officer  
Jenny Jones, Trust Secretary  
Katie Colrein, Membership Officer

**Apologies:** Andy Barber, Appointed Governor, Smile Foundation  
Stephen Christian, Service User and Carer Governor  
John Cunnington, East Riding Public Governor  
Mandy Dawley, Staff Governor  
Eric Bennett, Hull Public Governor  
Christopher Duggleby, East Riding Public Governor  
Huw Jones, Lead Governor & East Riding Public Governor  
Mike Cooke, Non Executive Director  
Mike Smith, Non Executive Director

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

The Chair welcomed Jenny Bristow to her first meeting as the appointed Governor for Humberside Police.

**15/20 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.

It was noted that any declarations that have been received, but not included in the report will be added.



16/20 **Minutes of the Meeting held on 16 January 2020**

The minutes of the meeting held on 16 January 2020 were agreed as a correct record.

17/20 **Matters Arising and Actions Log**

The action log was reviewed and noted.

18/20 **Year End Update including Annual Accounts & Quality Accounts**

Mr Beckwith, Director of Finance, provided a verbal update. He explained that the annual accounts had been presented to and approved by the Board and submitted in line with requirements. He was pleased to report that a clean audit opinion on all areas including Value for Money, consistency and Department of Health requirements was given by Mazars, the external auditors.

The Quality Account report was completed, however due to Covid 19 the requirement for presenting to the Council of Governors was cancelled for this year for NHS trusts and a revised date of 15 December 2020 given for reports to be submitted to NHS England.

**Resolved:** The verbal update was noted.

19/20 **Chair's Report**

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

- Governor resignation – Ian Graves, Hull Public Governor has resigned. This seat will be included in the future elections.
- Following approval at the Part II meeting held prior to this meeting, Mr Patton was reappointed by the Council of Governors as a Non Executive Director for a further three years. Congratulations to Mr Patton!
- Governor Group meetings continue to be held virtually for the Appointments, Terms and Conditions Committee, Finance, Quality, Workforce Audit and Strategy Group, Engaging with members, Development sessions and the Council of Governors. Work is taking place to help Governors who are struggling to connect to these meetings due to IT issues.
- Development session – this was held in June. The next session will be on the development of the Integrated Care Service (ICS) as it is moving at pace.
- Attendance on a number of regional and national calls including race equality meetings and the future of the Care Quality Commission (CQC)
- The Communications Team has been working hard through the pandemic to promote events and keep everyone updated. During Volunteers week, the Chair and Chief Executive wrote to every volunteer to thank them for their support. Some governors have also been involved in befriender roles.
- A virtual staff awards event was also held to celebrate staff with long service and employees of the month.

**Resolved:** The verbal update was noted

20/20 **Chief Executive's Report**

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

**Veteran Aware NHS Organisation**

The Trust has been accredited as a Veteran Aware NHS organisation, by the Veterans Covenant Healthcare Alliance (VCHA). The Trust demonstrated our commitment to the Armed Forces Covenant and was always striving to deliver the best possible care to our veterans. This a great honour for the organisation.

**Humber Mental Health Education Team**

The Humber Mental Health Education team won an award by Hull York Medical School This is a major achievement and is another positive validation of how our medical students perceive us. Well done and many congratulations.

### **Freedom to Speak Up Appointments**

Work has continued throughout the pandemic. Following the departure of Helen Young Deputy Freedom to Speak Up Guardian, two Deputy Freedom to Speak Up Guardians have been appointed Alec Saxby and Nicki Titchener.

### **Back to Basics**

This campaign will continue and other organisations have adopted it. The Stop Think Social Distance is also promoted. The work that the Estates team has done to make buildings safe was also noted. It was agreed to circulate this to Governors.

### **NHS 72<sup>nd</sup> Birthday**

In celebration of the birthday, the Inspire Unit was lit up blue and hampers were sent out to all staff who were working on the day. A virtual service was held by the trust Chaplain which was attended by the Bishop of Hull.

### **Integrated Care Service (ICS)**

Planning work continues with collaborative working to benefit the communities we service.

### **Annual Members Meeting**

The meeting this year will take place on 17 September as a virtual meeting which will be live streamed.

Mrs Spencer referred to the Care Quality Commission insight report in the Directors update section asking about the proportion of staff doing unpaid overtime and what this meant. It was confirmed that overtime is paid however some staff prefer to take time off in lieu.

Ms Jump asked questions relating to the crisis out of hours team, emergency department, out of area treatment and eating disorders services. In terms of the crisis out of hours a 24/7 telephone lines was in place. A resilience hub is in development and work is taking place to model the demand. Mental Health services have started to see an increase in demand especially for Child and Adolescent Mental Health Services (CAMHS). The resilience hub proposal is to have one for North Yorkshire and York and another for Humber including the South Bank initially for key workers to signpost them to services to meet their needs. The second tier would be to develop training and packages of care, the third tier would be for high level Post Traumatic Stress Disorder (PTSD).

Mrs Parkinson added that the key elements for crisis referrals are children and young people, the adult team and the older adult team. All teams are fully operational and have been throughout Covid 19. An increase in referrals for children has been seen of late and the situation is being monitored.

Emergency department screening is in place and the Trust is working closely with Hull University Teaching Hospitals to protect patients and support demand. Services have been streamed to using Miranda House which is working well. Accommodation is being reviewed to ensure there is sufficient space to maintain this service.

Eating Disorders is aligned to the ICS and the work being done in Humber Coast and Vale (HCV) around the lead provider collaborative. The Trust is working with Evolve for Adult services in the East Riding.

Out of area treatment has increased slightly due to a lack of bed capacity due to Covid 19 and the restrictions around the number of beds available. This is being reviewed by the system as to how it can be managed. People should not be sent out of area if they are in the HCV as people need to be treated closer to home.

Staff are being encouraged to continue to work from home and to continue using the IT platforms that have been put into place. Some staff are fine with this while some may struggle with the isolation. Work is being undertaken to transform rooms to allow staff to temporarily return to work safely for specific tasks such as printing. These work spaces will be bookable. There are some staff who may need to return to work and this will be done on a rota basis. Appropriate risk assessments are being undertaken for all staff including BAME and those shielding.

Mrs Gorman highlighted that Occupational Health and particularly Catherine Watson had been proactive in checking that staff had the appropriate equipment for working from home. She acknowledged that the Trust is putting measures in place to facilitate safe working from home for staff.

Mrs Parkinson reported that De-escalation Management training (DMI) relates to mental health inpatient staff and supports them to de-escalate situations. This training has to be delivered face to face which is a challenge with social distancing restrictions. Appropriate risk assessments have been completed to enable the training to take place

Mr McCourt congratulated the Trust for its contribution to the Local Resilience Forum during Covid 19 which showed the benefits of partnership working.

In terms of the ICS and prevention Dr White said Hull University is expecting a demand in student mental health services and is looking at what can be put in place to prevent this. She explained that KOOTH is an app that has been used for children and young people which may be useful for the organisation.

Mrs Sanders asked how new starters with the organisation are being supported to start work during the current situation. The Chief Executive reported that new starters have said they feel supported by the environments they have gone into and it is up to the individual's manager to induct them appropriately with key issues such as personal protective equipment and safety measures.

**Resolved:** The report and verbal updates were noted.  
**Back to Basics poster to be circulated to Governors Action KC**

#### 21/20 **Council of Governors Effectiveness Review**

An effectiveness review of the Council of Governors has been undertaken. The report detailed the work of the Committee and Governor attendance. The Terms of Reference for the Council of Governors have been updated and were presented for approval.

The Chair highlighted that Andy Barber had been omitted from the list of Governors and attendance section. The report will be amended to reflect that he has attended 2 out of 4 meetings. It was also noted there was a meeting that was not quorate and this will be closely monitored going forward.

**Resolved:** The report was noted. The Council of Governors approved the Terms of Reference.

#### 22/20 **Governor Group Effectiveness Reviews**

Effectiveness reviews have been undertaken for the Appointment, Terms and Conditions Committee and the Finance, Quality, Workforce Audit and Strategy Group. The reviews detailed the work of the Governor Groups during the year.

Mr Muzaffar, Committee Chair explained that the Appointments, Terms and Conditions Committee approved the extension of terms of office for the Chair and the Senior Independent Director and was involved in the recruitment of a Non Executive Director. Three meetings were held during the year. The Terms of Reference were reviewed and minor changes

suggested.

The Effectiveness review for the Finance, Quality, Workforce Audit and Strategy Group was presented. It was noted that the Terms of Reference need reviewing and will come back to a future meeting for approval.

**Resolved:** The report was noted. The Terms of Reference for the Appointments, Terms and Conditions Committee were approved.  
The Finance, Quality, Workforce Audit and Strategy Group Terms of Reference to be reviewed and come back to a future meeting for approval. Action HLJ

23/20 **Council of Governor Workplan**

The workplan for the Council of Governors was presented to the Council. It was noted that the workplan is an evolving document and is updated as required.

**Resolved:** The workplan was ratified by the Council of Governors.

24/20 **Governor Development Session Notes 16 June 2020**

The minutes from the Development Session held by Microsoft Teams on 16 June were presented for information.

**Resolved:** The minutes were noted.

25/20 **Public Trust Board Minutes November 2019, January – May 2020**

The minutes of the public Board meetings for November 2019 and January to May 2020 were provided for information.

**Resolved:** The minutes were noted.

26/20 **Fit and Proper Persons Compliance Report**

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires all trusts to ensure that all executive and non-executive director posts (or anyone performing similar or equivalent functions) are filled by people that meet the requirements of the FPPR. The definition of directors includes those in permanent, interim or associate roles, irrespective of their voting rights at Board meetings.

The report provided detailed the processes in place to ensure this provision is met.

**Resolved:** The Council of Governors noted the Trust's compliance with the Fit and Proper Person Regulation and the continuation of the process in place.

27/20 **Trust Constitution**

A review of the Constitution has been undertaken to ensure it remains appropriate and meets the needs of the organisation. The key changes made were to annex 1 to clarify the description of public constituencies and a proposal made for the appointed Governor terms of office to be flexed.

Mr Durkin raised a query outside of the meeting in relation to the boundaries and surrounding areas of the Wider Yorkshire and Humber which will be discussed with the Head of Corporate Affairs.

Mrs Spencer was pleased to see the change from Chairman to Chair in the Constitution previously and asked if the amendment to 14.4.3 could also be updated to reflect this. The Chair agreed this would be amended.

Mr Durkin asked about the election plan and the reference to election campaign that was referred to within the update. The Chair explained this was a timeline plan for the Membership Office to use to ensure that key dates were met with regards to providing Civica, who provide

the Trust's election services, with the relevant information. The Chair reminded Governors that for this year's elections a large number of seats are available and the Trust will be working with Governors to help to promote the elections.

**Resolved:** The Council of Governors approved the amendments to the Constitution which will be submitted to the Board for approval (subject to the change proposed in relation to the Chair's title)

28/20

### **Performance Update**

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.

Commentary for indicators that had fallen outside of the normal variation range was provided in the report in relation to: Complaints, Friends and Family Test (FFT), Waiting Times and Delayed Transfers of Care, the majority of which had been impacted on by Covid 19.

Ms Jump asked if there has been any improvement in delayed transfer of care. Mrs Parkinson, Chief Operating Officer, explained that this has remained the same and is being closely monitored. There has been reduced capacity in care homes as a consequence of Covid 19 and around the number of beds available. The Trust is doing what it can to ensure that service users are transferred in an appropriate way.

Ms Jump asked if there are any plans to re-open any buildings that have been mothballed. Mrs Parkinson reported that care homes are commissioned by the Local Authority. Daily updates around capacity are received, however it is not known if there are any plans to reopen closed facilities as they are currently optimising the beds that they have which is a changing situation. The Trust is supporting care homes from a physical and mental health perspective. The Chief Executive explained that the approach from the Integrated Care System (ICS) is not to reopen mothballed facilities but to maximise capacity across the two sub systems. In conjunction with the local authority, care homes are looking at how they can work with the acute sector. There is also a swabbing issue on discharge with Covid 19 which is a risk on the ICS risk register.

Mr Durkin referred to the staff vacancies asking what is meant by a control limit and whether the percentage referred to in the report should be lower. Mr Beckwith explained that a statistical process chart (spc) system is used with the targets set by management based on the previous 24 months activity. The establishment has grown in the organisation by 100 staff as a result of new business. The staffing establishment is now 2580 compared with 2300 two years ago. Bank and agency staff are used to fill vacancies. It was confirmed that the Trust has not had a vacancy freeze to help its financial position. Recruitment campaigns continue to run and regular updates are provided to the Workforce and Organisational Development Committee. Additional resources have also been committed for recruitment and retention to support nurse recruitment.

In response to Mr Durkin's question regarding staff turnover and staff vacancies and the budget this is based on, Mr Beckwith explained that the Trust budgets have a vacancy factor built into them with the exception of inpatient services where no vacancy factor exists. The vacancy factor built into community services budgets reflect a 3% turn over and there is a 5% vacancy factor in corporate services budgets. The Chief Executive reported that the Trust comes out better in comparison with benchmarking with other organisations in this area. A detailed recruitment plan is in place and the trajectory for nursing and consultants is above plan. Having no vacancy factor in clinical services is unusual and there are no plans to do this through the Budget Reduction Strategy (BRS). Mr Patton confirmed these issues have been discussed at both the Finance and Investment Committee and the Workforce and Organisational Development Committee. The risk registers are reviewed regularly and a working group has been established to look at recruitment and retention and any issues identified.

Ms Bristow referred to sickness absence statistics stating that in her organisation it has found to be worthwhile to review these not just when there are positive results/. Mrs Parkinson said this is something the Trust has started to look at. Detail of the service level data is available and it is interesting that non Covid 19 related sickness has reduced in recent months. It is thought to be due to our staff being committed and passionate about working to run services well to benefit our patients. The staff health and wellbeing group monitors this closely and as chair, Mrs Parkinson confirmed it is a key focus of the group especially as staff are saying they are getting tired.

Mr McCourt commented that it was nice to see income and expenditure stabilised in strategic goal 5. In relation to strategic goal 6 he noted that although staff doing an excellent job in difficult circumstances, there had been a reduction in compliments and asked if anything is being done to improve this situation. He was informed that services are encouraged to record compliments on the system. However with the current situation it is possible that this has not been done but the services have been receiving compliments. A message has been circulated to ask staff to report compliments as it is important. The Chief Executive agreed with the importance of recording compliments and that a clear message has been sent out about entering these onto the system.

The Chair explained that the patient and Carer Engagement Forums are taking place virtually and all Governors are welcome to join in. Details can be obtained from the Membership Officer.

It was suggested that a session be held on SPC for Governors after the next elections have taken place. The Chair thought this was a good suggestion and the session would be open to new and existing Governors.

**Resolved:** The report and verbal updates were noted.  
A session on SPC to be arranged following the next elections **Action PBec**

29/20

### **Finance Report**

This report is a summary of financial performance for the Trust for the 6 month period December 2019 to May 2020. Highlights included:-

- The Trust ended the 2019/20 financial year with a operational surplus of £0.050m, consistent with its revised NHSI Target.
- For 2020/21 Operation planning has been suspended. With a move to block income for the first 5 months of the year.
- Use of resources score was 2
- As at the end of May 2020, the Trust had recorded an operational breakeven position.
- Cost in relation to the COVID pandemic for Months 1 and 2 total £1.754m.
- The Cash Balance at the end of May 2019 was £26.4m. £10m of which is payment in advance from Covid 19 funding to ensure the Trust can pay it small suppliers and maintain its cash flow.

Mr McCourt asked if preparations are being put into place for any second wave of the pandemic. Mr Beckwith said that future demand is being reviewed. However the challenge is that the financial envelope is unknown for the NHS. Mental Health Investment Standard (MHIS) is a priority and some investment is expected to meet the demand.

Mr Durkin referred to the Covid expenditure and reimbursement asking if a second payment has been received. Mr Beckwith confirmed that the May claim should be paid in July and the July claim in September as it is paid in arrears. Mrs Gorman assumed that this would end at some point and asked if this happened how would any future Covid 19 expenses be funded. Mr Beckwith reported that the block arrangements are in place into August, possibly September. If this continued there would be some notification that some allocation will be made into the system for retrospective claims, but it is not clear how this will be done yet. The

next meeting of the Finance, Quality, Workforce Audit and Strategy Group will also be focussing on this issue.

Mr Patton informed Governors that the Finance and Investment Committee had moved to two monthly meetings as the finances are under control. The organisation has had two financial stable years thanks to the work of the Finance team. Iain Omand, Deputy Director also received an award for the work he has done in the Trust. The Chair added there thanks to Mr Beckwith and the team for the year end position and for the work they have done to achieve this.

**Resolved:** The report was noted.

30/20 **Governor Groups Feedback and Activity**

The report provided feedback from the Governors Groups that have been held recently. Governor recorded activity was also included as well as an update from the Appointments, Terms and Conditions Committee, Finance, Quality, Workforce Audit and Strategy Group and the Engaging with Members Group

**Resolved:** The report was noted.

31/20 **Responses to Governor Questions**

No new questions or queries have been raised since the last meeting.

Mr Enderby commented that the clinical supervision issue discussed in last year's Quality Account audit and the agreement for this to be recorded on ESR had yet to be actioned. He explained that this is still not on ESR and asked if an update would be provided to the Council. The Chair will follow this up with Mrs Gledhill and this query will be added to the Governor questions report.

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

32/20 **Any Other Business**

No other business was raised.

33/20 **Date and Time of Next Meeting**

Thursday 16 October 2020, by Microsoft Teams

Signed..... Date  
Chair

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

<b>Summary of actions from July 2020 meeting and update report on earlier actions due for delivery in October 2020</b>						
<i>Rows greyed out indicate action closed and update provided here</i>						
<b>Date of Meeting</b>	<b>Minute No</b>	<b>Agenda Item</b>	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Update Report</b>
16.7.20	20/20	Chief Executive's Report	Back to Basics poster to be circulated to Governors	Membership Officer	August 2020	Emailed to Governors
16.7.20	22/20	Governor Group Effectiveness Reviews	The Finance, Quality, Workforce Audit and Strategy Group Terms of Reference to be reviewed and come back to a future meeting for approval.	Lead Governor	October 2020	Item on the agenda
16.7.20	28/20	Performance Update	A session on SPC to be arranged following the next elections	Director of Finance	February 2021	Item not yet due
16.7.20	31/20	Responses to Governor Questions	Query on when Clinical Supervision will be recorded on ESR.	Chair	October 2020	Update provided in papers
<b>Outstanding Actions arising from previous Council meetings for feedback to a later meeting</b>						
16.1.20	06/20	Chief Executive's Report - System	A session on the local System will be arranged for the April development day with appropriate representatives	Chair	April 2020	April Development Day cancelled due to Covid 19. To be arranged for the next Development Day 8.9.20
<b>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</b>						

**Agenda Item 5**

Title & Date of Meeting:	Trust Council of Governors (CoG) Meeting – 15 <sup>th</sup> October 2020			
Title of Report:	Patient Story – Alcohol can affect anyone, look around, is it you?			
Author/s:	Name: Lisa Arnold Title: Senior Patient & Carer Experience Co-ordinator			
Recommendation:	To approve		To receive & note	√
	For information		To ratify	
Purpose of Paper:	To inform the Council of Governors (CoG) members of how; Alcohol can affect anyone. The help the Trust services have provided. Becoming a volunteer within the Trust has benefits for a number of other services users.			
Governance: <i>Please indicate which group or committee this paper has previously been presented to:</i>	Name of group (please list all)	Date	Name of Group (continued)	Date
	A meeting took place between the service user and senior patient and carer co-ordinator.  Also in attendance was Service User & Carer Lead.	10.02.20		
Key Issues within the report:	The key messages of the CoG story are: <ul style="list-style-type: none"> <li>• Highlight how alcohol doesn't discriminate</li> <li>• To advise on the help the Trust services have been able to provide</li> <li>• The benefits of becoming a volunteer and Peer Mentor</li> </ul>			

**Monitoring and assurance framework summary:**

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



Patient Safety	√			
Quality Impact	√			Values Based Recruitment will be realised by implementation of the framework.
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	

## **Alcohol can affect anyone, look around, is it you?**

### **1. Introduction**

The purpose of this update is to inform CoG members of how;

- Alcohol doesn't discriminate
- Trust Services have helped the recovery process
- Becoming a volunteer and Peer Mentor is of benefit to others

### **2. Attendance at the Council of Governors meeting**

In attendance will be Alison (Service User/ Volunteer / Peer Mentor) and David Reade, Service User & Carer Lead, Humber Teaching NHS Foundation Trust and East Riding Partnership.

A short You Tube video of Alison's story has been made and the link is below

[https://www.youtube.com/watch?v=uXIs\\_Lro0po](https://www.youtube.com/watch?v=uXIs_Lro0po)

### **3. Key Messages**

Alison would like to provide the following messages to the CoG :

- To inform the members of how the Trust services have helped and assisted on the road to recovery.
- The importance of support and aftercare.
- Benefits of becoming a Volunteer and Peer Mentor.

## **Vodka for breakfast and all day in bed: 'My life as an alcoholic and how I came back from the brink'**

Jane hopes her story will inspire others to get off the booze

By [Angus Young](#) 17:00, 10 AUG 2019

Jane's recovery from alcoholism has been a long and hard journey

A woman who helps people with drink problems has told of her own shocking descent into alcoholism which saw her downing a litre bottle of vodka every day.

Jane, 62, who lives in East Yorkshire, now volunteers as a peer mentor for the East Riding Partnership which is run by the [Hull-based Alcohol and Drug Service](#) and the [Humber Teaching NHS Foundation Trust](#).

But at the height of her own addiction, she kept a bottle of vodka by her bedside and willed her hands to stop shaking in order to pour herself another drink.

She said: "In my late twenties I married a merchant navy officer who was away at sea six to nine months of the year so I found it quite acceptable to drink on my own. I would often reach for a glass of wine as I walked through the door from a stressful day at work but at some point in my thirties my alcohol consumption had noticeably increased.

"I seemed to have a very high tolerance of alcohol and rarely suffered with a hangover but at some point I got into the habit of finishing the remains of a bottle first thing in the morning.

### **'A bottle of wine a day, turned into a box'**

"This became a feature in my life and following two redundancies - which incidentally were not caused by my drinking - I started working for my now husband from home, which gave me every opportunity to drink what I liked, when I liked. A bottle of wine a day turned into a wine box a day and from there, into a litre of vodka each day.

Jane was drinking a bottle of vodka a day "In 1995 I was aware I had a problem with alcohol and started attending Alcoholics Anonymous meetings which continued for nine months.

"However, as is common with many people who drink, I thought I could do it on my own and stopped going to the meetings. Then unfortunately I carried on drinking and remained in denial for a further 20 years."

Jane's drinking eventually spiralled out of control.

"During this time my life became totally unmanageable," she said.

### **'I would drink then spend the whole day in bed'**

"When I woke up in a morning my whole body would shake, so I kept a bottle by my bed and had to learn to steady my hands to such a position where I could actually pour a drink without knocking over the glass.

"Then I would be on a mission to buy more vodka and I might watch some morning TV before retiring to my bedroom for the rest of the day - usually managing to surface in time for my husband's return from work at about 6pm.

"From my husband's point of view, he was at a loss as what else to do and simply tolerated my behaviour. We would eat a pre-prepared meal, watch some television and I'd probably be back to bed by 8.30pm.

"Throughout these years I lied and became deceitful, was totally unreliable and forever breaking promises.

"I didn't care what I looked like and couldn't look at myself in the mirror. I injured myself falling over on numerous occasions and regularly telephoned people, repeating conversations twice in one day without realising.

### **'I woke up and thought, 'this has to stop''**

"Being from the south originally I hadn't made many friends locally, but the people who knew me in the village where we live, seemed to just accept me the way I was."

"Then one day, I can vividly remember waking up and thinking to myself, 'don't do this again today, this has to stop'. This was the point where my recovery journey started."

Even then, it wasn't a straightforward journey back to sobriety.

There are 67,000 people living in East Yorkshire who drink to the point that it is a risk to their health. (Image: PA)

After seeing [her GP](#), she was told not to stop drinking as she was consuming alcohol to a level where quitting without close medical supervision could have been fatal.

Although she underwent a detoxification programme, started regular sessions with a support worker and returned to AA, a leaving gift bought for some colleagues at a new part-time job she had landed nearly proved fatal.

### **'I thought one drink wouldn't hurt but immediately, I was back to square one'**

The gift was some bottles of wine and, because they had been on offer, she kept one bottle back for herself.

"I honestly thought at the time that one drink wouldn't hurt, but I was immediately back on the vodka and back to square one," she recalled.

"After a few weeks I got myself checked in for another detox and managed to stay sober for a few months. Then during a visit to see family, I again thought it would be OK to have one glass of cider, it was a hot day and I told myself it would be fine.

"Guess what? I was back on the vodka for six weeks before my last detox which is where my recovery journey started again."

Jane's last alcoholic drink was nearly three years ago and believes her experience shows recovery is not an easy thing to achieve.

Tim Young, chief executive of the Hull-based Alcohol and Drug Service (Image: Unknown)

"For anyone else in the same position as I was, please don't beat yourself up or feel like a failure," she said.

"Alcohol is a powerful substance which is available all day and night, easily accessed from convenient locations - a corner shop or a petrol station, the temptation is there all of the time and relapsing is not uncommon. One of my peers did the detox seven times!

"The point is, you do not have to do this alone, we just take it one day at a time and support each other."

### **'Not all alcoholics are disheveled, rolling around drunk - they look like you and me'**

Tim Young, chief executive of the Alcohol and Drugs Service, which is based in [Spring Bank](#), said: "The perception of people with an alcohol problem are those who look disheveled and roll around drunk, but this isn't necessarily the case.

"This stereotype is unhelpful as it can make it more difficult for people admit they have a problem. Especially as, more often than not, they just look like everyone else.

"We are very grateful to Jane for sharing her experience. As a [charity](#) we want to change the perception of recovery, from being a subject we avoid bringing up, to making it easier for people to talk about in order to recognise they have a problem and for people close to them to reach out and help."

**Agenda Item 7**

Title & Date of Meeting:	Council of Governors Public Meeting – 15 October 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:		Date		Date
	Appointments, Terms & Conditions Committee		Engaging with Members	
	Finance, Audit, Strategy and Quality Governor Group			
	Trust Board	30.9.20		
			Other (please detail)	
Key Issues within the report:	<ul style="list-style-type: none"> <li>Identified within the report</li> </ul>			

**Monitoring and assurance framework summary:**

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

✓ Tick those that apply

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

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



## Chief Executive's Report

### Around the Trust

#### **1.1 Staff Health and Wellbeing**

Our work on staff health and wellbeing continues. I have started a shiny minds 'ripple message', which was one of gratitude and thanks to staff who have the app for all that they are doing.

#### **1.2 Lanyards and Badges**

Staff should have received their new lanyards and thank you badges during the month.

#### **1.3 Virtual Meetings**

Virtual team meetings are carrying on with myself dialling into several per week and meeting staff by sessions such as 'Meet Michele' which had over 90 people attending. Morale remains good though staff are tiring hence our support to rest and take holidays.

#### **1.4 Infection Prevention Control (IPC) Guidance**

The national Infection, prevention and control guidance has been reissued, which has been comprehensively reviewed within the organisation. No immediate changes are being made to our advice and working but this will be reviewed on a regular basis as the situation changes. Areas have been rated in relation to requirements and this has been circulated to staff.

#### **1.5 International Conference Guest Speaker**

Debra McAdam a support worker in Child and Adolescent Mental Health Services (CAMHS) was selected as a guest speaker at an international conference for aromatherapists in Japan. Sadly due to Covid 19 the conference was unable to take place as planned. However she was able to present on line and able to represent the Trust. Debra explain all about the unique innovative service that she has created, and noted all the support that Humber has given her in order to enable her to progress this work. Debra was able to share the positive impact that the service has had on the young people that she works with to aromatherapists around the world.

#### **1.6 Research**

Another positive for our fabulous research team. Hull University Teaching Hospitals (HUTH) have been awarded UK Vaccine Task Force funding (administered from Department of Health and Social Care (DHSC) via Local Clinical Research Networks (LCRNs) to establish the Hull City Region Vaccine Delivery Hub, which is really good news. Humber are part of the bid and will be providing some funded research staff support. The funding is specifically to allow sites to develop additional infrastructure in readiness for future participant recruitment to Covid-19 vaccine trials and for the immediate need for vaccine preparedness during the financial year 2020/21.

As you may be aware HUTH is currently a site for the Oxford vaccine trial and we've helped with that as a participant identification centre (PIC). We're also currently going through the approval process for us to become a PIC site for Public Health England (PHE's) SIREN antibody study with HUTH and it's anticipated that a new vaccine trial will be coming to Hull later this year which we'll be supporting as part of this new vaccine hub.

All exciting developments and it is great being able to collaborate with HUTH so our staff and community have the opportunity to participate and potentially benefit.

## **2 Regional**

### **2.1 Highlights from the East Riding Health & Wellbeing board Meeting**

The new Chair is Councillor Walker who as part of her introduction wishes to make Health & Wellbeing Board more distinctive from Health and Wellbeing committee/scrutiny

## Refresh of Terms of Reference:

- Membership to remain as is
- Review frequency of meeting – proposal to maintain statutory committee meetings but to also look into introducing workshop meetings where wider participation or more in depth conversations are required. Octobers meeting to be more of a workshop – possible – refresh ideas on the Life Course approach using covid recovery as the theme

To add Covid / Covid Recovery as standard agenda item and to look at a refresh of the Joint Strategic Needs Assessment (JSNA)

## 2.2 Integrated Care Service (ICS) Mental Health Partnership

- The ICS Mental Health Partnership has submitted bids for an extended Perinatal service dealing with families suffering trauma a birth and a bid for staff resilience hub.
- The ICS has developed clinical priorities which will underpin all ICS work which are listed below;
  - Be open and transparent with our Patients, the Public and All Staff about the challenges we are facing and provide clear communications
  - Work together and embed shared ownership of care, treatment and risk across Humber, Coast and Vale, the health and care sectors and with the Patients
  - Share patient health and care demand lists across Humber, Coast and Vale to ensure our people have fairer and easier access to services, starting with hospital services including Cancer and Diagnostics and continue into other sectors as soon as possible e.g. Mental Health
  - Ensure equity of access to advice and guidance, specialist healthcare services, diagnostics and treatments across patient cohorts
  - Review and prioritise health and care needs of patients based on clinical risk and vulnerability ensuring the process is transparent and takes into account the holistic needs of the patient
  - Ensure integrated health and care pathways are deployed throughout Humber, Coast and Vale, that make effective use of resources available across the system, embed best practice and create optimum and alternative pathways to meet the needs of the patient whenever possible
  - Enable patients to manage their own health conditions and promote prevention over cure by improving existing arrangements and where required developing and implementing new models and support tools
  - Ensure alignment of resources to support the needs of the patient, with a particular emphasis on investment in the primary and community sector and services
- Risk Stratification is also another area being developed across all key development areas.
- Peter Reading is leading on Brexit.
- The Scarborough review has formally recommenced. This is how the last strategy developed and Simon Cox will be leading the work.
- The first ICS BAME network took place (I am part of that Board), highlights from the first meeting included:

A presentation from West Yorkshire and Harrogate was given on how they have progressed with their internal BAME network. West Yorkshire has a network of networks within their ICS. The team think the reason why it has worked is because their executive team are well vested in the BAME agenda. They are working on funding a BAME Fellowship programme

to address the gap in their organisational leadership structures. This will be funded through Transformation funds, Leadership Academy and their Health Foundation programme.

### **2.3 Hull/York Medical School (HYMS) Update**

The school is dealing with admissions this year following the changes to the A level results and the “lifting” of the cap on student numbers. Following meetings, and a lot discussion with Medical Schools Council, Department of Health and Social Care (DHSC), Health Education England (HEE) and the Department of Education (DoE), HYMS have now had confirmation that all additional medical student places this year will be fully funded and their future clinical placements will be funded.

HYMS had already responded to our applicants by accepting many of those who had dropped a grade based on their Ofqual algorithm grades and HYMS found themselves in a reasonably comfortable position once the centre assessed grades were released. As a result HYMS will be taking in the region of an additional 20 students into Phase 1 this year, giving us a total cohort size of just under 260 (140 in York, 120 in Hull) assuming that all students, including overseas students, register and start the course. A few students have opted to defer entry to 2021. Obviously this means that HYMS will need more Primary Care placements from this year and then hospital and other placements from 2022 – but this should be manageable and we are already in conversation with the Clinical Deans and Associate Directors of Primary Care Education to plan for this.

## **3 Director’s Updates**

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

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

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

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

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

The Trust continues to fulfil its responsibilities to MAPPA as a Duty to Cooperate agency and we have achieved 100% attendance across all required meetings. Aspects of the work have been altered by the COVID 19 pandemic however we have maintained our requirements.

Within the Trust we have three points of contact within the relevant divisions. This has been widely communicated and this point of contact system is working well. Quarterly meetings are held to discuss common issues and advisers are invited as required e.g. colleagues from performance and I.T. The plan of work is reviewed and this is then communicated to the Head of Probation thus maintaining our inter agency relationships.

Training on MAPPA awareness for our staff has been suspended due to the COVID pandemic but this will be reinstated as virtual training and we await the development of this by Police and Probation. In the meantime we have increased communications about our points of contact availability within the Trust so that staff can have a one to one consultation to receive advice and support about potential MAPPA cases. There has been good uptake for this.

Our training to other agencies regarding mental health has also been suspended due to the pandemic but in the same way it is now being developed as virtual training and will be rolled out shortly. We remain available to other agencies to consult with us and there has also been good uptake for this.

Regular updates in MAPPA policy are undertaken and in response our own policy is updated accordingly. Currently there is consultation on several MAPPA chapters and we have given input on this. It is positive to be able to influence national policy and as MAPPA is a relatively small community, it does genuinely feel that our voices are heard.

This month will see submit an article to the MAPPA annual report which will be focussed on staff stress and coping through COVID. This year has seen improvements in our reporting for MAPPA audits after support from colleagues regarding Lorenzo reporting mechanisms.

### **3.1.2 Redesigning Inpatient Mental Health Services**

Our Redesigning Inpatient Mental Health Services project is progressing well and work on developing the Outline Business Case (OBC) is moving forward. Our stakeholder workshops in support of the qualitative options appraisal process have now been concluded and these were attended by a wide variety of stakeholders all with a different but important perspective to bring to the process. The workshops provided an overview of the progress to date to ensure participants were fully briefed on the strategic context.

Work on progressing the OBC has been focussed in the last month on the economic case and financial modelling work which will be concluded by the end of September. There are 4 shortlisted options under consideration and by the middle of October a preferred option should emerge. With the support of KPMG we have started to explore potential funding options and reviewing procurement solutions.

### **3.1.3 Hull Mental Health Support Teams Project**

Hull has successfully bid for two Education Mental Health Support Teams (MHST's) which will bring a brand new workforce to Hull for children, young people and families to support children and young people within schools with mild to moderate emotional and mental health needs. The monies attached to bid are within the region of three quarters of a million pounds. Dr Louise Mowthorpe, Lead Psychologist in CAMHS is the clinical lead for the MHST project. The bid will enable us to recruit permanent staff for the project including a full time Service manager and 8 Education Mental health project workers.

The ambition is for the MHST's to support a population of 16,000 children and young people across the 2 teams in Hull. The MHST's will operate a hub and spoke model, integrated into schools and colleges and providing support through targeted focus on early help, intervention and prevention work. The MHST's will be co-produced with children, young people, parent/carers and colleagues within schools or part of the wider education system such as school nurses, youth workers etc.

#### **The MHST's will:**

- Work with children and young people in the context of their life – to deliver a whole family and system approach – enabling the child and their families to fully engage with shared decision making;
- Enable school staff to enhance their knowledge and understanding of mental health, and emotional wellbeing, and to grow in confidence with offering low level intervention and prevention within school and community settings;
- Support school staff to identify, with confidence, those children who have underlying traits suggestive perhaps of a neuro developmental disorder which may require onward referral;
- Increase capacity to intervene early, especially for the vulnerable groups identified in the table below; and
- Provide support for the implementation and maintenance of the Whole School Approach, already implemented through the Headstart programme.

- Policies and practices meet local need and national guidance to ensure a framework is created to support, nurture and develop our children's young minds and emotions.
- Everyone working with children and young people have a toolkit that will enable them to identify emotional health issues early and provide effective timely support to young people and their families.
- Teachers will have access to specific support and training to develop a self-help toolkit to effectively manage their own emotional and mental wellbeing which in-turn will impact positively on their students' needs.
- Timely access to consultation and support for complex needs
- Children and young people are confident to discuss their thoughts and feelings and support their peers.
- Children and young people are able to find and access support when and where they need it
- Parents confidently and appropriately are able to support their children and young people with emotional health and wellbeing.
- Effective targeted evidenced based interventions which reduce the need for specialist/ clinical services.
- Direct access to specialist and risk interventions and support in a timely and safe way.

We also plan to bid for additional MHS Teams for further Hull schools. This investment will complement our existing Social Mediation and Self Help in schools programme (SMASH).

#### **3.1.4 Peer Support Workers**

As part of our ongoing work to embed recovery principles and practice across all of our mental health services we have progressed with recruitment to peer support worker roles. Interviews had originally been planned to take place in March 2020 but had to be postponed due to the covid 19 emergency. Derek Raitt, Professional Head of Occupational Therapy kept in contact with all of the applicants during this period. Interviews have now been held and the outcome is that 17 people have been appointed to these roles for our adult mental health services.

MIND have also recruited an additional 5 peer support worker' as part of our Community Mental Health Team Transformation and a post has been recruited to as part of our new Specialist Community Forensic Team. A training and induction plan is in place and our new staff will commence in their roles from September.

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

#### **3.2.1 White Ribbon Accreditation**

The White Ribbon movement began in Canada in 1991, following a massacre of female students at a university in Montreal following which a small group of men formed together and looked for a way for men to oppose violence against women. They decided to encourage men to actively show their opposition by wearing a white ribbon.

White Ribbon UK is part of the global White Ribbon movement to end male violence against women. It works through engaging with men and boys, raising awareness, influencing change and providing resources to make change happen. This includes recruiting ambassadors and champions for White Ribbon who will sign the pledge to make the White Ribbon Promise to never commit, excuse or remain silent about violence against women and girls. White Ribbon Accreditation enables a whole organisation to demonstrate its commitment to stop violence against women.

Raising awareness of and reducing domestic violence is a priority area in relation to delivery of the Trust safeguarding and patient safety strategy.

#### **What do you need to do to become White Ribbon Accredited?**

In order for the Trust to become an accredited organisation you need an Executive Sponsor and a lead to take forward the development and implementation of the associated action plan. The

Executive Lead is Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals as domestic violence falls within the safeguarding duties. The lead for the plan is Sally Bainbridge, Safeguarding Practitioner.

White Ribbon UK provides support in the development of a comprehensive action plan for organisations to effectively marshal their resources and personnel to challenge male violence against women and make a genuine difference. The action plan provided is specifically designed for health organisations, this enables the Trust to build on existing gender equality and diversity initiatives within our organisation, identify where there are gaps and how we can work towards addressing these gaps to ensure there is a culture of respect and gender equality. White Ribbon UK's team will work with our organisation to support us through the accreditation process as no two action plans are the same. Organisations may apply creativity and their own experience to the action plan. Once an organisation can demonstrate a commitment to the plan it becomes eligible for the White Ribbon Award .

### **What is the White Ribbon Award?**

The award is an official White Ribbon accreditation that entitles an organisation to White Ribbon training and campaigning guidance, use of White Ribbon branding on official documents and signage, and exclusive access to a network of other accredited organisations to promote fundraising, awareness and events.

### **How will the Trust benefit from being White Ribbon Accredited?:**

- improve the experience of HNFT service users and stakeholders
- improve HNFT safety culture, safety and morale
- increase the knowledge and skills of staff to address violence against women
- improve HNFT reputation
- become an employer of choice
- make a difference in our communities to end violence against women

### **3.2.2 Autism Strategy Development –Update**

The Trust is currently working with staff, patients, carers and partners to develop an Autism Strategy for the Trust.

The work is being led by Clarissa Thompson, the Trust's Autism Access Lead who is working under the direction of Trish Bailey, Clinical Lead for Children's and Learning disability services. The strategy will be relevant for all services provided by the Trust.

To inform the strategy Clarissa is looking at the experience of using Humber services for autistic people (14+ years) and their carers/family, identifying what services are available and how things can be improved. Data is being gathered from several sources including:

- Directly from autistic people and their carers via a survey and in depth case studies. The survey is being designed with consultation from autistic people.
- Lorenzo documentation
- Directly from staff and services about their knowledge and confidence levels working with autistic people.
- Literature searching from recent research, policy documents and local strategies about what is best practice
- Research into what other trusts have in terms of autism provision

Findings so far indicate a number of objectives for the Trust.

- Improving access to diagnostic services for adults and children
- Creating a clear Autism Pathway to support an individual's journey following diagnosis, this should include support to create an autism passport for individuals to use at appointments.
- Autism Pathway for 14-18 year olds (needs to be completed with education and local authority)

- Access to specialist services that are not being provided within the region e.g. Sensory assessments and interventions (adults)
- Clear links between Trust and external Autism services (including a clear outline of what services external agencies can provide e.g employment support, social groups...etc.)
- Establishing an Autism Aware workforce with all staff completing at least a basic awareness training module (this has been done in other trusts with a short video within Equality and Diversity Module).
- Provision of appropriate training for frontline staff to enable them to recognise an autistic individual and make reasonable adjustments to their practice.
- Autism Portal on the Intranet for staff teams to enhance their service provision e.g. guidance on autism friendly environments, communication guidance, available services...etc.
- Opportunity for the trust to set an example as a gold standard employer of autistic people (linking in with voluntary services as well).

Progress to date indicates we are on track to have a first draft for consultation by October 2020.

### **3.3 Medical Director**

#### **3.3.1 Virtual Events**

The Patient and Carer Experience team have continued with their successful virtual services which were developed in response to COVID with the latest one being centred around the Launch of the Hull Freedom festival. We were honoured to have the Lord Mayor of Hull open the event. We have also supported a dementia awareness week which has been incredibly well received. The team are working closely with communications as with regard to developing an enhanced calendar with a forward view. Patient, carer and staff experience forums have also been continuing virtually and have proved invaluable to the team's leading on both the community and inpatient service redesigns a part of their requirement and desire to undertake meaningful engagement . The team have also been asked by the Royal College of Psychiatrists to share their co-production work which has been has been flagged by NHSE as an exemplar of good practice.

#### **3.3.2 Inhouse Pharmacy**

The Pharmacy team are just about to complete the project to bring our ward based dispensing in-house. This has been a complex task for operational, technical and regulatory reasons, however the teams tenacity under the leadership of Dr Liat Chong our Chief Pharmacist, combined with the super cooperation of clinical, operational and corporate colleagues means. This change will have significant value in terms of improving patient experience with regard to timely discharge and access to medication in addition to supporting the Trust's efficiency work. This project builds on the successful transformation work which saw the trust move to electronic prescribing across virtually all of its inpatient settings in the past year following a successful join bid with the clinical systems team for capital funding to NHSE.

#### **3.3.3 Medical Appraisal**

The Trust has also put steps in place to restart medical appraisal in October (In Line with GMC Guidance) under the direction of Dr Srikanth Sajja, the Trust Lead appraiser. There has been a key development in that the GMC are currently trialling a much shorter version of the current paperwork as there has being an acknowledgement that essence of appraisal with the benefits to doctors, organisations and systems needs to be refreshed.

### **3.4 Director of Workforce & Organisational Development**

#### **3.4.1 Flu**

The Trust took its first batch of vaccines on 28<sup>th</sup> September and is in the process of training 70 peer vaccinators across all sites to deliver the vaccine. The Trust achieved a 75% take up rate last year and will this year aim for 95%. Vaccinations started on 5 October and as of 8 October, 10 people had received it.

### **3.4.2 Menopause Awareness**

The Trust's approach to menopause awareness was highlighted in a recently published article in SOM (supporting Occupational Health and Wellbeing Professionals) [www.som.org.uk](http://www.som.org.uk)

### **3.4.3 Remote Working Policy and Procedure**

The Trust has agreed a remote working policy and procedure which sets out the processes for working remotely either temporally (as many are doing during COVID) or on a more permanent basis.

### **3.4.4 Leadership Programmes**

Both the Leadership Programme and Senior Leadership Programmes commenced again during September following the delay as a result of COVID. A key part of the PROUD programme, the intention is for all managers to have been on a programme during the next two years.

### **3.4.5 Learning Centre**

During the COVID shutdown, the trust has taken the opportunity to modernise and renovate the training centre. Opened again in September this now means the trust can deliver risk assessed socially distanced learning again.

## **3.5 Director of Finance**

### **3.5.1 Clinical Systems Update**

A significant amount of work has been progressed on Upstream Video Conferencing and a number of important enhancements have been delivered which include:

- o the ability to have up to four people on the call
- o flexible session duration
- o ability to run someone else's video call
- o ability to email the consultation link as well as send it by SMS
- o rolling 3 month appointment horizon

The Clinical Systems team have recently undertaken SystemOne core train the trainer training and all successfully passed. The Team has also progressed the ability to print FP10's from both Lorenzo and S1 in preparation for changes to the provision of medications to support the change in pharmacy services from the 1<sup>st</sup> October.

### **3.5.2 Business Intelligence**

The Business Intelligence team has responded rapidly to support phase 3 planning requests in relation to capacity and demand and performance trajectories. Longer term capacity and demand capability is being developed within the Business Intelligence team.

In addition the team has also completed and submitted annual vaccination and immunisation reporting to NHSE for 2019/20.

The first CMHT Transformation evaluation (national submission) has been developed for data collection, this is currently being reviewed with clinical colleagues to enable submission to be made on time.

### **3.5.3 Information Technology**

The Trust has now completed 99% migration to Windows 10. There remains a small number of devices that will not be migrated due to their software compatibility with Windows 10 (i.e door control systems). Each of these devices has specific cyber security controls to mitigate risk. The Trust has also deployed enhanced countermeasures system to warn and stop denial of service attacks

## CareCert Update

There are two types of CareCert notifications,

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

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

Details of notifications received during 2020 are summarised in the table below:

	Issued	Deployed or no Action required
High Priority	6	6
CareCert Bulletins	33	33

### 3.5.4 Internal Audit Re-procurement

The Trust has led a consortium which included the 4 CCGs in the Humber area to re-procure Internal Audit and Counter Fraud Services. A separate report appears on the agenda to identify the outcome of the procurement.

## 4 Communications Update

### Marketing and Communications Strategic Plan Refresh 2019-2022 – Year 2, 6 month update

The 2019-2022 Marketing and Communications Plan was refreshed to take account of our refreshed Trust strategic objectives in 2019. The plan was developed in line with the Trust Strategic Objectives to ensure not only that the marketing and communication strategy is contributing to achieving the Trusts organisational objectives but also that the voices of our service users, patients, carers and family and partner organisations were heard within in. Through this process we are also able to ensure that the marketing and communications objectives are in line with the Board's ambition for the Trust for the next three years.

The Plan provided detail on key milestones in Year 1, 2 and 3 against our aims of progressing

- Our Profile
- A Provider of Choice
- An Employer of Choice
- We are Key Partners
- Excellence & Innovation

All of the milestones in Year 1, the enabling year December 2019 to March 2020 were delivered on or ahead of schedule and at the 6 month point in year 2, a number of the milestones identified have been met and the rest are on target.

The Marketing and Communication's team have continued to focus on supporting the Trust response to the COVID-19 outbreak. Key work during this time period includes:

- The COVID-19 update now goes out three times per week as follows:
  - Monday – standalone email
  - Wednesday and Friday – as part of The Global
- Health and Wellbeing Hub
- GP and Stakeholder newsletters

## Key Projects

- **Humblebelievable – recruitment campaign**

The recruitment website is now live with the domain [join.humber.nhs.uk](http://join.humber.nhs.uk). The site has been registered on search engines such as Google and is receiving visits directly as well as organically, which indicates a good level of Search Engine Optimisation. This work continues to take place to ensure it reaches a higher ranking for common recruitment search terms. It can currently be found as a top result for search terms including 'join humber'.

Since last month, the [join.humber.nhs.uk](http://join.humber.nhs.uk) website has received the following results:

Users	Pageviews	Avg Session Duration	Most viewed page
1,134	2,754	01:46 mins	/jobs/ (1,633 views)

We continue to work with services to promote newly available and upcoming roles under the new recruitment brand #Humblebelievable. We have released a number of posts on social media to promote the website itself, as well as specific roles that have been difficult to recruit for in the past, as part of the overall campaign. The team to continue to promote these roles throughout our Trust social media channels. The external launch of Humbelievable via the Hull Daily Mail drew over 1200 unique visitors to the site over the week.

Throughout September we have worked with Medical Education to run a dedicated for GP and Psychiatry recruitment campaign through attendance at the British Medical Journal Live conference. The team created a branded recruitment platform including two new 'Destination Humber' magazines focused on the GP and Psychiatry recruitment.

We are also working with the Recruitment and Workforce teams on a dedicated Winter Pressures recruitment plan with an initial focus on nurse recruitment. We have created new generic nurse job descriptions which we driving traffic to via social media and press advertising.

- **Brand Project**

Following the completion of the research an updated timeline has been produced for this project with the aim of launching our new visual identity in January 2021.

Following the research a Creative Brief has been put together and three potential visual routes for the brand have been put together. These routes respond to the creative brief and reflect the newly defined core of our brand which is made up of our vision, mission, values (brand and corporate) and personality.

These routes will be shared with a wide range of stakeholders throughout October to understand reactions to each and how different groups connect to them. A final visual route will be created from which the corporate visual identity will be designed around. The launch remains on track for January 2021.

- **'Together We Can' Book Update**

The design of the book is now fully complete and was launched on 7<sup>th</sup> October 2020.

The book is available to order on the Trust website, with two options: electronic copy (free – with an optional £1 donation to Health Stars via text message) and physical copy (£6+ donation to Health Stars via JustGiving).

The book comprises of 12 chapters, covering positive news stories during COVID-19, from all around the Trust. These accounts were put together by various teams and individuals who worked in collaboration with the Communications team to tell their story. It also includes illustrations from staff, their patients and families and many photographs from across the patch, during this time.

We hope this book brings joy to our staff and their relatives, as a momentum and token of appreciation for their continuous hard work at this time.

## **External Communications**

- **Awareness Dates**

### **World Mental Health Day – 10<sup>th</sup> October**

This year our campaign aimed to raise awareness of how members of the public can access support for their mental health and wellbeing – whether that's by contacting their GP or by using one of the self-referral options offered locally which do not require a GP appointment.

We have developed a simple traffic light graphic encouraging everyone to recognise (red) if they are feeling different, use the NHS self-assessment (amber) tool to understand if they would benefit from extra help and get (green) support with via their GP or by viewing self-referral options a [humber.nhs.uk/checkin](http://humber.nhs.uk/checkin). Assets including a video animations, gifs, social media graphics and business cards have been created and shared with partners including the CCG, Hull and East Riding Council and Humberside Police so they can share the campaign across their channels. Business cards carrying the message have also been inserted into a safety package created and distributed to all University of Hull students.

Alongside this two panels of mental health experts will share their insight, information and help members of the public understand how they can access support or support themselves or someone they are concerned about in pre-recorded video panels streamed on our facebook page. The first panel will focus on Children and Young People a group who are known to have struggled with the changes to their lives during COVID-19. The second panel will focus on support and information for those supporting Older Adults, a group who have been hugely impacted by lockdown and shielding measures.

### **Dementia Awareness Week, 21-25 Sept**

Dementia Awareness Week took place 21 – 25 September, to coincide with World Alzheimer's Month (September) - the international campaign which occurs annually, to raise awareness and challenge the stigma that surrounds dementia.

Our aim with this year's campaign was to create and share supportive content that contributes to positive dementia awareness. The topics covered ranged from highlighting our memory services, to lived experiences from our Patient and Carer Champions. As part of this, we held 6 virtual events throughout the week which were attended by 23 people per session on average with over 100 individual attendees.

The campaign was well received on social media. The campaign has a reach of over 11,353 with over 300 individual engagements (likes, share, comments). We also used this opportunity to support our staff and communities by reinforcing our commitment to dementia support and research.

### **Pride Month (July)**

Every July, the LGBT community celebrates in a number of different ways including the annual Hull

in Pride event. Across the globe, various events are held during this special month as a way of recognising the influence LGBT people have had around the world.

The Trust developed a week-long programme of virtual events named ‘Humber Pride Week 2020’ from 27<sup>th</sup> July – 1<sup>st</sup> August, to promote awareness and engage with our audience. Speakers ranged from lived experiences, to individuals representing local and national organisations like MESMAC and Hull Pride. MS Teams backgrounds and posters were designed in house to foster engagement and staff were encouraged to wear rainbow colours during the week to show their support.

The overall aim of this campaign was to create and share supportive content that contributes to increasing LGBT and Trans awareness. Further, to boost staff moral and public confidence by highlighting positive and uplifting stories from the Trust, whilst also using the opportunity to support our staff and communities by reinforcing diversity and inclusion goals and guidelines. Feedback received was overwhelmingly positive and the speakers involved noted their thanks for involvement.

Engagement rates for external campaign:

Reach (views): 10,000+  
Engagement (shares + likes): 200+

### **Big Latch On and World Breastfeeding Week (1 – 7 August)**

Hosted by the World Alliance for Breastfeeding Action, Breastfeeding Week takes place in August each year. The aim of this awareness week is to inform, anchor, engage and galvanise action on breastfeeding and related issues. The ‘Big Latch On’ is also held on July 31<sup>st</sup>.

The Communications team worked with ISPHNs and the Children’s Centres to share their press release and messaging regarding the work they were doing to promote breastfeeding support in Hull and East Riding, particularly the change in services during COVID-19 and how best to access services.

Other awareness dates covered:

**GCSE Results Day** (20<sup>th</sup> August) – promoting support available to young people from our ISPHNs service School Nurses

**World Suicide Prevention Day** (10<sup>th</sup> September) – promoting support from our MHRS and Mind Hull and East Yorkshire partnership

- **Media Coverage**

Media interest has been high over the period but our focus remains on creating positive and uplifting content where possible as well as managing reactive enquiries.

<b>Positive new stories published</b>		<b>Negative new stories</b>	
Local media	9	Local media	5
Website/Social Media	10		
<b>TOTAL</b>	<b>19</b>	<b>TOTAL</b>	<b>5</b>

- **Website**

	<b>Target</b>	<b>Performance over period</b>
Bounce Rate	50%	62%
Social Referrals	12%  (a 10% increase in 2019 position)	2.60%

- **Social media**

	<b>Target</b>	<b>Performance over period</b>
Engagement Rate	4%	16%
Reach	+50,000 p/m	57,735
Link Clicks	1500 p/m	1314

We have used our social media platforms to post positive and supportive content and to celebrate staff and volunteers. These platforms are also used to share messages from partner organisations, as well as national NHS and PHE campaigns such as the #HandsFaceSpace promotions.

We support services to place bespoke and highly targeted promotional adverts on our facebook page.

- **Service Support**

The team continues to provide support to services by communicating important messages through our Trust website, social media platforms and PR. As part of this, we are currently working closely with the Safeguarding Team to provide support around obtaining the White Ribbon Champion Status.

As part of our ongoing collaborative work with the Workforce, HR and Recruitment teams, we have completed the design of the latest #Humbelievable – Destination Humber Recruitment packs and Workforce Forms. The team are now working with the Volunteer Service to develop and design the Voluntary Services Induction Booklet. These packs will be located on the new Trac recruitment system.

We have worked closely with the complaints and PALS team to implement a new Complaints form on the Trust website, as well as a new Complaints Feedback form.

- **Stakeholder Bulletins**

We have created two new email newsletters – a stakeholder and Gp/Primary care to share Trust news service updates and information as widely as possible with our key stakeholder groups. You can sign up for the bulletins here:

Stakeholder bulletin: <https://www.humber.nhs.uk/stakeholder-bulletin-signup.htm>

GP bulletin: <https://www.humber.nhs.uk/gp-bulletin-signup.htm>

- **Proactive Mental Health Campaigns**

We are currently developing Proactive Mental Health campaigns to support predicted surge. We are working with contacts within services that have experience increased demand and acuity of patients, to put together a programme of campaigns aimed at aiding the reduction of service pressures.

### **Internal Communications**

- **Poppulo**

We launched Poppulo to all staff on Wednesday, 9 September by issue of The Global. As part of the launch the Communications team created a video to explain what Poppulo is and how it will help to shape the future of staff communications.

Our results from our first send showed that of the 3,220 people that The Global was delivered to, 2,161 (65%) staff opened the email and 758 (24%) click on a link within the email. These figures exceeded Poppulo's average target figures of 65% for the Open Rate and 10% for the Click Through Rate.

	<b>Target</b>	<b>First Send</b>
Open Rate	65%	67%
Click Through Rates	10%	24%

### **Flu vaccination campaign**

Our flu campaign was launched on Wednesday, 23 September. The flu vaccine is an important part of protecting our staff and the people we care for. This year it is even more important due to Covid-19 and as last year will be offering the flu vaccination to all our staff.

We have developed a marketing campaign which encourages all staff to LOOK out for details of when and where their Peer Vaccinator is holding their clinics and BOOK in directly with them. This includes bespoke graphics and an animation to be used across our social channels.

### **National NHS Staff Survey**

The National Staff Survey was launched to all staff on Monday, 5 October. We are working closely with Employee Engagement to roll out the communications plan to ensure staff are aware of the survey, it's purpose and how they can take part.

- **Annual Members' Meeting**

Due to the COVID-19 restrictions our Annual Members' Meeting was held virtually on Thursday, 17 September.

The event has been promoted on our intranet, website and social media channels and an invite has been sent to our stakeholders.

- **Staff Awards**

Given current restrictions due to COVID-19 we are unable to hold our Staff Awards ceremony in the same way as we usually do. Following a survey in which 65% of staff were in favour cancelling the awards and sending a thank you to all staff, we decided to cancel our plans to hold a virtual event in favour of sending a staff awards pack to all staff.

The pack is to say thank you and acknowledge the extraordinary efforts of all our staff and will include a few exciting surprises.

- **Intranet**

Current performance:

	<b>Target</b>	<b>Performance over period</b>
Bounce Rate	40%	60.67%
Visits	+20% on 2019 average	+361%

## **5 Health Stars Update**

### **NHS Charities Together Stage 1 – BAME Funding**

Health Stars were successful in securing a grant of £50,000 from NHS Charities together to support staff and the local community who are Black, Asian and minority ethnic. The grant is for a project in partnership with Health Tree Foundation, the charity for Northern Lincolnshire and Goole NHS Foundation Trust. It will see a BAME coordinator recruited to support our local BAME community.

### **NHS Charities Together Stage 2**

Stage 2 is the community partnerships grant round. This is a grant across the Humber Coast and Vale Integrated Care System (HCV ICS) area. All charities in the ICS will need to work together to put in a grant in partnership as well as working with community partners. The grant is for £623,000.

A lead charity has been agreed for this phase which is the Health Tree Foundation at Northern Lincolnshire and Goole NHS Foundation Trust. This charity is also managed by HEY Smile Foundation similar to Health Stars.

The criteria for the grant are listed below. Health Stars are working with the Charitable Funds Committee to share ideas from our trust to the group.

- a) Preventing admission to NHS facilities, for example by early intervention programmes
- b) Facilitating discharge from NHS facilities, for example with end of life care or community health projects
- c) Supporting patients to recover more quickly in the community after leaving hospital
- d) Supporting initiatives that seek to remove health inequalities and disparity in health outcomes with a focus on diversity in the population

### **NHS Charities Together Stage 3**

Stage 3 is the recovery grant aimed at support staff. This is being given out based on £22 per person employed by each NHS Trust.

Health Stars grant allocation is £66,000. Unlike the previous grants given based on staff numbers, this grant is not given automatically and we need to apply for the money. As a result Health Stars need support to come up with ideas for staff projects.

The NHS Charities website states the following about the stage 3 grants

“Use of the funds for recovery projects can take a number of forms; these could include, but are not limited to, the following examples; adjustments and resumption of normal services; longer-term plans to support staff health; projects that improve well-being and mental health; plans to support specific staff cohorts reducing disparity and focussing on diversity; plans that have a role to play in

wider economic or social recovery, for example through employment or training; projects that may dovetail with social prescribing plans that will support staff.”

### **Humber Centre Shop**

The Humber Centre have approach Health Stars to propose the idea of Health Stars jointly running the Humber Centre Shop alongside the team at the Humber Centre.

A proposal outlining further detail is being presented to the September Charitable Funds Committee for review. It will require some investment from Health Stars. The idea is that all future income would then come into the Humber Centre fund at Health Stars.

### **Whitby Appeal**

Health Stars presented a Whitby Hospital Appeal paper to the September Charitable Funds Committee. They are excited to get their next major appeal launched and begin fundraising. The target proposed is an ambitious yet achievable £200,000.

**Michele Moran**  
**Chief Executive**  
**October 2020**

**Agenda Item: 8**

Title & Date of Meeting:	Council of Governors Public Meeting – 15 October 2020																						
Title of Report:	2019 Patient Led Assessment of the Care Environment (PLACE) Update																						
Author:	Name: Jayne Morgan Title: Patient Environment Manager																						
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To receive &amp; note</td> <td>✓</td> </tr> <tr> <td>For information</td> <td></td> <td>To ratify</td> <td></td> </tr> </table> <p>The Council of Governors are asked to note the report.</p>			To approve		To receive & note	✓	For information		To ratify													
To approve		To receive & note	✓																				
For information		To ratify																					
Purpose of Paper:	The purpose of this report is to provide the Council of Governors with the results from the 2019 PLACE Assessments and the actions being taken.																						
Governance	<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Appointments, Terms &amp; Conditions Committee</td> <td></td> <td>Engaging with Members</td> <td></td> </tr> <tr> <td>Finance, Audit, Strategy and Quality Governor Group</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Trust Board</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>Other (please detail)</td> <td></td> </tr> </tbody> </table>				Date		Date	Appointments, Terms & Conditions Committee		Engaging with Members		Finance, Audit, Strategy and Quality Governor Group				Trust Board						Other (please detail)	
	Date		Date																				
Appointments, Terms & Conditions Committee		Engaging with Members																					
Finance, Audit, Strategy and Quality Governor Group																							
Trust Board																							
		Other (please detail)																					
Key Issues within the report:	<p>PLACE Assessments have been completed for all trust inpatient units and the results have been published by NHS Digital.</p> <p>It is not possible to compare previous years data as there have been significant changes to the domains and question sets.</p> <p>The Trust has performed below the national average in one of the six domains</p> <ul style="list-style-type: none"> <li>Condition, Appearance &amp; Maintenance</li> </ul> <p>Individual unit scores are attached to the report Action Plans have been developed and shared with Matrons.</p>																						

**Monitoring and assurance framework summary:**

Links to Strategic Goals				
√	Innovating Quality and Patient Safety			
	Enhancing prevention, wellbeing and recovery			
	Fostering integration, partnership and alliances			
	Developing an effective and empowered workforce			
	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
<b>Have all implications been considered?</b>	<b>Yes</b>	<b>Yes</b> Detail report	<b>N/A</b>	<b>Comment</b>
		Any Action Required?		



Risk	√			
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

## **1. Introduction and Purpose**

The purpose of this report is to provide the Council of Governors with the results from the 2019 PLACE Assessment and a summary of the actions being taken.

## **2. Background**

PLACE assessments are an annual assessment of the non-clinical aspects of the patients' environment; how it supports patients' privacy and dignity; and the suitability of the environment for patients with specific needs (e.g. disability or dementia).

The PLACE assessment tool was reviewed nationally following the 2018 collection and has subsequently been updated to ensure it continues to provide a suitable framework for assessing quality against common guidelines and standards. The environment is assessed using a number of structured questions and observations dependent on the location and services provided.

Questions are assessed (scored) against one or more clinical domains, which cover:

- Cleanliness
- Food & Hydration (Organisational and Ward)
- Privacy, Dignity and Wellbeing
- Condition, Appearance and Maintenance
- Dementia
- Disability

A total score as a percentage is produced for each domain at site and organisation level, as well as national and regional results.

The Trust have achieved or exceeded the national average in 5 of the 6 domains. The domain that did not achieve the national average was Condition Appearance and Maintenance.

## **3. Process**

PLACE Assessments are undertaken by volunteers and governors and service users with scores awarded based on the teams findings on the day.

The PLACE assessment process is led and coordinated by Hotel Services and all findings are reported to the Health and Safety Group, Estates and Capital Programme Group, Operational Delivery Group, Executive Management Team.

PLACE assessments were undertaken between 16<sup>th</sup> September and 22<sup>nd</sup> November 2019, with the PLACE lead being given 6 weeks' notice to schedule the assessments. The assessments were then input onto the NHS Digital portal, Estates and Facilities Management (EFM).

#### 4. National Findings

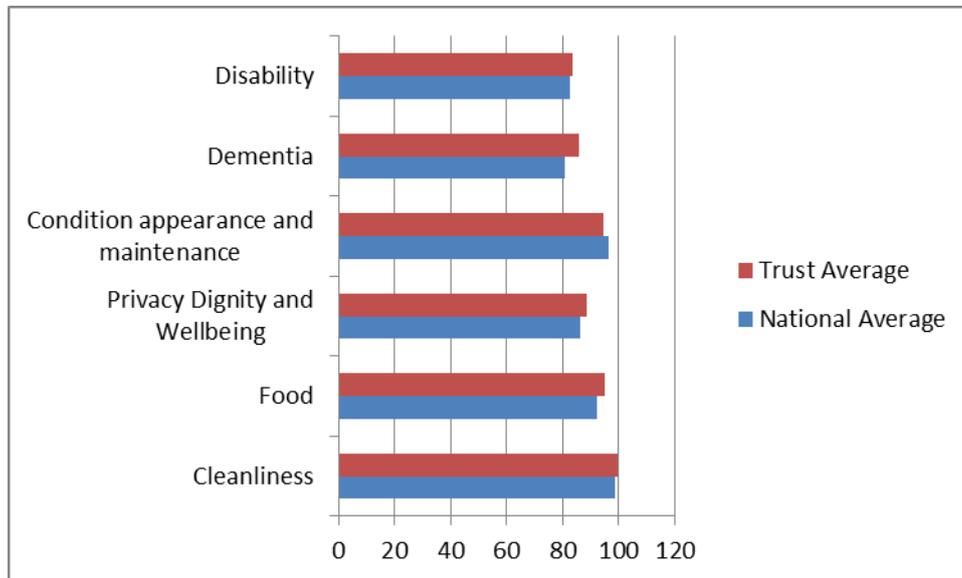
1,144 assessments were undertaken in 2019 compared to 1,198 in the previous reporting year.

The 2019 scores establish a new baseline following the changes, and cannot be compared with figures from previous years.

Overall, the highest national average domain score was for cleanliness, at 98.6%.

#### 5 Organisational Scores

Organisational scores, by domain, for the Trust are summarised in the graph that follows and detailed scores by unit can be found at Appendix A.



##### 5.1 Condition Appearance & Maintenance

This domain has remained a challenge to the Trust and is reflective of the physical environments and the client groups.

The main areas of concern that require addressing are:-

- Decoration
- Flooring
- Furniture

## **6 Next Steps**

All reports and action plans have been circulated to the Matrons for them to prioritise the identified actions. Appendix B details the items, at unit level, that have been prioritised for action. These are being overseen by the Clinical Environment Risk Group for prioritisation and allocation of funding.

Areas of concern or lack of progress will be escalated to EMT accordingly.

## **7 Recommendation**

The Council of Governors are asked to note the report.

## Appendix A:

### Place 2019 Results by Site

	Cleanliness (%)	Food (%)	Organisation Food (%)	Ward Food (%)	Privacy, Dignity & Wellbeing (%)	Condition, Appearance & Maintenance (%)	Dementia (%)	Disability (%)
<b>National Average</b>	<b>98.60</b>	<b>92.20</b>	<b>91.90</b>	<b>92.60</b>	<b>86.10</b>	<b>96.40</b>	<b>80.70</b>	<b>82.50</b>
<b>Trust Average</b>	<b>99.38</b>	<b>95.02</b>	<b>90.34</b>	<b>99.7</b>	<b>88.39</b>	<b>94.4</b>	<b>85.66</b>	<b>83.37</b>
<b>RAG Rating</b>	↑	↑	↓	↑	↑	↓	↑	↑
<b>UNITS</b>								
<b>Malton Hospital</b>	100	94.44	90	100	89.74	97.3	84.44	83.75
<b>Maister Lodge</b>	100	95.12	91.3	100	90.7	95.95	100	91.25
<b>Hawthorne Court</b>	98.46	95	90.22	100	85.37	88.57	n/a	83.33
<b>Granville Court</b>	99.78	n/a	n/a	n/a	87.5	96.7	n/a	81.25
<b>Miranda House</b>	98.7	96.46	90.22	100	91.3	92.59	n/a	87.88
<b>Humber Centre</b>	98.74	94.79	89.13	100	89.84	95.6	n/a	84.88
<b>Newbridges</b>	99.35	94.79	89.13	100	86.05	91.67	n/a	82.69
<b>Townend Court</b>	100	95.73	92.39	100	85.37	100	n/a	89.66
<b>Mill View</b>	99.21	94.59	88.59	100	88.14	90.32	82.56	78.75
<b>Westlands</b>	99.26	94.05	89.13	100	88.37	91.89	n/a	82.69

Caring, Learning and Growing



<b>Whitby</b>	99.7	95.31	93.33	97.06	89.96	97.83	75.64	70.97
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## Appendix B

### Actions required by location

Unit	Action for consideration
Ullswater	Replacement of carpets in corridors with hard floor
	Décor
Swale	Replacement of carpets in corridors with hard floor
Ouse	Bedroom carpets need replacing
	1 x rusty radiator (XXOG0230) needs replacing
Derwent	Bedroom carpets need replacing
	<b>All patient kitchen areas need refurbishing</b> (Understand this is being taken forward via Capital)
Granville	Replacement flooring in the lounge and corridors on Carlyle
	Kitchen needs a refurbishment on Millside
Millview	MVC garden appearance and safety issues
	Lighting and light switch positions
	Available storage with-in the entire building
Miranda	General decoration across the entire building
	Outstanding repairs across the building
Westlands	Replacement furniture

Newbridges	Decoration throughout the building
	Various items of patient furniture need replacing
Maistor	Snoozelem needs a refurbishment

No actions required
Townend
MVL
Whitby
Malton
Hawthorne

Replacement floor coverings in various locations

**Agenda Item 9**

Title & Date of Meeting:	Council of Governors Public Meeting - 15 <sup>th</sup> October 2020			
Title of Report:	Phase 3 Planning Update			
Author/s:	Name: Peter Beckwith Title: Director of Finance			
Recommendation:	To approve		To receive & note	x
	For information		To ratify	
Purpose of Paper:	The purpose of the paper is to update the Council of Governors on Phase III Planning.			
Governance		Date	Engaging with Members	Date
	Appointments, Terms & Conditions Committee			
	Finance, Audit, Strategy and Quality Governor Group			
	Trust Board			
			Other (please detail) Council report	✓
Key Issues within the report:	<p>The Trust has been actively engaged in planning across both geographical partnerships.</p> <p>The Humber partnership has focussed heavily on Mental Health requirements.</p> <p>The North Yorkshire partnership has focussed on Community Services.</p> <p>Allocations have been issued to the geographical partnership.</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	<input checked="" type="checkbox"/>			To be advised of any future implications as and when required by the author
Quality Impact	<input checked="" type="checkbox"/>			
Risk	<input checked="" type="checkbox"/>			
Legal	<input checked="" type="checkbox"/>			
Compliance	<input checked="" type="checkbox"/>			
Communication	<input checked="" type="checkbox"/>			
Financial	<input checked="" type="checkbox"/>			



Human Resources	<input checked="" type="checkbox"/>			
IM&T	<input checked="" type="checkbox"/>			
Users and Carers	<input checked="" type="checkbox"/>			
Equality and Diversity	<input checked="" type="checkbox"/>			
Report Exempt from Public Disclosure?	<input checked="" type="checkbox"/>		No	This information is exempted under section 43 of the FOI Act. The exemption applies where the release of the information is likely to prejudice the commercial interests of any person. A person may be an individual, a company, the public authority itself or any other legal entity.

## **Phase 3 System Planning Summary**

### **1 Introduction and Purpose**

The purpose of the paper is to update the Board as to the Phase 3 planning process across the two subsystems within Humber Coast and Vale ICS

### **2 Background**

The Trust has been working with partners to develop a Phase 3 recovery plan across the Humber Coast and Vale Integrated Care System (ICS). For ease, the ICS has been divided into two geographical partnerships, Humber and North Yorkshire & York.

The Trust has been significantly involved in supporting both partnerships, supporting Mental Health planning within the Humber partnership and Community Services planning as part of the North Yorkshire & York partnership.

### **3 Humber Geographical Partnership**

Significant work has been undertaken to deliver a plan that reflects projected demand and capacity and the Trust's workforce submission. This was in line with base case and included any additional staff the Trust had planned to recruit in our 2020/2021 Workforce Plan as a result of the transformation work. No additional resource has been included to manage post-COVID demand forecasts, however unfunded cost pressures have been included in the separate Mental Health Submission.

Further work has been undertaken to understand IAPT trajectories which, due to multiple factors such as anticipated impending redundancies, post Covid trauma and Covid related bereavement, has made projected figures difficult to anticipate. These trajectories also need to be placed into the context of suppressed referrals which occurred during the initial pandemic. The message from NHS England is that IAPT Access Targets must be achieved.

Finance submissions included detail of expected unfunded cost pressures based on expected increases in demand for services post-COVID for Mental Health only. The Trust has refined the methodology used to forecast these cost pressures to ensure we have a gradual increase in forecasted additional demand to give a more realistic picture of the potential future workforce implications.

Understanding the financial implications of the phase 3 planning has been complex to ensure that the Mental Health Investment Standard (MHIS) is included in full by CCGs. Work is progressing to validate the MHIS, however at the time of writing current plans have no MHIS growth assumptions, and this is being challenged via the Mental Health Partnership.

## **4 North Yorkshire Geographical Partnership**

During the COVID-19 pandemic, the Trust made a number of changes to Community services provided in Scarborough, Whitby and Ryedale to support patient flow from the acute trusts, including the introduction of a Hospital Discharge Service and implementation of extended operational hours for therapy provision (Physiotherapy and Occupational Therapy).

This work was progress to support the 'Home First' and 'Discharge to Assess' approached that were promoted through the COVID-19 Hospital Discharge Requirements published in March 2020; initially delivered through redeployment of the existing workforce rather than expanding capacity through additional investment, which is not sustainable in the longer term.

The redesign of services in response to the Covid-19 pandemic have been successful and commissioners and providers have expressed an aspiration to maintain them in order to maintain a comprehensive community service that can meet the future demands place upon it. The Trust is forecasting additional demand and a change in patient acuity as a result of the guidance document 'Aftercare needs of inpatients recovering from COVID 19.'

Work is underway to identify potential unfunded cost pressures across services in North Yorkshire and York, this is to support:

- Hospital Discharge Service
- Core District Nursing
- Whitby 7-day therapies
- Physiotherapy and Occupational Therapy in Scarborough and Ryedale
- Speech and Language Therapy
- Dietetics

Work is ongoing to develop a robust Options Appraisal to support our commissioners when applying for funding and also to ensure that services are developed in line with system requirements.

## **5 Allocations Update**

Funding envelopes for the financial year (Months 7 – 12) were issued to each ICS on the 16<sup>th</sup> of September 2020, For Humber Coast and Value a separate allocation has been issued for each geographical partnership.

For Financial Planning Purposes the Trust has been aligned to the Humber Geographical Partnership.

A copy of the indicative envelope is attached at Appendix A, this identifies resource of £835m for the partnership. This resource the following elements which have been identified to the ICS (as opposed to individual organisations):-

	<b>£m</b>
System Top Up Funding	£39.935
Growth Funding	£5.578
COVID Funding	£34.878

Work is ongoing across the geographical partnership to assess the impact of the updated allocations.

## **6 Recommendation**

The Council of Governors are asked to note the contents of this paper

**Appendix A**  
**Humber Geographical Partnership – Funding Allocation**

<b>System Code</b>	<b>QOQ2</b>		
<b>System Name</b>	<b>HCV - Humber</b>		
<b>For full details on the methodology behind the calculations of the below values, please refer to the accompanying guidance document "Contracts and Payment Guidance October 2020 - March 2021".</b>			
		<b>Total M7-12 £000s</b>	<b>One Month £000s</b>
CCG Allocations	[i]	769,919	128,320
CCG NR Adjustments to Model Breakeven	[i]	(15,595)	(2,599)
<b>Revised Allocations</b>		754,324	125,721
<b>Total Growth Funding</b>	[i]	5,578	929
<b>System Top-Up Funding / Non-Recurrent Allocation Adjustment</b>	[i]	39,935	6,656
<b>Covid Funding</b>	[i]	35,629	5,938
<b>Total System Envelope Funding</b>		<b>835,466</b>	<b>139,244</b>
<b>Memorandum lines:</b>			
Provider income from CCGs outside of the system		42,605	7,101
Provider income from Specialised Commissioning hubs		105,682	17,614
Provider income from Direct Commissioning Regional Offices		8,882	1,480
Provider income from outside of system - other (non-NHS)		56,904	9,484
<b>Total provider income from outside of the system</b>		<b>214,073</b>	<b>35,679</b>

**Agenda Item 10**

Title & Date of Meeting:	Council of Governors Public Meeting – 15 October 2020			
Title of Report:	Engaging with Members Governor Group Terms of Reference			
Author/s:	Sam Grey Chair			
Recommendation:	To approve	✓	To receive & note	
	For information		To ratify	
Purpose of Paper:	To present the Terms of Reference for approval			
Governance:		Date		Date
	Appointments, Terms & Conditions Committee		Engaging with Members	12.8.20
	Finance, Audit, Strategy and Quality Governor Group		Other (please detail)	
	Trust Board			
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

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



**Engaging with Members Governor Group**

**DRAFT Terms of Reference**

<b>Authority</b>	The Engaging with Members Governor Working Group is established as a subgroup of the Council of Governors. The Group will make recommendations to the Councils of Governors on issues within its remit.
<b>Role / Purpose</b>	<p>The key purpose of the Group is to support the Council of Governors in fulfilling its duty to engage with the Trust’s members and the public.</p> <p>The Group will:</p> <ul style="list-style-type: none"> <li>• Provide a forum for discussion on membership and membership engagement.</li> <li>• Monitor how representative the Trust’s membership is in order to reflect the interests of the population served by the Trust</li> <li>• Improve the level of effectiveness of member engagement</li> <li>• Determine and make recommendations to the Council of Governors as to how the Trust can best communicate with its members, service users, carers, staff and members of the public.</li> <li>• Identify and review Trust communications with members and the wider public systems and suggest how they may be improved to attract an engaged membership.</li> <li>• Consider ways to develop an engaged Trust membership including representation from unrepresented groups</li> </ul>
<b>Duties</b>	<ul style="list-style-type: none"> <li>• Propose actions to ensure the Council’s fundamental aim in relation to engagement is met.</li> <li>• Develop the strategy for the Council of Governors to engage on behalf of the Trust with its members.</li> <li>• Ensure efficient mechanisms are identified and in place for Governors to gain member and public views and feed back to the Trust (for example: regular opportunities for members and the wider public to engage with</li> </ul>

	<p>Governors, link with service user and carer groups)</p> <ul style="list-style-type: none"> <li>• Ensure effective production of membership communications.</li> <li>• To review engagement methods and opportunities for public governors to engage with members</li> <li>• Receive and analyse reports from the Trust’s membership database in order to identify any under-represented groups and agree a strategy to address any areas identified.</li> <li>• Ensure a process is in place for Governors to be involved in developing and agreeing content for inclusion in Humber Voice publication to effectively communicate on the work of governors</li> <li>• To support the Council of Governors in their responsibilities to represent the constituency or the organisation elected or appointed to serve and contribute to the development of the membership of the Trust and represent the interests of members and the wider general public</li> <li>• To assist the Trust with the recruitment and engagement of members and the wider community.</li> <li>• To consider current materials available for new and potential members i.e. Trust Membership Form and Trust Membership Leaflet</li> <li>• To provide recommendations, feedback and reports where necessary on activities relating to communication and membership to the Chair of the Trust and to inform the Council of Governors of its activities</li> <li>• To provide a forum to prepare for the Annual Members Meeting and other key Governor events.</li> </ul>
<b>Membership</b>	<p>Membership of the Engaging with Members Group shall consist of, but not be restricted to:-</p> <ul style="list-style-type: none"> <li>• Governors from all public and staff constituencies</li> <li>• One Non-Executive Director or Chair of the Trust</li> <li>• Head of Corporate Affairs</li> </ul>

	<ul style="list-style-type: none"> <li>• Communications Representative</li> <li>• Membership Officer</li> </ul>
<b>Quorum</b>	<p>The quorum necessary for the meeting to make decisions shall be 5 members with at least;</p> <ul style="list-style-type: none"> <li>• 3 Public Governors</li> <li>• 1 Staff Governor</li> <li>• Head of Patient Experience Team</li> <li>• Membership Officer</li> <li>• A Non-Executive Director or Head of Corporate Affairs or a Communications Representative</li> </ul>
<b>Chair</b>	<p>The Chair of the Committee shall be a Governor</p> <p>In the absence of the Group's Chair the remaining members shall elect a temporary chair for the meeting.</p>
<b>Frequency</b>	<p>A minimum of 2 meetings to be held per year.</p> <p>Additional meetings will be held as deemed necessary by the Group.</p>
<b>Agenda and Papers</b>	<p>Agenda and papers to be distributed a week prior to the meeting.</p>
<b>Minutes and Reporting</b>	<p>Action notes will be taken of the meeting.</p> <p>The group will report to the Council of Governors</p>
<b>Monitoring</b>	<p>The Engaging with Members Group will review its Terms of Reference and purpose and objectives on an annual basis as a minimum.</p>
<b>Agreed (by Group)</b>	<p>12 August 2020</p>
<b>Approved (by CoG)</b>	<p>15 October 2020 tbc</p>
<b>Review Date</b>	<p>April 2021</p>

**Agenda Item 11**

Title & Date of Meeting:	Council of Governors Public Meeting – 15 October 2020			
Title of Report:	Finance, Audit, Strategy, Quality, Workforce and Mental Health Legislation Governor Group Terms of Reference			
Author/s:	Name: Huw L Jones Title: Lead Governor			
Recommendation:	To approve	<input checked="" type="checkbox"/>	To receive & note	<input type="checkbox"/>
	For information	<input type="checkbox"/>	To ratify	<input type="checkbox"/>
Purpose of Paper:	To present the updated Terms of Reference for the group following some changes to its remit			
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			
			Other (please detail)	
Key Issues within the report:	A tracked changes version of the Terms of Reference are provided for approval			

**Monitoring and assurance framework summary:**

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

√ Tick those that apply

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



## Terms of Reference

### Finance, Audit, Strategy, ~~and~~ Quality, Workforce and Mental Health Legislation Governor Group

<p><b>Authority</b></p>	<p>The Finance, Audit, Strategy, <del>and</del> Quality <u>Workforce and Mental Health Legislation</u> Governor Group is established as a sub group of the Council of Governors.</p> <p>The group reports to the Council of Governors.</p>
<p><b>Role / Purpose</b></p>	<p>The Group provides a place to review the Trust's</p> <ul style="list-style-type: none"> <li>— External audit arrangements and to make recommendations to the Council of Governors on the appointment, retention or removal of the Trust's auditors</li> </ul> <p><u>The Group provides a place to receive assurance reports on</u></p> <ul style="list-style-type: none"> <li>○ <u>Financial systems and assurance process</u></li> <li>○ Strategy and Planning systems, structures and documents providing feedback to the management team</li> <li>○ Quality systems providing feedback based on Board Assurance Reports</li> <li>○ <u>Workforce systems and the assurance process</u></li> <li>○ <u>Mental Health Legislation systems and assurance process</u></li> </ul> <p>In relation to the Trust's auditors, the Group will present to the Council of Governors the procurement process that has been followed and the results of the procurement process and recommendations.</p> <p>The Group may also be asked by the Council of Governors to consider aspects of the Trust's Financial Strategy as reported through the Board Assurance Reports.</p>
<p><b>Duties</b></p>	<p>The key responsibilities of the Group are to:</p> <ul style="list-style-type: none"> <li>• Review the arrangements for the provision of external audit services to the Trust;</li> <li>• Form a view on the effectiveness of the current external audit service based on objective performance criteria;</li> <li>• Determine the process and timing of any competitive tendering exercise and develop selection criteria for reviewing</li> </ul>

	<p>tender submissions;</p> <ul style="list-style-type: none"> <li>• Make recommendations to the Council of Governors on the auditor appointment;</li> <li>• Undertake any work in connection with the Trust’s Financial Strategy commissioned by the Council of Governors;</li> <li>• Review the Board Assurance Reports for Finance, Audit, <u>and Quality, Workforce and Mental Health Legislation</u> providing feedback where appropriate to the Council of Governors and the management team of the Trust where appropriate.</li> <li>• Influence the strategic direction of the Trust so that it reflects the aspirations and needs of the constituent communities that governors reflect;</li> <li>• Appreciatively challenge the Trust to ensure that strategic plans accurately and fully reflect the agreed strategic direction of the Trust;</li> <li>• Appreciatively challenge the Trust to ensure that shorter run plans reflect and move the organisation in the directions set out in longer run plans;</li> <li>• Discuss upcoming business opportunities and the result of bids made to capture previous business opportunities;</li> <li>• Discuss and agree recommendations to be made to the Council on any private income exceeding 5% of the Trust’s total income;</li> <li>• Identify any questions and further issues to enable Governors to fulfil their functions of challenging and supporting the Trust’s work;</li> <li>• To receive updates for discussion from the lead director on business development and strategy issues;</li> <li>• Agree recommendations to be made to the Council on any matter arising from this group.</li> </ul>
<p><b>Membership</b></p>	<p><u><a href="#">The Group’s Agenda rotates through the year. The Group splits its work between Finance, Audit and Strategy (Group 1) from Quality, Workforce and Mental Health Legislation (Group 2).</a></u></p> <p>The membership of the Group shall consist of:</p> <ul style="list-style-type: none"> <li>• The Chair of the Audit Committee or their deputy <u>(For Group 1)</u></li> <li>• A Non Executive Director of the Finance &amp; Investment Committee <u>(for</u></li> </ul>

	<p><a href="#">Group 1)</a></p> <ul style="list-style-type: none"> <li>• <a href="#">A Non Executive Director of the Quality Committee (For Group 2)</a></li> <li>• <a href="#">A Non-Executive Director of the Workforce Committee (For Group 2)</a></li> <li>• <a href="#">A Non-Executive Director of the Mental Health Legislation Committee (For Group 2)</a></li> <li>• The Director of Finance or their deputy <a href="#">(For Group 1)</a></li> <li>• Up to Six Governors <a href="#">(Each Group)</a></li> </ul> <p>Other Governors may join the membership with the approval of the Chairman of the CoG.</p> <p>As the agenda for meetings will alter throughout the year to reflect different business priorities it is recognised that a NED with a specific area of interest not on the agenda for that meeting does not need to attend.</p>
<b>Quorum</b>	<p>The quorum necessary for the transaction of formal business shall be 4 members including:</p> <ul style="list-style-type: none"> <li>• 2 Governors</li> <li>• the Audit Committee Chair (or their deputy)</li> <li>• the Director of Finance (or their deputy)</li> </ul> <p>This relates to the formal requirements in respect of audit.</p>
<b>Chair</b>	The Chairman of the Group shall be a Governor.
<b>Frequency</b>	The Governor Group shall meet as a minimum twice per year, but additional meetings may be convened if required.
<b>Agenda and Papers</b>	<p>The agenda will be agreed with the Chair of the Group. The agenda and supporting papers will be circulated to members no later than 5 working days prior to the meeting.</p> <p>Main topics for discussion on the agenda will alter through the year so that governors will have the opportunity to review and comment on each element of the subject matter for the meeting.</p>
<b>Minutes and Reporting</b>	<p>Minutes shall be taken of the meeting including recording the names of those present and in attendance. A record will be kept of any matters arising and matters to be carried forward</p> <p>A summary of the Group meetings will be prepared by the Group's Chair and submitted to the next Council of Governors meeting.</p>
<b>Monitoring</b>	A review of attendance and effectiveness will be undertaken annually.
<b>Date Agreed</b>	
<b>Date CoG Approved</b>	

Review Date	
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DRAFT

**Agenda Item 12**

Title & Date of Meeting:	Council of Governors Public Meeting – 15 October 2020		
Title of Report:	Public Trust Board Minutes – June and July 2020		
Author/s:	Name: Sharon Mays Title: Chair		
Recommendation:	To approve		To receive & note
	For information		To ratify
Purpose of Paper:	The public minutes of the Trust Board meetings held in June and July 2020 are presented for information.		
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date	Date
	Appointments, Terms & Conditions Committee		Engaging with Members
	Finance, Audit, Strategy and Quality Governor Group		Other (please detail)
	Trust Board	July & Sept 2020	
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**  
**Minutes of the virtual Public Trust Board Meeting held on Wednesday 24 June 2020**  
**by Microsoft Teams**

**Present:**

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

**In Attendance:**

- Mrs Michelle Hughes, Interim Head of Corporate Affairs
- Mrs Jenny Jones, Trust Secretary
- Mr Adam Dennis, Communications Officer
- Mrs Mandy Dawley, Head of Patient Carer Engagement and Experience (for items 100/20 & 111/20)
- Ms Sam Grey, Team Leader, (for item 100/20)
- Ms Sharon Nobbs, Voluntary Services Assistant, (for item 100/20)
- Richard, Service User, (for item 100/20)
- Alison Flack, Freedom to Speak Up Guardian (for item 117/20)

**Apologies:** None

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

- 97/20     **Declarations of Interest**  
The declarations were noted. Any further changes to declarations should be notified to the Trust Secretary. The Chair requested that if any items on the agenda presented anyone with a potential conflict of interest, they declare their interest and remove themselves from the meeting for that item.
- 98/20     **Minutes of the Meeting held 20 May 2020**  
The minutes of the meeting held on 20 May 2020 were agreed as a correct record with the following amendments:-
- 86/20 Finance Report**  
Reference to the Covid 19 spend in the third paragraph should read £600k. The final sentence of this paragraph should read “**Planning** guidance is ...”
- 99/20     **Matters Arising and Actions Log**  
The actions list was discussed.

### **14/20(b) Safer Staffing 6 Monthly Report**

Mr Patton queried whether the timescale for this item should be updated as he did not recall it being presented at the last Workforce Committee meeting. It was agreed for this to be discussed outside the meeting and the action log to be updated accordingly for the next meeting.

100/20

### **Patient Story – Accessing Volunteer Support Midst COVID-19**

Mrs Dawley introduced the story. She explained that members of the Voluntary Services team have been providing a Befriending telephone service during the lockdown. Richard is a service user and joined the team to share his experiences of using the service.

Richard told the Board that he has suffered with mental illness since childhood and earlier this year was admitted to Miranda House. When he was discharged he found himself at home with no food, money or heating. He was grateful for the care he received whilst in Miranda House, but felt that there should be a checklist for people being discharged to ensure they have the basic things. He acknowledged that the care he received was very good but that at that time staff were busy and he felt unable to ask for help.

Sharon explained that Richard was referred from the home base team at Miranda House with a request for a befriender. As time moved on it was identified that Richard had no heating or food and ended up suffering with hypothermia. He had no money to buy food or heating. Contact was made with Hull City Council and the voluntary services team were able to secure weekly food parcels for Richard and requested support from the social care team. Contact was made with Richard's welfare officer to ensure that he has enough money to meet his basic needs.

Ms Grey explained that the telephone befriender services was set up at the start of lockdown using the community groups that were already established.

Richard felt that during these calls, he developed a relationship and Sharon and Ann who he was in contact with, asked the right questions and listened to him which he felt was not always the case. He wanted to share his story so that people who are discharged from services have the right basic needs at that time.

Mr Smith thanked Richard for sharing his experiences. He explained that he chairs the Mental Health Legislation Committee and there is S117 Aftercare (from the Mental Health Act), but recognised that this no good if a person's basic needs were not met. He suggested that, with Richard's permission, his experiences could be used as a case study in future planning. Mrs Parkinson agreed that recovery from a mental illness is more difficult if the basic needs are not in place and will discuss the situation with Ms Grey outside the meeting. People's home circumstances are part of the discharge plan and it will be reiterated to staff around the financial and food issues.

It was disappointing to hear that Richard felt not listened to. Work is being undertaken with the Community Mental Health Teams (CMHTs) around the transformation programme and there is service user co-production at the heart of this which is an opportunity to learn from experiences such as Richard's.

The telephone befriending scheme has been successful and enables time for listening. Sharon described the difference between clinical staff and a befriender

and this approach has been built on with Peer Support Workers and clinical staff working together to meet the needs of the service user.

Mr Royles noted that in a post Covid 19 world this initiative could become part of the Trust's functions as we enter the new phase of people being isolated and working remotely and needing more support.

Professor Cooke thanked Richard for sharing his story. He wondered whether a similar campaign to the "Back to Basics" would be helpful as a reminder around physical health which would ask if people were ok, if they had food and heating. The Chair though this was a good idea and can be taken forward.

Ms Grey explained to the Board that it has always been her ambition and vision to have volunteers involved in care planning and pathways and eventually in all the work the Trust does. This has started to be achieved with voluntary services included in service planning something which the organisation is a leader in. Mrs Parkinson has linked voluntary services with the Recovery College, Peer Support Workers, Social Prescribers and Health Trainers so that they can work together and compliment service functions from a mental health illness aspect. These services are being included in service planning and are central and critical and there has been a fundamental shift to make this happen.

It was confirmed there are 60 people volunteering for the befriender service and this number could increase as there are more people wanting to volunteer with the Trust. Mrs Gledhill recognised that such a number would make a difference to main stream service. She supported the suggestion of a campaign to remind staff of the importance of listening and asking questions about basic needs and will look at taking this forward with other Executives.

The Chief Executive agreed with the comments made and would prefer a separate message to be created so not to draw the attention away from the Back to Basics. Work is being done on around resilience hubs across the care system which this could be linked into. She suggested that story be used and progressed through Mrs Parkinson, Ms Grey and Mrs Dawley.

On behalf of the Board, the Chair thanked the befriender service for everything they are doing to help people. It was suggested that an update on the work be provided to the Board in a few months via the Chief Executive's report.

Mrs Parkinson asked Richard that given his previous comments about not being listened to if he had felt listened to by the Board. Richard confirmed that he did and thanked the Board for the opportunity to share his views and for the care that he received. The Chair thanked Ms Grey and Sharon and all the volunteers for all the work they do.

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

**An update on the work of voluntary services and the proposed campaign around physical health to be provided through the Chief Executive's report Action LP**

101/20

### **Chair's Report**

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

- Volunteers – the Chair and Chief Executive have written to all volunteers to thank them for all that they have done and to acknowledge their role in

the organisation.

- The Trust has been accredited for the Veterans Aware NHS organisation and the Chair has attended a virtual veterans forum Various sessions have been arranged to coincide with Armed Forces week. Details will be circulated to the Board and are on the website
- Governors – some Governors are part of the befrienders scheme and have been doing a great job. A virtual Development Session for governors on Covid 19 was held via Microsoft Teams which was well attended. Areas covered included operational matters, infection control, personal protective equipment and restore and recovery.
- The Chair has continued to meet with both public and staff Governors and also held individual meetings with Governors. Work is ongoing to try to help Governors to engage in virtual meetings. Mrs Parkinson has been invited to attend the next staff governor meeting (in her role as chair of the Staff Health and Wellbeing group) to discuss health and wellbeing of staff.
- Humber Coast and Vale (HCV) – as reported at the last meeting, an event looking at operating arrangements was held on 3 June. A Scenario Planning meeting is being held later today. A meeting is also planned to look at the role of NEDs and elected members

Mr Baren referred to the Veterans Aware scheme asking if there are any plans for the Trust to become involved in the career transition programme which helps with employment for ex armed forces personnel. Dr Byrne reported that the veterans programme has been developed over the last 18 months and within this there are three aspirations to help support veterans and spouses of veterans who are currently in service and how we make opportunities more attractive as an organisation. The Director of Workforce, Mr McGowan, and his team are leading on the Step into Help programme with support from Dr Byrne's team. Mr McGowan explained that the Trust is fully committed to this and there are signposts on the website for people to follow to gain more information. It is an important part of what the Trust does and feedback so far has been positive.

An invitation was extended to Mr Baren to join a meeting of the Veteran's Forum. There are some other events that anyone is welcome to join and the details will be shared outside the meeting

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

102/20

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

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

#### **Research**

The research Team has been involved in Covid 19 research and is now starting to step back up into other research studies.

#### **Humber Mental Health Education Team**

The Humber Mental Health Education team was nominated for an award by Hull

York Medical School and won! Congratulations were extended to Dr Morris, Dr Roy and the team on this achievement

### **Freedom to Speak Up Appointments**

Helen Young has left her role as Deputy Freedom to Speak Up Guardian. Following an appointment process, Alec Saxby and Nicki Titchener have been appointed as Deputy Freedom to Speak Up Guardians.

### **Communications Team**

The Chief Executive thanked the team for doing a fantastic job in the organisation. The amount of work that has been done during Covid 19 and the awareness weeks has been phenomenal. The draft of a new website has been created which is easier to navigate and Board members were encouraged to review this. It is hoped it will go live in July

The team has also been involved in the Humbelievable work and other key areas of work including Back to Basics and the Stop Think Social Distancing campaigns.

The Annual Members Meeting is still going ahead in September and will be streamed on the web due to the Covid 19 restrictions.

A final NHS Clap even is planned for 5 July to coincide with the NHS 72<sup>nd</sup> birthday. Recordings will be made and streamed on the website.

Nurse recruitment is progressing well and the Chief Executive was pleased to report that 24 nurses have been recruited and 8 consultant which is above the plan.

Mrs Hughes reported that Volunteers Week was celebrated in month which resulted in strong support of our voluntary services and celebration of their achievements and our social media posts alone had over 8,000 views. The "Together We Can" campaign is starting to look at the next phase of Covid 19 to unite staff around the principles and working safely during this time. Work is also taking place with regional communication teams to share stories for the NHS 72<sup>nd</sup> birthday and as part of this a further opportunity will also been taken to thank staff for their work and celebration hampers will be delivered on the day.

### **Quality Account**

Mrs Gledhill informed the Board that in relation to her update in 4.2.1 around the Quality Account, positive feedback has been received from the Lead Governor which will be circulated after the meeting for information. It is hoped that a response will be received from the Hull Overview and Scrutiny following presentation of the report recently.

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

Mr Smith referred to this item in the Director's updates asking how assurance will be gained that victims of domestic violence can make representation. Mrs Parkinson was aware of this issues and will discuss outside of the meeting with the lead, Dr Yorke.

Mr Patton congratulated all the teams and services who have won awards, received positive comments for the Quality Account. With what the organisation is going through as a result of Covid 19, to have this amount of things to

celebrate was a testament to the work that is being done. Mr Patton has also been involved in the mental health campus workshops which have been very thorough and well structured.

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

103/20 **Publications and Highlights Report**

The report provided an update on recent publications and policy with updates provided by the Lead Executives. It was noted that a separate audit trail of Covid 19 publications is being produced to show what action has been taken.

**Resolved:** The report was noted.

104/20 **Performance Report**

Mr Beckwith, Director of Finance, presented the report which informed the Board on the current levels of performance as at the end of May 2020. An update was included for the indicators that had fallen outside of the normal variation range which were:-

- Safer Staffing Dashboard
- Complaints
- Friends and Family Test (FFT)
- Waiting Times
- Delayed Transfers of Care

The performance report has been updated for 2020/21 and changes were detailed in the report.

The Chair asked for an update on waiting lists and incomplete pathways to be provided to the Board. In relation to adult autism diagnosis, Mrs Parkinson explained that due to Covid 19 patients were unable to be brought into the clinic to continue the diagnostic process. Due to the pandemic and in line with Business Continuity Plans it was necessary to move staff to other critical services and as a consequence there has been an increase in the number of service users waiting more than 18 weeks for a diagnosis. Services have resumed through remote working by telephone or video options. Additional staff have been recruited and an improvement trajectory is being finalised.

For children and young people's autism diagnosis pathway the closure of schools has had a big impact as information to inform the process is provided through education. Now that schools are gradually starting to reopen this may improve. Contact has been made during this time with the young people and their families who are on the waiting list and measures have been put in place to restart the process as soon as possible.

The Department of Psychological Medicine has seen a significant increase in the number of referrals for post viral fatigue related to Covid 19. Measures have been put in place to support this increase including additional capacity and the issue has been raised with commissioners. Another pathway that has seen an impact is the Memory Services assessment process and dementia diagnosis which needs access to other testing provided by the acute hospital which has been unavailable during Covid 19 and continues to be unavailable.

All people who are on the waiting list have been contacted. The Trust is waiting

for a response from commissioners as to when these pathways will be fully restored.

Professor Cooke was pleased to see an improvement in the three day follow up for Care Programme Approach (CPA). He noted the Early Intervention in Psychosis (EIP) position and wondered whether there was any learning from this team that could help with other areas that had waiting lists. He was informed that any evidence of good practice is already shared. There are some differences with the EIP team in that case loads are smaller and the referral routes are different. Due to Covid 19 some of the work that was taking place around transformation and pathways had to be stopped and will be resurrected particularly around the use of digital platforms which is all part of the modelling

Mr Patton congratulated everyone on the training compliance which was doing well. He noted that delayed transfers of care had increased and asked what is being done to improve this position. Compliments also appeared to have dropped off in recent months.

There are concerns about the rise in the delayed transfer of care position, especially since the position was a lot better last winter. Mrs Parkinson explained that a key issue is the impact of access to care homes which has been reduced over recent months. Work is ongoing with partners to ensure that patients are prioritised and for the right mechanisms to be in place for escalating cases. There are some other delays relating to Adult Mental Health Services for some patients who need specialist placements and this is being progressed with the relevant NHS England and commissioners.

Mr Smith referred to the vacancies section asking how many nurses are needed. Mr McGowan confirmed there are approximately 122 nursing vacancies that are being monitored. The Recruitment and Retention task and Finish Group met recently and discussed the position. A more detailed breakdown was also provided to the Workforce and Organisational Development Committee. Mr Smith asked if the vacancies (WTE) graph could be reviewed to make it clearer around the percentages for future reports.

Occupied Bed Days was noted to have a downward trend and Mr Baren suggested that the strategy in terms of the campus and block funding may need reviewing to ensure they are right. It was noted that occupancy rates will be low due to Covid 19 and the infection control regime that is required. In terms of the campus, the team has been asked to look at the wider system piece as we know that we are good at using beds and have a low bed base. We are expecting some increased usage due to the increase in delayed transfer due to the care home situation and the complexities of some service users that the organisation is dealing with. The team is working hard on this with region to resolve the problems. Prior to Covid 19 the low occupancy rates allowed the organisation to respond quickly to identify wards where Covid 19 positive patients could be placed safely.

Dr Byrne said that historically bed capacity has been viewed against an occupancy rate of 95%. He suggested that clinicians are celebrating low occupancy levels which put the organisation in a good position for Covid 19. He felt that there will be a second wave and if beds are at a higher occupancy level it may create problems. Low occupancy allows the medics some capacity to keep patients safe. He wondered that during Covid 19 how much unintentional

harm there has been across the nation by putting people in the community and care homes which may not have been realised.

There is a focus on Children and Young people to look at how we can utilise some funding that has been given to the Integrated Care Services (ICS) around prevention and early contact. The Executive team are looking at what can be done in conjunction with the mental health trajectories and the long term plan. Planning guidance is due out in July.

On a positive note, Mr Baren was pleased to see some good sickness absence figures on the safer staffing dashboard which he felt was a reflection and credit to staff. The Chief Executive agreed and congratulated the teams on being able to provide the safer staffing dashboard during this time.

Mr Royles supported the view of his colleagues in that the positivity being seen through the report information was reassuring that the organisation had the systems and processes in place that allows things to happen during an emergency. He suggested that with the new ways of working being used around remote working it might be helpful to have some measure of these areas that can be monitored. The Chief Executive will discuss with the Executive team.

**Resolved:** The report and verbal updates were noted  
**Vacancy (wte) graph to be reviewed for future reports Action SMcG**

105/20 **Finance Report**

The report presented by Mr Beckwith showed the financial position for the Trust as at 31 May 2020 (Month 2). Highlights from the report included:-

- The Trust recorded an operational break-even position at the end of May 2020.
- The reported position included year to date Covid expenditure claim of £1.754m and the month one Covid claim was reimbursed recently, The month two position is being finalised
- Cash balance at the end of May was £26.4m, which included the June block payment of £9.8m. The financial guidance for the remainder of the year is awaited which hopefully will set out the detail around the Mental Health Investment Standard (MHIS)

The Chair asked about trade debtors on appendix 1 which was showing a large increase. Mr Beckwith explained this was as a result of Covid 19 and the correct accounting treatment. The Trust has also paid NHS Property Services following advice to pay quickly during Covid 19.

**Resolved:** The report was noted.

106/20 **Finance & Investment Committee Assurance Report 18 June 2020**

The report provided an executive summary of discussions held at the meeting on 18th June 2020.

Mr Patton reported that it had been a good meeting where the detail of the finances was discussed. A request was made to Covid 19 costs to Divisions budgets so a clearer picture can be seen. Discussion took place around staffing and agency spend and around primary care which continues to be an issue. A detailed report has been requested for the next meeting.

The annual non clinical safety report was received and a suggestion made that future reports include updates on gas, electricity and more detail on Covid 19 planning.

**Resolved:** The report was noted.

107/20

**Audit Committee Assurance Reports – 20 May and 17 June 2020**

An executive summary of discussions held at the meetings on 19 May 2020 and 17 June 2020 was provided.

Mr Baren reported that in the May meeting a number of internal audit reports were presented all of which had good or reasonable assurance. The draft Head of Internal Audit Opinion was received which gave good overall assurance. The Committee workplan for 20/21 was presented and it was agreed that a review will take place at the August meeting to see if any changes are required as a result of Covid 19. The Counter Fraud Tool kit was submitted with an amber rating. Mazars, the external auditors highlighted that there was a level of uncertainty around the year end work in relation to property, plant and equipment.

The June meeting was to agree the year end submissions. A good report was received from Mazars which was clear and the uncertainty raised around property, plant and equipment at the previous meeting had been resolved. Both the annual report and the annual accounts were discussed and recommended to the Board for approval.

The Board Assurance Framework was presented by the Corporate Risk manager and reviewed in the meeting. The Risk Register was presented and a verbal update given in relation to the addition of the Covid 19 risks which had been added and would be presented at today's meeting.

The internal audit planning for the year was completed. The clinical audit was deferred due to Covid 19. Mr Beckwith explained that the issue with property, plant and equipment was an issue for all organisations not just the Trust. It was agreed that in September/October a revaluation of the estate may be undertaken.

**Resolved:** The reports were noted

108/20

**Quality Committee**

Professor Cooke gave a verbal update of discussions from the Quality Committee meeting held on 18 June 2020.

The meeting was well attended and reviewed the actions taken as a result of Covid 19 including reviewing policies and the establishment of an Ethics Committee to support clinical decision making.

The Quality Account was reviewed and it was pleasing to see the additional feedback from stakeholders. The Committee workplan for 20/21 was discussed. The Committee offered an opportunity to the Board to take stock of how Covid 19 during the escalation phase work has gone in terms of safety, quality and impact.

The Care Quality Commission (CQC) insight report was noted. The infection

control report was discussed and the Committee acknowledged the proactive approach the team has taken in a Covid 19 environment during the outbreak. Other reports presented included the Board Assurance Framework, Risk Register, Equality Diversity and Inclusion, Patient and Carer Experience annual report and a controlled drugs annual report where more incidents were noted to have been reported, but with less harm which is a positive position.

Mrs Gledhill reported that it had been a helpful meeting. Safeguarding referrals were reviewed and there was concern these had reduced in April nationally. However these had now started to increase and the team is very busy. Serious Incidents have continued to be reported. It was pleasing to hear from Non Executive Directors that they feel the governance processes are working well. Work has started around zero events and a deep dive into harm incidents is being undertaken.

The Chair appreciated the verbal update and it was agreed that the offer from the Quality Committee to review quality, safety and impact during Covid 19 would be accepted.

**Resolved: The verbal update was noted**  
**The Quality Committee to review the quality, safety and impact during Covid 19**  
**Action HG**

109/20

#### **Infection Prevention and Control Board Assurance Framework**

The Infection Prevention and control team have undertaken completion of the nationally produced toolkit, the results of which demonstrates that the Trust is compliant with the majority of the areas outlined within the report.

Eight areas were identified to have some gaps in assurance and need further work,  
Work has already started including increasing the Healthcare Acquire Infection meetings to bi-weekly.

The Chief Executive thanked Mrs Gledhill and the team for producing the report. A significant amount of guidance was issued at the onset of the pandemic which the Infection Control team have worked through and continue to work through. Throughout the pandemic there have been no issues identified in relation to personal protective equipment. On behalf of the Board, the Chief Executive congratulated the team for all their work.

**Resolved: The report was ratified by the Board**

110/20

#### **Covid 19 Response – Summary Update**

The report provided a further update on the Trust's response and gave an overview of the key issues relating to patient and staff testing, personal protective equipment (PPE), staff health and wellbeing, service changes and the approach being taking to plan for phase 2,3 and 4 (recovery and restore) of the pandemic.

Since the report was produced the national level has reduced from four to three. Daily sit reps continue to be reported to Gold command and the only issues are in relation to unplanned mental health and the crisis service at Avondale due to staffing. Generally Covid 19 sickness continues to reduce. Antibody testing for staff has commenced with approximately 500 staff tested. The potential impact

of the test, track and trace system has been added to the Risk Register and monitoring forms part of the daily sit reps. Pilot tests show that there is a big cohort of healthcare workers identified from the system.

Additional guidance on the wearing of masks has been circulated and masks are available across the Trust including for any visitors who may not have one. The Back to Basics and Stop Think Social Distancing campaigns continue and are being reiterated through the matrons role. Additional capacity has been provided for personal protective equipment and a manager is in place.

Staff are starting to become fatigued and tired and the risk score has been increased to reflect this. Staff are being encouraged to take breaks and annual leave. The Staff Health and Wellbeing Group is focussing on this area and has identified a number of opportunities to help with this.

Work continues across the system in relation to mental health demand and the direct impact from Covid 19 including the financial and employment aspects. North Yorkshire and York are looking at out of hospital provision and how we continue to support this work in planning with care homes.

Winter planning is also being discussed and modelling around when the second wave may hit. Early suggestions are that this will be September/October time. Each area has their own outbreak plan facilitated by the Director of Public Health and the Trust has contributed to all of these responses.

Mr Patton commented that from the antibody testing not many people appear to have had Covid 19 and he was concerned that when staff go outside and leave the normal working environment that they if they share cars they may be at risk. He suggested that perhaps the risk around the impact could be amended to reflect this.

Mr Royles noted that phase four is to explore service activity at a time when staff are tired, As we approach key events such as the NHS birthday and memorial events the general temptation may be to think that the situation is over and perhaps consideration needed to be given on how to keep the Board focussed.

The Staff Health and Wellbeing is taking a tactical approach with some people are working from home which was done in a relatively short period of time and Mr Royles felt there should be some focus on how these people are supported when they are remote working for longer periods. Mr McGowan said this has already been identified and has been included in the senior leadership and leadership programme content. Support is available to staff and a policy and procedure is in development along with guidance for managers. Risk Assessments are being completed to ensure that staff are adhering to Display Screen Equipment regulations and have the correct equipment and emotional and psychological support. Mr Royles will discuss further with Mr McGowan outside the meeting around the approach to staff health and wellbeing

Dr Byrne said that Medical Directors take their lead from national guidance and from people such as Professor Chris Whitty. He noted that recently there is a view that many members of the public think this situation is over, however in his view there is still uncertainty for staff, patients and carers across the NHS as to the future. He cautioned the Board that this pandemic is not over and therefore we cannot become complacent.

**Resolved: The report was noted**  
**Discussion to take place outside of the meeting regarding staff health and wellbeing Action SMCg**

111/20

**Patient and Carer Experience Annual Report (2019/2020) including Complaints and Patient Advice Liaison Service (PALS)**

The Patient and Carer Experience Annual Report provided an overview of the work carried out across the organisation over the twelve month period to support the patient and carer experience and engagement agenda.

Dr Byrne explained that the report for the first time included community and GP data. Also included in the report was reference to the staff survey results and interesting to look at the outcomes in relation to corporate staff involvement in the patient and carer experience agenda.

Mrs Dawley informed the Board there are four national surveys the Trust participates in; mental health in patient, mental health community, GP and the Friends and Family Test. Of these the Friends and Family Test is the best source of feedback across the Trust. The data dashboard will be relaunched shortly as it has been split into two dashboards, one for Friends and Family patient and service users and another for other family members and carers and guardians. On line surveys are seen as the future way although there has been a national pause due to Covid 19. During this time there has been an increase in the number of responses by text from primary care which has previously been a lower performing area. Primary Care teams are doing a lot of work to promote it. The Trust has decided to unpause the Friends and Family Test and will provide services across the Trust with a digital link. Previously there was a preference for paper copies, but given the concerns around paper handling and Covid 19, this seemed the best way.

There are 73 Patient and Carer Experience champions in Hull and East Riding, 34 in Scarborough and Whitby, 23 in Whitby and surrounding district and 145 staff champions.

Professor Cooke thanked Mrs Dawley for the summary. He felt that the transition that has occurred over the last three years is as a result of her enthusiasm and leadership. This was a good report that linked across all areas and the national recognition had helped to raise the profile of the organisation which is a significant achievement. The Quality Committee had reviewed the report and recommended it to the Board.

Mr Patton shared Professor Cooke's view. He noted there was better engagement, improvement in the quality of the report and welcomed the use of digital platforms.

Mr McGowan agreed it was a fantastic report especially with the integration of the staff survey results which staff would be able to see and note the response around corporate services and a champion has now been identified in the Workforce Directorate.

The Chair felt this was a good report which goes from strength to strength every year despite the team being relatively small. Links with membership and patient and carer experience are also being looked at with the Head of Corporate Affairs.

**Resolved:** The Board approved the annual report

112/20 **Fit and Proper Persons Regulation (FPRR) and Trust Compliance 2019/2020**

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires all trusts to ensure that all Executive and Non Executive Director posts (or anyone performing similar or equivalent functions) are filled by people that meet the requirements of the FPRR.

A report was provided to give assurance to the Board that these requirements have been met. The report will be submitted to the Council of Governors.

**Resolved:** The Board noted the report

113/20 **Board Assurance Framework (BAF) Quarter 1 20/21**

The Quarter 1 2019/20 report was provided to the Board. It provided an update on progress against the aligned risks and highlighted the movement of current risk ratings from the previous position at Quarter 4 2019/20. Changes have been made to strategic goals 1, 2 and 5.

The Chief Executive reported that she was satisfied with the current ratings and continues to monitor them regularly.

**Resolved:** The Quarter 1 report was noted

114/20 **Risk Register**

An update was provided on the Trust-wide risk register (15+ risks) including any additional or closed risks since the last report to the Board in March 2020.

10 risks are held on the Trust-wide Risk Register and two risks have been closed/ de-escalated. As part of the Trust's business continuity arrangements implemented as a result of the COVID-19 pandemic, a command risk register was established to monitor and effectively manage operational and tactical risk facing the Trust at this time. 5 risks have been identified through the command arrangements and have been reflected on the Trust-wide risk register.

**Resolved:** The Risk Register update was noted

**The timing of the register to the Workforce Committee to ensure it fits into the reporting schedule for the Board. Action SMC/DR**

115/20 **2019-20 Annual Non Clinical Safety Report**

The annual report provided analysis of the Trust's Health and Safety, Fire Safety and Security Inspections activity during 2019-20. It included information relating to key activities undertaken by the Safety Team, with respect to policies, workplace activity safety management reviews, premises Health & Safety, Fire Safety and Security inspections and Safety training provision.

Information on incidents which met the reporting requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) reported to the Health and Safety Executive (HSE) was also included. In the reference period there were five reportable incidents. Of these incidents, three related to violence and aggression.

During the reporting period, the Trust did not receive any enforcement notices from the Health and Safety Executive. Future reports will include updates on

gas and electric updates in relation to portable appliance testing, medical gases etc

The Chair referred to the fire safety report in section 4.2 asking for this to be updated with the correct date to Board.

**Resolved:** The annual report was noted

116/20 **Annual Declarations Report**

A summary of the annual declarations required to be made by the Trust was presented including evidence of how the Trust meets these declarations and ensuring that the views of Governors have been taken into consideration.

The report was discussed with the Council of Governors in January 2020 and came to the Board in November 2019 for discussion.

The Chair suggested that additional evidence from the Fit and Proper Persons report to be included and the title for the visit programme to reflect that they include Governors, Executives and Board members.

**Resolved:** The Board ratified the annual declarations based on the evidence provided.

117/20 **Freedom to Speak Up Annual Report**

The Annual Report provided a summary of work that has taken place throughout 2019/20 and the work programme actions.

Mrs Flack reported that the National Guardians Office recently published its annual report and the Trust is doing well against the national position and will help to form the work plan for the future. Two Board sessions were held to go through the self assessment and no concerns have had to be escalated.

A strategy and policy have been approved which were developed with staff. A reduction in the number of speak up concerns has been seen with details provided in the report. Some of the concerns have been in relation to HR and the good relationship with the HR team allows concerns to be dealt with quickly. In most cases people want the time to tell their story and to have someone listen.

Mrs Flack extended her thanks to Ms Helen Young, who has now left the role of Deputy Guardian to take up another role. The Board recognised and acknowledged the work that Ms Young had done during her time in the role.

As mentioned in the Chief Executive report, two new Deputy Guardians have been appointed which will increase capacity. Each of them will cover specific areas of the Trust which will increase their visibility across the organisation. Awareness continues to be promoted through the staff communications methods.

Mr Baren, as Senior Independent Director, is involved in the Freedom to Speak Up work. He felt this was a thorough report and recognised the work that Ms Young had done whilst in the role. There is energy and enthusiasm in the team and this came through in all of the applicants for the Deputy posts.

On behalf of the Board, the Chair thanked Ms Young for all her work and

thanked Mrs Flack for her continued work.

**Resolved:** The report was noted.

118/20

**Equality, Diversity and Inclusion Annual Report 2019/20**

The annual report was presented to the Board and covered activity over the previous 12 months. The report has been discussed at the Workforce and Organisational Development Committee and the Quality Committee.

Mr McGowan reported that the team is working well and work has been undertaken in relation to Stonewall and relevant ethnicity groups have been established. A BAME group is in the process of being set up. A number of initiatives have been put in place over the year which is a testament to the staff survey result.

Links have been made into the Medical Directorate to ensure all of the protected characteristics are covered and included reference to the staff survey results in the Patient and Carer Experience Annual Report.

Mr Baren referred to appendix 5, number 3 asking if the percentage figures could be reviewed. Mr McGowan will review and circulate an update to the Board outside the meeting

The Chair thanked the team for an informative report and asked that the thanks of the Board were extended to the team

**Resolved:** The annual report was approved.

**The percentages for BME staff will be reviewed and an update circulated to the Board outside the meeting Action SMcG**

119/20

**Items for Escalation**

No items were raised

120/20

**Any Other Business**

No other business was discussed.

121/20

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

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

122/20

**Date and Time of Next Meeting**

Wednesday 29 July 2020, 9.30am by Microsoft Teams

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

Chair

**Trust Board Meeting**  
**Minutes of the virtual Public Trust Board Meeting held on Wednesday 29 July 2020**  
**by Microsoft Teams**

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

**In Attendance:** Mrs Michelle Hughes, Interim Head of Corporate Affairs  
Mrs Helen Lambert, Deputy Director of Workforce and Organisational Development  
Mrs Jenny Jones, Trust Secretary  
Mr Adam Dennis, Communications Officer  
Mr David Reade, Service User and Carer Lead (for item 126/20)  
Alison, Service User/ Volunteer / Peer Mentor (for item 126/20)  
Cathryn Hart, Assistant Director Research & Development (for item 137/20)

**Apologies:** Mr Steve McGowan, Director of Workforce and Organisational Development

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

**123/20 Declarations of Interest**

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

**124/20 Minutes of the Meeting held 24 June 2020**

The minutes of the meeting held on 24 June 2020 were agreed as a correct record.

**125/20 Matters Arising and Actions Log**

The actions list was discussed. It was noted that for action 28/20 an update on the Population Health Management and links into LHCRE will be provided at the September meeting.

**126/20 Patient Story - Alcohol can affect anyone, look around, is it you?**

Dr Byrne introduced the patient story which was about alcohol. Alison joined the meeting along with David Reade to share her story. Alison told Board members about her experiences and how she became

dependent on alcohol and how this had affected her in her personal and working life. When Alison realised that she needed help it was provided in different ways including detox treatment. Alison also attended Self Management and Recovery Training (SMART) which is a tool developed in America whereby a group of people can come together to interact and talk about their addiction. Alison found this to be a way for her to share her issues and in time she trained to become a peer support mentor enabling her to facilitate SMART groups and help others.

David explained that East Riding Partnership has an open access approach where service users can drop in. There is an easy accessible engagement process for people to receive principle intensive engagement and ex service users have been recruited as volunteers to help promote recovery. Alison mentioned about her experiences of hospital admissions and David reported that there is a liaison service in Hull Royal Infirmary where people can be seen by a nurse.

Mr Patton asked if there had been any increase in service use during the pandemic. The service volunteers had to be stood down at the start of the pandemic however on line support for patients is in place. The service has not been overwhelmed by people needing a service, and is more dynamic and different ways of working to engage with people have been developed. Additional support has also been provided by East Riding Partnership with the Trust, Alcohol and Drugs service and NACRO where on line chat facilities are available.

Virtual technology has been used to deliver SMART meetings while face to face meetings are not possible. Five virtual on line meetings are running as well as one to one meetings. With the guidelines changing it is hoped that a walk in outdoor meeting may be possible for those people who are vulnerable.

Mr Royles thanked Alison for sharing her story. Given there may have been an increase in alcohol use during the pandemic, he asked if there was anything more the Trust can do as a good employer to support staff with this. Alison explained that her story highlighted that anyone can be affected and it is about to get away from the stigmatisation associated with alcohol misuse and providing information and reassurance. Mrs Parkinson commented that the Trust is using experts by experience in peer support worker roles and the work of the East Riding Partnership is a highly valued service. Twelve peer support workers have been recruited for mental health services and Mrs Parkinson suggested that she have a discussion outside of the meeting with Alison to discuss the approach further.

The Chief Executive explained that in relation to alcohol usage this is being linked into staff health and wellbeing work and raising awareness. She endorsed the work of the East Riding Partnership and thanked all involved for their work.

On behalf of the Board, the Chair thanked Alison and David for joining the meeting to share the story.

127/20

### **Chair's Report**

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

**Non Executive Director Reappointment** – The Chair congratulated Mr Patton on being reappointed by the Council of Governors for a further three year term ending on 31 December 2023.

**Virtual Staff Awards** – the quarterly meeting was held virtually to celebrate long service, retirees and employee of the month.

**Virtual Events** – services were held by the Trust Chaplain, Eve Rose for the NHS 72<sup>nd</sup> Birthday and Pride. Congratulations to the team on finding innovative ways to engage people in these events

**Integrated Care Service (ICS)** – it has been a busy month with planning and other meetings

**Regional and National Meetings** – attendance virtually of the Yorkshire and Humber Chairs meeting, Regulating the Care Quality Commission (CQC), Race Inequality session and two national Chair and Chief Executive meetings.

**Governors** – the first virtual Council of Governors meeting was held recently with positive feedback received. The October meeting will also be held virtually. Governor group meetings continue to meet virtually and the Chair thanked the Non Executive Directors and the Head of Corporate Affairs for their involvement in the meetings.

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

128/20

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

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

**Discussion Forum** - The Chief Executive along with Dr Fofie and the Chief Operating Officer took part in a discussion forum lead by Emma Hardy MP to discuss Mental Health and Covid. Regular meetings continue with local MPs with no issues raised.

**Commendation** - Dr Ami Gledhill (higher trainee) has received a commendation regarding her training this year which is a great achievement.

**Meetings** - I continue to use IT platforms to meet and speak to staff from all areas across the organisation. Morale remains high however staff are tired and the importance of annual leave and health and wellbeing is being promoted.

**NHS 72<sup>nd</sup> Birthday** – a virtual service was held to reflect and share thanks in the multi-faith service and was attended by the Bishop of Hull, the Lord Mayor of Hull and members of the public. Inspire Unit was also lit up blue for the weekend as part of the national #lightupblue campaign to shine a light on young people's mental health

**Winter Planning** - The Trust is actively planning for winter and the flu

vaccinations with more peer vaccinators being requested and trained. The winter plan will come to the September Board for information.

**Pride Events** – these celebration events are taking place virtually and started with a service from our Trust Chaplain attended by the Lord Mayor of Hull.

**Integrated Care System (ICS)** - The Integrated Care System is developing with a real focus on integration. Andrew Burnell, Chief Executive of City Health Care Partnership will be leading on population health and Amanda Bloor, Chief Executive, North Yorkshire Clinical Commissioning Group (CCG) is leading on primary care and the flu programme.

**Humber Alliance** - Phase 3 planning is in progress with guidance due imminently. A summary will be provided to the September meeting.

**Communication Update** – a new website has been introduced which Adam Dennis, Communications Officer has been working on. The improved site is interactive and easy to navigate.

The team has also produced poster guidance around meetings and IT platforms which will be circulated to the Board outside the meeting

Professor Cooke was pleased to see the reinforcement of health and wellbeing links for staff. The Chief Executive explained that this is an important area of focus. Non essential meetings in August will be stood down and re-instigation of meeting free Friday afternoons will be progressed to allow clinical staff to prepare for the weekend and for corporate staff to plan for the week ahead. The Chief Executive suggested that the Workforce and Organisational Development Committee review the support offered to staff as the current position is likely to continue for some time.

In terms of the Mental Health campus provision, Professor Cooke asked for more detail on the involvement of patient and public in meetings. He was informed that an update will be provided at the September Board Time Out. Mrs Parkinson explained that service user and public engagement is key to progressing the work and there has been involvement in developing the clinical model. Service users were involved in the option appraisal workshops and a stakeholder reference group is being established which will include participants across the community so the arrangements that are already in place can be strengthened. Work is taking place with the Head of Patient and Carer Experience and Engagement to ensure there is service user engagement as the outline business case is completed.

Professor Cooke noted the new TRAC recruitment system and asked what the intended benefits are. Mrs Lambert, Deputy Director of Workforce and Organisational Development explained that the main benefit is in streamlining management tools and supporting candidates to access vacancies across the organisation. It will also benefit individuals as they will be able to add vacancies directly to the system. There will also be the facility to run management reports to monitor key performance indicators.

Mr Patton referred to the Continued Professional Development (CPD) funding stating it would be helpful to see how this is being spent and any benefits that are being realised going forward. Mrs Gledhill explained that this funding is

good for the Trust and it has to be spent in this financial year. An action plan is being produced to show how the money will be used which will go to the Workforce and Organisational Development Committee.

The intention to remove paper pay slips was noted, however Mr Patton advised caution around certain groups of staff who may not have access to view their pay slips on line. It was noted that additional arrangements will be in place for any groups of staff identified.

Dr Byrne expressed his thanks to the Head of Patient and Carer Experience and Engagement for her work in arranging virtual Trust events for the Veterans Awareness week, Pride and the Sunday Services. He also wanted to thank Mr Dennis and the Communications team for their efforts during Covid 19 and for the briefings and for the design of the posters that have been circulated around the Trust.

Mrs Hughes reported that the Covid 19 information on the intranet has received over 21,000 views by staff which demonstrated it was proving an invaluable resource in addition to daily staff communications. The Humbelievable campaign which is part of the recruitment task and finish group includes the development of a new website that has been designed with involvement of over 20 staff groups and will provide a specific recruitment focus for the Trust. Poppulo is an internal communications system that is used by some NHS trusts and allows the targeting of communications to specific staff groups. This system will allow e mails to be sent to specific staff groups and is planned to launch in September.

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

**The winter plan will come to the September Board for information Action MM**

**Phase 3 planning summary to be provided to the September meeting Action MM**

**Meeting posters to be circulated to the Board outside the meeting Action MH**

**The Workforce and Organisational Development Committee to review the support offered to staff Action SMcG**

129/20 **Publications and Highlights Report**

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

**Resolved:** The report was noted.

130/20 **Performance Report**

Mr Beckwith, Director of Finance, presented the report which informed the Board on the current levels of performance as at the end of June 2020. An update was included for the indicators that had fallen outside of the normal variation range which were:-

- Friends and Family Test - Involvement
- Waiting Times
- Improving Access to Psychological Therapy (IAPT) 18 Weeks
- Sickness
- Cash in Bank

Mr Baren referred to the safer staffing dashboard in relation to Inspire Unit noting

that there were no ratings included this month. Mrs Gledhill explained that the clinical supervision aspect was due to an oversight and the information had not been requested, However the clinical lead has confirmed full compliance with clinical supervision and it will be included in future reports. There were no ratings for other areas as the unit beds (Orion and Nova) are not fully open. It was felt unfair to include the ratings in the report which would be red because all the beds are not yet open The care hours per patient per day were noted as good and there is regular monitoring as it is a new unit and team.

Mr Smith commended the team for the CQUIN 72 hours follow up result which was impressive. He asked if the organisation is a positive outlier in this area. The Chief Executive said this is a key target linked to evidence and can make a difference to self harm and suicide incidents. She suspected that the Trust was probably a positive outlier for this.

The amount of cash in the bank was noted. Mr Beckwith explained that the increased amount is due to the national response where additional money had been given to organisations to ensure they could continue to operate during Covid 19. It is expected that this additional funding will be recovered at some point during this financial year. Mr Smith suggested that as this is a public document, the report could make it clearer that the increase is due to specific circumstances around Covid 19.

Mr Patton noted the slight increase in Datix incidents and asked if these were linked to Covid 19. Mrs Gledhill reported that the increase was in relation to self harm incidents on a particular unit which were of low or no harm.

The overall sickness absence figure of 4% noted by Mr Patton. He asked why there were differing levels in other areas of the report. Mrs Lambert explained that the 4% was across all of the organisation whereas the other figures are reported by each in patient unit.

Referral to Treatment (RTT) figures continued to drop and waiting times continue to rise. Mr Patton asked if there was any update on these areas. Mrs Parkinson explained that as previously reported due to the pandemic, some areas including paediatric autism and adult autism and physical health services (physio) in Scarborough and Ryedale have been paused due to the contact levels required. Speech and Language Therapy services cannot easily be provided using digital platforms. Face to face meetings are starting to resume and improvement plans are in place across all services. The Business Intelligence team are working to ensure that improvement trajectories can be demonstrated and that operationally clinical pathways lead to improved waiting times. This work will be completed in September and a report will be shared at the next meeting.

Waiting times are monitored by the Executive Management Team and also the Operational Delivery Group. Previously the Quality Committee has reviewed this detail and the Chief Executive suggested that this exercise could be repeated to gain assurance. This suggestion was supported.

Mr Royles acknowledged the work that has taken place during challenging times to allow the delivery of services. He recognised the positive trend in staff absence and turnover and felt that some staff who perhaps are working from home may not report periods of sickness as they do not have to go into work. Turnover is linked to job availability and suggested that the Workforce and Organisational Development Committee look into these areas at a future

meeting to give a better picture. It was reported there are some sickness hot spots and the Chief Executive suggested it would be helpful for the Workforce and Organisational Development Committee to look at these areas and for Mrs Parkinson to work with the Director of Workforce and Organisational Development to prepare a report for the Committee.

The Chief Executive thanked the Executive Team for their continued work as this was a good performance report.

**Resolved:** The report and verbal updates were noted  
An update on waiting times to be provided at the next meeting **Action LP**  
A report to be prepared for discussion at the Workforce and Organisational Development Committee on sickness **Action LP/SMcG**  
The Quality Committee to review waiting list information to gain assurance  
**Action HG**

131/20 **Finance Report**

Mr Beckwith presented the report which showed the financial position for the Trust as at 30 June 2020 (Month 3). Highlights from the report included:-

- The Trust recorded an operational break-even position at the end of June 2020.
- The reported year to date position included Covid expenditure claims of £2.669m. Claims for months one and two have been reimbursed with month 3 due next month
- Cash balance at the end of June was £25.494m, which is inclusive of the July block payment of £9.8m.

Mr Baren asked whether there is the potential to discuss secure services and the cost of the packages of care with CCGs to try and recover some of this cost. Mr Beckwith explained that traditionally NHS England would have been invoiced but this cannot be done currently due to the block payment arrangements. The scope to recover this directly is limited but it is being received through different processes with the regional team.

**Resolved:** The report was noted.

132/20 **Quality Committee Assurance Report & 5 February 2020 Minutes**

The report provided an executive summary of discussions held at the virtual meeting on 18 June 2020 which were reported verbally to the June meeting. The approved minutes of the meeting held on 5 February 2020 were presented for information. Professor Cooke explained that a further meeting is planned for 5 August.

Dr Byrne highlighted the work of Operations to keep services going during unprecedented times. He felt that in future years, the NHS is going to have to rebuild areas and that the Trust is in a good place to start from.

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

133/20 **Workforce & Organisational Development Committee Assurance Report & 13 May 2020 Minutes**

Mr Royles presented the report which provided an executive summary of discussions held at the meeting held on 15 July 2020. The minutes of the

meeting held on 13 May 2020 were included for information.

Discussions included the impact on recruitment and turnover and the changes that have been made. The appointment of Grace Gava as the chair of the Black, Asian and Minority Ethnic (BAME) group was noted. The insight report provided assurance of the work that is taking place.

Mrs Lambert explained that work has started with Operations around the staff survey outcomes and planning taking place with each area.

Mr Baren referred to the Retirement Policy which has been reviewed and amended to make it easier for staff to return to work following retirement. He asked if this has resulted in more people returning to work and whether people are being approached on retirement. Mrs Lambert reported there has been some success through the “bring back” scheme across NHS organisations. Staff who have retired are contacted regarding returning and the change in the policy to allow only a 24 hour break will help.

Dr Byrne noted the amount of data that is provided to the Committee and asked if Mr Royles had a view on how this compared with others in the system. Mr Royles responded that the benchmarking data is positive in showing the position and allows details to be seen that can be compared commercially and it is showing the Trust is in a positive place. The Committee continues to monitor this data on a regular basis.

**Resolved:** The Board noted the update and the minutes

134/20

**Charitable Funds Committee Assurance Report & 21 January 2020 Minutes**

Details of the meeting held on 21 July were provided to the Board. The minutes of the meeting held on 21 January were presented for information.

Professor Cooke informed the Board that discussions included the redevelopment of Whitby Hospital and how the charity can get the appeal running. Performance was reviewed during the pandemic and a total of 5,184 hampers were sourced and distributed through the volunteers network which was a fantastic achievement. Wobble rooms were highlighted which are adding value for staff.

Mr Beckwith reported that good progress has been made. This was echoed by Mr Baren who was also impressed with the efficient way the NHS funding had been used to provide the hampers.

Mr Smith pointed out that if the NHS funding had been spent there was an opportunity to bid for additional funding which expired in the next few days. Mr Beckwith confirmed that this has been picked up by the team and they are taking it forward.

The Chair appreciated the case study that was included in the report which added information.

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

135/20

**Covid 19 Update Response**

The report prepared by Mrs Parkinson gave an update on the Trust’s response

and an overview of the ongoing arrangements and work with partner organisations to manage the Covid 19 emergency.

Highlights from the report included:-

- Maintenance of emergency planning arrangements
- Command arrangements for Bronze, Silver and Gold continue
- Operational pressures remained manageable across the Divisions
- Increase in demand for mental health services reported
- Bed occupancy has remained good despite a slight increase in the month
- Daily sit rep reports continue
- A slight rise in Covid 19 related absences reported connected to test, track and trace.
- Testing arrangements are in place, first phase of antibody testing will conclude on 31 July 2020.
- No issues raised around personal protective equipment
- Risk assessments for vulnerable groups including Black, Asian and Minority Ethnic (BAME), have been completed
- Focus on staff health and wellbeing and encouragement to take annual leave and breaks

The Chief Executive is involved in work around outbreak plans. The national level for the NHS remains at 4. It is important to continue to support staff and there are plans to give out lanyards and badges. Information on bookable office spaces will be communicated to allow staff to go into the office on a rota basis.

Dr Byrne passed on his personal thanks to Mrs Parkinson for her role in keeping services running. Mrs Parkinson responded that it was the operational managers who are the unsung heroes and without the collaboration with corporate services teams it would not have been possible.

**Resolved:** The report was noted

136/20

### **Safer Staffing 6 Monthly Report**

The report presented by Mrs Gledhill showed the outcomes of the review of safer staffing requirements across our in-patient units using the National Quality Board (NQB) guidance and NHS Improvement 'Developing Workforce Safeguards'.

The report covered the period October 2019- March 2020 and provided a current position in relation to Care Hours per Patient Day (CHPPD) and key performance indicators (KPI) for each unit. Mrs Gledhill reported that some organisations have started to include Allied Health Professionals (AHPs) that are ward based and this is being progressed in the Trust. During Covid 19 beds have been protected however the report gave assurance that adequate staffing was provided in our units.

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

137/20

### **Research & Development Report**

The report provided the Board with assurance/reassurance that work continues to enhance research in the Trust and ensure the Trust's obligations in relation to the delivery of National Institute for Health Research (NIHR) Portfolio research and performance targets are met.

Mrs Hart explained that the report covered the last six months. This year progress has been made with the research strategy although some objectives may need to be reviewed as a result of Covid 19.

An increase in funding has been seen from the Clinical Research Network as a result of last year's performance. Some other research which was paused at the start of Covid 19 has been restarted, however the prioritisation is for public health studies to help focus on Covid 19. Staff have been recruited into vaccine trials and are working closely with Hull University Teaching Hospital. Covid 19 also brought new opportunities for studies that previously the Trust would not have been able to take part in due to the remote delivery used. There is an emphasis on Black, Asian and Minority Ethnic (BAME) community and the Trust has joined a project team to encourage more recruitment of people into these studies.

Another opportunity being pursued is studies into depression in older people with multi morbidities and isolations that Covid 19 may have caused.

The Research Conference due to be held in May was postponed and a rearranged date of half days of 17 and 18 November have been agreed.

Professor Cooke commented that the additional performance funding was attributed to the success of Ms Hart and the team for achieving the number of people in trials and the width of people in these trials. The team has also been proactive in trying to get involved in research associated with Covid 19. As research Champion, Professor Cooke acknowledged the growth of research in the Trust and attributed it to the leadership of the Chief Executive and Medical Director.

Mr Patton appreciated the infographics included in the report and congratulated the team on their recruitment achievements. He asked if the use of virtual technology had helped to improve any aspects for the team. Ms Hart felt that there was more access to meetings across Yorkshire and the Humber and more people being able to join the meetings than previously as they are done remotely.

In terms of the Inspire Unit, Mr Baren asked if there were any research studies around Child and Adolescent Mental Health Services (CAMHS). Ms Hart said this was a timely question as agreement has just been reached to undertake a study with Inspire Unit run by Manchester and Professor Lavelle around physical health.

Dr Byrne thanked Ms Hart and the team for their work and for the response during Covid 19. The team had kept going and found extra areas of research and also supported the Emergency Planning response.

The Chief Executive noted the success in recruitment of participants into research studies and the consistent over achievement of targets. These studies make a difference to people's lives.

The Chief Executive declared an interest in the partnership agreement as chair of the Clinical Research Network and did not take part in any discussion related to the contract.

The Partnership Agreement the Trust has with the host of the Clinical Research Network (CRN), Sheffield Teaching Hospitals NHS Trust, has been extended by an extra year to 31 Mar 2023 under a variation to contract. The variation value is £0.326m and in line with the Trust's scheme of delegation approval is sought from the Board for the Chief Executive to sign the variation. Board members (excluding the Chief Executive) approved the signing of the contract variation

**Resolved:** The Board noted the report and approved the Chief Executive signing of the Yorkshire and Humber Clinical Research Network variation to contract in line with the Trust's scheme of delegation.

138/20

**Our Black, Asian and Minority Ethnic (BAME) Workforce**

The report provided an update on the Trust's support and actions for Black, Asian and Minority Ethnic (BAME) employees.

Mrs Lambert highlighted the following areas:-

- Equality Diversity and Inclusion group has been established.
- Work with young people is underway and with patients, carers and staff.
- The Steeping up programme has been paused and further updates are awaited around this work.
- The first meeting of the BAME group has been held
- Awareness training for bullying and harassment will be rolled out and the policy reviewed

Mr Royles asked about the impact of Covid 19 and the public Black Lives Matter campaign. Mrs Lambert explained that actions are being proposed to look at statutory and mandatory training around these areas to look at some modules that can be sourced.

Mr Smith raised the issue of detained patients for BAME and how this group of people is reviewed at the Mental Health Legislation Committee and suggested this may need further consideration going forward.

**Resolved:** The Board noted the report

139/20

**Trust Constitution**

A review has been undertaken to ensure the Constitution remains appropriate and meets the needs of the organisation. Key changes made were to annex 1 - a clarification of the description of public constituencies and a proposal for the appointed governor terms of office to be flexed. The changes were approved at the Council of Governors meeting on 16 July subject to a change on 14.4.3 of the reference to Chairman to be amended to Chair.

**Resolved:** The Board approved the changes to the Constitution

140/20

**Risk Appetite 2020/2021**

The report provided details of the context and guidance around risk appetite to assist in defining the Trust's tolerance for risk against each of its strategic goals over the next year. Consideration was given to the risk appetite for each of the Trust's Strategic Goals in line with the guidance and determined the ratings to be applied for 2020/21.

The Chair explained that she and the Chief Executive agreed that more time was

needed for this discussion and that an appropriate time would be agreed to do this. In the meantime the report would be noted.

**Resolved:** The report was noted.

An appropriate time to be identified to discuss the risk appetite in more detail

**Action MM**

141/20 **Health Stars Annual Review**

An update was provided to the Board on the progress Health Stars is making against the agreed charity strategy for the Trust's charitable funds. During the year there was a change in the workforce which has now stabilised. The report has also been discussed at the Charitable Funds Committee.

The Chair thought this was a good report and showed the work done with the Inspire Unit appeal and Covid 19. The Chief Executive acknowledged that Health Stars have been superb during the pandemic alongside volunteers to help support staff.

**Resolved:** The Board noted the annual review

142/20 **Health Stars Operating Plan Key Performance Indicator (KPIs) 2020/21**

Following presentation to the Trust Board in February, a suite of KPIs has been established. Indicators have been categorised across the following themes and linkages to the Trust's Strategic Goals made: -

- Finance (Strategic Goals 5 and 6)
- Engagement (Strategic Goals 1,2, 3 and 4)
- Patient/Staff Centred (Strategic Goals 4 and 6)
- Governance (Strategic Goal 5)

The indicators were discussed at the Charitable Funds Committee and provide a framework that can be monitored.

**Resolved:** The report was noted.

143/20 **Council of Governors Public Meeting Minutes 16 January 2020**

The minutes of the meeting held on 16 January were presented for information

**Resolved:** The minutes were noted

144/20 **Items for Escalation**

No items were raised

145/20 **Any Other Business**

No other business was discussed.

146/20 **Exclusion of Members of the Public from the Part II Meeting**

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

147/20 **Date and Time of Next Meeting**

Wednesday 30 September 2020, 9.30am by Microsoft Teams

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

**Agenda Item 13**

Title & Date of Meeting:	Council of Governors Public Meeting– 15 <sup>th</sup> October 2020			
Title of Report:	Performance Report - Month 5 (August)			
Author/s:	Name: Peter Beckwith/Richard Voakes Title: Director of Finance/Business Intelligence Lead			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	<p>This purpose of this report is to inform the Council of Governors on the current levels of performance as at the end of August 2020.</p> <p>The report is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits presented in graphical format.</p>			
<b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Finance & Investment Committee		Executive Management Team	☑
	Mental Health Legislation Committee		Operational Delivery Group	☑
	Charitable Funds Committee		Other (please detail)	
<b>Key Issues within the report:</b>  <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<p>Commentary is included below for those indicators that have fallen outside of the normal variation range.</p> <p><b>Friends and Family Test (FFT) - Involvement</b> - The majority of Augusts FFT responses are attributed to Primary Care.</p> <p>GP practices use the MJOG text facility patients only answer the key question (overall, how was your experience of our service).</p> <p>Due to the small number of FFT returns for other areas data can become distorted and the Patient Experience Team continue to work closely with services to encourage proactive uptake of the survey</p> <p><b>Waiting Times</b> - A separate report is on the agenda in relation to waiting times.</p> <p><b>Out of Area placements</b> – Out of area placements continued to increase in August due specifically to a rise in demand for functional older peoples mental health beds.</p> <p>Analysis of our acute bed flow demonstrates that this is not due to delays in discharge or deterioration of length of stay but a rise in acuity of need. The position is being monitored closely and action is being progressed to try and address this</p>			



	<p><b>Cash in Bank</b> - The cash balance at the end of June was £27.1m, this exceeds the upper control limit and is influenced by the fact the position is inclusive of the September Block payment (£9.8m).</p> <p><b>Compliments</b> – Due to visiting restrictions we are not receiving as many compliments as we did pre Covid-19. the Patient Experience Team are reminding teams on a regular basis to capture compliments and enter them onto the Datix system.</p>
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**Monitoring and assurance framework summary:**

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



Financial Year  
2020-21

# 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:  
Aug-20

Caring, Learning and Growing

Chief Executive: Michele Moran  
Prepared by: Business Intelligence Team



# Humber Teaching NHS Foundation Trust Integrated Board Report

For the period ending: **Aug 2020**

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

**What are SPCs?**  
Statistical process control (SPC) charts can help us understand the scale of any problem, gather information and identify possible causes when used in conjunction with other investigative tools such as process mapping.  
SPC tells us about the variation that exists in the systems that we are looking to improve:  
  
S – statistical, because we use some statistical concepts to help us understand processes.  
P – process, because we deliver our work through processes ie how we do things.  
C – control, by this we mean predictable.  
  
SPC should be used to help to get a baseline and evaluate how we are currently operating. SPC will also help us to assess whether service changes have made a sustainable difference. They give an indication as to whether there is relatively stable variation over time or whether there are special causes creating exceptional variance. This is done by analysing the chart looking at how the values fall around the average and between or outside the control limits. The average and control limits do not indicate whether the indicator is achieving the target that has been set, but they allow us to better understand how stable the performance is and whether or not it is changing.

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

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

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

# Humber Teaching NHS Foundation Trust

## Integrated Board Report

For the period ending:

**Aug 2020**

Goal 2	RTT - Completed Pathways	Based on patients who have commenced treatment during the reporting period and seen within 18 weeks of their referral
Goal 2	RTT - Incomplete Pathways	Based on patients who have been assessed but continue to wait more than 18 weeks for treatment
Goal 2	RTT - 52 Week Waits	Number of patients who have yet to be seen for treatment and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - Adult ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Adult and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - Paediatric ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Children and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks
Goal 2	RTT - Early Interventions	Percentage of patients who were seen within two weeks of referral
Goal 2	RTT - IAPT 6 Weeks and 18 weeks	Percentage of patients who were seen within 6 weeks and 18 weeks of referral
Goal 3	Recovery Rates - IAPT	Recovery Rates for patients who were at caseness at start of therapeutic intervention
Goal 3	Out of Area Placements	Number of days that Trust patients were placed in out of area wards
Goal 4	Delayed Transfers of Care	Results for the percentage of Mental Health delayed transfers of care
Goal 4	Staff Sickness	Percentage of staff sickness across the Trust (not including bank staff)
Goal 4	Staff Turnover	Percentage of leavers against staff in post
Goal 5	Finance - Cash in Bank	Review of the cash in the Bank (£000's)
Goal 5	Finance - Income and Expenditure	Review of the Income versus Expenditure (£000's) by month
Goal 6	Complaints	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 2020-21

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Aug 2020**

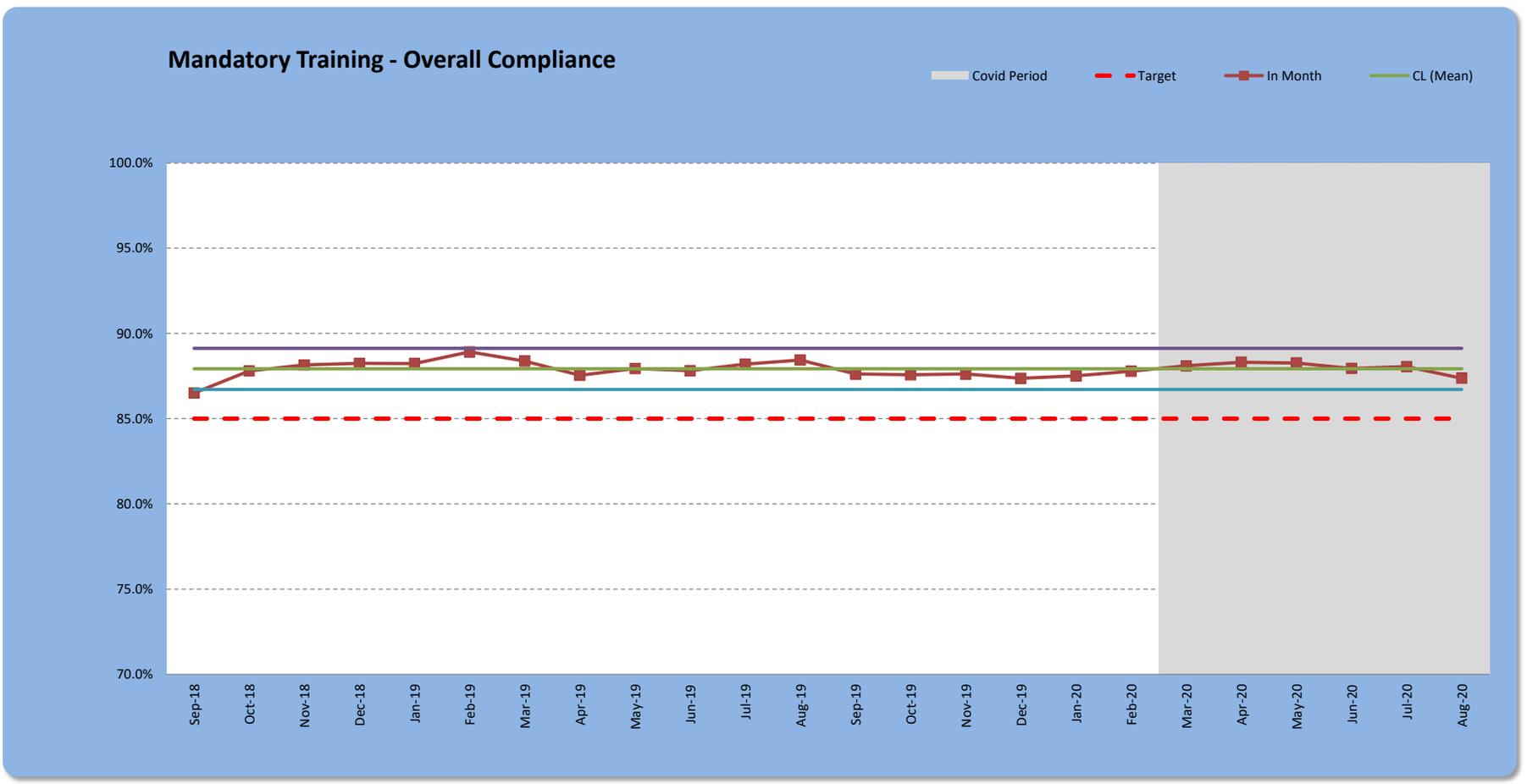
Indicator Title	Description/Rationale	Executive Lead
Mandatory Training	A percentage compliance based on an overall target of 85% for all mandatory and statutory courses	Steve McGowan

KPI Type
WL 5

**Narrative**

Above Target, 0.7% reduction on last month.

Target: 85%  
 Amber: 75%  
 Current month stands at 87.4%



# PI RETURN FORM 2020-21

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Aug 2020**

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

KPI Type
WL 2 VAC

**Narrative**

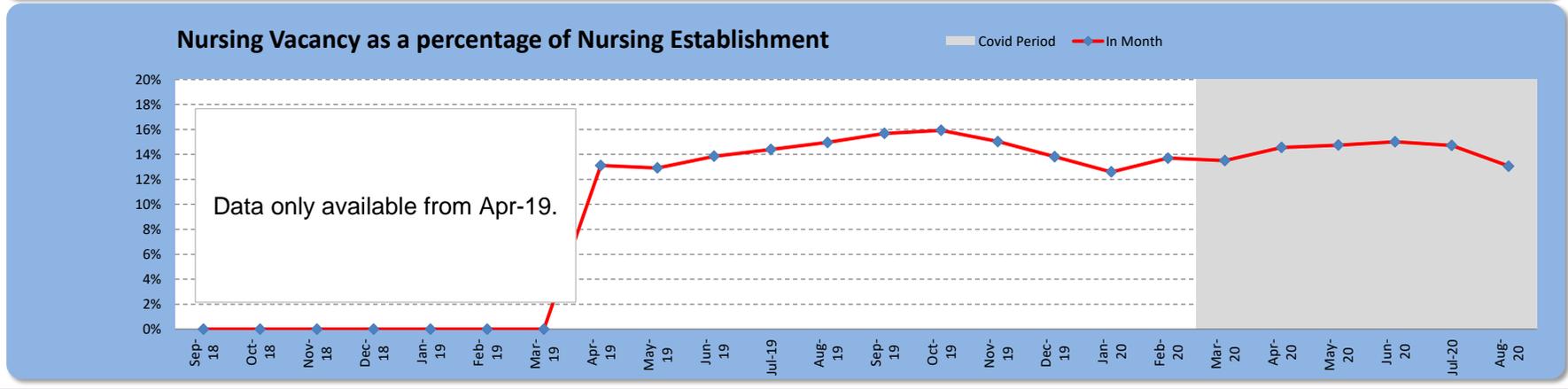
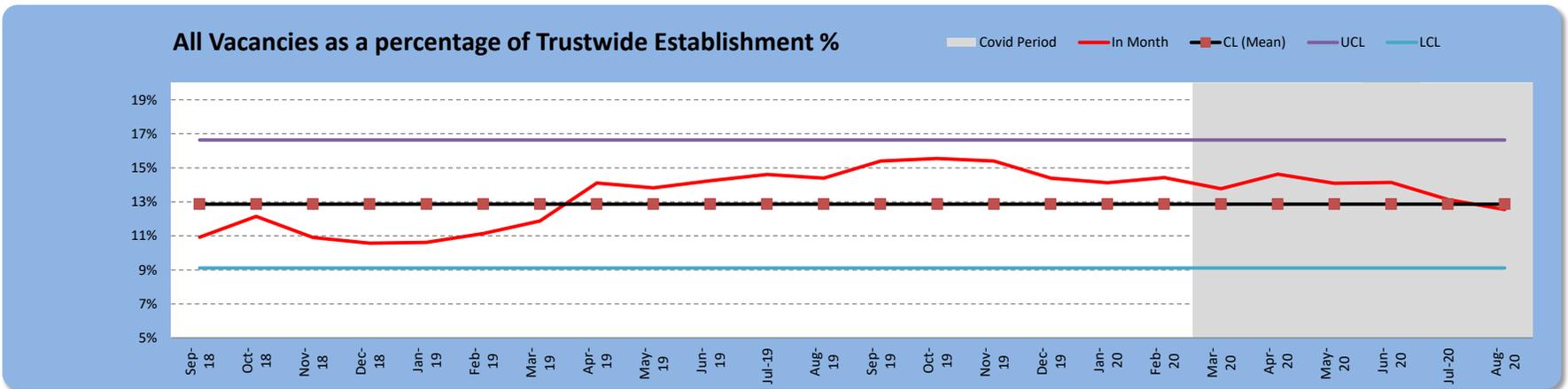
Vacancies dropped by 0.6% when compared to the previous reporting period.

Nursing Vacancy rate has reduced by 1.6%.

**Breakdown for Month**

	Trustwide	Nursing
Est	2920.3	834.7
Vac	383.4	122.9
	13.1%	14.7%

Current month stands at 12.5%



# PI RETURN FORM 2020-21

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Aug 2020**

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

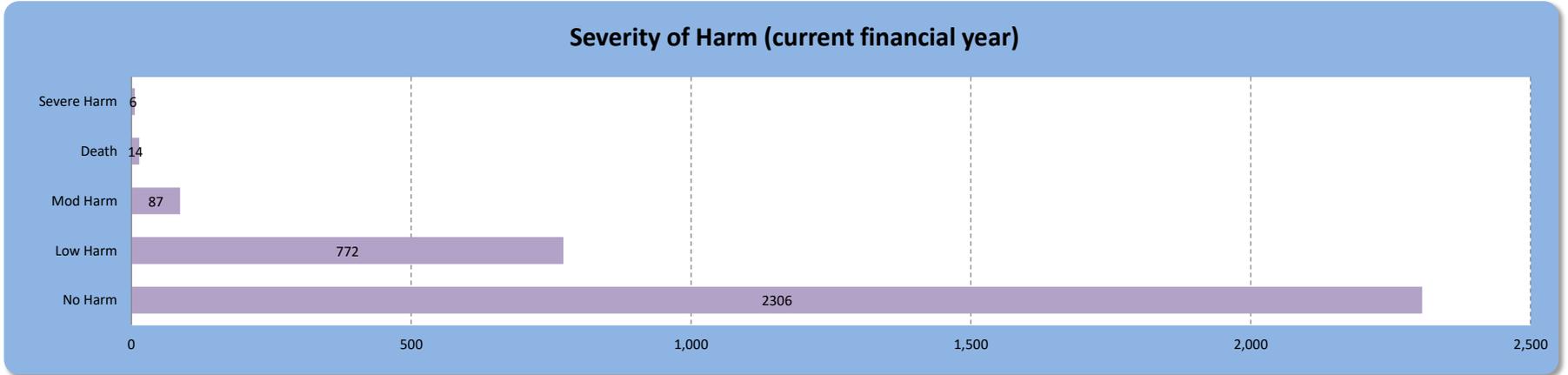
**Narrative**

Increase of 118 when compared to the previous month.

UCL: 992  
LCL: -21

Current month stands at 717

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



# PI RETURN FORM 2020-21

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Aug 2020**

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

KPI Type
WL 9a

**Narrative**

Greyed out area on chart signifies Covid19 period.

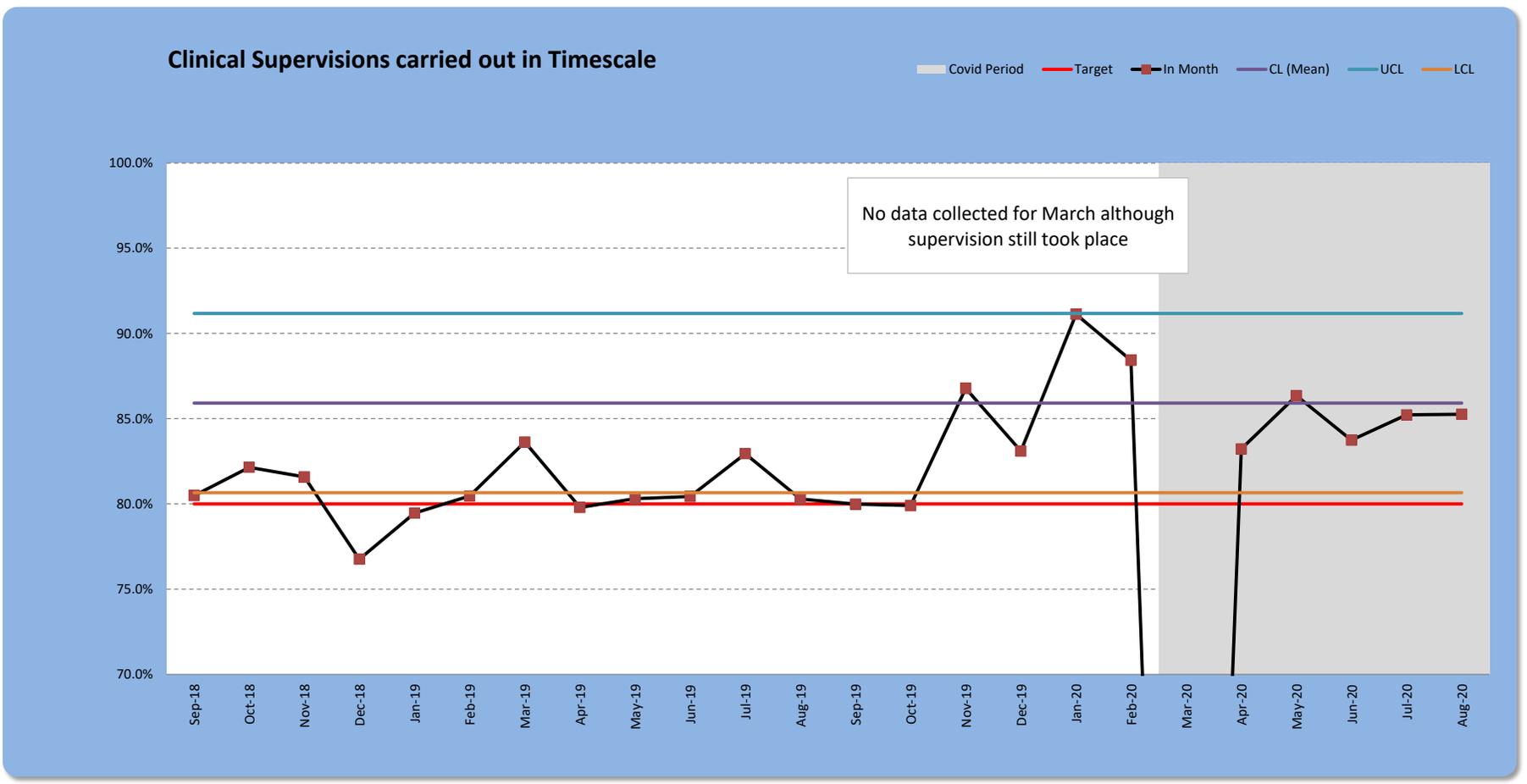
Performance remains above target for August and remains consistent with the previous reporting period.

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

Target: 80%

Amber: 75%

Current month stands at 85.3%



# HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING QUALITY DASHBOARD

Contract Period:	2020-21
Reporting Month:	Jul-20



Shown one month in arrears

Speciality	Units					Bank/Agency Hours				Average Safer Staffing Fill Rates				QUALITY INDICATORS (Year to Date)				High Level Indicators					Indicator Totals		
	Ward	Speciality	WTE	OBDs (inc leave)	CHPPD Hours (Nurse)	Bank % Filled	Improvement	Agency % Filled	Improvement	Day		Night		Staffing Incidents (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ party upheld)	Failed S17 Leave	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	Sickness Levels (clinical)	WTE Vacancies (RNs only)	Jun-20	Jul-20
										Registered	Un Registered	Registered	Un Registered												
Adult MH	Avondale	Adult MH Assessment	31.6	80%	18.30	14.6%	↓	0.0%	→	76%	89%	100%	115%	0	5	0	0	88.6%	95.3%	91.7%	100.0%	1.1%	2.2	0	0
	New Bridges	Adult MH Treatment (M)	38.0	99%	8.55	7.7%	↓	5.7%	↑	69%	109%	74%	113%	0	0	0	0	63.2%	96.9%	91.7%	100.0%	6.3%	3.4	3	5
	Westlands	Adult MH Treatment (F)	31.2	89%	10.09	26.7%	↑	9.6%	↓	74%	105%	96%	139%	2	7	0	0	66.7%	92.5%	87.5%	90.9%	6.8%	5.0	4	3
	Mill View Court	Adult MH Treatment	26.2	97%	Joint facility as COHORT and COVID ward with MVL. Figures provided once ward re-established to regular provision									0	0	0	0	100.0%	92.5%	81.8%	93.8%	5.7%	4.8	1	2
	Hawthorne Court	Adult MH Rehabilitation	21.6	72%	12.98	0.0%	↑	0.0%	↑	76%	76%	107%	138%	1	1	0	0	66.7%	90.4%	66.7%	84.6%	3.4%	-0.8	3	1
OP MH	PICU	Adult MH Acute Intensive	25.6	84%	27.93	38.9%	↑	15.7%	↓	84%	205%	98%	161%	1	6	0	0	100.0%	89.8%	100.0%	100.0%	9.8%	9.0	3	1
	Maister Lodge	Older People Dementia	35.4	70%	17.37	13.8%	↓	0.0%	→	64%	117%	100%	112%	0	6	0	0	93.3%	92.4%	81.8%	96.2%	6.6%	0.0	0	2
Specialist	Mill View Lodge	Older People Treatment	24.0	0%	Joint facility as COHORT and COVID ward with MVC. Figures provided once ward re-established to regular provision									0	0	0	0	66.7%	96.4%	90.9%	92.9%	3.4%	1.9	1	1
	Pine View	Forensic Medium Secure	24.7	65%	9.57	8.3%	↓	0.0%	→	136%	72%	100%	100%	0	0	0	0	96.0%	96.5%	100.0%	100.0%	4.9%	1.0	2	2
	Derwent	Forensic Low Secure	26.2	78%	14.41	34.7%	↓	3.0%	↑	90%	89%	97%	118%	1	5	0	0	96.9%	94.0%	100.0%	89.5%	11.9%	2.4	2	1
	Ouse	Forensic Low Secure	23.2	89%	8.06	15.6%	↓	0.0%	↑	72%	90%	100%	115%	0	5	0	0	100.0%	99.2%	100.0%	100.0%	11.9%	2.4	2	2
	Swale	Personality Disorder Medium Secure	28.3	60%	15.02	40.1%	↑	0.0%	→	95%	100%	100%	130%	0	1	0	0	96.3%	90.3%	90.0%	100.0%	6.7%	0.0	1	1
Child & LD	Ullswater	Learning Disability Medium Secure	27.9	60%	18.74	28.4%	↑	0.0%	→	92%	83%	100%	73%	0	0	0	0	77.8%	94.7%	81.8%	100.0%	12.2%	0.0	1	3
	Townend Court	Learning Disability	30.8	63%	20.76	30.9%	↓	0.0%	→	56%	83%	61%	143%	0	2	0	0	No Ret	94.1%	70.0%	100.0%	6.5%	5.0	4	4
	Inspire	CAMHS	45.0	65%	23.58	0.0%	→	0.0%	→	74%	68%	81%	68%	0	0	0	0	100.0%	89.5%	89.5%	100.0%	8.1%	3.0	1	1
CH	Granville Court	Learning Disability Nursing Treatment Physical Health	47.8	Not Avail	n/a	26.4%	↓	0.0%	→	76%	95%	100%	99%	0	0	0	n/a	96.4%	84.1%	100.0%	76.7%	5.8%	1.4	1	1
	Whitby Hospital	Community Hospital Physical Health	34.1	88%	10.66	0.0%	→	0.0%	→	96%	82%	100%	93%	1	0	0	n/a	91.7%	95.6%	88.9%	70.0%	3.7%	0.2	1	0
	Malton Hospital	Community Hospital	26.1	76%	11.55	Not on eRoster	→	Not on eRoster	→	97%	105%	103%	102%	0	1	0	n/a	89.3%	80.8%	75.0%	47.6%	9.4%	4.8	2	2

### Exception Reporting and Operational Commentary

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

Please note, STARS (Specialist Treatment and Recovery Service) will be included in the report for August.

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

Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
17.10%	16.80%	18.60%	16.11%	15.70%	15.00%	13.10%	13.90%	12.80%	12.64%	12.50%	9.60%

### Slips Trips and Falls

	Apr	May	Jun	Jul	Aug
Maister Lodge	7	4	3	7	1
Mill View Lodge	1	0	0	1	2
Whitby	1	9	1	2	1
Malton	4	1	3	3	7

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

# PI RETURN FORM 2020-21

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Aug 2020**

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

**Narrative**

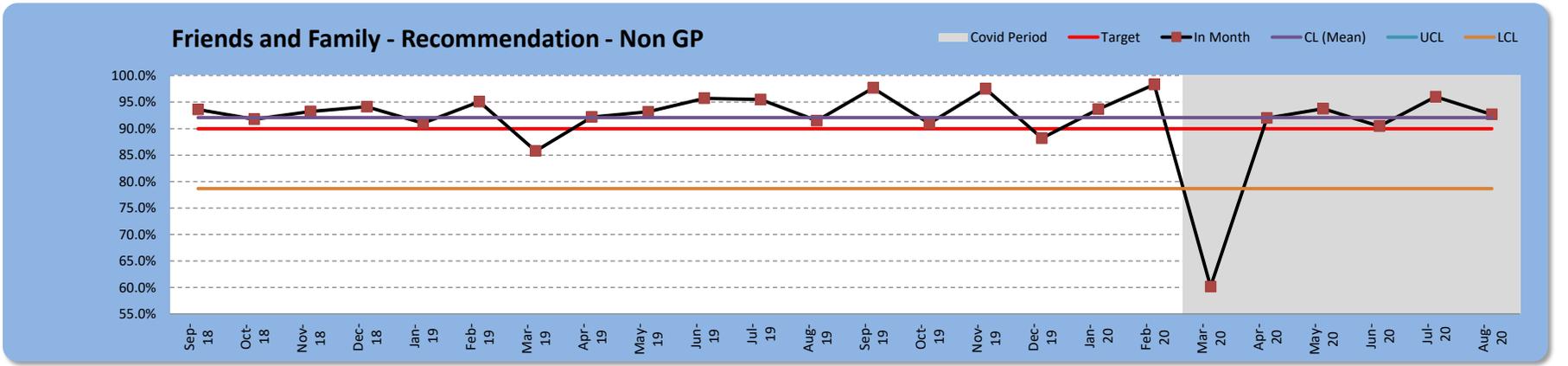
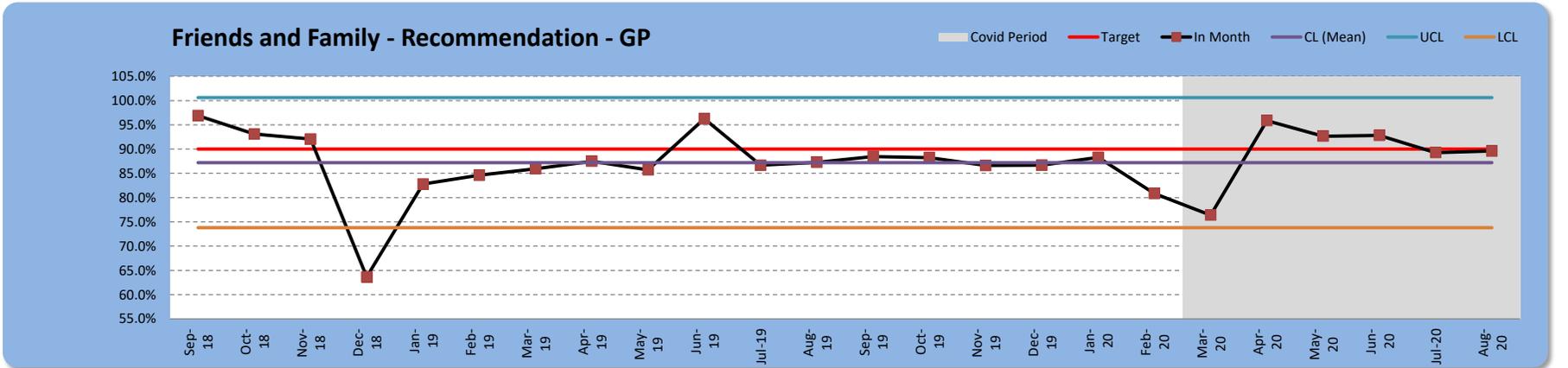
GP Recommendation is high but marginally below target at 89.6% for August.

Non GP is above target at 92.7% for August.

Target: 90%

Amber: 80%

Current month stands at 89.7%



# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

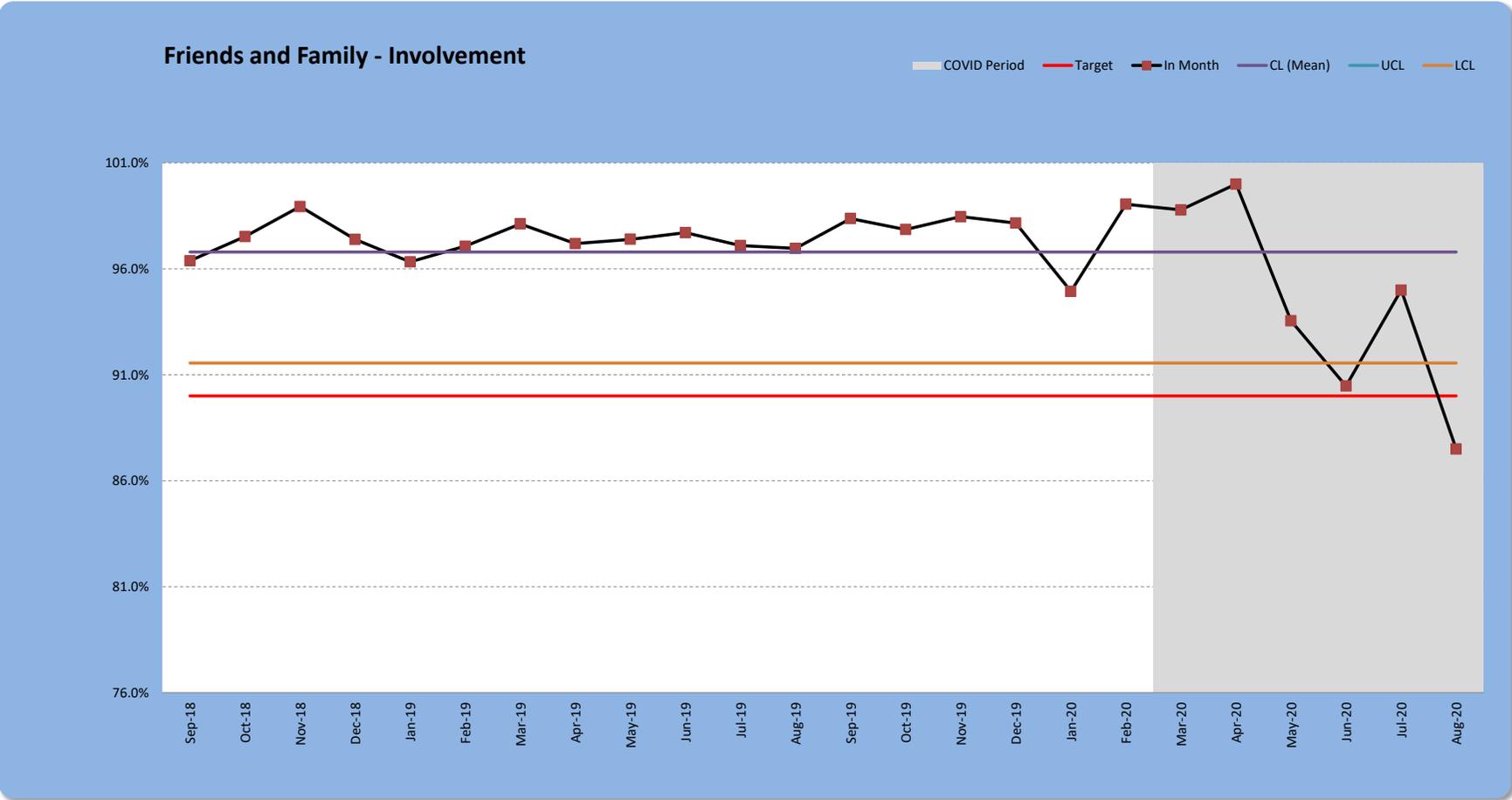
For the period ending: **Aug 2020**

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

**Narrative**

Performance has reduced by 7.5% when compared to the previous month.

Target: 90%  
 Amber: 80%  
 Current month stands at 87.5%



# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2020**

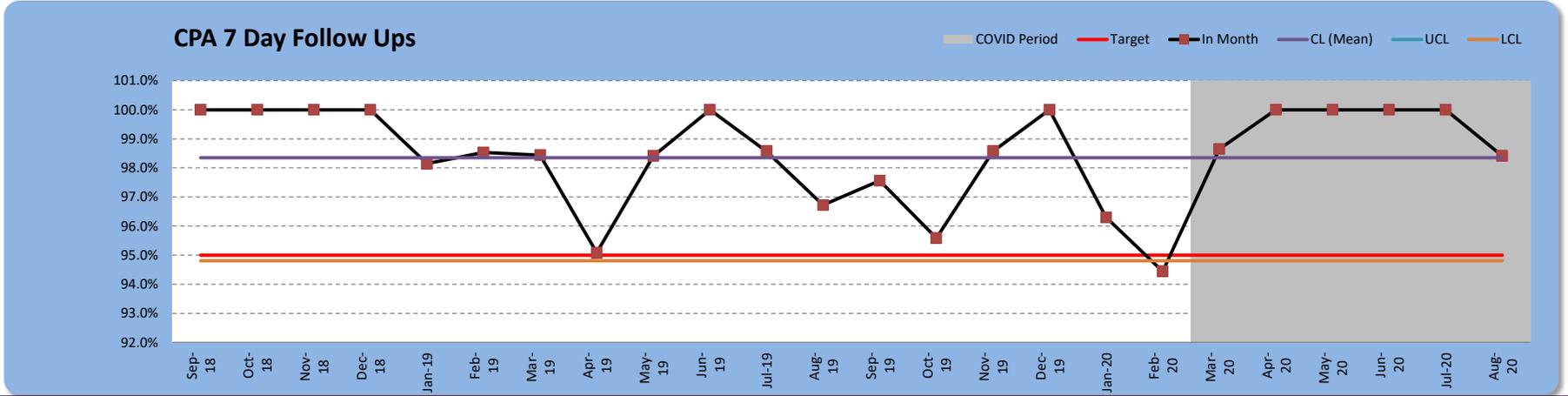
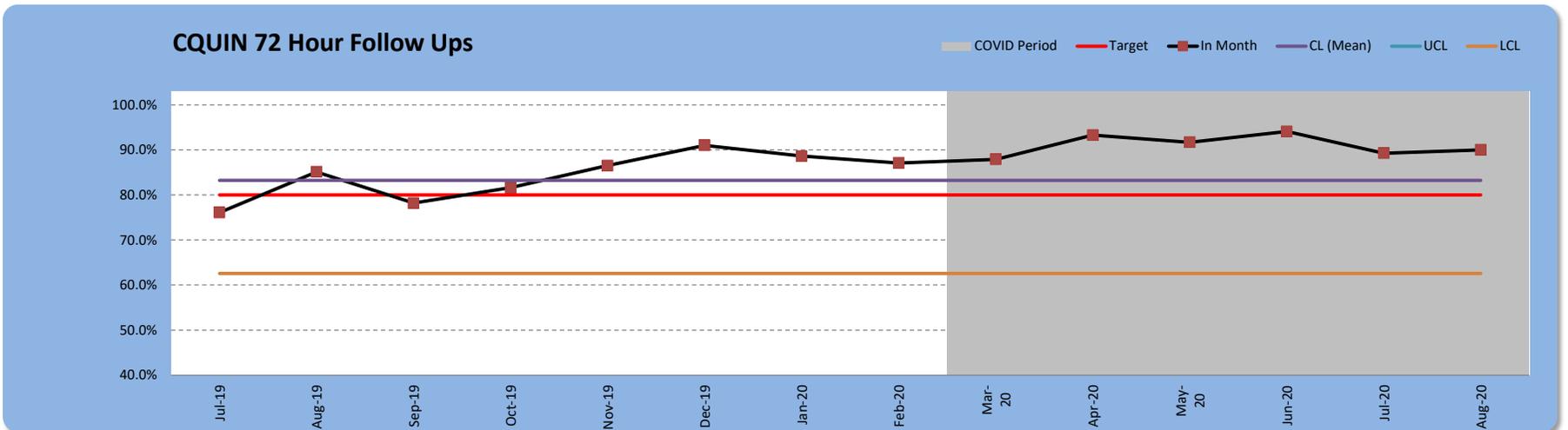
Indicator Title	Description/Rationale	Executive Lead
72 Hour Follow Ups	This indicator measures the percentage of patients who were in the CQUIN scope and had a follow up within 72 hours of discharge	Lynn Parkinson

KPI Type
OP 12

**Narrative**

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

Target: 80%  
 Amber: 60%  
 Current month stands at 90.0%



# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2020**

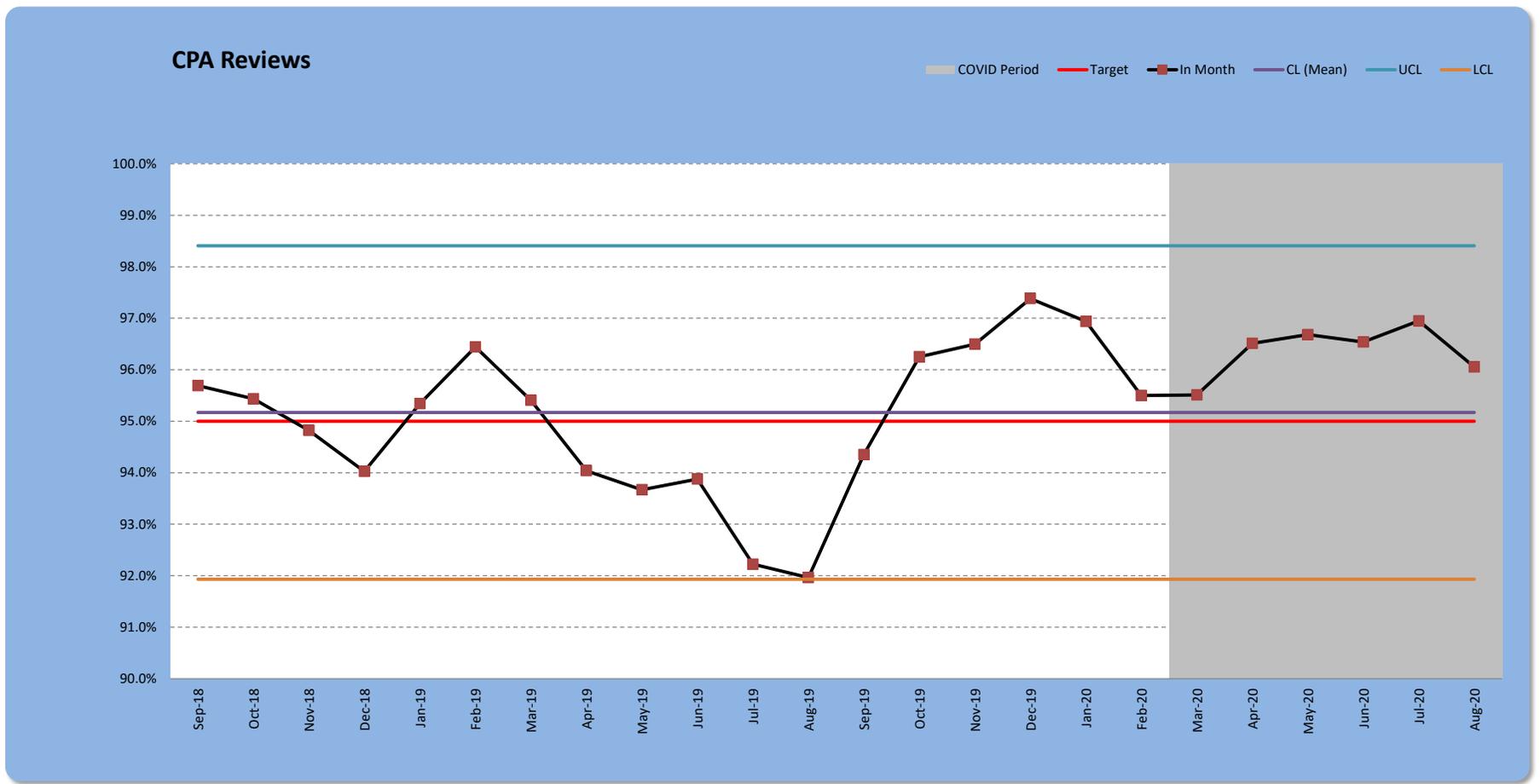
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Care Programme Reviews	This indicator measures the percentage of patients who are on CPA and have had a review in the last 12 months	Lynn Parkinson	OP 7

**Narrative**

Performance has reduced by 0.8% when compared to the previous month but remains above target.

Target: 95%  
Amber: 85%

Current month stands at 96.1%



# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2020**

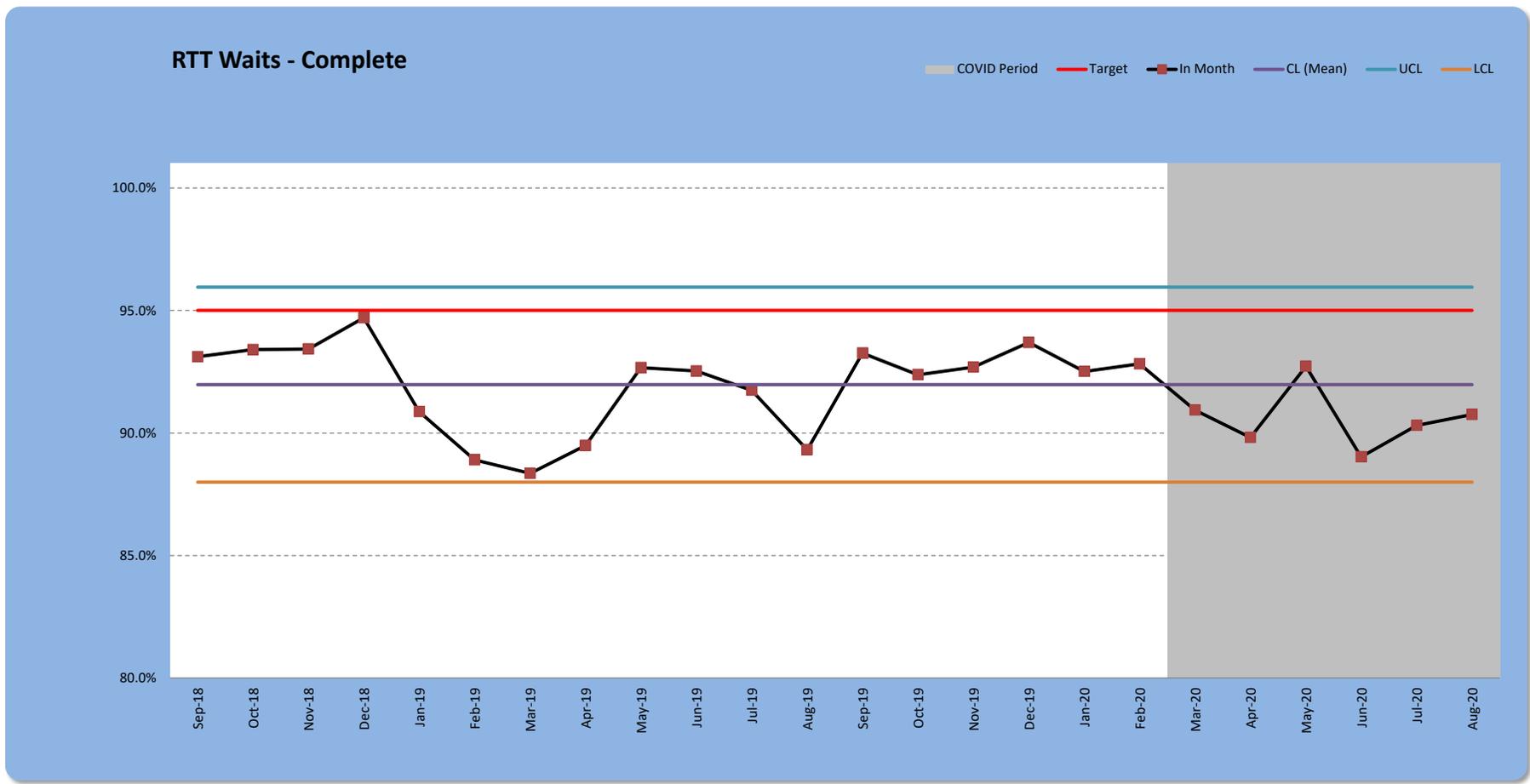
Indicator Title	Description/Rationale	Executive Lead
RTT Experienced Waiting Times (Completed Pathways)	Referral to Treatment Experienced Waiting Times (Completed Pathways) : Based on patients who have commenced treatment during the reporting period and seen within 18 weeks	Lynn Parkinson

KPI Type
OP 20

**Narrative**

Increase of 0.5% when compared to the previous month.

Target: 95%  
 Amber: 85%  
 Current month stands at 90.8%



# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2020**

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

KPI Type
OP 21

**Narrative**

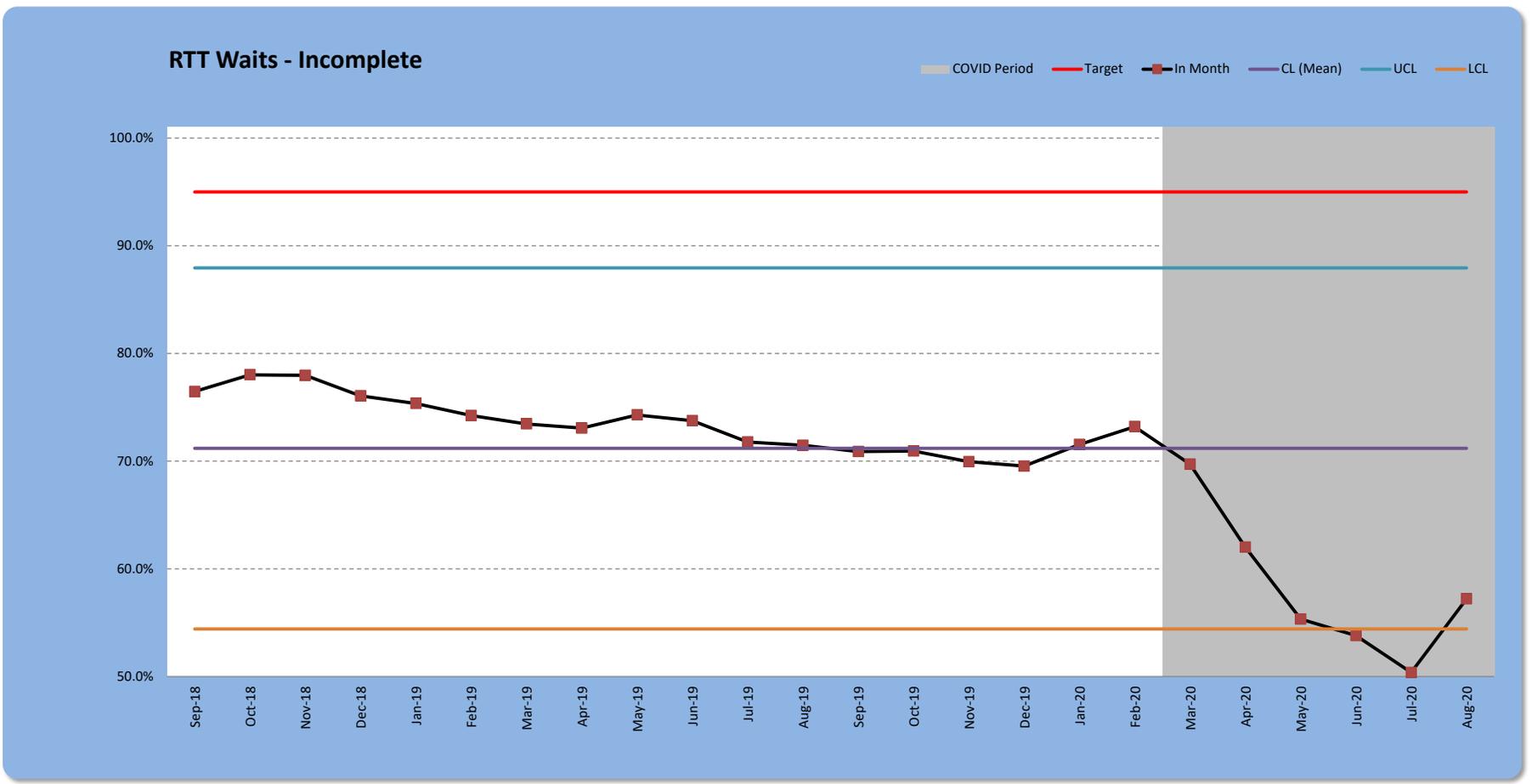
Low performance is Good.

Increase (Deterioration) of 6.8% when compared to the previous month but remains within the Control Limits

Target: 95%

Amber: 85%

Current month stands at 57.2%



# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2020**

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

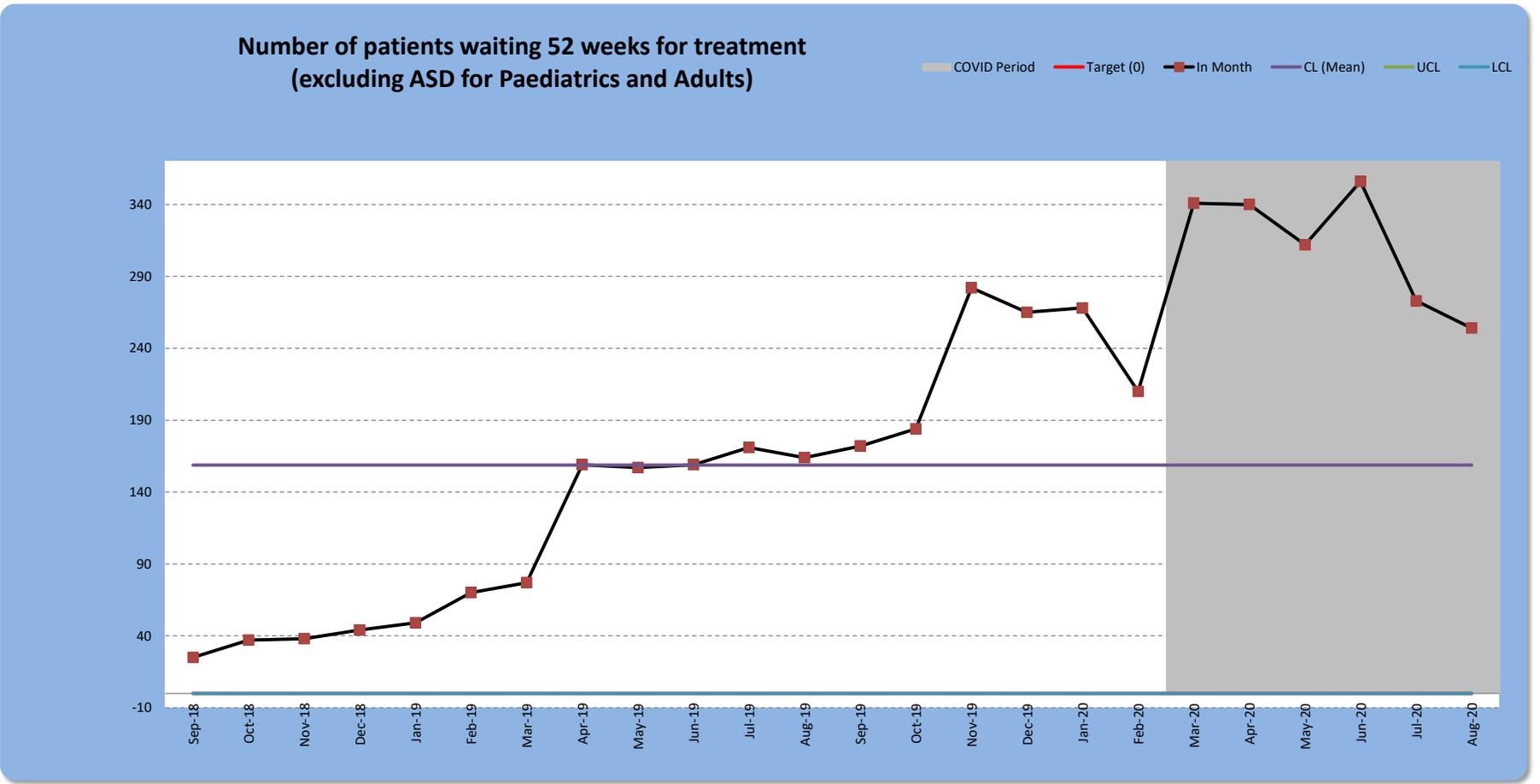
KPI Type
OP 22x

**Narrative**

Decrease of 19 when compared to the previous month.

Target: 0  
Amber: 0

Current month stands at 254



# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2020**

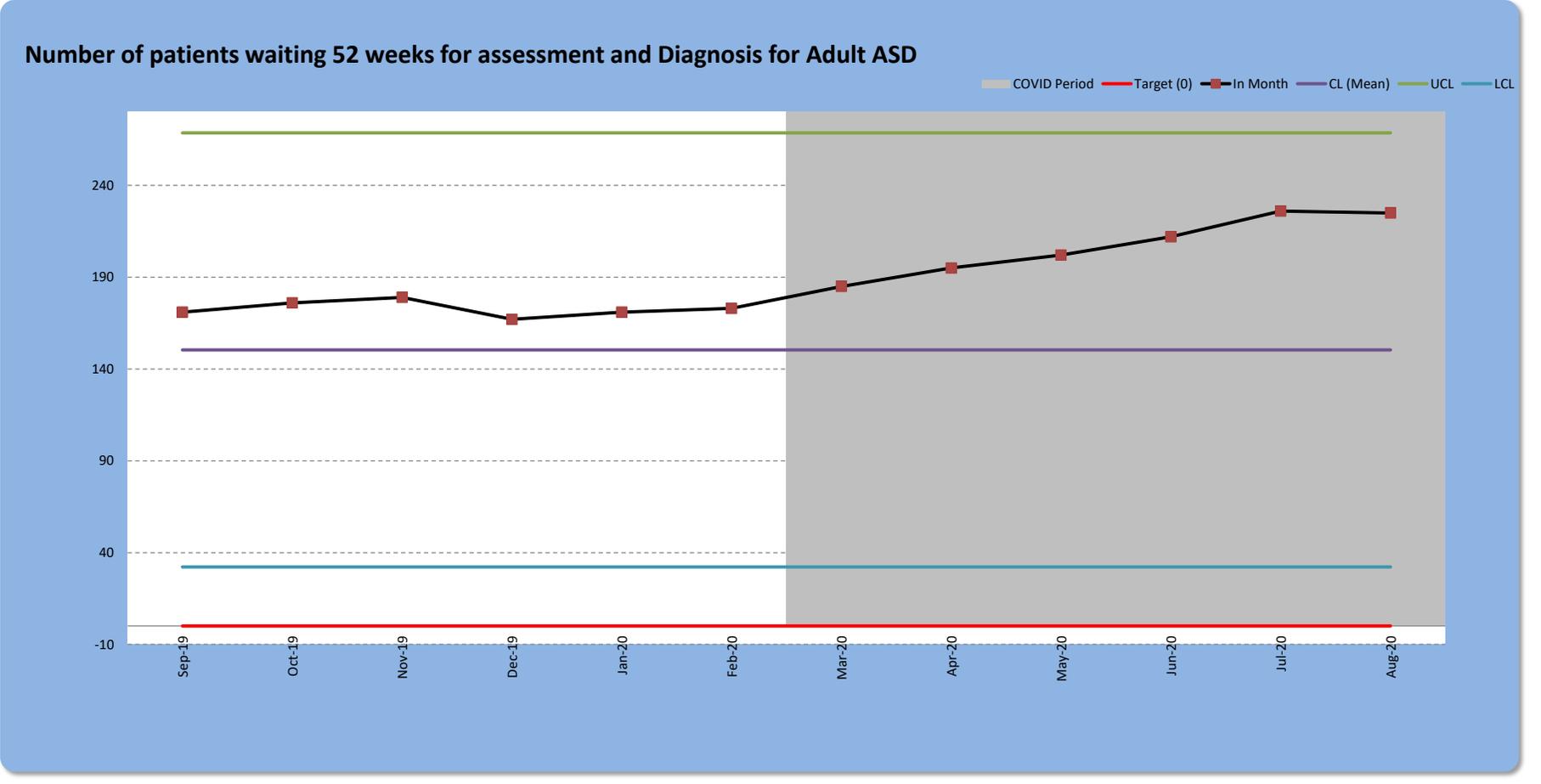
Indicator Title	Description/Rationale	Executive Lead
52 Week Waits - Adult ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Adult and have been waiting more than 52 weeks	Lynn Parkinson

KPI Type
OP 22u

**Narrative**

Decrease by 1 when compared on the previous reporting period.

Target: 0  
 Amber: 0  
 Current month stands at 225



# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

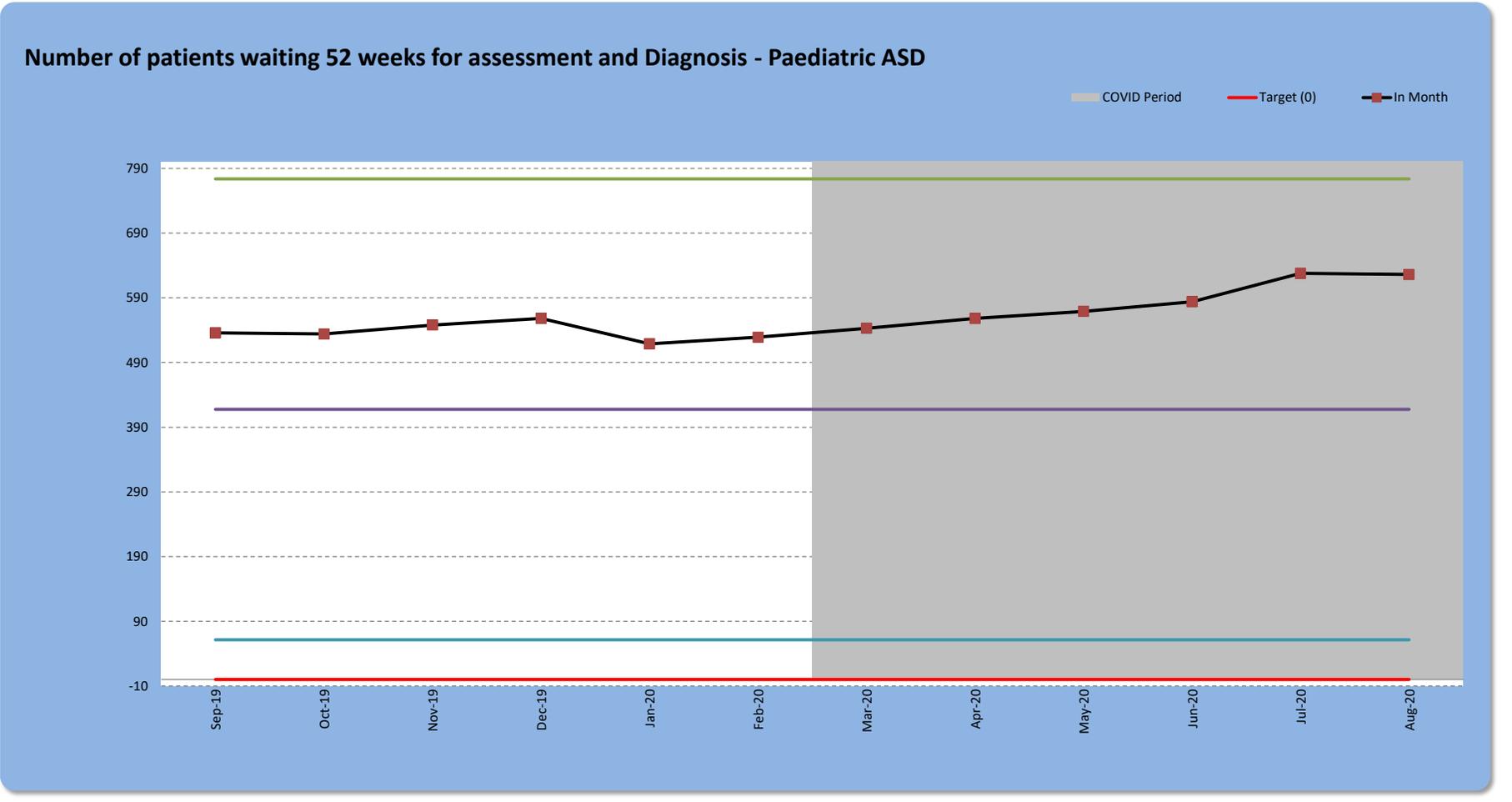
For the period ending: **Aug 2020**

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

**Narrative**

Decrease of 2 when compared to the previous reporting period.

Target: 0  
 Amber: 0  
 Current month stands at 626



# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2020**

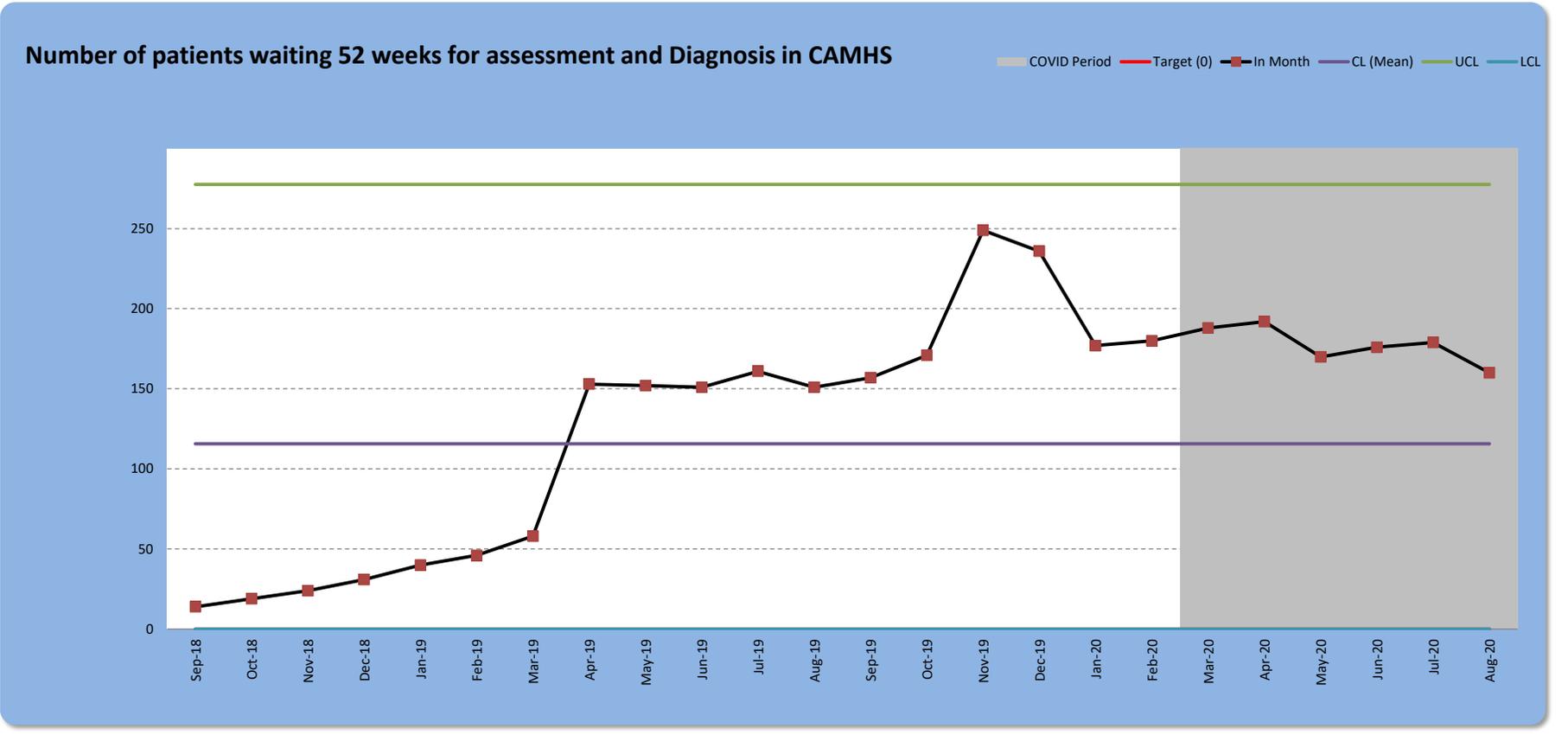
Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks (excluding paediatric ASD)	Lynn Parkinson	OP 22j

**Narrative**

Decrease by 17 when compared to the previous month.

Target: 0  
Amber: 0

Current month stands at 160



# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2020**

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

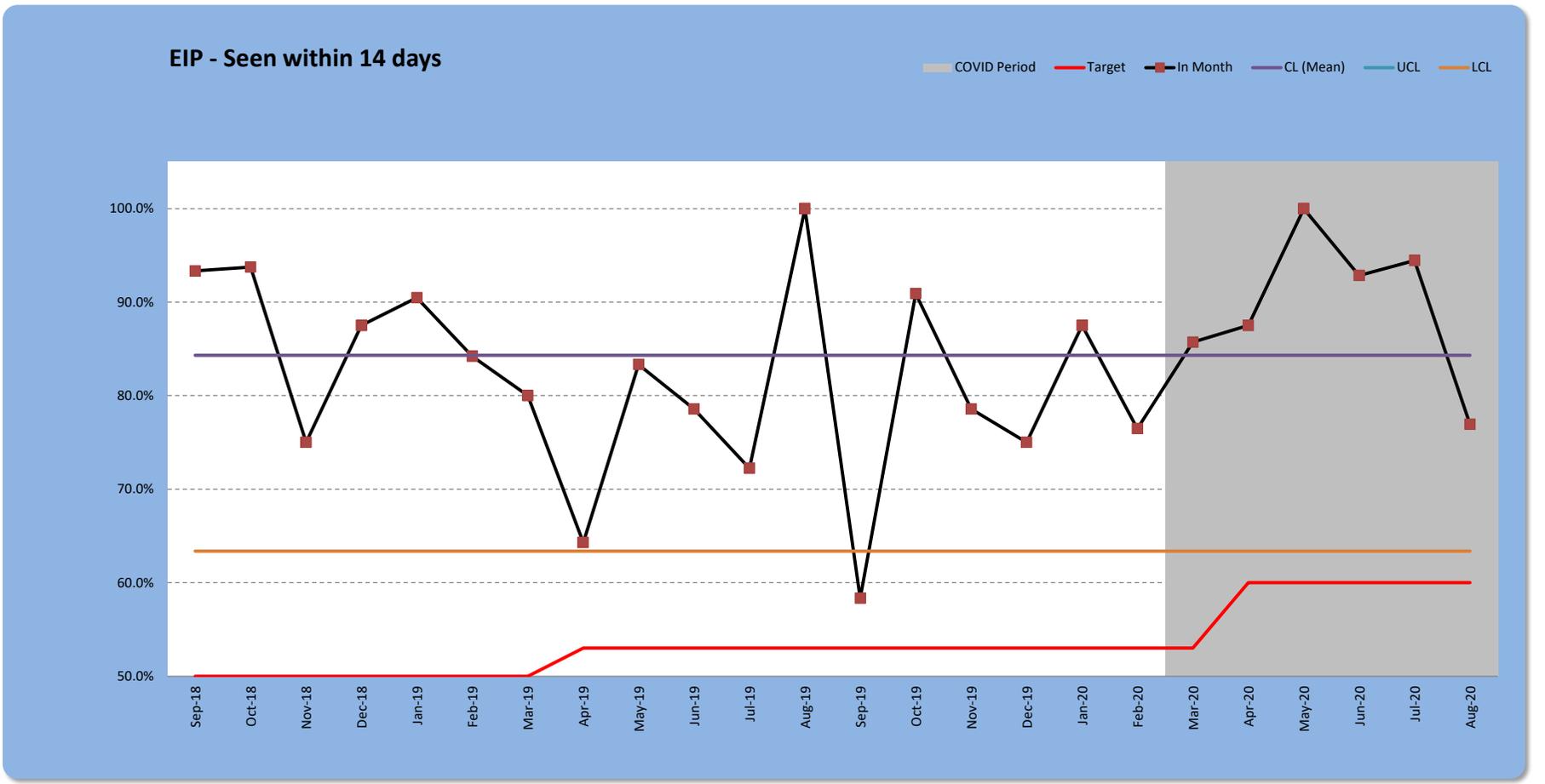
**Narrative**

Reduced by 17.5% when compared to the previous month but remains above the 60% target.

Target has increased to 60% in 2020/21.

Target: 56%  
Amber: 51%

Current month stands at 76.9%



# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

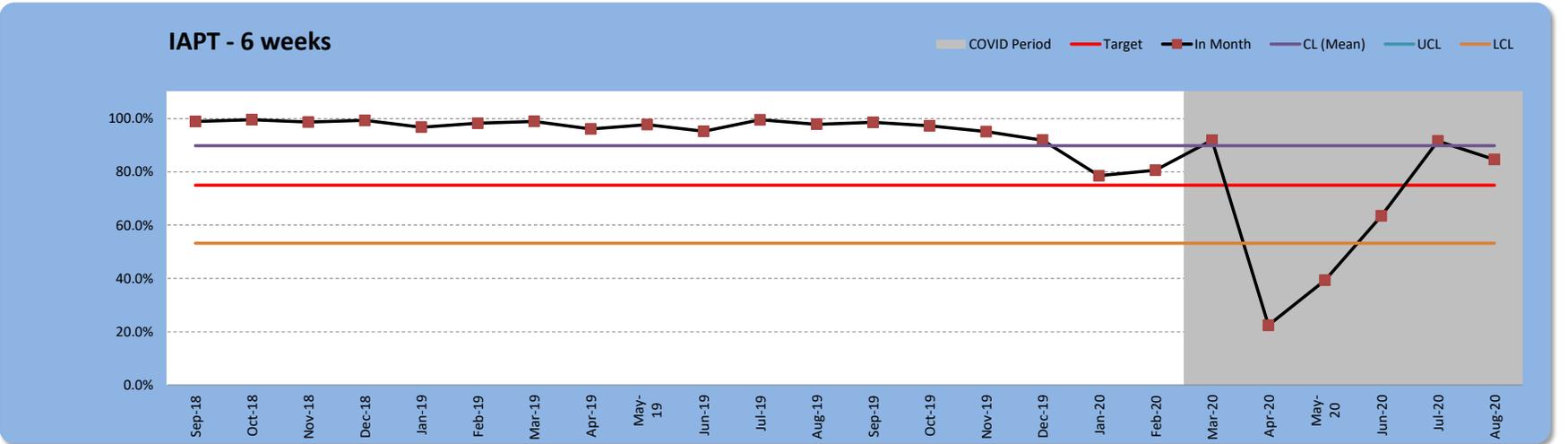
For the period ending: **Aug 2020**

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

**Narrative**

Performance has reduced by 5.1% but remains above the target of 75%

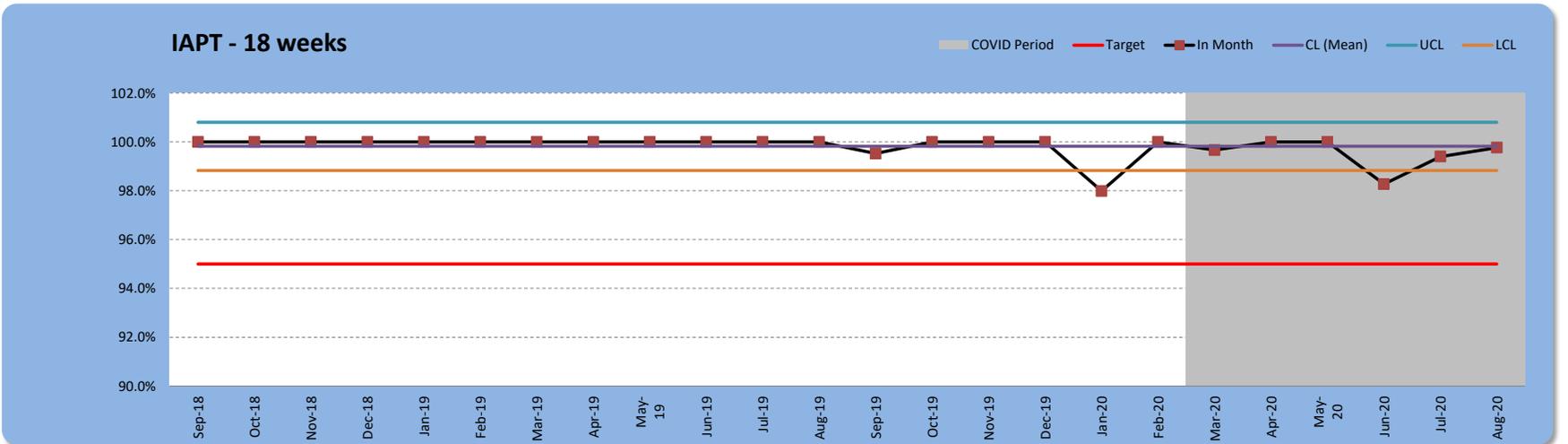
Target: 75%  
 Amber: 70%  
 Current month: 84.7%



**Narrative**

99.8% Achievement in the month, an increase of 0.4%

Target: 95%  
 Amber: 85%  
 Current month: 99.8%



# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2020**

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

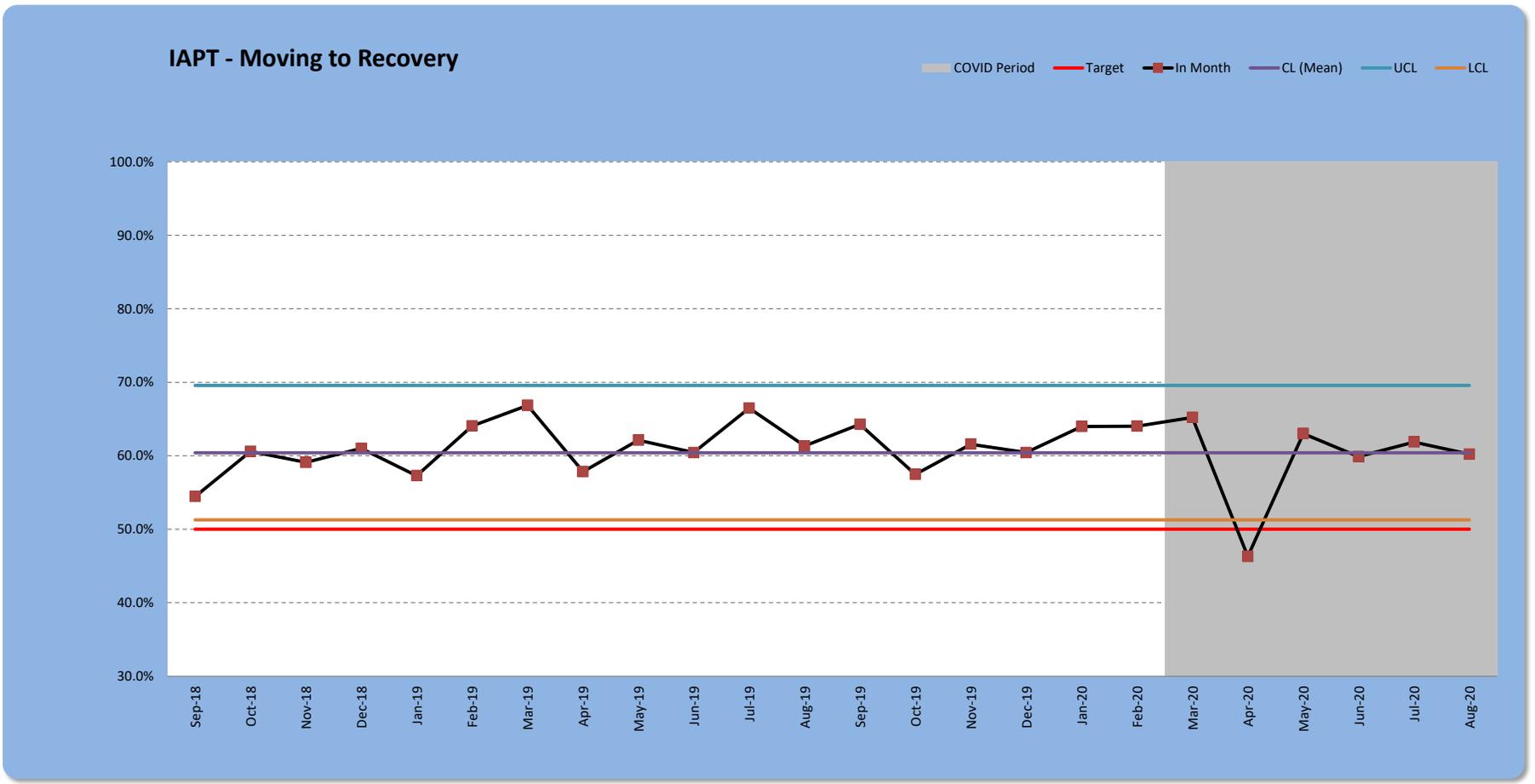
KPI Type
OP 11

**Narrative**

Performance has reduced by 1.5% when compared to the previous month. Performance remains above the 50% target.

Target: 50%  
Amber: 45%

Current month stands at 60.2%



# PI RETURN FORM 2020-21

## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Aug 2020**

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

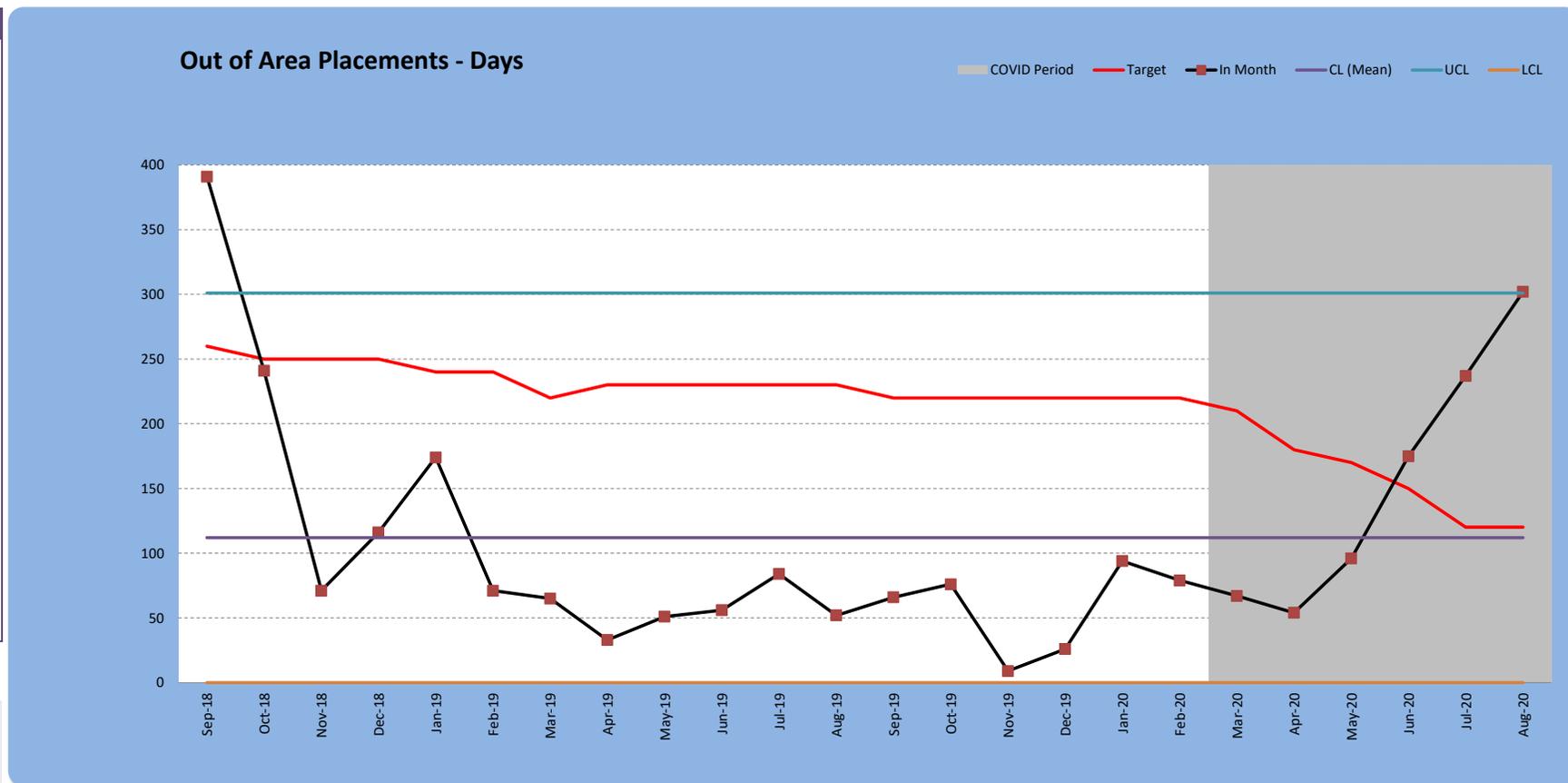
KPI Type
ST 4b

**Narrative**

Out of area days continue to increase rapidly over the last three months and are now above the threshold. Main impact due to reduction in bed availability during the Covid period

Target: 120  
Amber:

Current month stands at 302



# PI RETURN FORM 2020-21

## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Aug 2020**

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

KPI Type
OP 14

**Narrative**

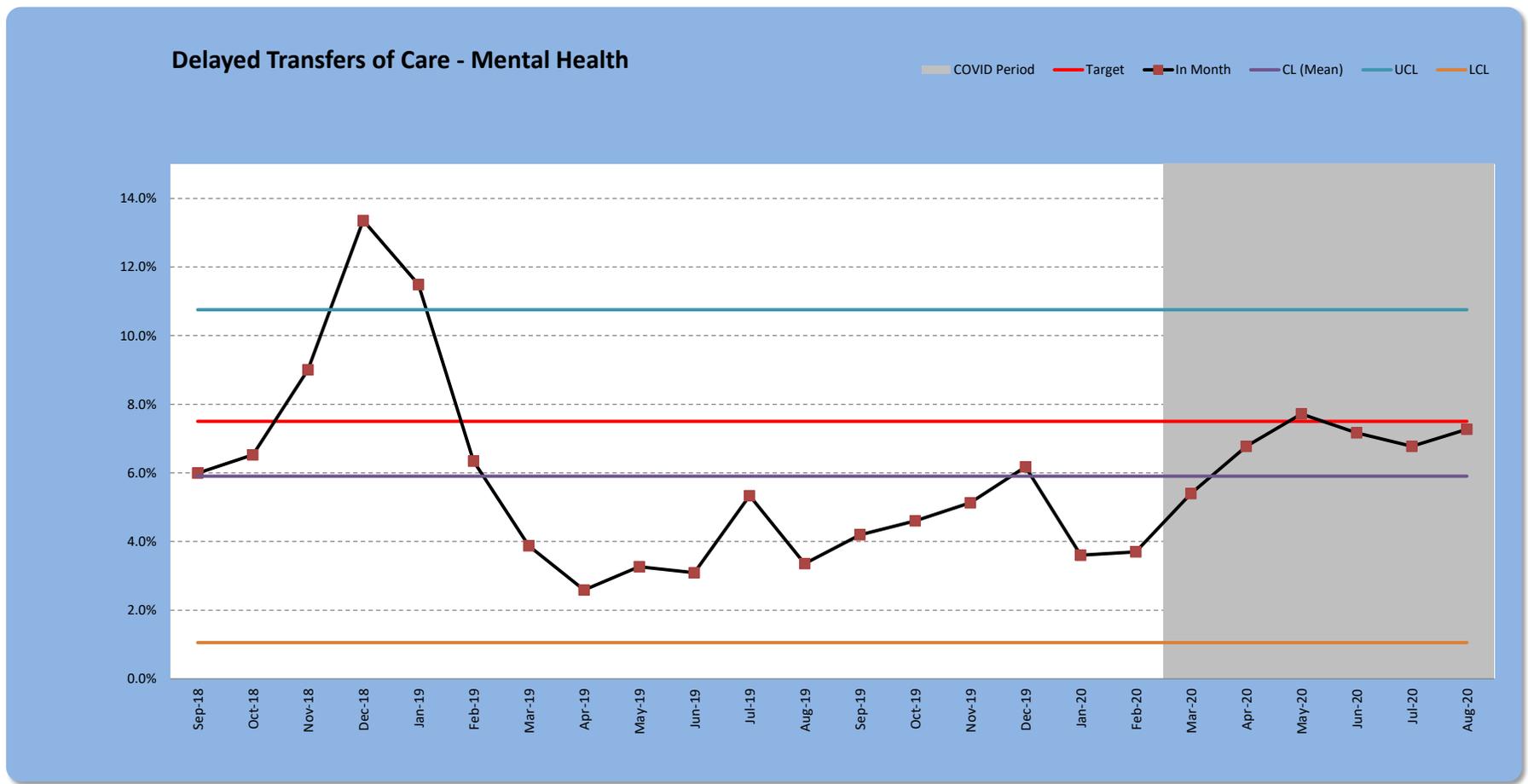
Performance has reduced by 0.5% compared against previous month.

Low performance is Good.

Target: 7.5%

Amber: 7.0%

Current month stands at 7.3%



# PI RETURN FORM 2020-21

## Goal 4 : Developing an Effective and Empowered Workforce

For the period ending:

**Aug 2020**

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

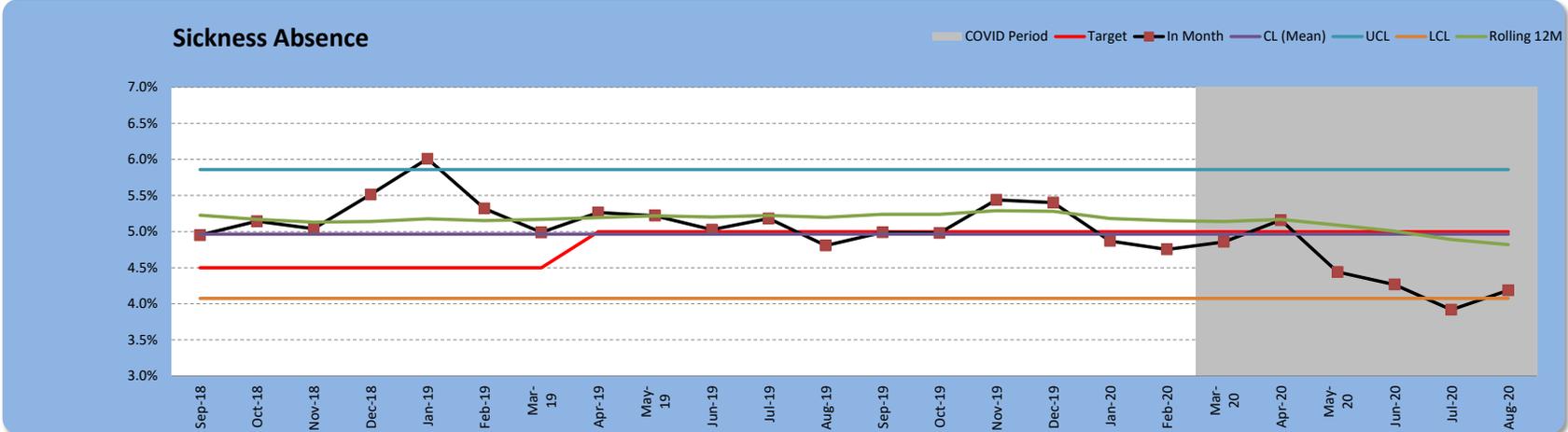
KPI Type
WL 1

**Narrative**

Sickness/Absence Rate for Aug-20 is 4.2%. Final position for Jul-20 was finalised at 3.9%.

Aug-20 Rolling 12 month figure is within target reporting at 4.8%

Target:	5.0%
Amber:	5.2%
Current month	4.2%



# PI RETURN FORM 2020-21

## Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Aug 2020**

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%



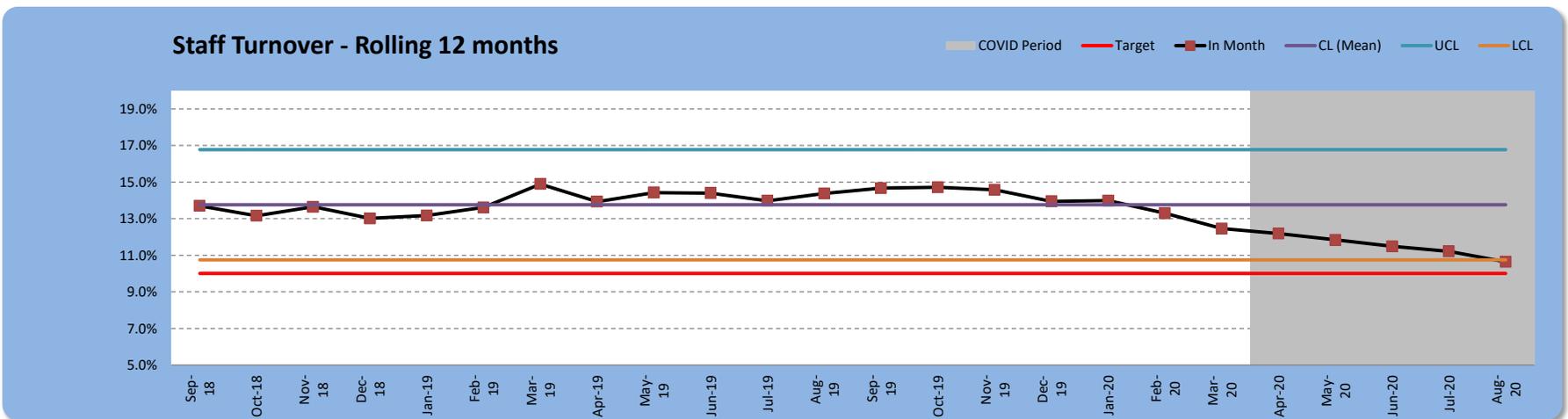
**Narrative**

Exceeds Target

Target: 10%

Amber: 9%

Current month stands at 10.6%



# PI RETURN FORM 2020-21

## Goal 5 : Maximising an Efficient and Sustainable Organisation

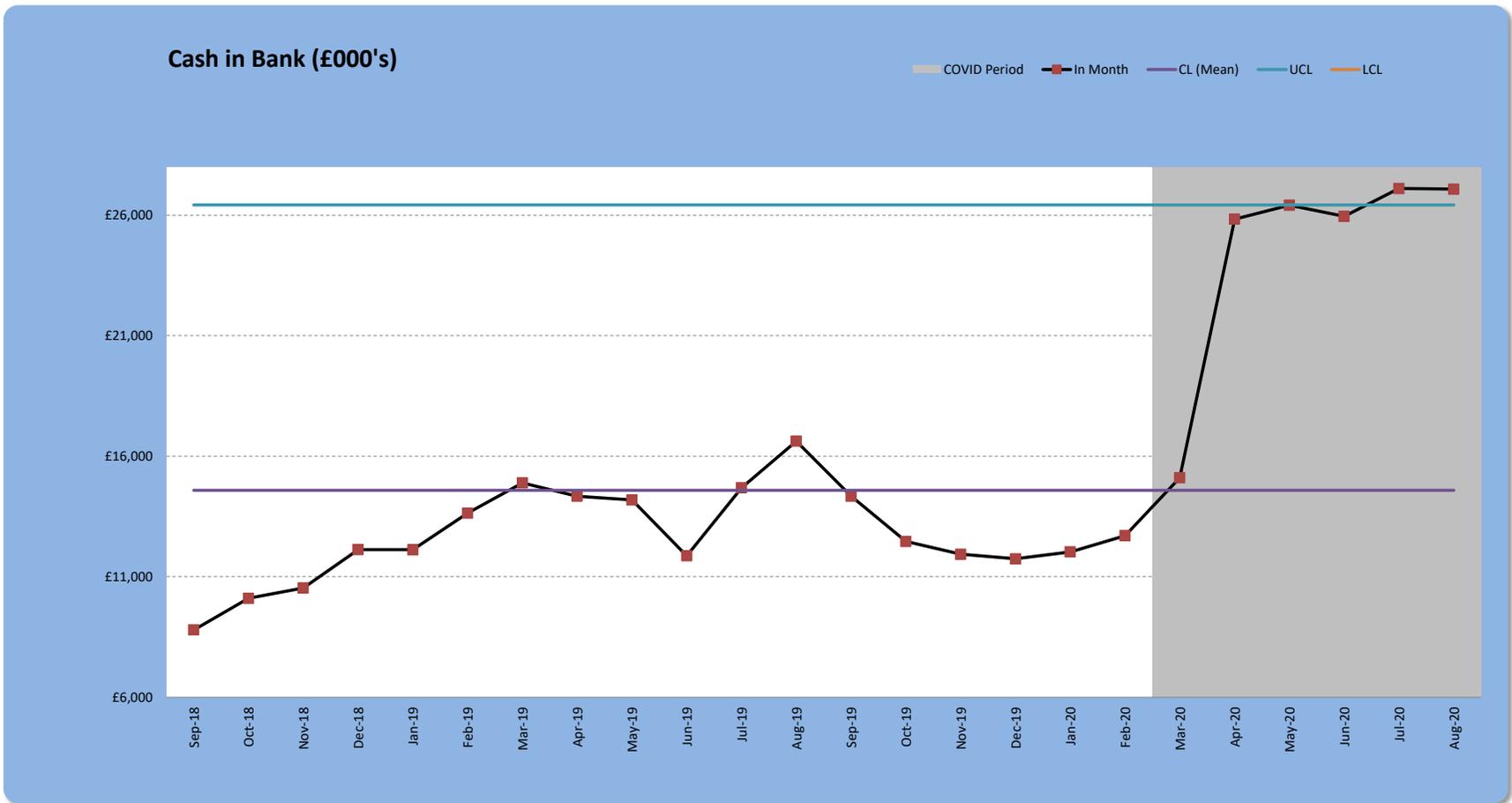
For the period ending: **Aug 2020**

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

**Narrative**

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

Current month stands at £27,079 ,000



# PI RETURN FORM 2020-21

## Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Aug 2020**

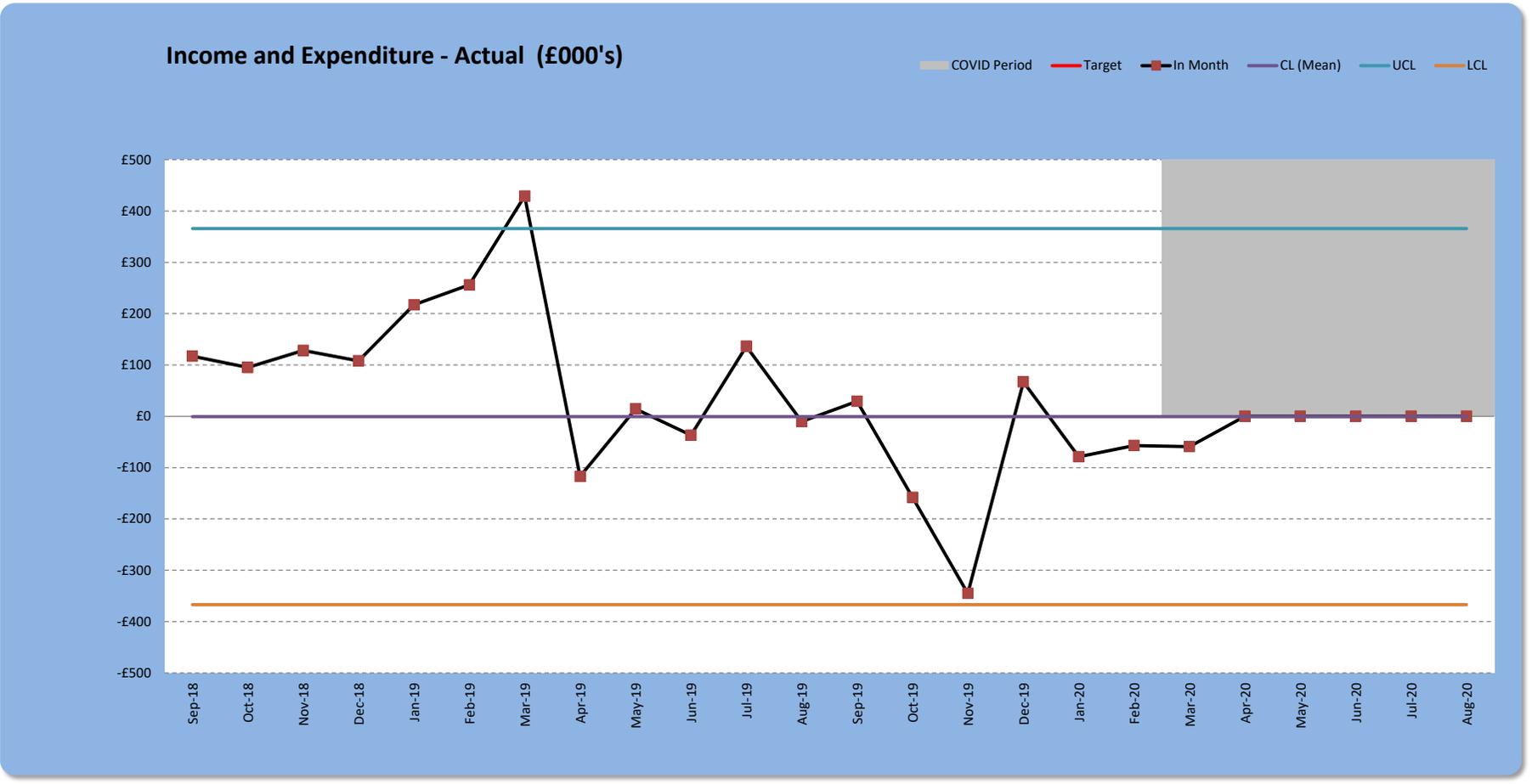
Indicator Title	Description/Rationale	Executive Lead
Income and Expenditure (£000's)	Review of the Income versus Expenditure (£000's) by month	Peter Beckwith

KPI Type
F 4b

**Narrative**

The Trust is at break even status

Target:  
Amber:  
Current month stands at £0 ,000



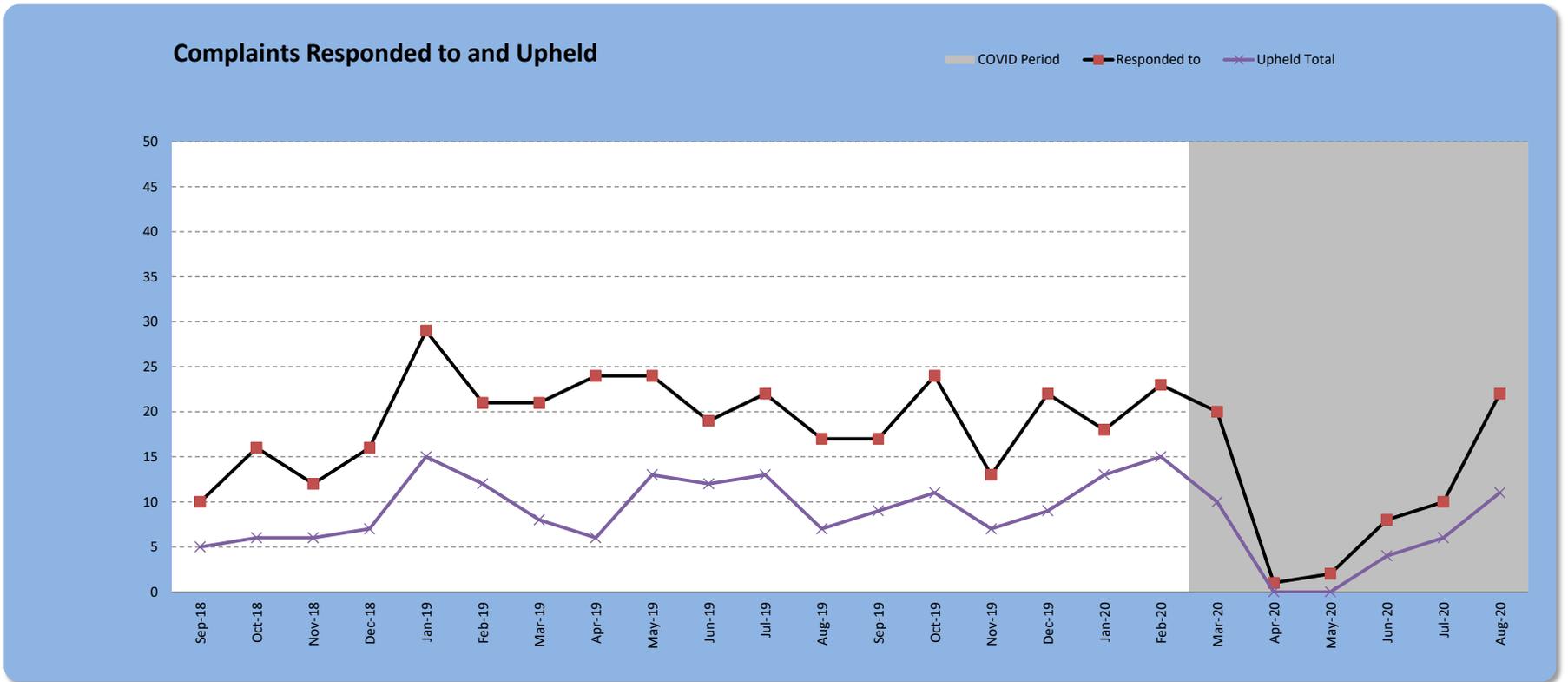
# PI RETURN FORM 2020-21

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

For the period ending: **Aug 2020**

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

Narrative
<b>Upheld Results</b>
During the month, the following number of complaints was responded to <b>22</b>
Of the number of complaints responded to in the month 11 were upheld which equates to <b>50.0%</b>
<b>YTD Upheld</b>
<b>48.8%</b>



# PI RETURN FORM 2020-21

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

For the period ending: **Aug 2020**

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

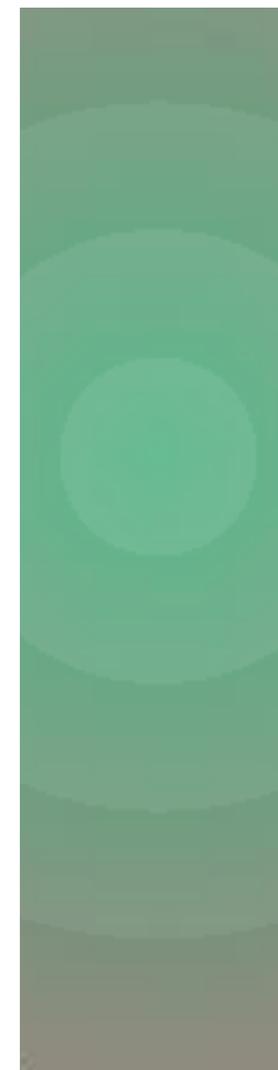
**Narrative**

5 compliments received in the month

Target: 0  
Amber: 0

Current month stands at 5





Executive Team:

Chief Executive: Michele Moran

Chairman: Sharon Mays

Chief Operating Officer: Lynn Parkinson

Director of Finance: Peter Beckwith

Director of Workforce and Organisational Development: Steve McGowan

Medical Director: John Byrne

Director of Nursing: Hilary Gledhill

Issue Date: 17/09/2020



**Agenda Item: 14**

Title & Date of Meeting:	Council of Governors Public Meeting– 15 <sup>th</sup> October 2020		
Title of Report:	Finance Update Report (August 2020)		
Author:	Name: Peter Beckwith Title: Director of Finance		
Recommendation:	To approve		To receive & note
	For information		To ratify
			<input checked="" type="checkbox"/>
	The Council of Governors is asked to note the Finance report and comment accordingly.		
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 June 2020 to August 2020.</p> <p>This is to allow the Governors to be informed of the Trust's Financial Position and to enable any areas of clarification to be sought.</p>		
Governance		Date	Date
	Appointments, Terms & Conditions Committee		Engaging with Members
	Finance, Audit, Strategy and Quality Governor Group		
	Trust Board	✓	
			Other (please detail)
Key Issues within the report:	<ul style="list-style-type: none"> <li>• For 2020/21 Operation planning has been suspended.</li> <li>• As at the end of August 2020, the Trust had recorded an operational breakeven position.</li> <li>• Cost in relation to the COVID pandemic for Months 1 – 5 total £5.194m.</li> <li>• The Cash Balance at the end of August 2020 was £27.1m.</li> </ul>		

**Monitoring and assurance framework summary:**

Links to Strategic Goals				
	Innovating Quality and Patient Safety			
	Enhancing prevention, wellbeing and recovery			
	Fostering integration, partnership and alliances			
	Developing an effective and empowered workforce			
√	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
<b>Have all implications been considered?</b>	<b>Yes</b>	<b>Yes</b> Detail in report	<b>N/A</b>	<b>Comment</b>
		Any Action Required?		



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



# Council of Governors Finance Update Report (August 2020)

## 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 June 2020 to August 2020.

## 2. Performance 2020/21

For the reported period normal contracting arrangements between NHS organisations has been suspended, instead the trust will receive a centrally calculated block income allocation.

Additionally a process is in place for Trusts to recover expenditure in relation to its response to the COVID pandemic and also the ability to 'Top Up' income in order to reach a break-even position.

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

**Table 2: Reported I&E Position 2020/21**

	June 2020 £000	July 2020 £000	August 2020 £000
Trust Income	34,488	45,841	57,109
<i>Less: Expenditure</i>	33,346	44,299	55,180
<b>EBITDA</b>	<b>1,142</b>	<b>1,542</b>	<b>1,929</b>
Finance Items	1,397	1858	2324
Sustainability Funding (Income)	(237)	(316)	(395)
<b>Operational Surplus/(Deficit)</b>	<b>(18)</b>	<b>-</b>	<b>-</b>
Exclude: Donated Asset Depn	(18)	(24)	(30)
<b>Net Position Surplus/(Deficit)</b>	<b>-</b>	<b>24</b>	<b>30</b>

The Trust has recorded an operational breakeven position up to the end of August 2020, this is consistent with the ask from our regulators.

A more detailed summary of the income and expenditure position as at the end of August 2020 is shown at appendix A. Key variance are explained in the following paragraphs:



## 2.1 Children's and Learning Disability

Year to date expenditure of £11.384m represents an underspend against budget of £0.261m

## 2.2 Community and Primary Care

Year to date expenditure of £12.909m represents an underspend against budget of £0.125 m

## 2.3 Mental Health

An underspend of £1.257m was recorded year to date for Mental Health. Budget pressures in Mental health unplanned care due to additional staffing costs, has been offset by the underspend in Mental Health planned care from current vacancies.

## 2.4 Secure Services

An overspend of £0.287m was recorded YTD for Secure Services. The main reasons for this is the use of Agency Staff (£0.165m), to which the Service are actively recruiting and Enhanced Packages of Care (£0.109m). Negotiations with NHSE are ongoing to resolve this issue. The remaining balance relates to a number of less material issues which are being monitored closely.

## 2.5 Corporate Services Expenditure

The overall Corporate Services expenditure was £0.429m overspent. The main pressure sits within Finance Technical, when this line is excluded corporate services are reporting a £0.148m underspend.

- The Finance directorate is reporting a year to date underspend of 0.170m.
- The Human Resources directorate has a year to date underspend of £0.012m.

## 3 COVID Expenditure

At the end of August 2020 the Trust recorded £4.799m of Covid related expenditure, details of which are summarised below.

**Table 3: COVID Claim analysis**

COVID 19 Revenue Claim	April £m	May £m	June £m	July £m	Aug £m	Total £m
Pay Costs	0.258	0.414	0.397	0.183	0.162	1.414
Non Pay Costs	0.281	0.302	0.201	0.302	0.436	1.522
Income Top Up	0.100	0.399	0.317	0.576	0.444	1.836
Syringe Drivers			0.027			0.027
<b>Total Costs in Position</b>	<b>0.638</b>	<b>1.115</b>	<b>0.942</b>	<b>1.061</b>	<b>1.042</b>	<b>4.799</b>
PSF Claim	0.079	0.079	0.079	0.079	0.079	0.395
<b>Total Claim</b>	<b>0.717</b>	<b>1.194</b>	<b>1.021</b>	<b>1.140</b>	<b>1.121</b>	<b>5.194</b>



#### 4. Cash

The cash balance at 31<sup>st</sup> August was £27.079m, cash balances across the reporting period are summarised below:

**Table 4: Cash Balances**

	June 2020 £000	July 2020 £000	August 2020 £000
Government Banking Service	24,857	26,886	26,947
Nat West	587	166	81
Petty Cash	50	51	51
<b>Net Position</b>	<b>25,494</b>	<b>27,103</b>	<b>27,079</b>

As part of the national response to the COVID pandemic the Trust received its September Block income in August (£9.8m) and therefore the reported cash position is significantly higher.

The underlying cash position sits at circa £15m

#### 6. Recommendations

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



2020/21 Income and Expenditure Summary (As at 31<sup>st</sup> August 2020)

	20/21 Net Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
<b>Total Income</b>	<b>136,010</b>	<b>11,418</b>	<b>11,268</b>	<b>(150)</b>	<b>56,709</b>	<b>57,109</b>	<b>400</b>
<b>Expenditure</b>							
<i>Clinical Services</i>							
Children's & Learning Disability	27,337	2,297	2,171	126	11,645	11,384	261
Community & Primary Care	30,085	2,562	2,500	62	13,033	12,909	125
Mental Health	43,752	3,713	3,491	221	19,014	17,757	1,257
Secure Services	9,957	827	892	(65)	4,145	4,431	(287)
	<b>111,131</b>	<b>9,399</b>	<b>9,054</b>	<b>345</b>	<b>47,837</b>	<b>46,481</b>	<b>1,356</b>
<i>Corporate Services</i>							
Chief Executive	2,159	211	244	(33)	814	882	(67)
Chief Operating Officer	6,573	507	487	20	2,873	2,954	(81)
Finance	10,036	888	967	(79)	4,537	4,367	170
HR	2,879	257	272	(15)	1,285	1,273	12
Director of Nursing	2,137	206	224	(18)	987	938	51
Medical	1,765	122	108	16	738	675	64
Finance Technical Items (including Reserves)	(1,834)	(403)	(475)	71	(2,964)	(2,387)	(577)
	<b>23,715</b>	<b>1,788</b>	<b>1,826</b>	<b>(38)</b>	<b>8,270</b>	<b>8,699</b>	<b>(429)</b>
<b>Total Expenditure</b>	<b>134,846</b>	<b>11,187</b>	<b>10,880</b>	<b>307</b>	<b>56,107</b>	<b>55,180</b>	<b>927</b>
<b>EBITDA</b>	<b>1,164</b>	<b>230</b>	<b>388</b>	<b>(157)</b>	<b>602</b>	<b>1,930</b>	<b>(1,327)</b>
<i>Depreciation</i>							
Depreciation	2,942	245	253	(8)	1,226	1,256	(41)
<i>Interest</i>							
Interest	148	12	12	(0)	61	60	1
<i>FDC Dividends Payable</i>							
FDC Dividends Payable	2,341	195	195	0	976	958	8
<i>PSF Funding</i>							
PSF Funding	(951)	(79)	(79)	(0)	(396)	(395)	(1)
<b>Operating Total</b>	<b>(3,316)</b>	<b>(143)</b>	<b>6</b>	<b>(149)</b>	<b>(1,264)</b>	<b>30</b>	<b>(1,294)</b>
<b>BRS</b>	<b>(3,316)</b>	<b>(143)</b>	<b>-</b>	<b>(143)</b>	<b>(1,264)</b>	<b>-</b>	<b>(1,264)</b>
<b>Operating Total</b>	<b>(0)</b>	<b>(0)</b>	<b>6</b>	<b>(6)</b>	<b>0</b>	<b>30</b>	<b>(30)</b>
<i>Excluded from Control Total</i>							
Donated Depreciation	220	18	6	12	92	30	62
<b>Ledger Position</b>	<b>(220)</b>	<b>(18)</b>	<b>0</b>	<b>(19)</b>	<b>(92)</b>	<b>(0)</b>	<b>(91)</b>
<b>EBITDA %</b>	<b>1.0%</b>	<b>2.2%</b>	<b>3.8%</b>		<b>1.2%</b>	<b>3.8%</b>	
<b>Surplus %</b>	<b>-2.8%</b>	<b>-1.4%</b>	<b>0.1%</b>		<b>-2.5%</b>	<b>0.1%</b>	



**Agenda Item 15**

Title & Date of Meeting:	Council of Governors Public Meeting – 15 October 2020			
Title of Report:	Governor Groups Feedback and Governor Activity			
Author/s:	Huw Jones Chair of Finance, Audit, and Strategy Governor Group Sam Grey Chair of Engaging with Members Governor Group Sam Muzaffar Chair of Appointment Terms & Conditions Governor Group			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	To provide the Council of Governors with an update on meetings held.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Appointments, Terms & Conditions Committee		Engaging with Members	
	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 Report of the Finance, Audit and Strategy Governor Meeting on 24<sup>th</sup> September 2020.**

1. The meeting took place via MS Teams. Present were 2 NEDs, 2 Senior Finance officers and 5 Governors.
  
2. **Finance.**

Francis Patton (FP) presented the Assurance Report for June. There were a number of key themes explored:

  - i. FP explained that the Budget Reduction Strategy (BRS) at the Trust is still in operation and working well although some other Trusts within the ICS may not have continued the same pressure on BRS or Efficiency Gain targets. This decision has been taken locally as the Trust needs to work to create its own sustainable position. Governors were assured that the on-going pressure on BRS was correct.
  - ii. Covid-19 resources have been successfully claimed and paid. There is indication that this will continue. Within the Trust there is work going on to be clearer about how the top-up allocations are broken down on to each division. This will be done and Governors were content that this will provide further transparency.
  - iii. Governors asked for clarity about the position of Primary Care as performance is not as hoped. FP explained that the Finance and Investment Committee has undertaken a detailed review of the Primary Care position. The reasons for the position were explained with key pressures being: difficult to recruit GPs hence the need to use locums, the strategy had initially perhaps been too challenging in terms of saving that could have been generated and back office efficiency. Peter Beckwith explained that changes in skill mix and efficiencies are now being made. The changes are being implemented and the intended impact being made whilst at the same time ongoing discussions with patient groups are in place to assure that quality of service is not adversely affected as changes occur. Governors were assured that action is in place to make improvements and that the Patient Engagement process is closely monitoring the impact of staffing changes. Governors were also informed that until there was greater control on expenditure there would not be further expansion of the primary care services.
  - iv. The service contracting system has been suspended in 20/21 and for the first six months a controlled calculation of income required made for each NHS Provider has been paid monthly, supported by the topping up for Covid 19. The level of scrutiny for the top up to achieve a break-even position is extremely complex and challenges have been made by the regional team. The Finance Team has done an excellent job in working through this process to ensure the Trust is in a good position. For months 7 – 12 of the financial year, the run rate for income continues at a similar level as it did for the first three months. The ICS will allocate the newly announced funding but needs to achieve financial break even across the ICS footprint. The Board continues to review the Trust position and how it may be challenged when seen across the ICS.



### **3. Audit.**

- i. Peter Baren (PBa) reported that the Finance Team had completed the Annual Accounts whilst working virtually. Following review by the Auditors there were very few changes to be made to the accounts and the audit level of assurance was received in good time. The new external auditors, Mazars had carried out their work in a strong and organised way in PBa's view. A draft of the accounts had been discussed which helped to address any changes needed prior to approval. The External Auditors raised a question around revaluations which was able to be responded to due to them commissioning a piece of work to review the situation. This enabled a clean audit report to be issued on the final accounts. The Trust was pleased with its clean audit report which the Board reaffirmed this at the Board meeting.
- ii. At the June Audit Committee 14 internal audit reports were presented where all reports gave good or reasonable assurance. The annual Head of Internal Audit Opinion was also received and rated as good.
- iii. The Counter Fraud work plan was presented and the annual toolkit submission scored amber which is a good score for the Trust as very few organisations other than CCGs achieve a green rating. Single Tender waivers were another area of discussions. PBa explained that the internal audit actions are followed up to ensure they are monitored and completed within the due dates and pro-active discussions take place around future action dates.
- iv. HJ commented that the Committee had undertaken an amazing amount of work, particularly the number of audit reviews, and it was a testament to the auditors and the finance department for getting through this amount of work.
- v. Anne Gorman commented that during Covid 19 a pragmatic approach was taken to certain things to process orders. She asked if this way was to continue or would processes such as the over £500 form be reinstated. PBec said that things would stay as they are for the moment as there were no current plans to reintroduce the processes at this time. AG was concerned about an audit trail and was reassured that this decision had been made at Gold command and raised at Ask the Exec session.
- vi. Paul McCourt asked if a review of what areas of work had stopped due to Covid had been undertaken and whether new work patterns would continue. PBec confirmed this had been done and covered what work would not be restarted and any new ways of working that had been undertaken which would continue. FP explained that some new work processes had been introduced at pace which in the old world would have taken some time to consult and implement.
- vii. During the year the Audit Committee discussed changes to the internal audit provision. This work has been progressed and a report is being taken to the September Board. PB was confident that the steps being taken in this area would provide a more enhanced service.

**Huw Ll. Jones**

**5<sup>th</sup> October 2020**

### **Appointments, Terms and Conditions Committee**

The Committee met on 17 September 2020 which was attended by a number of Public Governors, the Chair, the SID, and the Director of WF & OD. Important matters like the recent appraisals and the succession planning of the NEDs came under discussion.

The succession planning of the Trust Chair came under discussion in some details with regards to attracting the best candidates including from the ethnic backgrounds.

There was also some discussion for the pay increases for the Chair and the NEDs.

**Caring, Learning and Growing**

Page



Towards the end of the year there is going to be elections for several Governors and we should try to encourage good candidates to apply.

It was noted that Ros Jump, a very able and dedicated Governor was coming to completing her terms of office in the New Year.

### **Engaging with Members Group**

The Engaging with Members group met on 12<sup>th</sup> August 2020. During the meeting, the group agreed on the terms of reference and work plan for the coming year.

A membership survey was distributed in the September edition of Humber People, with the aim to increase the use of email address, which will reduce the number of paper copies. The survey will also enable us to better understanding the ways in which our members want to be involved with the Trust, and their reasons for doing so. The findings will inform a future approach to membership engagement and we also intend to identify and increase the membership from any underrepresented groups. A number of actions were also agreed at the meeting, including plan for the promotion of upcoming Governor elections and an update of the membership web page.

### **Governor Activity**

The activity forms received since the last meeting were presented for information.



## 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: July 20 to September 20**

<b>Governor Visits</b>
<b>Service Area Interests Activity</b> <ul style="list-style-type: none"><li>• 6<sup>th</sup> July 2020: Engaging with Members Governor meeting</li><li>• 12<sup>th</sup> August 2020: Engaging with Members Governor meeting</li></ul>
<b>Regional Governor Meetings</b>
<b>Governor meetings – i.e PLACE inspections, membership recruitment events, Board/Governor meeting etc</b> <ul style="list-style-type: none"><li>• 8<sup>th</sup> September 2020: Governor Development Session</li><li>• 16<sup>th</sup> September 2020: Staff Governor meeting</li><li>• 17<sup>th</sup> September 2020: Annual Members meeting</li></ul>
<b>Other</b>



**Agenda Item 16**

Title & Date of Meeting:	Council of Governors Public Meeting – 15 October 2020										
Title of Report:	Responses to Governor Questions										
Author:	Name: Sharon Mays Title: Chair										
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To receive &amp; note</td> <td>✓</td> </tr> <tr> <td>For information</td> <td></td> <td>To ratify</td> <td></td> </tr> </table>			To approve		To receive & note	✓	For information		To ratify	
To approve		To receive & note	✓								
For information		To ratify									
Purpose of Paper:	To provide an update to the Council of Governors on questions/responses raised by Governors										
Governance		Date	Date								
	Appointments, Terms & Conditions Committee		Engaging with Members								
	Finance, Audit, Strategy and Quality Governor Group		Other (please detail)								
	Trust Board										
Key Issues within the report:	Contained within the report										

**Monitoring and assurance framework summary:**

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



### Response to Governor's questions and requests for information

Date of Meeting/Query	Minute No	Agenda Item (title)	Action/Question	Lead (initials)	Timescale	Update Report
16.7.20	31/20	Responses to Governor Questions	Mr Enderby commented that the clinical supervision issue discussed in last year's Quality Account audit and the agreement for this to be recorded on ESR had yet to be actioned. He explained that this is still not on ESR and asked if an update would be provided to the Council. The Chair will follow this up with Mrs Gledhill and this query will be added to the Governor questions report.	HG	September 2020	<p><b>Update 9.10.20</b></p> <p>A Supervision workshop was held on the 8.10.20 with representatives from Nursing; Psychology; Occupational Therapy and Social Work. This generated a number of workstreams which will be initiated including:</p> <ul style="list-style-type: none"> <li>*Planning for a supervision week in January/February 2021.</li> <li>*Staff survey to review experience and quality of supervision.</li> <li>* Development of supervision page on intranet including directory of supervisors; training and delivery materials for different supervision models</li> <li>*Review of the supervision policy to consider separating clinical and managerial supervision.</li> </ul>



						<p>* piloting a process to get feedback from supervisees</p> <p>* Developing a set of principles or framework to outline expectations for good quality supervision</p> <p><b>Update 11.9.20</b>  A pilot in the Humber Centre of the use of ESR to record and report supervision is ongoing after being paused due to Covid 19. Early results show that all the teams are engaging with inputting supervision onto ESR. During the pilot supervision is still being reported via survey monkey. This shows and there are differences between the compliance reporting between ESR and survey monkey with the latter showing higher levels of reporting and compliance. Feedback from the pilot was discussed at a workshop in August and highlighted the following issues. It is not easy to capture group supervision on ESR as each staff member has to be inputted in individually which is time</p>
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						<p>consuming. Managers are also reporting challenges in relation to having to input all the supervision themselves. Changing processes take times to embed and an initial drop in recording would be expected. Positive outcomes include the ability of managers to identify individual staff members or grades/professional background where compliance is an issue. Different solutions have been suggested to address some of these issues including optimisation of the system to make it easier to input and allowing a wider number of designated deputies who can input . A work stream is being established to look at the quality of supervision which will have representatives from across different teams including managers, clinical leads, supervisors and supervisees. The outcome of the pilot will be fed through this work stream to identify options including retaining reporting</p>
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						via survey monkey, or extending the pilot more widely and identifying strategies to mitigate the issues that have adversely impacted on recording and compliance.
<b>Outstanding Actions arising from previous meetings for feedback to a later meeting</b>						

