

**Council of Governors
Public Meeting – Thursday 7 October 2021**

For a virtual meeting to be held by Microsoft Teams. **Please note due to patient confidentiality for item 5 live streaming of the meeting will not commence until 3.00pm**

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

		Lead	Action	Report Format
Standing Items				
1.	Apologies for Absence	CF	To note	verbal
2.	Declarations of Interest	CF	To receive & note	√
3.	Minutes of the Meeting held on 8 July 2021	CF	To receive & approve	√
4.	Actions Log and Matters Arising	CF	To receive & discuss	√
5.	Patient Story - Daniel's Story – My Journey – Psychology Services	MD	To note	√
6.	Chair's Report	CF	To note	verbal
7.	Chief Executive's Report	MM	To receive & note	√
Corporate				
8.	Constitution	MH	To receive & approve	√
9.	Finance, Audit, Strategy, Quality, Workforce and Mental Health Legislation Governor Group Effectiveness Review	HJ	To receive & approve	√
10.	Public Trust Board Minutes – June & July 2021	CF	To receive & note	√
Performance & Delivery				
11.	Performance Update	PBec	To receive & note	√
12.	Finance Report	PBec	To receive & note	√
Governor Issues				
13.	Governor Groups Feedback	All	To receive & note	√
14.	Responses to Governor Questions – no questions raised	All	To note	verbal
15.	Any Other Business			
16.	Date, Time and Venue of Next Meeting Thursday 13 January 2022 , 2.00pm via Microsoft Teams			

Agenda Item 2

Title & Date of Meeting:	Council of Governors Public Meeting – 7 October 2021			
Title of Report:	Declarations of Interest			
Author/s:	Name: Jenny Jones Title: Trust Secretary			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	To provide the Council of Governors with an updated list of declarations			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Appointments, Terms & Conditions Committee		Engaging with Members Group	
	Finance, Audit, Strategy and Quality Governor Group		Other (please detail)	Quarterly report to Council
	Trust Board			
Key Issues within the report:	Governors are asked to note the report and to inform the Trust Secretary of any further changes to their declarations. Any declarations made by Governors are included on the publicly available register.			

Monitoring and assurance framework summary:

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

√ Tick those that apply

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

Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Governors' Declaration of Interests

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

		<p>Charitable Trust *Member</p> <ul style="list-style-type: none"> • Hull University Dementia Advisory Board – *Member • Hull University –National NIHR Research Bid (End of Life Care) - Co. Applicant • Hull University (Social Work) Lived Experience Group *Membership Pending <p>NB –Member of group not a Trustee.</p>
	Vacant	
Elected - Staff	Craig Enderby (clinical)	None
	Jack Hudson (clinical)	None
	Tom Nicklin (non clinical)	TBC
	Mandy Dawley (non clinical)	None
	Anne Gorman (non clinical)	None
Appointed	Gwen Lunn (Hull City Council)	TBC
	Cllr Nigel Wilkinson, East Riding of Yorkshire Council	<ul style="list-style-type: none"> • Ward Cllr of East Riding of Yorkshire Council • Trustee of the Yorkshire Cadet Trust • Trustee of the Spaldington Educational Foundation • Volunteer with the Army Cadet Force
	Jacque White Hull University	<ul style="list-style-type: none"> • Mental Health Strategy Lead • I sometimes accept fees and expenses for speaking at meetings organised by the Pharmaceutical industry. In the last year this was on two occasions for Janseen-Cilag Ltd. I presented my own work. This activity was approved by my Dean. • Member of the Labour Party • Trustee of The Warren Youth Centre
	Voluntary Sector, Andy Barber, SMILE	<ul style="list-style-type: none"> • Charity Manager for SMILE currently working on the Charitable Funds redevelopment for the Trust • Health Stars • Sub Contract for VCSE contract
	Paul McCourt, Humberside Fire and Rescue	<ul style="list-style-type: none"> • Director of Public Safety, Humberside Fire and Rescue Service
	Jenny Bristow, Humberside Police	None

Agenda Item 3

Minutes of the Council of Governors Public Meeting held on Thursday 8 July 2021 via Microsoft Teams

Present:

Sharon Mays, Chair
Michele Moran, Chief Executive
Andy Barber, Appointed Governor, Smile Foundation
Eric Bennett, Hull Public Governor
Sue Cooper, East Riding Public Governor
Tim Durkin, Wider Yorkshire & Humber Public Governor
Craig Enderby, Staff Governor
Anne Gorman, Staff Governor
Jean Hart, Service User & Carer Governor
Huw Jones, East Riding Public Governor
Gwen Lunn, Appointed Governor, Hull City Council
Sam Muzaffar, East Riding Public Governor/Lead Governor
Tom Nicklin, Staff Governor
Doff Pollard, Whitby Public Governor
Helena Spencer, Hull Public Governor
Jacquie White, Appointed Governor, University of Hull

In Attendance:

Francis Patton, Non Executive Director
Dean Royles, Non Executive Director
Mike Smith, Non Executive Director
Caroline Flint, Incoming Chair
Peter Beckwith, Director of Finance
Lynn Parkinson, Chief Operating Officer
Jenny Jones, Trust Secretary
Katie Colrein, Membership Officer
Adam Dennis, Communications Officer

Apologies:

Jenny Bristow, Appointed Governor Humberside Police
John Cunnington, East Riding Public Governor
Mandy Dawley, Staff Governor
Jack Hudson, Staff Governor
Paul McCourt, Appointed Governor, Humberside Fire & Rescue
Fiona Sanders, East Riding Public Governor
Nigel Wilkinson, Appointed Governor East Riding of Yorkshire Council
Peter Baren, Non Executive Director
Mike Cooke, Non Executive Director
Hanif Malik, Associate Non Executive Director

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

33/21 **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.

Mr Durkin explained that he had sent through an update for his declarations. Mrs Spencer asked if updates could be e mailed through rather than having to complete an annual form. This will be reviewed with the Head of Corporate Affairs. **Action MH**

34/21 **Minutes of the Meeting held on 15 April 2021**

The minutes of the meeting held on 15 April 2021 were agreed as a correct record.

35/21 **Matters Arising and Actions Log**

The action log was reviewed and noted.

36/21 **Patient /Staff Story- Tom's Story**

Tom Nicklin, Staff Governor was welcomed to the meeting to share his story. Tom is the new Engagement Lead for the Partnerships Learning Disability Service which is hosted by the Trust.

Tom explained that his involvement with the Trust started approximately five years ago. His journey started when he became unwell and was diagnosed with psychosis, acute depression and anxiety. He had wanted to join the Army as an officer but during the recruitment process he was deemed medically unfit due to a childhood illness. Following this Tom did not have a sense of direction or purpose. He was admitted into an inpatient unit as his illness became worse. This was a very difficult time, but staff were empathetic and willing to talk and listen. Tom was referred to PSYPHER where the team helped him and he made the right choices and became motivated to do things. He was provided with opportunities to become involved in activities recruitment panels and coaching football.

Tom also sat on the interviews for the Health Service Journal (HSJ) awards with the Chief Executive and provided feedback. He explained that the opportunities that he was given may not be the same for all service users, but that he found the co-production work helpful. This included working on the Peer Support Worker role which he went on to successfully apply for. He has also become a Staff Governor. There was also the opportunity to apply for the role that he currently is undertaking as the Engagement Lead.

Tom had nothing but praise for the staff who cared for him during his illness and who helped him to get to where he is today.

The Chair thanked Tom for sharing his story and for his contribution to the Trust over recent years.

Dr White thanked Tom for his fantastic story. She recognised that the opportunities that he had been given allowed him to use his skills and competencies in other areas of his life and to help others. She felt this was an area that could be shared and disseminated to help other organisations to take forward co-production. Tom felt that it was captured by celebrating successes and being given the opportunity for people to showcase and make others aware of their successes. This demonstrated that everyone can get involved. He suggested holding awareness sessions and any other opportunities to shine a light and promote as much as it can be.

Mrs Parkinson informed the Council that Tom had also been involved in the quality improvement work around co-production which also connected into the recovery quality improvement work. The Peer Support Worker role gives a conduit for lived experiences to be shared within services. She said that Tom has been inspirational in his role and thanked him for what he has put back into the NHS.

Mr Royles said stories such as Tom's showed how employers can make a difference to people's lives if they can help through equal opportunities and allowing people to take on these opportunities and to grow.

Mrs Hart said that as someone who has also been involved in interviews and initiatives through the Patient and Carer Engagement Team, she had benefited from increased confidence following the loss of her hearing and her job.

The Chief Executive agreed with the comments made and thanked Tom for sharing his experiences.

37/21

Chair's Report

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

- Approval by the Council of Governors of the appointment of Hanif Malik as an Associate Non Executive Director from 1 July 2021.
- Professor Mike Cooke is retiring at the end of August. The Chair thanked Professor Cooke for his contribution to the Trust over the last five years and particularly for his work in championing Patient and Carer Engagement, Recovery and Research. The Chair is liaising with Mrs Flint and the Director of Workforce & Organisational Development regarding recruitment of a new NED
- Regular meetings have been held with Governors including the Lead Governor and public and staff Governors. At the September Development Day staff training will be discussed.
- The Chair continues to meet with the incoming Chair, Mrs Flint to ensure there is a smooth handover. The Chair expressed her gratitude to Mrs Flint for the work she is doing before coming into post.
- An Equality Diversity Inclusion event was held recently. It was a fantastic interactive event and something that will be taken forward for a future Governor Development Day session
- A list of free NHS Providers sessions has been circulated to Governors. Anyone interested in taking part should contact the Membership Officer
- External meetings continue including around the legislation that is going through Parliament for the Integrated Care Service (ICS). It was suggested at the last Council of Governors meeting that a bespoke session be arranged for Governors and this will be taking place on 8 September.
- Work with the system continues and the Chair deputised for Mr Eames at a recent event around the proposed constitution for the ICS

Resolved: The verbal update was noted

38/21

Chief Executive's Report

The Chief Executive presented her report which gave an update on the local issues and drew attention to the following areas:-

Meet Michele - These sessions continue to be held via Microsoft Teams and are well attended.

Recovery & Restoration – The Chief Executive dials into team meetings. Staff morale is still high, but staff are tiring. Staff continue to be supported through the Health and Wellbeing Group and suggestions made for ways to help staff are discussed and encouraged. The You're a Star campaign has launched and replaces the annual staff awards. The campaign gives staff £50 per head to use for a team event or training session. Staff have been asked to take photographs of their events to share around the Trust.

Staff Health Trainer Post – The Trust has invested in this post and is one of the first in the

country to introduce the role which will help staff with their lifestyles and support other health and wellbeing services across the organisation.

Covid – Many staff are self isolating which is causing pressures across services.

Child and Adolescent Mental Health Services (CAMHS) – Service demand continues to be high, however the Trust is not an outlier and is working with partners collaboratively to address the pressures. The Chief Executive has called a surge meeting with Local Authority partners to see what else can be done.

Blended Working – The blended approach is working well and no changes are expected for the NHS with regards to face coverings and social distancing on 19 July 2021.

Research – A positive annual review was held with details provided in the report

Awards – the Trust has been shortlisted for four patient safety awards by the Health Service Journal (HSJ).

NHS Birthday – The 73rd Birthday was celebrated and staff received a tote bag with treats as a token of appreciation.

Whitby Appeal – The new site is looking good. The Chief Executive thanked Mrs Pollard for her work on the appeal.

Integrated Care Service (ICS) /Humber Coast & Vale (HCV) – A session is planned on the ICS on 8 September. System development continues for the two geographical patches. Foundation Trusts will continue, but have to be part of a Provider Collaborative. There are some technical issues around freedoms particularly around central control. The White paper has been published and considers this.

Mr Jones appreciated the update. He referred to the expectations on 19 July and that the people who he supports as part of the befriender service, are expecting that clubs and gatherings will reopen. He felt that if this is not going to be the case that there should be clear communication about what is going to happen. The Chief Executive acknowledged this explaining that arrangements will differ in areas. Mrs Parkinson reported that operational pressures remain high and a surge in activity resulted in the Operational Escalation Level (OPEL) increasing to 4, however this has reduced back to 3 now. The pressures in mental health services are in relation to acuity of cases not just the volume. Community levels in Scarborough and Ryedale are higher than normal for this time of the year. Plans are in place to address these before winter when the expectation is that pressures will be increased.

Demand is not abating for the Children and young People's Services across the system. The organisation is doing what it can to assist, but again it is the volume and complexity of cases that are high. Primary Care is also under considerable pressure as a consequence of the acute hospital starting up elective procedures which require support from Primary Care.

Resolved: The report and verbal updates were noted.

39/21

Public Trust Board Minutes March, April and May 2021

The minutes of the public Board meetings for March, April and May 2021 were provided for information.

Mr Durkin referred to the May minutes which included an update around Malton and issues that were being faced. He was not aware of these issues and felt that as a Governor for this area, he should have been made aware. He understood that he could not be involved in operational issues, but as a public Governor he felt it would be useful to be made aware of any major problems. The Chair suggested it be discussed outside of the meeting.

Mrs Spencer said that previously Governors were informed of any potential media issues or when a press release that may generate media interest was going to be published. She had found this useful, but it had not happened recently. It was agreed that this would be reviewed with a view to reinstating this for any future areas that Governors needed to be aware of. Mrs Hart felt it would be helpful for Governors to know how the information can be used in an appropriate way

Resolved: The minutes were noted.

Discussion with Mr Durkin to be progressed outside of the meeting in relation to awareness of issues in constituencies Action SM

Governors to be made aware of any issues that may attract media attention in the future

Action KC

40/21 **Appointments, Terms and Conditions Committee Effectiveness Review**

The effectiveness review for the Appointments, Terms & Conditions Committee was presented for information. The Terms of Reference for the Committee were provided for approval.

Mr Muzaffar chairs the Committee and explained that meetings had been positive with various areas discussed.

Resolved: The report was noted. The Terms of Reference for the Committee were approved

41/21 **Performance Update**

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

- Training
- Waiting Times
- Out of Area Placements
- Early Intervention in Psychosis
- Safer Staffing Dashboard

Variations in income and expenditure were due to a break even positions over the last 12 months and a request made to make a small surplus as part of the Integrated Care Service (ICS).

Mrs Parkinson reported that it is the third consecutive month where improvement has been recorded in over 52 week waits. There is still pressure in this area as demand has not reduced and it remains a key priority for Operations. Out of area beds have been impacted by the work at Maister Lodge and also the reduction in bed capacity due to Covid safe working requirements for infection control.

Mr Durkin referred to the trajectories for Children and Young Peoples with Autistic Spectrum diagnosis where it was shown that zero waiting lists would take until September 2023 to achieve. He felt this was too long a timescale. He recognised that the figures had reduced by 20 and that the Board received the reports and figures. Queries have been raised at the Board and as a consequence more information has been added to supplement the reports. The Chair explained that these matters are also discussed in more detail at the relevant board sub committees and direct with Directors.

Mrs Parkinson reported that more detail has been added to the reports to respond to queries. In East Riding there was unexpected sickness within the team. Diagnosis of autism is a specific level of expertise and it is difficult to replace staff at short notice. It was a temporary situation which has already improved. In terms of trajectories, Non-Executive Directors did pick this up at the last Board and made comments about the rate of change. Further investment was identified that has been applied to support the autism waiting times. This will continue and a revised trajectory is being developed. The issues are connected to complexity

of cases as previously stated. Mr Durkin found the explanation helpful.

The Chair emphasised that the Board is concerned about the waiting lists and these are people not just numbers and as a consequence receives detailed reports and does challenge. She felt it would be helpful for Mrs Parkinson to share the more detailed response she sent to Mr Durkin with other Governors

Mr Beckwith reported that additional funding has been identified from commissioners to help address the waiting lists issues. This is a priority for the Executive team who took steps to prioritise this as soon as possible. The Chief Executive added that investment from the organisation has been made into waiting lists as these are people and their families that are affected. There is appropriate challenge at Board meetings and there is a regular report to the Board that is also discussed at the Sub Committees and the Executive Management Team. As pointed out already, the Quality Committee checks that people on the waiting lists are regularly reviewed and that families who are on the waiting lists are receiving offers of support.

Dr White referred to student placements adding that it takes three years to train a Learning Disability nurse. The number of these students has been increased, but she has been informed there are difficulties in placing students in the Trust. Mrs Parkinson was not aware of any issues, but will discuss with the Director of Nursing, Allied Health and Social Care Professionals to see if anything has been escalated. Dr White will check at the University to see if this has been escalated and respond to Mrs Parkinson.

Post Meeting Note

The Chief Executive sent an e mail to clarify the position and all posts given identify all student placements.

Mrs Gorman asked with the demand in Hull and East Riding if the SMASH programme can be extended into East Riding to help with some of the demand that is coming into the CAMHS teams. Mrs Parkinson explained that SMASH has been adopted in the East Riding and in Hull there is a mental health programme of works into schools to support young people and provide support to children with mental health issues. Hull has put in some additional funding for this. It is also part of the system discussions that continue to have as there are too many young people waiting for a diagnosis and they need to be supported during this time.

Mr Jones said it was good to hear of progress being made in some services with waiting times especially given that young people have had a dreadful two years. He felt that work is still needed to get further faster. Previously Governor groups have asked why more resource from the organisation could not be used to reduce the waiting lists and he was pleased to see this has progressed.

Resolved: The report and verbal updates were noted.

Response sent to Mr Durkin from the Chief Operating Officer to be shared with Governors

Action LP

42/21

Finance Report

The report provided the Council of Governors with a summary of financial performance for the Trust for the 3 month period March to May 2021. Mr Beckwith drew the Council's attention to:-

- The Trust ended the 2020/21 financial year with an operation surplus of £0.029m, this position was consistent with the Trust's planning target.
- Under current planning arrangements the period 1st April 2021 to 30 September 2021 is referred to as H1
- For the H1 period the current block funding arrangements continue to be in place.
- As at the end of May 2021, the Trust had recorded a operational breakeven position.
- At Month 2 the Trust reported an overall surplus of £0.129m which is in line with the ICS H1 expectation.

- Cash Balance at the end of May was £25.600m.

Resolved: The report was noted.

43/21 **Governor Groups Feedback and Activity**

The report provided feedback from the Governors Groups that have been held recently.

Mrs Pollard is the Chair Engaging with Members Group and explained that she had attended some training recently on membership. She explained that issues the Trust has faced over the last 15 months are the same with other organisations. A draft member's bulleting is being produced to communicate with members which will be e mailed to members. Another meeting is planed in July to ensure that arrangements are in place for the Annual Members Meeting in September. Mrs Pollard also thanked the Head of Corporate Affairs for her help and support with the group.

Mr Smith updated Governors on discussions at the last Workforce, Quality and Mental Health Legislation Governor Group where he was the acting Chair. Mrs Cooper will be the Chair going forward. The work undertaken by the Quality Committee was discussed including a deep dive that had been done into a particular area. Details of the deaths in learning disabilities that were Covid related were shared at the Group.

Information from the Mental Health Legislation Committee provided the group with a flavour of the work that is undertaken.

The Chair thanked all of the Governor groups for their work.

Mrs Cooper reported that as a fairly new Governor she has attended various groups and understood that as volunteers, it was not possible for every Governor to attend all meetings. She was disappointed with the attendance at the meeting as she felt the detail provided at the meeting was useful. She suggested that the notes from the meetings circulated quicker may help Governors decide whether or not to attend.

Resolved: The report was noted.

44/21 **Responses to Governor Questions**

No questions had been raised since the last meeting.

Resolved: The verbal updates were noted.

45/21 **Any Other Business**

Goodbye and Thank You

Mr Muzaffar and Mr Jones wished the Chair well in the future and thanked her for everything she has done for the Trust and Governors and will be missed.

The Chair thanked Governors for their kind words adding that it has been her pleasure to work with the Trust and thanked Governors for their support and contribution.

The Chief Executive expressed her thanks on behalf of the Executive Team and Governors for all the work behind the scenes that the Chair has been involved with and endorsed the views of the Governors.

46/21 **Date and Time of Next Meeting**

Thursday 7 October 2021, 2.00pm by Microsoft Teams

Signed..... Date
Chair

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

Summary of actions from July 2021 meeting and update report on earlier actions due for delivery in October 2021						
<i>Rows greyed out indicate action closed and update provided here</i>						
Date of Meeting	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
8.7.21	33/21	Declarations of Interest	Consideration to be given on whether updates can be e mailed through rather than having to complete a form.	Head of Corporate Affairs.	July 2021	From 2022, Governors will be e mailed/posted annually a copy of the declarations they have made for them to review/amend and return.
8.7.21	39/21(a)	Public Trust Board Minutes March, April and May 2021	Discussion with Mr Durkin to be progressed outside of the meeting in relation to awareness of issues in constituencies	Chair	August 2021	Meeting arranged
8.7.21	39/21(b)	Public Trust Board Minutes March, April and May 2021	Governors to be made aware of any issues that may attract media attention in the future	Chair	Ongoing	Updates will be circulated as necessary
8.7.21	41/21	Performance Update	Response sent to Mr Durkin from the Chief Operating Officer to be shared with Governors	Chief Operating Officer	September 2021	E mail sent 3.9.21
Outstanding Actions arising from previous Council meetings for feedback to a later meeting						
A copy of the full action log recording actions reported back to the Council and confirmed as completed/closed is available from the Trust						



Agenda Item 5

Title & Date of Meeting:	Council of Governors Meeting 7 th October 2021			
Title of Report:	Daniel's Story – My Journey – Psychology Services			
Author/s:	Daniel – Service User Dr Jade Smith – Clinical Psychologist			
Recommendation:	To approve		To receive & note	
	For information	√	To ratify	
Purpose of Paper:	To inform the Council of Governors of Daniel's journey through Psychology Services.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Patient/Carer Story	√
Key Issues within the report: <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<p>The key messages from Daniel's story are:</p> <ul style="list-style-type: none"> • Why he accessed the service • The support received • The outcomes • What was good or could have been better 			

Monitoring and assurance framework summary:

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

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

Agenda Item 7

Title & Date of Meeting:	Council of Governors Public Meeting – 7 October 2021			
Title of Report:	Chief Executive's Report			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	To provide the Council of Governors with an update on local, regional and national issues.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Specific report	✓
Key Issues within the report:	<ul style="list-style-type: none"> Identified within the report 			

Monitoring and assurance framework summary:

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

Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Chief Executive's Report

1 Around the Trust

1.1 Visits

It has been a pleasure this month to undertake more face to face visits (within infection control guidelines) alongside my virtual team meetings. Staff outstanding work continues to put patients and their care at the centre of all they do, from estates to our frontline staff.

1.2 Staff Celebration Week

Our staff celebration week was a great success. Throughout the week we have shone a spotlight on each of our locations to celebrate staff, their successes and the amazing work that has taken place at the Trust over the last 18 months.

As well as sharing stories of good practice, and dedicated Thank You messages to colleagues, we also reflected on the activities that have been completed in individual teams and the events held as part of the You're a Star celebrations this summer.

The Board has presented a special gift to all staff to convey their gratitude for your hard work and dedication during these challenging times. Every member of staff will be gifted with £10 in their October 2021 pay cheque. It's hoped that this small token of appreciation goes some way to showing staff how much they are appreciated.

1.3 Humber Youth Board

The work of this groups is progressing well, they have now decided to call themselves the Humber Youth Action Group. We are discussing how this important work influences our ways of working, more over the coming months.

1.4 Inspire Award

Inspire wins again, this time at the design in Mental Health Conference where Inspire won two design awards. Going against a number of high profile new builds Inspire was named "Project of the year New Build 2021" and "Clinical Team 2021". Given the competition it is amazing that the hard work undertaken in the development of the new service has been recognised on a national platform.

1.5 Whitby Hospital

Whitby Hospital development has been successfully handed over. They was a short and informal ribbon cutting event due to the pandemic which was undertaken by our past chairman Sharon Mays. Since the there has been the successful move of 10 patients safely over to the new ward. The careful and diligent planning meant all patients moved following their breakfast and in and settled before lunch time. All patients well, staff excited and happy and adjusting to their new environment, the ward has also taken their first new admission.. Due to staffing pressure due to covid sickness we will increase beds to 16 as safe.

The team have also moved the Urgent Treatment Centre (UTC) equipment and set up the GP out of hour service service, so are now "live". The Outpatient department has moved. Later the move of the community teams will commence.

What great news for the patients and population of Whitby. I sincerely thank all for making this possible and the staff for their work on the successful moves.

1.6 Awareness Weeks

Each month the communications team manage a range of awareness days working with operational and clinical leads. Action plans and original content is created and shared internally

and externally. October is an important month with a number of focus days and weeks. An update on three upcoming awareness days are provided below:

1.7 Freedom to Speak Up Month – October

Speak Up Month is hosted every October by The National Guardian and is a chance to raise awareness of Freedom to Speak Up and the work which is going on in organisations to make speaking up business as usual.

As a Trust, our internal campaign includes creating and sharing supportive content that contributes to Freedom to Speak Up awareness. The aim is to spread important Trust Speak Up strategy messages, as well as to boost staff moral and public confidence in our overall approach to staff support and patient wellbeing. To do this, we will use our internal channels to reinforce important key messages, including who our FTSU guardians are, what they can do to support staff members and to reinforce our culture which promotes speaking up in all teams. Staff will also be invited to several drop in sessions, where they can have an opportunity to meet our guardians 'face to face' and discuss their role in more depth.

1.8 World Mental Health Day – 10 October

World Mental Health Day is a global campaign which aims to raise awareness of mental health issues around the world and to mobilize efforts in support of mental health.

The Day provides an opportunity for all stakeholders working on mental health issues to talk about their work, and what more needs to be done to make mental health care a reality for people worldwide.

As a Trust, we hope to raise awareness of routes into services and signpost self-referral options to help people get the right help, at the right time. Our internal campaign asks staff to 'do one thing' for their mental health, with links to videos for meditation, recipes and more top tips around mindfulness activities they can do. In addition, we're also working to tackle stigma around mental health in the workplace, by sharing videos of members of our staff speaking about their lived experience with mental health, and signposting to our staff mental health community group, Thrive.

1.9 International Infection Prevention Week – 17 October

International Infection Prevention Week (IIPW), established in 1986, aims to shine a light on infection prevention each and every year. This year's theme is Make Your Intention Infection Prevention, which aims to highlight the science behind infection prevention and inspire the next generation of IPs to join the fight.

We will be working with our Infection Prevention Control (IPC) team to reinforce key messages to staff around our Back to Basics campaign, the importance of good hand hygiene, and more, in our internal communications campaign. Each day of the week will have a theme, so that staff can access new information each day. On the Monday, the IPC team will introduce themselves as part of our wider Hello Humber campaign. The hope is that this will help staff recognise their IPC colleagues, whom they can turn to when they need advice and support. In addition to this, the Tuesday will aim to introduce our IPC Link Practitioners, the Wednesday will speak about cleanliness, Thursday shares useful resources around standard precautions, and Friday we will focus on the importance of immunisations.

Bringing together this information in an easy and accessible way is hoped to reinforce our key IPC messages to staff in new and refreshing ways.

1.10 Vaccinations and Care Homes

Governors may be aware that new Government regulations come into force on 11 November 2021, requiring care home staff to refuse entry to anybody who cannot evidence that they have had two doses of a Medicines and Healthcare products Regulatory Agency (MHRA) approved COVID-19 vaccine, or that they come within a specified exemption. Given some of our staff need to work in care homes, a review has taken place of those staff and their vaccine status. The Trust's general managers have confirmed that due to the high levels of vaccination across the Trust and by taking a pragmatic approach to assigning care home duties, the current position stands that the Trust will

not need to enter into formal consultation on redeploying or dismissing staff that haven't had the vaccine in these areas. This is obviously a fluid situation and if this changes we will update Board accordingly.

1.11. Black History Month

October is Black History month and an opening session will be held in October to mark this occasion.

1.12 HSJ Patient Staff Award

We are proud to announce that we won the HSJ Patient Safety Award for the Improving Care for Children and Young People Initiative of the Year category. The winning project was our Humber Sensory Processing Hub website, which provides timely and unlimited access to important resources, which promotes a better understanding of sensory processing difficulties.

Congratulations to the teams involved in this project, with a special well done to Michelle Field and Sally Fernie, who led the project and made this year's submission happen.

We would also like to extend a huge congratulations to our other 3 teams who were finalists at the awards. Well done to our Modern Matrons for being shortlisted in the Learning Disabilities Initiative of the Year category, our Pharmacy Team for the Improving Safety in Medicines Management category, and our East Riding Partnership (ERP) Addictions Service for the Maternity and Midwifery Initiative of the Year category. We hope you're all very proud of this great achievement and recognition of your work.

2 Around the Region

2.1 Prevention Concordat Signatory

Hull has become a Prevention Concordat signatory, which is a testament to all of the fantastic work that happens locally in relation to public mental health and the prevention agenda.

2.2 Director of Adult Social Services

Alison Barker our Director of Adult Social Services (DASS) is moving on to a new Corporate Director role in another authority. Alison will take up her new post in early October. Tracy Meyerhoff who has been Deputy DASS for a number of years has agreed to be Interim DASS for Hull City Council. Tracy took on the role from the beginning of September and will be supported by Anita Brigham one of our current heads of service as Interim Deputy DASS . These interim arrangements will remain in place until the permanent post holder is able to take up the role.

2.3 East Riding of Yorkshire Council

John Skidmore has retired from East Riding Council, where he was Director of Adults and Customer Services .

2.4 Director of Nursing, Leadership and Quality role in NEY NHS England / Improvement

The Director of Nursing, Leadership and Quality role in NEY NHS England / Improvement is now being undertaken by Alison Smith and David Purdue as a job share.

2.5 Winter Planning Update 2021

Strategic Approach to Winter Plans in North East & Yorkshire:

- The 4 ICS Leadership Teams and the NEY Regional Team are committed to planning for winter collaboratively.
- At a regional level, NHSE/I Regional Team + the 4 ICS Leadership Teams will work together to provide a joined up interface with national teams; to co-ordinate our strategic approach to winter planning, and our strategic response to winter.
- To support this, an Operations Hub (Formerly the JROC (Joint Regional Operations Centre)) has been established across NE&Y aligned to EPRR and UEC teams to co-ordinate all operational pressures across the footprint as a Single Point of Contact for NHSE/I.

- As far as possible we want to use this approach to co-ordinate the right support to systems asking for help and to minimise communications “traffic” to systems and providers, and keep things as streamlined and co-ordinated as possible.

Provider, Place & ICS Plans

- Providers & ICPs/ Places will already be progressing their organisational and place level winter plans and if there are any exceptions to this, please let us know.
- Each ICS team is also leading an event to look at winter planning and scenarios this month, and each ICS will be producing a winter plan by the end of September.

Next Steps

- Towards the end of Sep, NE&Y and each UEC ICS team to work through draft winter plans. There may also be a further “check and challenge” event with the national team.
- As a summary if helpful the key topics of discussion and concern for the bilateral are likely to be:
 - Particular focus on implementation of mutual aid plans – how do they work in practice?
 - Clarity on governance and accountability – who escalates to who and at what point in the incident?
 - Interoperability with ODNs for critical care mutual aid and escalation – how does this work?
 - 111 and 999 capacity for telephone response – resilience and risks.
 - Clinical Advice Services & Primary care urgent care F2F capacity and phone answering risks – resilience and risks.
 - Social care capacity – resilience and risks.
 - Ambulance handover – Top risks
 - Elective cancellations – monitoring and prevention.
 - Protected elective capacity – detailed discussion around sites without protected elective activity.

National Initiatives:

- In addition to the above, you may hear more on the national proposal to develop a UEC Recovery Unit with the purpose of providing a national resource to support the most challenged systems across the country, and tied into the wider SOF framework across the country.
- In October 6 – 7 systems nationally will be identified (with the help of regional colleagues) to participate in a more detailed review and action planning approach with ECIST.
- More information to follow.

Our winter plan is completed.

3 National News

3.1 Provider Collaborative

The Provider Collaborative guidance was published on 20 August.

The national provider development team is now working up proposals for the next phase of work on Provider Collaboratives. This may include:

1. Work with NHSEI regions, System Support, and NHS Providers to ensure there are robust local support offers and peer learning networks in place to help systems and providers develop effective provider collaborative arrangements by April 2022.
2. Work with some advanced provider collaboratives to explore how they are tackling Covid-19 recovery and Long Term Plan delivery, and use these priorities to draw out and share best practice on key issues that stakeholders have identified as challenging.

3. Develop principles and recommendations regarding delegating commissioning functions and budgets from NHSE or an ICB to providers, identifying the conditions required for this to work well.
4. Continue to promote trust governance approaches that support trusts to work collaboratively and effectively within systems, consulting on proposed changes in governance guidance and exploring the relationship between ICBs and trust boards and the role of foundation trust councils of governors within systems.

3.2 National Director for Learning Disabilities

Tom Cahill has been appointed as the National Director for Learning Disabilities and Autism since his retirement from Hertfordshire Partnership University NHS Trust where he was Chief Executive.

3.3 People Directorate

Professor Partha Kar has joined the People Directorate - and specifically the Workforce Race Equality Standard (WRES) team. Alongside Professor Anton Emmanuel, Head of Workforce Race Equality Standard, Partha will lead the delivery of actions set out in the medical WRES plan. He will oversee the next phase of the medical WRES (MWRES); to take action to overhaul progression and recruitment practices, improve representation, further close the ethnicity disciplinary gap and consider regulatory routes to improving accountability.

4 Covid-19 Summary Update – September 2021

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

As of the 14 September 2021 the confirmed cases of Covid-19 for Yorkshire and the Humber are:

Positive Test and Trace Update – Case increase and latest 7-day rate per 100,000.		
Area	Actual increase in positive tests in latest 7 days (1-7 September)	7 day rate per 100,000 for 7 days previous* (1-7 September)
East Riding of Yorkshire	1547	450.8
Hull	1522	587
North East Lincolnshire	554	347.6
North Lincolnshire	644	372.8
Yorkshire and Humber	21,531	389.6
England	192,257	340
Source: PHE Daily Briefing		
<i>*Test results are updated every day and so rates are liable to change.</i>		

For the same period the 7-day rate per 100,000 population for Scarborough is 380, for Ryedale is 285 and Hambleton is 251.

As of 13 September 2021, there have been 1427 hospital deaths due to COVID-19 across the Humber area. This includes 911 deaths registered by HUTH, 487 deaths registered by NLAG, 27 deaths registered by CHCP (East Riding Community Hospital) and 2 death registered by HTFT.

Due to the rise in infection rates in the population the Trust has recorded 11 new cases of a Covid-19 positive inpatient during the last month. Staff sickness absence related to Covid has remained stable at between 26 and 19 cases daily (see appendix 1). The Covid-19 Task Group continues to coordinate and oversee our response to any ongoing requirements. The group meets fortnightly, is chaired by the Deputy Chief Operating Officer and reports to the Executive Management Team (EMT). Twice weekly Sitrep reporting remains in place to monitor the ongoing impact of the pandemic on our services. The command arrangements will be quickly stood up again if required, this remains under close monitoring particularly as the infection rates have now risen further in some areas due to the delta variant.

Operational service pressures remained very high in some areas in August and September with the highest pressures seen in our community services in Scarborough and Ryedale due to high demand from the acute hospitals for discharges to be supported along with increased demand for primary care. This led to the Trust experiencing overall operational pressures escalation levels (OPEL) varying between 2 (moderate) and 3 (severe pressure) predominantly throughout August and September. Acute partners in Hull have been reporting Opel 3 and 4 throughout the same period.

CAMH's services are continuing to experience high demand for both community and inpatient services in line with the nationally anticipated surge due to the direct impact of the pandemic on children, young people and their families. Demand has plateaued during August and early September, however this is not an untypical pattern during school holidays. Break down of placements for young people in residential care continues to lead to urgent and crisis admissions to the acute hospital and mental health beds. System and ICS work is ongoing to enhance provision to support out of hospital care and investment has been approved to:

- Reinstatement of a CAMHS crisis place of safety which will be fully integrated with the crisis and home-based treatment team
- Provide additional experienced CAMHS staff that will be located in the acute hospital to support children and young people presenting and being treated there.

Further work is taking place to develop a proposal for a short stay assessment facility to be based at Inspire alongside ongoing work with children's social care to provide additional emergency placements.

Focus continues on reducing waiting times in these services, particularly in relation to autism diagnosis. Our CAMH's PICU ward (Nova) remains open with two of its four beds available, and this has supported the clinical management of the very high complexity of patients within our general adolescent ward (Orion). We will open the remaining two PICU beds as soon as our newly recruited staff team are in a position to safely do that.

We continue to have a contingency plan through a mutual aid arrangement with Navigo to access additional mental health beds when required. The new capital scheme at Maister Lodge has progressed well and the unit has now been handed over to the operational service. This will provide up to five new functional older peoples beds and will be open as soon as recruitment to the new posts required has been completed. The new day treatment service continues to be effective at avoiding admission for some older people. Our overall bed occupancy has remained above its usual level in July and August with the pressures especially high for mental health, learning disability beds and our community beds at Malton and Whitby Hospitals, it has been between 72.8 - 81.2%. The overall number of available beds remains reduced due to the need to provide isolation/cohort beds for covid symptomatic and positive patients and infection control requirements, however some beds have been reinstated as alternative provision has been made in some areas for donning and doffing of PPE. To address this shortfall and ensure beds are available when required the Trust has continued to block book independent sector beds and the position is continuing to be monitored very closely. Nationally requirements are in place to eradicate the use of out of area beds and our services are implementing plans to achieve this, this remains a challenge however as covid safe working practice guidelines remains in place across the NHS.

Our primary care practices are also continuing to experience a rise in pressure and activity due to undertaking Covid vaccinations alongside higher than usual demand. System pressures continue to be high in North Yorkshire and York in August for both health and social care leading to the system command arrangements being reinstated.

During July and early August, the position relating to sickness absence was impacted by staff having to isolate due to contact tracing requirements. Revised guidance for NHS staff came into effect later in August which allowed staff to return to work if they had been “pinged” by the covid app if conditions set out in the guidance were met. Work has been taking place by our recruitment team to increase the number of staff available to us on our bank, whilst this has had success in attracting new unregistered and administrative, disappointingly there was little interest from registered staff. Staff availability remains an area of operational priority as we finalise our winter surge plans. Elements of business continuity plans for learning disability services were enacted to support escalating pressures and high acuity in July and August with community staff redirected to support inpatient areas.

Testing and Isolation Arrangements

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

Lateral Flow (asymptomatic staff testing)

The Trust continues to encourage all staff to undertake twice weekly Lateral Flow Antigen Testing. Over 69,800 tests have been reported since December with 87 positive results which have been followed up by PCR tests and infection control procedures.

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

New self-isolation guidance for NHS staff came into effect on 16 August 2021 allowing fully vaccinated NHS staff and students who are identified as a contact of a positive Covid- 19 case to no longer be expected to isolate and to return to work if the required safeguards are met and implemented.

Covid-19 Vaccine

The Trust vaccination centre at Willerby Hill has continued to operate as a Primary Care Network Site for Harthill PCN since the second dose programme for delivering vaccine to our staff was completed. A key area of focus however has remained on bank colleagues where uptake has been lower. Planning has now begun to deliver the booster covid- 19 vaccine with the programme expected to start nationally for health and social care staff in the autumn. Dr John Byrne, Medical Director remains our senior responsible officer (SRO) for our covid vaccination programme and a task group has been established to deliver our plan.

Operational guidance has been issued by the government regarding the requirement for people working or deployed in care homes to have been fully vaccinated against Covid-19, unless exempt. In accordance with the new regulations which aim to ensure some of the most vulnerable in society are protected from Covid- 19, from 11th November 2021 all care home workers and anyone entering a care home will need to be fully vaccinated, unless they are exempt under the regulations. The timeline for implementation outlines that the last date for care home

workers/visiting professionals to get their first dose of the vaccine, so that they are fully vaccinated by the time the regulations come into force, is 16th September 2021. This guidance therefore applies to our staff who access care homes. Operational managers are ensuring that unvaccinated staff are fully aware of this requirement and are supporting uptake where that is applicable, a full SitRep has been completed.

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

Our established robust systems to ensure that staff have access to the appropriate Personal Protective Equipment (PPE) remain in place. Stock continues to be received via a PUSH delivery system from the NHS Supply chain and SITREPS are used to determine the content and frequency of deliveries. Currently, the supplies of PPE are at good levels and we have not had any shortages of equipment. Whilst the government moved England to its final step (step 4) out of lockdown from 19th July. NHS England have instructed that Public Health England's infection prevention control guidelines and hospital visiting guidance remain in place for all staff and visitors. This means NHS visitor guidance stays in place across all health services including hospitals, GP practices, dental practices, optometrists and pharmacies to ensure patients and staff are protected. Staff, patients and visitors are expected to continue to follow social distancing rules when visiting any care setting as well as using face coverings, masks and other personal protection equipment.

Safe Working in our Environments

In accordance with the Government published guidance 'Working safely during coronavirus (COVID-19)' Covid safe working measures remain in place across the Trust. We continue to reiterate our guidance to staff that remote working is maintained whenever possible, that face to face meetings should be irregular and for a specific purpose such as clinical supervision, colleague contact and support and that social distancing and infection control guidelines need to be maintained.

Staff Health and Wellbeing

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

Our staff have now experienced and worked through the pandemic for 16 months and in some areas service demand and operational pressures remain very high, they are continuing to tell us that they are feeling fatigued. Staff continue to have access to a range of options for wellbeing support and the Trust continues enhance its offer of wellbeing resources via the "ShinyMind" app. The Humber Coast and Vale Resilience Hub to support frontline staff remains operational and providing an increased offer of psychological and emotional wellbeing support for our staff.

Our communications team have continued their efforts to maintain a focus on staff health and wellbeing. Frequent "Ask the Exec" sessions continue and these continue to be positively received.

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

Support remains in place for our staff who are experiencing long covid and this has been developed further. The "Reset and Recovery" plan that was developed through wide engagement with staff is now final and implementation has commenced, it is being monitored by the Executive Management Team (EMT).

Covid-19 Clinical Advisory Group

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

- Continuing to ensure that our covid related changes and interventions do not increase restrictive practices.
- Reviewed the updated position on the use of FFP3 Masks when caring for Covid positive patients
- Continuing to review clinical pathways to ensure that use of digital technologies promotes inclusion and maintains recovery rates.

Operational Planning - Recovery and Restore

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

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

The Trust has focused its work on these areas utilising a range of forums with partners to contribute to place and Integrated Care System (ICS) plans. Several submissions were made by the Trust to set out the workforce, financial and activity projections for 2021/2022 to demonstrate how the requirements in the guidance would be met. These priorities need to be supported through the use of data and digital technologies and we continue to make progress and enhance our use of technology.

The Trust continues to effectively manage the impact of Covid-19 within its ongoing arrangements. The current continuing phase of delivery and planning is crucial to ensure that we can sustain our services supported with adequate capacity to manage the ongoing and anticipated increase in demand. Planning is now being finalised for winter, 2021/2022 which incorporates the learning from the pandemic to date. Nationally a surge is anticipated in prevalence of RSV (respiratory syncytial virus) in children which has a seasonal presentation this winter, local areas are already seeing increased presentations and pressures in primary care and acute hospitals.

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

Staff health, wellbeing and engagement continues to be paramount to our successful ability to achieve our plans and continued focus will remain on this. The efforts our staff make to keep our patients, their colleagues and themselves safe remains exceedingly impressive and we continue to demonstrate our appreciation for that. Data supporting specific areas of our covid response is attached (Appendix 1).

5 Director's Updates

5.1 Chief Operating Officer Update

5.1.1 Community Services

Scarborough Community services have had a complete refresh of their accommodation over the past 12 months, including staff bases and patient clinic venues. This has included:

- Improvements to IT connections within staff satellite bases
- Creation of a clinical hub within Eastfield GP Practice, where some staff are based and 3 patient clinics each day are able to be held
- Moving into a fully re-furbished site on Prospect Road, consisting of 4 terraced houses converted into one base. This provides a main staff base at Scarborough now, with indoor and outside break areas, and also has 3 fully equipped patient clinic rooms. A pilot clinic was held in August to ensure we are compliant with all Health and Safety and Infection control regulations. Very positive feedback was received from a family attending our paediatric continence clinic.
- Health Star funds have been accessed to provide canvas prints of local scenes in patient waiting areas, as well as use of the 'You're a Star' staff recovery funds to create a staff wellbeing and quiet space area.
- Continued use of the local community Rugby and social club venue, to deliver 4 of our services and patient rehabilitation classes.

These refurbishments will provide a valuable boost for staff morale whilst providing a professional and welcoming setting for patients.

5.1.2 Secure Services Medical Staffing

Despite ongoing challenges in recruiting medical staff, Secure Services have been successful in recruiting three new Responsible Clinicians (RC's) who started post in August. This will provide a valuable boost to the service and the medical staffing structure is operating with no vacancies in this Division.

5.1.3 Secure Services Matron up for Awards

Helen Courtney, the Modern Matron in Secure Services has been shortlisted for two national awards which include the Nursing Times Infection Prevention & Control category and HSJ Learning Disability initiative. These nominations relate to the development of a pocket pack of PPE equipment that staff could carry around with them should they be required to undertake an aerosol generating procedure (such as DMI/ILS) this meant that staff didn't have to wear full PPE all of the time. We wish Helen the best of luck with her nominations.

5.1.4 South West Lodge Reopening

South West Lodge opened 1st August, this facility is for low secure patients who are working towards being placed in a community setting. So far, only 1 patient has moved in but others are planned over the coming weeks.

5.1.5 Multi-Agency Public Protection Arrangements (MAPPA) Update

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

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

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

The Trust has developed a system of Single Points of Contact or SPOCs in the Divisions, supported by the Associate Director of Psychology so that MAPPA issues can be well coordinated and communicated.

The Trust continues to fulfil its responsibilities to MAPPA as a Duty to Cooperate agency achieving 100% attendance across all required meetings. All aspects of the work have been recently affected by the COVID 19 pandemic so this update is presented in that context.

Recent Work

The Trust Protocol related to MAPPA is currently under review to ensure all the forms and links contained within it are the latest ones. This will now be a joint protocol with Probation to ensure close working, timely updates and continuity of advice for all staff.

The new Trust MAPPA single points of contact for the secure and learning disability services have completed their inductions and awareness training. They are now able to assist colleagues in their areas in all issues MAPPA related and ensure that new processes are disseminated and explained. They can also ensure that colleagues are signposted to the correct MAPPA referral pathway and alternatives for offenders or potential offenders who do not fully meet MAPPA eligibility. We also have new link persons in the Police who host the Potentially Dangerous Persons system and these links have been widely communicated. This system is a good alternative when staff are concerned that someone may offend but has not yet done so.

There has been a national review of Level One MAPPA management and reporting. We submitted our comments for this and there is now fresh guidance which we are shortly to communicate. This year the MAPPA Annual report will include a submission from the Trust regarding the work of the FoLS team which is an excellent opportunity to showcase the work of this team to professionals in the wider Criminal Justice System.

In a recent joint meeting between key MAPPA personnel at probation and the Trust, Probation leads explained that the reunification of services is now almost complete. Offenders of all risk levels will be back under a national probation service rather than the community interest companies (CRC) in the private sector managing those with less serious offences. The CRC system was deemed to be underfunded and fragile hence the return.

Risk Issues

COVID has introduced a wealth of risks in all public service work but we have mitigated our specific risks by keeping the communication high via MSTeams meetings and more regular telephone and e mail check ins. Face to Face meetings will now be gradually reinstated where appropriate.

5.2 Director of Nursing, Allied Health and Social Care Professionals

5.2.1 Zero Events 2021-22

The annual zero events report was submitted to EMT in June detailing quality improvements and performance against the agreed zero events.

EMT agreed the following zero events to continue for 2021-22:

- No Category 3 (or above) pressure ulcers acquired in our care (quarterly reporting). Despite an overall increase in reporting of pressure ulcers during 2020/21 the number of pressure ulcer zero events has reduced slightly from 30 in 2019/20 to 27 in 2020/21.
- No failure to recognise and escalate the deteriorating patient in line with Trust policy (quarterly reporting). Reduced from 11 to 9 for 2020/21. During 2020/21 our staff has been caring for more vulnerable patients and patients with Covid-19 and therefore at significant risk of deteriorating physical health. There has been a significant rise in the number of inappropriate discharges from the acute hospitals due to pressures in acute hospitals. In this context a reduction in the number of zero events in this category gives a high level of assurance that our staff are becoming more proficient in the recognition and escalation of a deteriorating patient.
- No avoidable incidents of harm associated with falls/no failure to recognise and manage the risk of falls as per Trust policy (quarterly reporting). Reduced from 7 to 6 for 2020/21
- No under reporting of the level of harm in relation to sexual safety, BAME, or LGBTQ+ incidents relating to staff or patients. (Monthly reporting). There have been 31 zero events reported from Jan- March 21. As this zero event was only introduced in Q4 more work is needed to gather data and analyse the emerging themes.

These zero events will be monitored through datix, IIRs, SEAs and SIs.

It was agreed that the following zero event which commenced in January 2021 is revised for 2021/22 in order to focus on areas where there are reoccurring incidents or themes:

- No failure to complete an initial risk assessment at the first planned visit within the community nursing teams and CMHTs without clear documented rationale. (Monthly reporting). CMHT evidenced high compliance through record keeping audits, therefore for 2021/22 the zero event will focus on the community teams in North Yorkshire.

It was agreed that the following zero events are stepped down for 2021/22:

- No patient in our community inpatient setting should have an inappropriate catheter in place due to positive performance.
- No patient in our MH and LD inpatient services will come to moderate harm (or above) as a result of a self-harm incident where there is an absence of a documented MDT discussion and plan in relation to risk. This zero event to be stepped down as there is a high level of assurance from a large number of incidents. Self-harm and attempted suicide incidents are robustly reviewed at the corporate huddle ensuring appropriate review and action as necessary.

Zero events for 2021-22 were presented to the Quality Committee in August.

5.2.2 Patient Safety Partners: Trust Update

NHSE/I have published a draft framework for involving patients in patient safety in line with the strategic intentions outlined in the national patient safety strategy published in 2019.

Supporting patients to be involved in their own safety and creating the patient safety partner (PSP) role are two important ways to make real what Don Berwick called for when he said that “patients and their carers should be present, powerful and involved at all levels of healthcare organisations from wards to the boards of trusts”.

Patient safety partners (PSPs) are patients, carers, family members or other lay people who are recruited to work in partnership with staff to influence and improve the governance and leadership of safety within an NHS organisation. As such, they perform a very different role from that of the traditional NHS volunteer who acts as, for example, a hospital guide or befriends and supports patients.

The framework is in two sections. The first describes how organisations should support patients, their families and carers to be directly involved in their own or their loved one's safety; and the second how organisations should support PSPs to be involved in wider governance of safety activities.

In line with the National and Trust patient safety strategies the organisation had made a commitment to involving PSPs in patient safety. Over the last two months the Assistant Director of Nursing has attended a combination of staff, patient and carer forums and meetings to promote the role throughout the organisation and also to ensure the development and direction of the role is done through co-production. The response has been overwhelmingly in favour of this role. The next stage will be to create a framework to support PSP involvement ensuring an inclusive approach which reflects the diversity of the local communities. This will need to ensure that, as far as possible, PSPs are protected from any emotional harm and are appropriately compensated for their involvement. There is some detailed guidance coming out around this from NHS E which should be available by the end of September.

Using a fair, efficient and consistent approach to recruitment of PSPs we will aim to initially recruit two posts ensuring they are trained in line with the national training requirements. The goal is to have our first PSP's in post by April 2022.

5.2.3 International Recruitment- Trust Update

HTFT are working with NHSEI and in collaboration with 5 other Trusts (Tees Esk and Wear Valley, South West Yorkshire Foundation Trust, Leeds and York Partnership Foundation Trust, Rotherham Doncaster and South Humber and Bradford District Care Trust) on our first International Nurse Recruitment Project.

HTFT are aiming to recruit 20 nurses through the project. The nurses will arrive over three separate cohorts in groups of 7 nurses per cohort. Our first nurses are due to arrive in the UK on Monday 20th September. The first cohort of nurses will be coming from Kenya, India, Zimbabwe, and Kingdom of Eswatini (Previously Swaziland). These remain on the red list countries in terms of COVID and therefore the nurses will quarantine in a government approved hotel for an 11-day period prior to arriving at their temporary accommodation in Hull where they will be met by nurses from the Nursing and Quality Directorate.

The first cohort of nurses are Registered General Nurses. Six of the nurses will join the team on the ward at Malton and 1 will join the team at Granville Court. Following the quarantine period and prior to on-boarding to the clinical areas the nurses will complete a dedicated Objective Structured Clinical Examination (OSCE) training plan, in preparation for their NMC OSCE exam. The first cohort OSCE exam is booked for the 26th October in Swindon. Following the examination, the nurse will be on-boarding to their clinical area. They will work as a band 4 until they receive their NMC pin.

The second cohort of nurses are due to arrive in the UK on 8th November, we are seeking 7 Mental Health Nurses for this cohort. We currently have one nurse for this cohort secured. We are working hard to recruit to our remaining 6 places for cohort 2.

We are working with two agencies to recruit nurses into our Trust. They continue to seek ethical applications for mental health nurses however this area of international nurse recruitment is much more challenging than registered general nursing due to differences in nurse training and recognition of mental health overseas. As the UK has a drive on INR with specific interest in

recruiting to mental health nurses the already limited international mental health nurse pool is depleting.

The third cohort of nurses are due to arrive the 10th January 2022. We currently have one mental health nurse and one general nurse for this cohort. The aim is again 7 nurses. The international nurse recruitment programme will be evaluated to determine its success and whether we should continue a programme of recruiting international nurses.

5.2.4 Nursing Times Awards- Shortlisted

The Practice Education Team have been shortlisted in the Student Nursing Times Awards 2021 under the category of community placement for the virtual placements we provided during the pandemic for Mental Health and Learning Disabilities students earlier this year. This approach allowed every nurse in training to complete the requirements of their placement.

The judges have commended the high-quality of this year's entries. To be shortlisted is a fantastic achievement. We have been invited to attend the awards on the 4th November 2021 at the Grosvenor House Hotel London when the winner will be announced.

5.3 Medical Director Updates

5.3.1 Research Conference

The final agenda and line up of speakers have been confirmed for the annual research conference and has been shared across the Trust and externally with our partners. We are confident that our blended model will not only increase participation in the event but hopefully improve participants enjoyment of the event. The final agenda has been shared with board and will be available publicly.

5.3.2 Wellbeing and Engagement Sessions

The Director of Medical Education Dr Soraya Moyet and the medical education department is supporting the doctors in the Trust with a suite of wellbeing and engagement sessions following a successful bid for funding from Health Education England in addition to funding available from our own internal recovery funding. As we move forward into the new academic year the bulk of education and training will still remain remote in nature, however once we have completed our Hub vaccine program the intent will be to introduce an element of 'in person' teaching subject to prevailing public health conditions.

5.4 Director of Workforce & Organisational Development

5.4.1 Flu Vaccinations

The Trust took its first delivery of flu vaccinations w/c 13/9/21. 70 peer vaccinators are at various stages of their annual update training and once completed will commence vaccinating. In addition to peer vaccinators, 20 clinics have been set up across the trust during October and November for staff to book into for a vaccination. Peer vaccinators can now enter information directly in the NIVs reporting system which will improve the speed with which we can get current vaccine status information. As with previous years, a flu vaccine, completed statutory and mandatory training and an Appraisal will see staff receive an additional day's annual leave in 2022/23.

5.4.2 Staff Survey

The 2021 NHS national staff survey goes live on 27th September for nine weeks. Communications have gone across the trust encouraging take up and reminding people they will be given the time to complete this in work. Regular communications will take place during the nine weeks, which will include you said we did, reminders, and current data on completion rates.

5.4.3 Health and Wellbeing Coordinator

The Trust's new role of health and wellbeing coordinator started on 13th September. Tasked with putting together a programme of activities to support our staff, the role is for 12 months and is funded from the ICS wellbeing project. This forms part of the trust's COVID recovery plan.

5.4.4 Organisational Health & Wellbeing Checklist

NHSI have released an organisational Health and wellbeing checklist. It is based on the best evidence in the NHS. The checklist will be used in the Trust's Health and Wellbeing Group.

5.4.5 Delivering an NHS COVID-19 Vaccination Programme

NHS colleagues in the North West region have produced videos in a variety of languages highlighting the importance of getting the second dose of the Covid-19 vaccination. We have shared these with all our staff. Languages includes Gujarati, Kannada, Telugu, Malayalam, Arabic, Punjabi, Urdu, Tamil and Polish.

5.4.6 Implementation of new Contractual Flexible Working Provisions

Amendments to the flexible working provisions in NHS Terms and Conditions of Service handbook took effect on 13th of September 2021. As of this date, staff will be able to request flexible working from day one of their employment.

5.5 Director of Finance Update

5.5.1 Cyber Security Updates

There are two types of CareCert notifications,

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

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

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

	Issued	Deployed or no Action required	Awaiting deployment, action or testing	Not Applicable (do not use the system the Care Cert relates to)
High Priority	4	3	0	1
CareCert Bulletins	44	44	0	0

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

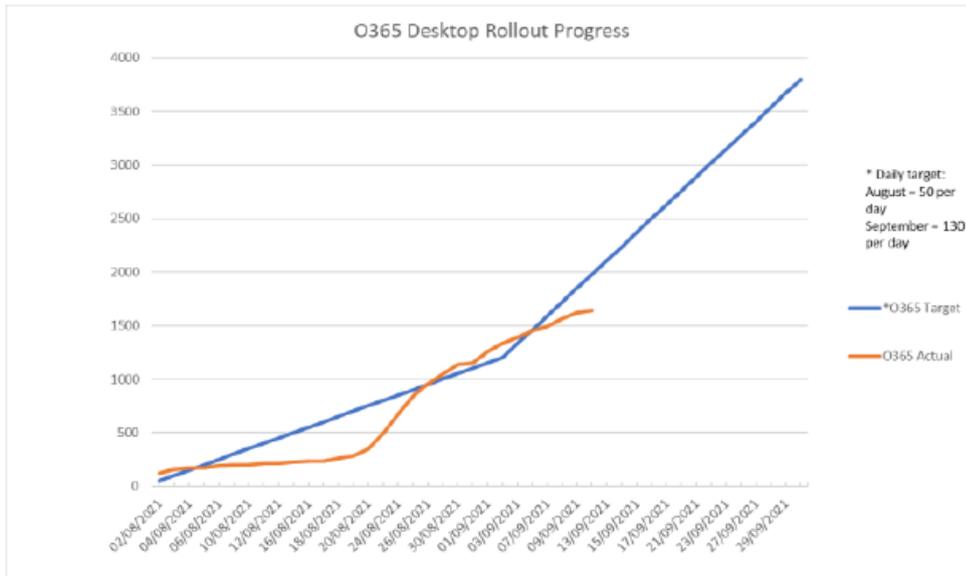
The Trust IT Servicedesk responded to 100 calls for Out of Hours support during June 2021.

5.5.2 Electronic Patient Survey Record Usability Survey

The Trusts operational staff have made 162 submissions to the national Electronic Patient Record usability survey. This places our Trust in the top five returns national and will provide us information to help improve Lorenzo and SystemOne.

5.5.3 Office 365 Update

Good progress continues to be made with 1,650 devices migrating from Office 2010 onto Office 365. All remaining devices are planned to be migrated during September. Progress is monitored and tracked via the Office 365 Project Board, which reports into EMT



5.5.4 NHSX Documents Published

On the 31st August NHS X issued three online documents to support organisations and ICS improve, sustain, and to continually develop the use of digital technologies to support the delivery of high-quality patient care. The documents have also been developed from the learning gained on the use of digital technologies during the COVID pandemic.

The three online documents are;

- What Good Looks Like
- Who Pays for What
- Unified Tech Fund

5.5.5 Redesigning Adult Inpatient Mental Health Services

The Trust submitted an expression of interest to the Government's New Hospitals programme on 9th September. The expression of interest is the first stage of a 2 stage process that will result in funding being allocated to 8 projects in the Spring. A National panel will review over 300 applications and develop a long list for Ministerial consideration taking into account available datasets and system priorities. Long listed schemes will be asked to produce further information in the new year the results of which will inform the announcement in the Spring.

5.5.6 SALIX Decarbonisation Update

The decarbonisation programme continues to progress positively against a revised programme and approach.

A full review of the professional team and how the proposed works may integrate with the wider refurbishment project at the Humber Centre has been undertaken. This resulted in some changes to the professional team in the interest of focusing on delivery experience and combining the Humber Centre element into the overall Humber Centre programme.

The East Riding Community Hospital project will progress as an independent project and anticipates to have tender returns ready for entering into contract by December with works completed this financial year.

The Humber Centre programme is on the same timescale however installation works will be phased to align with the wider refurbishment, works that can be undertaken outside of the wards will be completed this financial year, internal ward works such as BMS and lighting replacement will be completed as part of the ward works progressing throughout 2022.

5.5.7 Estates

Services moved into the newly refurbished tower block at Whitby on 15 September, with the ward and UTC successfully moving across from day 1.

Refurbishment at Maister Lodge to increase bed capacity by five has completed. Further works are continuing to enhance the patient garden to be dementia friendly and provide additional staff accommodation and welfare facilities.

Refurbishment of the Humber Centre remains in development, with the appointment of a cost consultant. Design team have developed scheme designs in line with service requests.

Ward refurbishment schemes are continuing and will include Miranda House, Newbridges, Millview and Westands in this financial year.

Trust Headquarters closure. In the process of relocating the last of the corporate services that have indicated a requirement for physical accommodation at Willerby Hill.

Staff wellbeing facilities are continuing to be rolled out across the Trust.

Review of accommodation being undertaken in conjunction with IPC to establish potential increases of space occupancy across the estate. This is to alleviate accommodation pressures and assist operational services to continue as planned.

5.5.8 NHS Resolution Scorecard 2021

The 2021 claims scorecards are now available. The scorecard is accessible on NHS Resolutions extranet page and we have registered to gain access. We are awaiting registration confirmation, upon which updates will be taken to the Finance and Investment Committee and then to Trust Board

The scorecard will assist the Trust with an analysis of our clinical and non-clinical claims. The scorecard allows us to view both clinical and non-clinical claims by type and cost, and, specifically for clinical claims to review the associated specialty/cause. Additionally, as an update for 2021 the scorecard now makes it easier to isolate individual specialities to view their trends and claims. This also makes it easier to share relevant information with clinicians within specific specialities.

The data shows the value and volume of all claims by specialty and cause and will allow us to interrogate claims and the costs of these within each division. We can also use the scorecard to consider areas for a targeted quality improvement focus for the reduction of clinical and non-clinical claims.

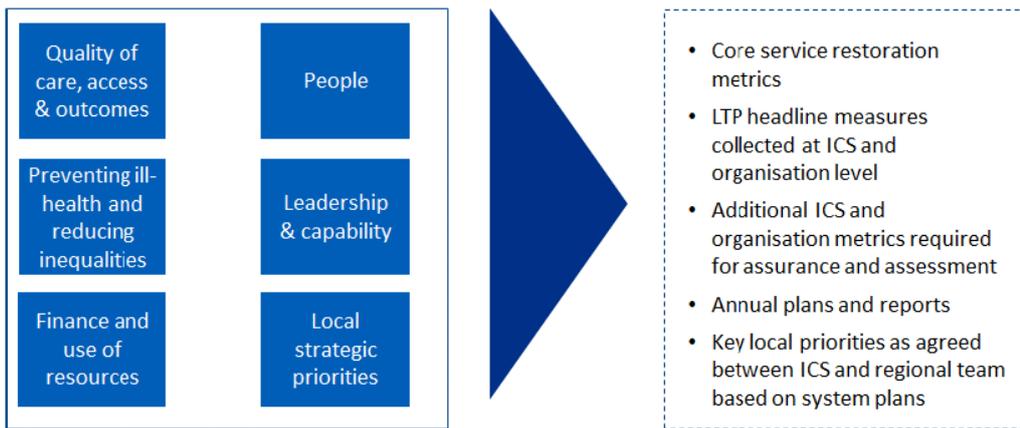
It is thought that the Care Quality Commission (CQC) may ask for our claims scorecards as part of data gathering in preparation for an inspection visit and they may also ask for information and examples of learning from our claim's scorecard as part of their regulatory inspections. It is therefore important that, once we have obtained access to the scorecard, it is reviewed in detail by executive management.

5.5.9 NHS System Oversight Framework

The NHS system oversight framework for 2021/22 sets out how NHS England and NHS Improvement (NHSEI) will approach the oversight of integrated care systems, Clinical Commissioning Groups (CCGs) and trusts, with a focus on system led delivery of care.

The framework identifies how the ICS performance will be measured and the level of support and oversight required within the current statutory framework.

The framework has been built around 5 themes with a 6th theme for local strategic priorities, the framework is summarised below:



Regional teams will allocate the ICS, Trust and CCG's into one of four segments (see table below)

Segment description				Scale and nature of support needs
ICS	CCG	Trust		
1	Consistently high performing across the six oversight themes Capability and capacity required to deliver the ICS four fundamental purposes is well developed	Consistently high performing across the six oversight themes Streamlined commissioning arrangements are in place or on track to be achieved	Consistently high performing across the five national oversight themes and playing an active leadership role in supporting and driving key local place-based and overall ICS priorities	No specific support needs identified. Trusts encouraged to offer peer support Systems are empowered to direct improvement resources to support places and organisations, or invited to partner in the co-design of support packages for more challenged organisations
2	On a development journey, but demonstrate many of the characteristics of an effective, self-standing ICS Plans that have the support of system partners in place to address areas of challenge	Plans that have the support of system partners in place to address areas of challenge Targeted support may be required to address specific identified issues	Plans that have the support of system partners in place to address areas of challenge Targeted support may be required to address specific identified issues	Flexible support delivered through peer support, clinical networks, the NHS England and NHS Improvement universal support offer (eg GIRFT, RightCare, pathway redesign, NHS Retention Programme) or a bespoke support package via one of the regional improvement hubs
3	Significant support needs against one or more of the six oversight themes Significant gaps in building the capability and capacity required to deliver on the ICS four fundamental purposes	Significant support needs against one or more of the six oversight themes No agreed plans to achieve streamlined commissioning arrangements by April 2022	Significant support needs against one or more of the five national oversight themes and in actual or suspected breach of the licence (or equivalent for NHS trusts)	Bespoke mandated support through a regional improvement hub, drawing on system and national expertise as required (see Annex A)
4	Very serious, complex issues manifesting as critical quality and/or finance concerns that require intensive support	Very serious, complex issues manifesting as critical quality and/or finance concerns that require intensive support	In actual or suspected breach of the licence (or equivalent) with very serious, complex issues manifesting as critical quality and/or finance concerns that require intensive support	Mandated intensive support delivered through the Recovery Support Programme (see Annex A)

The new oversight framework is similar to current arrangements but will focus on wider system metrics as opposed to individual trust performance. The framework has been discussed at Executive Management Team, and further analysis will be undertaken as further guidance is published.

6 Communications Update

Key Projects

- **New Intranet Launch**

We launched our new intranet, Humbernet, to staff on Thursday, 12 August 2021.

Supporting our staff to do their job is more important than ever before. Our intranet is a key resource to help keep everyone connected to the information they need. It's also an important communications tool to ensure staff can access news and updates.

Humbernet has been developed by the Communications team in collaboration with staff across the Trust to bring them a fresh, updated site that provides them with the best possible online experience.

- **Brand Centre**

The Trust Brand Centre has seen another increase in the number of users over the last month. 295 of the 480 users are first time users. This data demonstrates that the communications around the Trust brand and the templates we have available are receiving engagement from our staff and increasing the activity of the website. Regular updates and improvements to the websites has provided purpose for staff revisiting the site and ensures that teams use the website as a first point of contact for all things relating to the Trust branding.

Brand Centre analytics	Users	Page views	Avg Session Duration	Most viewed page	Most used Templates
February	130	635	1:19 mins	/home/ (327 views)	Corporate
March	223	1,246	1:14 mins	/home/ (632 views)	Corporate
April	181	889	1:12 mins	/home/ (464 views)	Corporate
May	278	1,540	1:15 mins	/home/ (756 views)	Corporate
June	285	1,320	1:09 mins	/home/ (679 views)	Corporate
July	263	1,133	1:04 mins	/home/ (513 views)	Corporate
August	480	2,312	1:09 mins	/home/ (1,100 views)	Corporate

External Communications

- **Service Support**

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

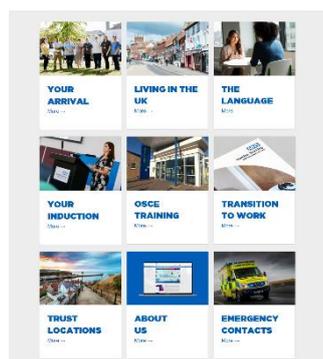
- Youth Action Group

The team are working closely with the Patient and Carer Experience team to develop communication pieces for members of the group. A meeting is due to take place at the end of September, where co-production ideas will be shared and a plan devised to take this work forward to help to promote the group itself to young people. The team will work closely with the new Engagement Lead for the group once they have been appointed.



- International Recruitment Hub:

The team have worked closely with the International Recruitment team to finalise the development of the online international recruitment hub. The hub is now live and provides important information for international recruits who arrive in the country for the first time. The hub provides information that ranges from the language and areas they may live, all the way up to information to support them in their professional role. The hub itself has been shared with NHS England and NHS Improvement and has received very positive feedback.



- Online Recruitment Fair

Working with the Recruitment Team, we have developed an area on the Trust recruitment website that will act as an online fair that is available 24/7, to provide the opportunity for potential applicants to watch videos from our staff and learn more about the roles in order to encourage them to apply. This section of the site is currently under development and is

planned for completion by the end of September.

- **Media Coverage**

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

We have worked closely with teams to develop stories that attract positive media attention and promote timely Trust and national key messages such as the new mental health front door and updates around our Whitby Hospital renovation.

Positive new stories published		Negative new stories	
Local media	27	Local media	4
Humber website	21		
TOTAL	48		4

- **Awareness Days**

This period has seen us mark a number of important dates including International Day of Charity, for which we built an external and internal campaign to introduce our Health Stars and Hey Smile teams and how they can support our services.

- **Trust Website Update**

	Target	Performance over period
Bounce Rate	50%	62%
Social Referrals	12% (a 10% increase in 2019 position)	5%

- **Social media**

	Target	Performance over period
Engagement Rate	4%	6%
Reach	+50,000 p/m	82,025
Link Clicks	1500 p/m	372

Internal Communications

Covid-19

The team continue to support the communications of Covid-19 information and advice to staff including the roll-out of LAMP testing to a small test group and continuation of current IPC guidelines.

We focused our communications on reiterating IPC messaging during w/c 6th September to tie in with schools returning after the summer holidays. Communications regarding IPC was included in Wednesday and Friday's Global e-comms.

Flu Vaccinations

We are working closely with the action group for the flu campaign. As well as working on communications to staff internally, the team have developed two web forms that will be located on the Trust intranet. The first of which is a form where staff can inform the Trust if they have received

their vaccine elsewhere. The second is an opt-out form so that the Trust can gain insight into the number of staff declining the vaccine and gain an understanding of the reasons behind this. The Flu campaign is set to launch at the end of September. A full report on activity and objectives will be incorporated in next month's board report.

Staff Thank You & Celebration Week

We launched our first ever virtual Staff Thank You & Celebration Week on Monday, 6 September, to thank our #Humblebelievable team, for everything they've done throughout the pandemic to support our patients, their families and carers and importantly - each other.



As a special thank you, during the launch communications, each member of staff was gifted £10 which will be received in their October pay.

Throughout the week we shone a spotlight on a different location every day to celebrate our staff, their successes and the amazing work that has taken place over the last 18 months.

From Extraordinary East Riding, to Super Scarborough, Heroic Hull and Wonderful Whitby – the good news stories and achievements were collated and shared across the patch. The week culminated with an EMT Virtual Lunch and a general knowledge quiz, which was well received and well attended.

We also used the communications to reflect on the 'You're a Star' celebration events that staff organised throughout summer.

Chair Welcome & Farewell Comms

A series of communications to say farewell to current chair Sharon Mays, and welcome to new Chair, Rt Hon Caroline Flint have been delivered. The comms plan involves internal and external communications methods – including e-shots, a press release and website articles about the appointment.

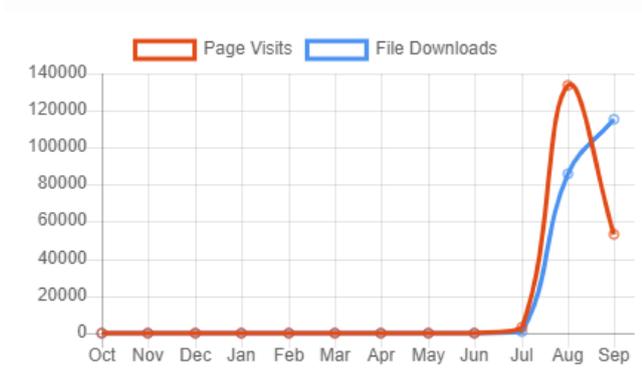
Poppulo – Internal Emails

Between 15 July and 08 September we issued 55 internal communications to staff. Our engagement rates are lower than the last period which is likely due to the summer holidays. Also a number of emails sent during this period didn't include links for staff to click on which could also attribute to the drop in our click through rates.

	Trust average engagement rates	National Average
Open Rate	64.2%	65%
Click Through Rates	7.6%	10%

Intranet

Our new intranet platform has been visited 189,444 times since it was launched on 12 August and staff have downloaded 202,244 files.



8 Health Stars

Whitby Appeal

With the cutting of the ribbon taking place on the 12th September 2021 and the transition of services commencing on the 15th September Health Stars were delighted to be a part of this journey seeing first-hand the incredible enhancements of which Whitby Hospital has undergone over the past nine months since the 'Whitby Hospital Appeal' was launched in January 2021.

The team continues to engage with the local community, voluntary sector and local schools around fundraising opportunities and involvement with the enhancements for the Hospital rebuild, continuing to support the ongoing 'Task & Finish' groups and the Extraordinary Whitby Forum.

As work on site continues to progress and we near the next chapter of the appeal the team continue to be diverse and reactive with their fundraising strategies and abilities.

Work between the Charity and the Trust operational team continues. Health Stars are fundraising to 'add sparkle' to the rebuild and the enhancements identified to date total £130,359.48. Whilst there is still room for adjustment and the charity team remain ambitious in supporting all aspects which go over and above what the core NHS can provide. This is the target we are currently fundraising against.

I am delighted to update that the team have raised £32,871.30 through community events and donations. I would like to say a special thank you to all who have supported to date.

The team continue to work hard behind the scenes in making grant applications and identifying potential funders to support the larger areas of the appeal such as the dementia friendly garden which totals £37,000.

As we continue to transition through the COVID19 restrictions the team continue to plan in person events with support of the Trust infection control team and Smiles Event Lead.

Future Events include:

- Community Zumba Walk (Community led event) – September 2021
- Dr Kranks Ghost Walks – Date to be confirmed
- Miniature teddy bears workshop – October 2021
- Rugby Club Fundraiser - Date to be confirmed
- Whitby to Willerby Cycle – Date to be confirmed

We are delighted to confirm the Fundraising Bricks have now been launched with thanks to the Trust communications team. The Health Stars team will continue to work with staff and the local community to promote the sale of the bricks, which will generate further charitable income in support of the appeal.

Further details can be found here: [WHITBY HOSPITAL APPEAL – FUNDRAISING BRICKS — Health Stars](#)

Events

As a team Health Stars continue working hard behind the scenes on fundraising events remaining agile and responsive. They have several in person events in planning for 2022 and plans continue for the event in partnership with Burton Constable which will be going ahead on the 13th November. The formerly 'Starlight Ramble' event shining a light on children's mental health post pandemic will now be named "The Health Stars Night Walk." The name is changing for this event due to the Dove House Hospice event "Starlight Stride" which is very similar, and Health Stars felt the need to distinguish the event from theirs.

We are incredibly grateful for the support shown for this event from the guest speakers and the Hull and East Riding Astronomical Society. The team look forward to tickets going on sale later this month.

Community Events Fundraising for Health Stars this period includes:

- Jason Dean Charity Boxing Evening – 10th September
- Namaste Hull Family Fun Day- 19th September

It is great to see strong relationships continuing to be built both internally and externally with new supporters for the charity coming forward including the Trusts 'Thrive' Staff Lived Experience Group who are keen to build a strong working partnership and support with events in the future.

Wishes

The Health Stars team are continuously working hard granting wish requests which span the breadth of Humber Teaching NHS Foundation Trust. The team are currently processing an enormous 109 wish requests.

The highlights of wishes of which have been granted this month include:

- Resources to support the delivery of perinatal DBT groups.
- Burt's Bees Balms to support our EOL Patients at Whitby Hospital
- Printing of Heart Failure Support Leaflets
- Artwork for the Patient Waiting room at Prospect Road Hub Scarborough
- 52 Dementia Clocks for Whitby Hospital (Whitby Hospital Appeal)
- Recovering of 4 Pool Tables at the Humber Centre
- Funding for Patient PT Classes at St Pauls Boxing Gym

The team continue to work closely with the Patient and Carer Experience Team, Staff wellbeing forums and Service Managers. They are also in attendance at the Patient Council Meetings to ensure they hear first hand from our Patients the enhancements they would like to be supported.

The Health Stars team continue to 'add sparkle' across the Trust and Trust teams are encouraged to build strong working relationships with our Trust charity. It is important we support our Trust charity to ensure they can continue granting wishes which go over and above what the core NHS can provide.

Please continue to showcase the difference they continue to make across our Trust and continue to access our Charitable funds through the Health Stars 'circle of wish' process - [Submit Your Wish — Health Stars](#)

Together we can make a lasting impact across our Trust.

Michele Moran
Chief Executive
October 2021

COVID Patients: Inpatient

14/09/2021

	Trust Wide Total	Community TOTAL	Mental Health TOTAL	Childrens and LD TOTAL	Secure Services TOTAL
Number of occupied beds with confirmed COVID-19 patients	7	0	7	0	0
Number of occupied beds with suspected COVID-19 patients (e.g Isolating with symptoms)	0	0	0	0	0
Number of occupied beds with non COVID-19 patients	156	21	63	14	58
Of which have a learning disability and/or autism	18	0	0	8	10
Number of unoccupied beds	64	1	30	14	19
Number of closed beds	17	12	3	2	0
Number of patients that have had diagnostic swabbing for COVID-19 and are awaiting results at 0800?	0	0	0	0	0
Number of patients on end of life pathways as at 0800?	0	0	0	0	0
Number of patients awaiting transfer to general acute hospital as a result of suspected or diagnosed COVID-19 at 0800	0	0	0	0	0
How many of the confirmed COVID-19 patients identified in questions 18-40 above are NHS staff?	0	0	0	0	0

Risk Assessments

Last Updated: 07/09/2021

	Division	No of Staff	Risk Assessment Completed	Percentage
What % of risk assessments have been completed for staff who are known to be 'at-risk', with mitigating steps agreed where necessary.	Childrens and Learning Disability (Division)	160	158	98.8%
	Community and Primary Care (Division)	164	157	95.7%
	Corporate (Division)	362	329	90.9%
	Mental Health Planned Care (Division)	161	159	98.8%
	Mental Health Unplanned Care (Division)	186	184	98.9%
	Secure Services (Division)	126	122	96.8%
	Mental Health Services Central (Division)	6	6	100.0%
	Trustwide	1165	1115	95.7%
What % of risk assessments have been completed for staff who are known to be from a BAME background, with mitigating steps agreed where necessary.	Childrens and Learning Disability (Division)	23	23	100.0%
	Community and Primary Care (Division)	18	18	100.0%
	Corporate (Division)	64	57	89.1%
	Mental Health Planned Care (Division)	18	18	100.0%
	Mental Health Unplanned Care (Division)	30	28	93.3%
	Secure Services (Division)	19	17	89.5%
	Mental Health Services Central (Division)	1	1	100.0%
	Trustwide	173	162	93.6%

COVID Vaccinations by Division

Data up to date 14/09/2021 @ 8am

First Dose Compliance	Number of Staff	Number of staff - Opted Out	1st Dose Received	1st Dose Staff Remaining	1st Dose Uptake %
Active Bank	295	3	180	112	61.6%
Childrens and Learning Disability (Division)	673	12	573	88	86.7%
Community and Primary Care (Division)	561	9	466	86	84.4%
Corporate (Division)	568	8	518	42	92.5%
Mental Health (Division)	985	28	834	123	87.1%
Secure Services (Division)	226	10	194	22	89.8%
Total (With Active Bank)	3308	70	2765	473	85.4%
Total (Without Active Bank)	3013	67	2585	361	87.7%

Covid- 19 data position at 15.09.21 Appendix 1

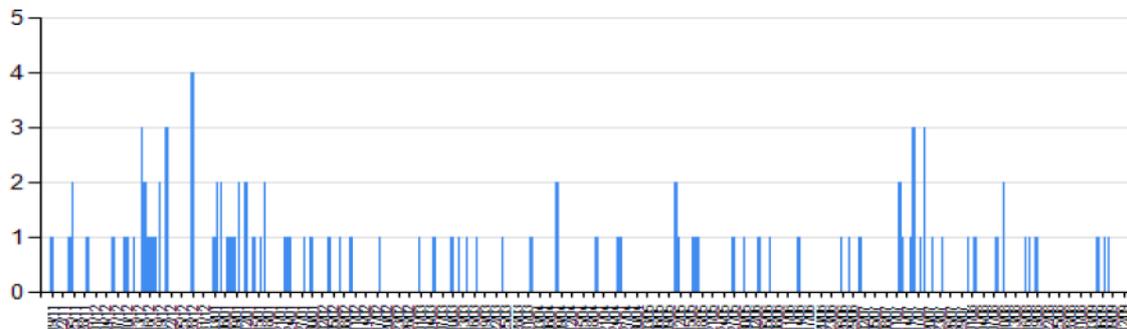
Second Dose Compliance	Number of Staff received First Dose	Both Doses Received	2nd Dose Staff Remaining	Both Dose Uptake %
Active Bank	180	167	13	92.8%
Childrens and Learning Disability (Division)	573	556	17	97.0%
Community and Primary Care (Division)	466	418	48	89.7%
Corporate (Division)	518	491	27	94.8%
Mental Health (Division)	834	785	49	94.1%
Secure Services (Division)	194	186	8	95.9%
Total (With Active Bank)	2765	2603	162	94.1%
Total (Without Active Bank)	2585	2436	149	94.2%

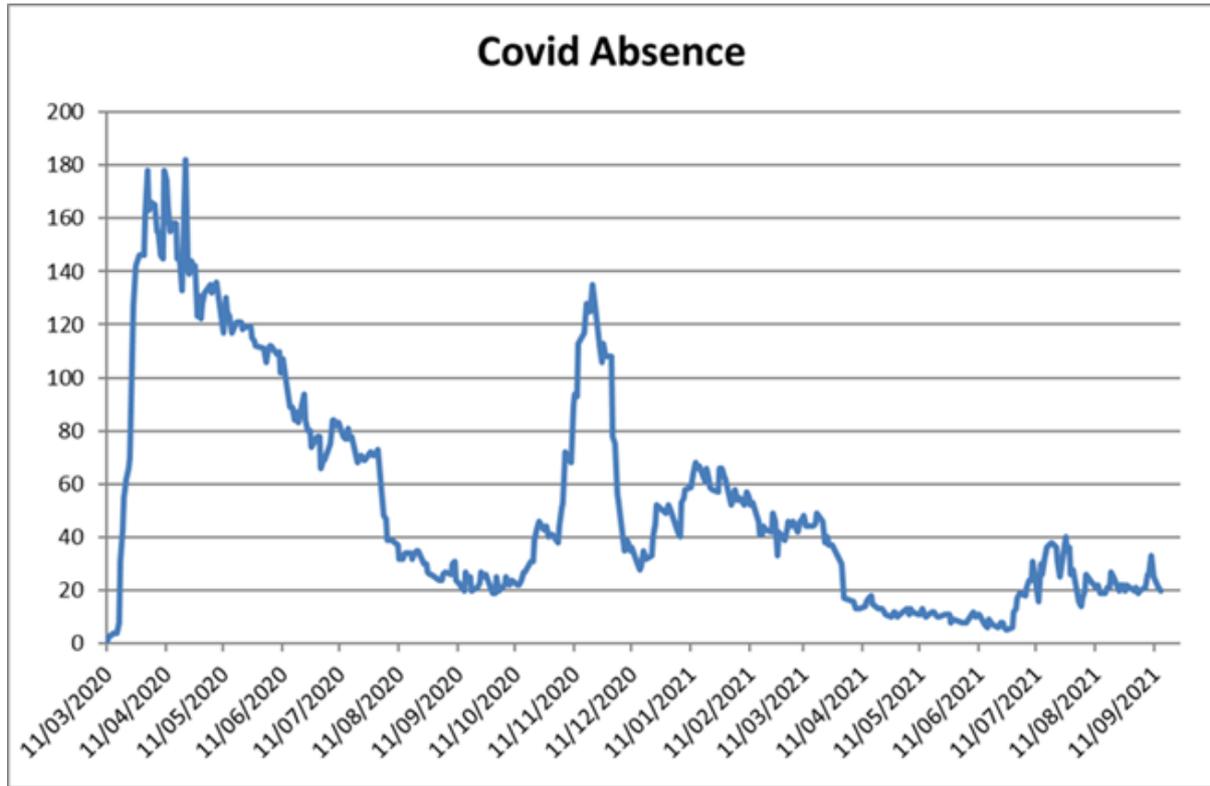
Staff Lateral Flow Testing

NHS Staff Asymptomatic LFT data collection

Last Updated : 10/09/2021	Total number of Lateral Flow Tests submitted to date	69876
	Number of staff who have submitted a Lateral Flow Test so far	3047
	Number of staff who have tested negative	2826
	Number of staff who have tested positive	87
	Number of staff who have submitted a Lateral Flow Test result in the past 7 days	429
	Number of staff who have submitted 2 test results in the last 7 days	184
	Proportion of staff who have submitted 2 test results in the last 7 days	5.6%

Positives





Agenda Item 8

Title & Date of Meeting:	Council of Governors Public Meeting – 7 October 2021			
Title of Report:	Constitution			
Author/s:	Name: Michelle Hughes Title: Head of Corporate Affairs			
Recommendation:	To approve	✓	To receive & note	
	For information		To ratify	
Purpose of Paper:	To propose amendments to the Constitution to reflect the role of the Trust as Lead Provider			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Report to Council	✓
Key Issues within the report:	<ul style="list-style-type: none"> Identified within the report 			

Monitoring and assurance framework summary:

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

Constitution

1. Introduction

The September 2021 Board supported the 'Go Live' date of the Trust assuming responsibilities as Lead Provider within the Humber Coast and Vale (HCV) Provider Collaborative and to hold the Lead Contract with NHS E/I. As Lead Provider the Trust will sub-contract with a range of healthcare providers in the delivery of:

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

To ensure this is reflected in the Constitution three updates are proposed as detailed below.

Any amendments to a Foundation Trust's Constitution must be approved at a formal meeting of the Council of Governors if more than half of the voting members of the CoG approve the amendments, and more than half of the members of the Board of Directors vote to approve. The next steps, subject to agreement of the CoG are detailed at the end of this report.

2. Proposed Changes

- a) Paragraph 2 (Principal Purpose) - 3.1, states that "The principal purpose of the trust is the provision of goods and services for the purposes of the health service in England." It is recommended that that clause be updated to add that:

The Trust undertakes both provision and commissioning functions, as the Lead Provider for the Humber Cost and Vale Provider Collaboration in the delivery of Child and Adolescent Mental Health In-Patient, Adult Low and Medium Secure and Adult Eating Disorder Services.

- b) Paragraph 4 (Powers) describes how the powers of the trust shall be exercised by the Board of Directors on behalf of the trust. It is recommended that a new, additional clause be added to state that:

The Board has a delegated responsibility from NHS England for the commissioning, contractual and quality and safety oversight of the entirety of the contracts awarded to the Trust as the Lead Provider of the Humber Cost and Vale Provider Collaboration in the delivery of Child and Adolescent Mental Health In-Patient, Adult Low and Medium Secure and Adult Eating Disorder Services.

- c) Paragraph 23 (Board of Directors – composition) - 23.5 states that: "One of the Executive Directors shall be the Finance Director." It is recommended that that clause be updated to state that:

One of the executive directors shall be the Director of Finance. The Executive Director of Finance shall also be the executive lead for the Trust's commissioning responsibilities through Provider Collaboratives and other contractual mechanisms.

Significant Transactions:

On review of paragraph 46, Significant Transactions no change is required or recommended as surplus income will be distributed to other service providers through commissioning arrangements. The role of the Council of Governors in any transaction that meets the threshold of a significant transaction remains unchanged.

Recommendation

- To approve the changes detailed above in order for them to be presented to the October Trust Board for approval.
- Subject to approval by the Trust Board the changes will become effective immediately.

Agenda Item 9

Title & Date of Meeting:	Council of Governors Public Meeting – 7 October 2021			
Title of Report:	Finance, Audit, Strategy, Quality, Workforce and Mental Health Legislation Governor Group - Annual Review of Committee Effectiveness and Terms of Reference			
Author/s:	Name: Huw Jones Title: Chair of Governor Group			
Recommendation:	To approve	✓	To receive & note	
	For information		To ratify	
Purpose of Paper:	To present the effectiveness review of the Governor Group and approve the Terms of Reference			
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:	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	
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**Finance, Audit, Strategy, Quality, Workforce and
Mental Health Legislation Governor Group**

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

The purpose of the committee is

1. Executive Summary

Although the group has only been able to meet virtually the group has had an effective year exploring the subject areas the Group previously covered (Finance, Audit and Strategy) and across Quality, Workforce and Mental Health Legislation as new areas.

The Committee is chaired by a public governor, Huw Jones, supported by the Non-Executive Directors for the respective Board Committees.

2. Delivery of functions

Functions within ToR	Evidence to support delivery	Outstanding issues / action plan
<ul style="list-style-type: none"> • External audit arrangements and to make recommendations to the Council of Governors on the appointment, retention or removal of the Trust's auditors • 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. • Strategy and Planning systems, structures and documents providing feedback to the management team • Quality systems providing feedback based on Board Assurance Reports • Mental Health Legislation systems and assurance process 	<p>Evidence within the minutes of the meetings</p>	

3. Attendance

The Group met on 4 occasions – 25th June, 24 September, 10 December 2020 and 25 March 2021

A summary of attendance is attached as appendix 1.

Members:	No of meetings attended
<p>The membership of the Group shall consist of:</p> <ul style="list-style-type: none"> • The Chair of the Audit Committee or their deputy (For Group 1) • A Non Executive Director of the Finance & Investment Committee (for Group 1) • A Non Executive Director of the Quality Committee (For Group 2) • A Non-Executive Director of the Workforce Committee (For Group 2) • A Non-Executive Director of the Mental Health Legislation Committee (For Group 2) • The Director of Finance or their deputy (For Group 1) • Up to Six Governors (Each Group) 	
Sam Muzaffar	3/4
Anne Gorman	4/4
Huw Jones	3/4
Gwen Lunn	2/4
Eric Bennett	1/4
Ros Jump	2/3
Fiona Saunders	0/4
Francis Patton*	1/4
Peter Baren *	2/4
Mike Cooke*	2/4
Peter Beckwith*	1/4
Steve McGowan*	1/4
* not required to attend every meeting	

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

Core membership of the group is growing in number as the topics being covered and the quality of contribution increases. Members are engaged and ask appropriate and stimulating questions.

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

Core membership is important and a regular group do attend and contribute. The arrangements to Chair the group have altered for 2021/22. Huw Jones will continue to Chair the Finance and Audit elements and Sue Cooper will Chair the Quality, Workforce and MH Legislation agenda.

4. Quoracy

The quorum necessary for the transaction of formal business shall be 4 members including 2 Governors, the Audit Committee Chair (or their deputy) and the Director of Finance (or their deputy)

- The Committee was quorate on 4 occasions.

5. Reporting / Groups or Committees

Not applicable.

6. Conduct of meetings

.....

Governor Chair and Trust Board lead to consider the following questions

- *Was a workplan agreed at the start of the year and have meetings and agendas been appropriately scheduled to meet the work plan?*
 - The workplan for the group was agreed and reflected in the scheduling of meetings through the year with an agenda that rotates between Finance and Audit at one meeting and Quality and Workforce at the alternative meeting.
- *Are the reports and papers presented of a high quality and prepared in time for issue 5 working days ahead of the meeting?*
 - yes
- *Is the quality and timeliness of the minutes satisfactory?* The group is not a formal Committee and therefore formal minutes are not produced. Notes have been regularly produced and circulated with the agenda and papers. Notes have been produced usually by the Chair of the meeting.
 - yes
- *Is an action log maintained and are actions clearly recorded, assigned to individuals with timelines and followed through?* A formal paper identified as an action log is not produced as a separate piece of paper however the notes of meetings clearly identify action to be taken and by whom. Each meeting reviews actions due and records if they have been completed.

7. Review of Terms of Reference

Terms of reference were agreed last at the October 2020 meeting.

- The current terms of reference are attached as appendix 2. These will be presented to the group at the next meeting and then to Council of Governors for approval.



8. Workplan for 2020/21

The workplan is reflected in the Topic areas for the Group. Dates and the topic areas have been agreed and issued for the year.

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

If any, please summarise in bullet point format below

- To confirm that the new Chair arrangements

Appendix 1

Attendance summary

–

Quorum	25 June 2020	24 September 2020	10 December 2020	25 March 2021
4 members including: <ul style="list-style-type: none"> • 2 Governors • the Audit Committee Chair (or their deputy) • the Director of Finance (or their deputy) 	Anne Gorman Ros Jump Doff Pollard	Huw Jones Sam Muzaffer Gwen Lunn Anne Gorman Paul McCourt	Sam Muzaffar Huw Jones Eric Bennett Ros Jump Anne Gorman Doff Pollard	Huw Jones Tim Durkin Anne Gorman Gwen Lunn Sam Muzaffar
Audit Committee Chair (or deputy)		Peter Baren		Peter Baren
Non Executive Director of the F&I Committee		Francis Patton		
Director of Finance (or deputy)		Peter Beckwith & Iain Omand		Iain Omand
Non-Executive Director of the Quality Committee	Mike Cooke		Mike Cooke	
Non Executive Director of the Workforce & OD Committee	Dean Royles		Dean Royles	
Director of Workforce & OD (or deputy)			Steve McGowan	



Humber Teaching
NHS Foundation Trust

Non Executive Director of the MHL Committee	Mike Smith			
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Terms of Reference

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

Authority	<p>The Finance, Audit, Strategy, Quality Workforce and Mental Health Legislation Governor Group is established as a sub group of the Council of Governors.</p> <p>The group reports to the Council of Governors.</p>
Role / Purpose	<p>The Group provides a place to review the Trust's External audit arrangements and to make recommendations to the Council of Governors on the appointment, retention or removal of the Trust's auditors</p> <p>The Group provides a place to receive assurance reports on</p> <ul style="list-style-type: none"> ○ Financial systems and assurance process ○ Strategy and Planning systems, structures and documents providing feedback to the management team ○ Quality systems providing feedback based on Board Assurance Reports ○ Workforce systems and the assurance process ○ Mental Health Legislation systems and assurance process <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>
Duties	<p>The key responsibilities of the Group are to:</p> <ul style="list-style-type: none"> ● Review the arrangements for the provision of external audit services to the Trust; ● Form a view on the effectiveness of the current external audit service based on objective performance criteria; ● Determine the process and timing of any competitive tendering exercise in relation to External Auditors and develop selection criteria for reviewing tender submissions; ● Make recommendations to the Council of Governors on the auditor appointment; ● Undertake any work in connection with the Trust's Financial Strategy commissioned by the Council of Governors; ● Review the Board Assurance Reports for Finance, Audit, Quality, Workforce and Mental Health Legislation providing

	<p>feedback where appropriate to the Council of Governors and the management team of the Trust where appropriate.</p> <ul style="list-style-type: none"> • Influence the strategic direction of the Trust so that it reflects the aspirations and needs of the constituent communities that governors reflect; • Appreciatively challenge the Trust to ensure that strategic plans accurately and fully reflect the agreed strategic direction of the Trust; • Appreciatively challenge the Trust to ensure that shorter run plans reflect and move the organisation in the directions set out in longer run plans; • Discuss upcoming business opportunities and the result of bids made to capture previous business opportunities; • Discuss and agree recommendations to be made to the Council on any private income exceeding 5% of the Trust's total income; • Identify any questions and further issues to enable Governors to fulfil their functions of challenging and supporting the Trust's work; • To receive updates for discussion from the lead director on business development and strategy issues; • Agree recommendations to be made to the Council on any matter arising from this group.
<p>Membership</p>	<p>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).</p> <p>The membership of the Group shall consist of:</p> <ul style="list-style-type: none"> • The Chair of the Audit Committee or their deputy (For Group 1) • A Non Executive Director of the Finance & Investment Committee (for Group 1) • A Non Executive Director of the Quality Committee (For Group 2) • A Non-Executive Director of the Workforce Committee (For Group 2) • A Non-Executive Director of the Mental Health Legislation Committee (For Group 2) • The Director of Finance or their deputy (For Group 1) • Up to Six Governors (Each Group) <p>Other Governors may join the membership with the approval of the Chair 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>

Quorum	<p>The quorum necessary for the transaction of formal business shall be 4 members including:</p> <ul style="list-style-type: none"> • 2 Governors • the Audit Committee Chair (or their deputy) • the Director of Finance (or their deputy) <p>This relates to the formal requirements in respect of audit.</p>
Chair	The Chair of the Group shall be a Governor.
Frequency	The Governor Group shall meet as a minimum twice per year, but additional meetings may be convened if required.
Agenda and Papers	<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>
Minutes and Reporting	<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>
Monitoring	A review of attendance and effectiveness will be undertaken annually.
Date Agreed	
Date CoG Approved	October 2021
Review Date	October 2022

Agenda Item 10

Title & Date of Meeting:	Council of Governors Public Meeting – 7 October 2021		
Title of Report:	Public Trust Board Minutes –June & July 2021		
Author/s:	Name: Caroline Flint Title: Chair		
Recommendation:	To approve		To receive & note <input checked="" type="checkbox"/>
	For information		To ratify
Purpose of Paper:	The public minutes of the Trust Board meetings held in June and July 2021 are presented for information.		
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date	Date
	Appointments, Terms & Conditions Committee		Engaging with Members
	Finance, Audit, Strategy and Quality Governor Group		Other (please detail)
	Trust Board	July & Sept 21	
Key Issues within the report:	Any issues identified in the minutes		

Monitoring and assurance framework summary:

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

√ Tick those that apply

- 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 30 June 2021
by Microsoft Teams

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

In Attendance: Mrs Michelle Hughes, Head of Corporate Affairs
Mrs Trish Bailey, Clinical Lead (for item 121/21)
Carer (for item 121/21)
Mandy Dawley, Head of Patient and Carer Engagement and Experience (for item 121/21)
Mr Oliver Sims, Corporate Risk & Compliance Manager (for items 131/21 and 132/21)
Mr Adam Dennis, Communications Officer
Mrs Jenny Jones, Trust Secretary (minutes)

Apologies: Mr Peter Baren, Non Executive Director

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

- 118/21 **Declarations of Interest**
The declarations were noted. Any further changes to declarations should be notified to the Trust Secretary. The Chair requested that if any items on the agenda presented anyone with a potential conflict of interest, they declare their interest and remove themselves from the meeting for that item.
- 119/21 **Minutes of the Meeting held 19 May 2021**
The minutes of the meeting held on 19 May 2021 were agreed as a correct record.
- 120/21 **Matters Arising and Actions Log**
The action log and work plan were noted.
- 121/21 **Patient/Carer Story – Autism Services – My Experience as a Parent and Carer**

Due to confidentiality the story was not livestreamed

The Head of Patient and Carer Engagement and Experience introduced the carer who is an active participant in patient and carer engagement forums. The carer's experience of services related to her son who has autism and the challenges the family has faced to access support for her son. She told of the problems she has met with trying to access support from various services who did not have the training or expertise to assist her.

Mrs Bailey thanked the carer for sharing her journey and experiences. The Autism Strategy that has been developed in the Trust picks up and addresses many of the issues raised and has been co-produced with the carer and others. She explained that a specific post was created to build on the work done and to work with commissioners to take it forward. She was aware of the experiences being felt by people with Autism and their families around access to services. Work with 3rd sector partners is crucial as this is a system issue. Autistic people are unique and need responses from our services to be tailor made. A co-production approach is the way forward and that is happening. Mrs Bailey felt the organisation is able to demonstrate that it is listening to and learning from these experiences. Going forward training will be mandatory for staff in the Trust.

Mr Smith thanked the carer for providing such personal details. He acknowledged that the Autism Strategy highlights that there is a system issue and he wondered if in twelve years' time, staff shortages across the system and training would still be an issue. Even with the Integrated Care System and the Mental Health, Learning Disability and Autism Provider Collaborative as it did not seem to be a high enough priority.

Mr Royles acknowledged that the carer's story had come from the heart. He asked what support her son had received growing up. The carer explained that she was repeatedly told during his childhood that she was wrong and there was nothing wrong with him so there was no support.

The Chief Executive leads the Mental Health, Learning Disability & Autism work for the Integrated Care Service (ICS). She apologised on behalf of all services for the very challenging journey the carer and her son have had. Autism is everyone's business and the NHS has not always been good at listening to the experiences of families and people involved. The organisation is doing work in Autism with the implementation and embedding of the Autism Strategy and ensuring it is everyone's business. However the Trust is only one part of the system and work is underway to do a stocktake of what is being done in the provider collaboratives. The work is being led by Ms Jane Miller, Chief Executive from Care Plus who is experienced in this area and the Chief Executive felt it would be helpful if the carer would be involved too. The carer is already involved with the Clinical Commissioning Groups and engaged with the co-production work with the Trust. The carer recognised there is more work to be done generally in society and said she would be willing to be part of the review.

Mrs Parkinson referred to the issue of staff telling the carer that they had not been trained in areas that are so important and recognised how as a parent, there had been loss of trust and confidence in services. This message has been heard and taken forward. Mrs Parkinson reported that this may also occur in other areas where staff may be in a similar situation e.g. ADHD. She asked the

carer if she felt there was enough emphasis on training of staff and support to carers and families in the Autism Strategy. The carer replied there was always scope to do more as things have started at a baseline and there is room to build on this to get it right.

The Chair attended the last Patient and Carer Engagement Forum where the carer was also present, she thanked the carer for sharing her experiences and for everything she is doing for the organisation and for her future contributions which will help to improve services for patients.

Resolved: The Board noted the story

122/21

Chair's Report

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

- Hanif Malik has been appointed as an Associate Non Executive Director (NED) from 1 July 2021
- Professor Mike Cooke, Non Executive Director (NED) has announced he will retire at the end of August.
- The Chair continues to work with Caroline Flint, the new Chair from mid-September, to ensure there is a smooth handover
- Attendance at the Whitby Patient and Carer Engagement (PACE) Forum to hear from people who use our services
- Attendance at the regional Staff and Wellbeing Guardian meeting. Mr Royles will take over as the Guardian with immediate effect.
- Attendance at an Integrated Care Service (ICS) session on the ICS model constitution and attendance at the Humber Advisory Board session on Mental Health

Resolved: The verbal updates were noted

123/21

Chief Executive's Report

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

Meet Michele

These events were held before Covid and are an informal gathering of staff. These have continued virtually and are well attended. They are helpful sessions with opportunities to discuss areas such as challenges and demands and the blended approach.

Recovery and Restoration

An update will be provided to the next Workforce & OD committee. The proud and leadership programmes are ongoing and the Chief Executive thanked staff for everything they are doing. Ways in which staff have been thanked has included an extra days annual leave and Easter eggs. The "You're a Star" campaign is replacing the annual awards event this year and each area will receive a £50 allowance per colleague to support the activities outlined in the plan.

Staff Health Trainer Post

This role has been created to support staff with having healthy lifestyles and is a unique post.

Communications

Communication coverage continues across the organisation. The NHS Tea Party is on 5 July and treats for staff are being sent out by volunteers. The Chief Executive extended her thanks to our volunteers for undertaking this task.

Mrs Hughes reported that the use of branding and engagement of staff in workshops continues to remain high. It was also highlighted that there has been a 25% increase in visitors to the website and overall performance statistics remain high. The development of an apprentice role in the team has been progressed and will be supported by an excellent training programme to provide a great career opportunity. There was high interest in this role and an appointment has been made who will take up post subject to the employment checks. The team supports campaigns throughout the year and the NHS Birthday is an opportunity for staff to celebrate what's great about our Trust and the NHS.

Region

There are lots of activities happening in the region. The Chief Executive has given a presentation on the Provider Collaborative. There have been changes to roles at Navigo with the Chief Executive moving to the Chair role. Rob Webster, Chief Executive of South West Yorkshire Partnership Trust is moving full time to the Integrated Care Service where he is on secondment.

Dr Byrne drew attention to the following areas from his report:-

- Annual research review - Professor Cooke noted this achievement and that the research is significant.
- Veterans festival
- Quality Improvement (QI) festival which end this week.

Mrs Gledhill was pleased to inform the Board that the Trust has been shortlisted for four HSJ Patient Safety Awards this year. The Chair on behalf of the Board, thanked everyone involved for this achievement.

Professor Cooke referred to the Covid update and asked how the new variant is affecting infection rates and whether there were any more details around 19 July date. Mrs Parkinson reported that for the new variants there has been a rise nationally and in our area over the last seven days. However a significant rise in staff absences is not being seen as a direct impact, indirectly however there has been an increase with some staff coming into contact with infected people through school children for example and having to isolate. The position is manageable at the moment. In terms of 19 July, it is expected that arrangements for Covid safe working and infection control guidance will not change for our services.

In response to Professor Cooke's question on Child and Adolescent Mental Health Services (CAMHS) and how demand is affecting the inpatient unit and opening of the PICU, Mrs Parkinson explained that there are local and national pressures around Tier 4 beds. The complexity of presentation remains high and the impact being seen in demand for inpatient beds is also due to residential placements for Looked After Children (LAC) breaking down. As a consequence

the general adolescent unit is closed to admissions due to the complexity of young people in the unit. PICU is opening today and the plan is for two young people who meet the threshold and are already in services will be moved into it.

Additional staff have been recruited which will support some of the pressures that are being seen in children and young people services by ensuring they are in the right place to have their needs met. There is a continued focus on pressures and work taking place with the Clinical Commissioning Group (CCG) and Local Authority partners to mitigate the pressures. Work continues at an ICS level to support the system as it is not expected the pressures will diminish any time soon.

In terms of the recovery plans for waiting lists there are actions in the plan targeting specific waiting times. Some improvement is being seen through additional access to digital platforms. The Chief Executive explained there is a lot of work across the region taking place around children and young peoples demand. A review of the crisis pathway across Humber Coast and Vale is being undertaken due to the emergency admissions being seen. A small amount of additional funding has been identified which will be used to have a maximum effect in this areas. A task force has been set up which Mrs Gledhill attends on behalf of the organisation. A surge meeting has been called with Chief Officers to discuss what else can be done for children and young people requirements going forward. This is a national problem as there are often no beds available nationally and this is an area of priority.

Mr Royles noted the NHS Employers interest in the progress made with the staff survey. He asked about personal protective equipment and whether there were any implications for the organisation following the national views. Mrs Gledhill explained that research will influence the Government changes around infection control. For the use of FFP3 masks we have to have everyone assessed and fitted for using them and we have progressed that. Any updated guidance will be taken forward by the infection control team.

Mr Patton asked if works are on track for Maister Lodge. Mr Beckwith reported that works are due to complete in July. Mr Patton noted the update on the Mental Health Response Vehicle Pilot (MHRV) commenting that an update in the future would be helpful. Mr Smith agreed that there is potential for this and asked who is monitoring it. Mrs Parkinson said there is an evaluation process and this will go through the governance structure. There will be a report at the end of the pilot which she suggested should go into the Mental Health Legislation Committee to provide a connection to the wider system.

In response to what support is in place for internationally recruited nurses, Mrs Gledhill explained that a pastoral care nurse has been employed to support them and will work with others in the organisation to ensure the nurses are supported.

The Chair extended the Board's congratulations to Mr Rickles on becoming a fellow of the BCS the Chartered Institute for IT.

Mr Smith commented that it was positive to see the update on the Domestic Abuse Act to help people. He asked how this is being shared across the organisation. He was informed that briefings are being carried out through the Safeguarding Teams and group discussions. When the Government strategy is available it will be linked to our strategy and action plan.

Resolved: The report was noted.

124/21

Publications and Highlights Report

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

Professor Cooke noted that a few of the reports were in relation to changes at the Care Quality Commission (CQC) and suggested a summary for the Board on these changes. The Chief Executive said this would be included of the July meeting. Dr Byrne asked if it would be useful to ask a representative from the CQC to come and talk to the Board about the changes. The Chief Executive will discuss in her next meeting with the Head of CQC Inspections to see if this is possible.

Resolved: The report was noted.

Summary of Care Quality Commission changes to be prepared for the July meeting **Action HG**

125/21

Performance Report

Mr Beckwith presented the report relating to the current levels of performance as at the end of May 2021. Updates were provided for indicators which had fallen outside the normal variation range including Training, Waiting Times, Out of Area Placements, Early Intervention in Psychosis, incident reporting and Safer Staffing dashboard. Income and Expenditure has seen a move from a static position to reflect the request from the Integrated Care Service (ICS) to make a small surplus in the first half of the year.

Mrs Parkinson provided an update on the waiting list position. She explained that work continues in areas that have over 52 week waits including paediatric Autism. A detailed update was provided with the report. Some improvement has been seen over the last three months and steady progress made with work being led by the Deputy Chief Operating Officer. There are a range of operational mechanisms that oversee this work. The pathways and processes are being reviewed and work streams have a targeted focus. Clinicians are looking at outcomes and the capacity to increase the use of the digital platforms. Additional resource is available as part of the recovery plan including psychologists to support diagnosis pathways. There is still more room for improvement.

In Child and Adolescent Mental Health Services (CAMHS) an area of focus is ADHD where there are significantly fewer young people on the waiting list compared to ASD but some of these are over 52 weeks. Plans are in place to address this. Pressures are reported for children and young people's services not just around the demand, but the complexity and pressure for inpatient beds and lack of availability. There is increased focus on community CAMHS to ensure it is being as responsive as it can be. Commissioner discussions are ongoing however there is confidence that work is being done in the right places and that steady progress is being made. Mr Patton complemented the team on the work that they are doing to make these improvements.

Professor Cooke referred to the trajectories which were helpful in the report. He noted that two years ago there were fewer over 52 week waits, 61 have been taken off which is good news. By triangulating this with incidents, higher

sickness levels and turnover he felt this analysis needed to be looked at. It was noted that some of the waiting list was inherited due to a change in providers which was approx. 400 additional cases. Previous actions taken to reduce the numbers were not sustainable and there is more work to do to put this in place. Incidents are reviewed through the safety huddles and other governance mechanisms and Mrs Parkinson was pleased with the way that the Inspire Unit is managing incidents overall.

Dr Byrne commented that with the Covid delta variant a rise in hospitalisation is not being seen which suggests that the vaccine is doing what it is meant to. The removal of masks from children in schools could be the reason for the current wave that is being seen as children spread it to their parents. The infection controls measures that are in place help and the use of FFP3 masks needs to be acted on to ensure continued protection. Encouraging anyone who has not been vaccinated to come forward is supported. Dr Byrne highlighted the recent vaccination clinic at Bridlington with the collaboration of three GP practices. Lateral flow tests continue to be undertaken by our staff.

Professor Cooke appreciated the updates provided. Vaccinations are at a high level and he congratulated all involved with this programme. The Quality Committee is supporting this work with triangulation across sickness and turnover to look at the overall picture.

Mr Patton commented that clinical supervision for Inspire Unit and Mill View had reduced. Mrs Gledhill explained that these figures are from the last month and the latest figures show an upward trend, although Mill View Lodge and Westlands figures are reduced and explanations are being sought as to why this is. It is important that when units are under pressure that clinical supervision continues to support staff. Mr Patton noted the link between vacancies, sickness and turnover as raised by Professor Cooke. He said this was a worrying sign despite all the good work in place to support staff. Dr Byrne said this was an interesting point to make as looking back at previous reports, all of these metrics had been improving. This was not surprising given Covid and he was confident the organisation is doing everything it can to support staff with the recovery plan, "You're a Star" initiative and also trying to mitigate the risks.

The Chief Executive felt the discussion had been useful and was something for the Workforce & Organisational Development (OD) Committee to take forward. She suggested that a deep dive of incidents, turnover and sickness would be useful and any quality issues could be reported to the Quality Committee. Mr Royles advised caution from the workforce point of view that the situation is not the only variable, focus needs to be on the services whether this be frontline or other services and what is needed to support them.

The Chief Executive explained that work is underway to increase the size of the Trust bank as a significant number of agency staff are being used to maintain the staffing position. The operational team are working hard to keep figures up. Discussions are taking place through the ICS to see what can be done collectively as organisations and to know why people are leaving. More creative ways to attract staff are being considered. Mr McGowan informed the Board that the aim is to grow the bank and to work more flexibly with it. For example people who may want to leave are being asked to consider taking a break rather than leaving.

Mr Patton noted that the gap in out of area placements continues to widen. He asked if this was due to the work at Maister Lodge. Mrs Parkinson explained that despite the pressures the NHS Plan required the elimination of out of area placements but did confirm that the rise in month was due mainly to the temporary reduction in beds at Maister Lodge as a consequence of the capital works. The operational plan is constantly reviewed to show what will be done to achieve reduction in the use of out of area beds. Due to Covid there are fewer beds available in the Trust. Mr Smith queried the way the figures are reported as in his view it did not show the correct picture. Mrs Parkinson agreed this was a valid point as the number of bed days is important as are patients who are repatriated. She will discuss with the Business Intelligence team to see if there is another way of reporting the data. Dr Byrne commented that the National Confidential Inquiry on Suicides and Self Harm has a 10 step for reducing the number of suicides and out of area placements is one of the risks which is a consequence of the pandemic as people are having to be sent out of area for a bed.

Resolved: The report and verbal updates were noted Workforce & Organisational Development (OD) Committee to undertaken a deep dive of incidents, turnover and sickness Action SMcG
A review to be undertaken of the Out of Area Placement reporting to see if there is another way of presenting the data Action LP

126/21

Finance Report

Mr Beckwith presented the highlights from the finance paper including:

- The Trust recorded an overall operating surplus of £0.129m which is in line with the ICS Months 1-6 expectation of a £0.315m surplus
- Within the reported position at Month 2 is Covid expenditure of £0.892m and income top up of £0.410m.
- Cash balance at the end of May 2021 was £25.600m.

Agency spend was omitted from the report and was circulated outside the meeting.

Resolved: The report was noted.

127/21

Finance & Investment Committee (FIC) Assurance Report

The report provided an executive summary of discussions held at the meeting on 16th June 2021. Mr Patton drew the Board's attention to:

- The month two outturn showing a surplus of £0.129m consistent with the ICS target.
- The month two Budget Reduction Strategy (BRS) performance.
- The excellent work undertaken by the Estates team and the Annual Non-Clinical Safety report.
- Agreed to delegate authority to August FIC and to the Executive Management Team (EMT) to sign off the PSDS SALIX tender with ratification provided to the Board in September. Dr Byrne asked if there are any risks associated with this for example would unused funding have to be returned. Mr Beckwith confirmed that if the work is not done, funding would have to be given back. He was confident that with the approval the work would be completed.

Resolved: The report was noted. The Board agreed to delegate authority to the Finance & Investment Committee (FIC) and to the Executive Management Team (EMT) to sign off the PSDS SALIX tender.

Ratification of the PSDS SALIX tender will be provided to the Board in September Action PBec

128/21

Quality Committee Assurance Report and 7 April 2021 Minutes 2021

Professor Cooke presented the report from 2 June 2021 meeting. The minutes of the meeting held on 7 April 2021 were provided for information. Discussions at the meeting included the quality improvement journey for the Inspire Unit and the opportunity to review the recovery strategic framework. Other areas included clinical skills competency, reviewing a first draft of the Quality Account, research update and a clinical audit update. Good assurance was also received on controlled drugs.

Professor Cooke attended the Audit Committee's May meeting and as a result, the Quality Committee will be reviewing the clinical governance internal audit report at its next meeting.

The mortality report and the high acuity in children and young people's services and the demand for inpatient beds was noted.

Mrs Gledhill informed the Board that the Quality Account is with stakeholders for feedback and will come to the July Board. A clinical audit awareness session was held recently with over 200 staff participating in the event. Dr Byrne thought clinical audit was in a stronger position although there is more work to do.

Resolved: The Board noted the report

129/21

Charitable Funds Committee Assurance Report

Details of the meeting held on 18 May 2021 were provided for the Board to note. The minutes of the meeting held on 31 March 2021 were presented for information. Professor Cooke explained that at the meeting approval was given for £60k for the Whitby garden scheme. The Impact appeal issues will be added to the Trustees report. It was clarified that this was in relation to a timing difference with an invoice.

Mr Smith congratulated the Committee and the team for its organisational approach. Funds such as Charitable Funds, the Chief Executive's engagement fund and others allows the Trust to support staff through the money raised.

Resolved: The report was noted.

130/21

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

The report provided information on the areas discussed at the meeting held on 10 June 2021. Areas highlighted to the Board included:-

- Continued pressures regionally and Nationally in relation to Child and Adolescent Mental Health Services (CAMHS)
- 41 people identified who are clinically appropriate for repatriation or discharge from Adult Secure care over the next 18 months
- Adult Secure Single Point of Access now live

- Updated Financial offer has been received from NHSE/I
- National NHS England/Improvement team have advised Go Live is slipped to 1 August 2021 and acknowledge this is due to the delay in them responding to our Financial Due Diligence queries

Resolved: The update was noted.

131/21

Board Assurance Framework

The Q1 2021/22 version of the Board Assurance Framework (BAF) was presented to the Board. The Chief Executive thanked all the Directors and Mr Sims for their work on the BAF which is reviewed regularly at Sub Committee meetings. Mr Sims reported that all of the overall ratings remained the same from the previous quarter.

Mr Patton queried the overall rating for strategic goal 4 given the work being done on workforce. Mr Sims acknowledged that there has been some movement and assurance is gained via the Workforce & Organisational Development (OD) Committee. This rating will be considered as part of the next review. Mr McGowan explained that not all the risks are shown that are being well managed at different ratings. Mr Patton appreciated the explanation and suggested this could be included in future reports to make it clear.

The Chair noted that a considerable number of actions for strategic goals, 1,2 and 4 were due today. She presumed these have moved on which implied there would be some movement in the next report. Mr Sims confirmed that updates would be referenced in the next report which will be going to the relevant meetings in August.

Resolved: The report was noted.

132/21

Risk Register Update

Mr Sims reported there are 7 risks held on the Trust-wide Risk Register. The highest rated risks identified on the Humber, Coast and Vale Provider Collaborative was also included under the Commissioning Risk section. 4 commissioning risks scoring 15 or above were identified in the report. There are currently 182 risks held across the Trust's Divisions, Directorate and project risk registers. The current position represents an overall decrease of 21 risks from the 203 reported to Trust Board in March 2021.

A new risk for Child and Adolescent Mental Health Services (CAMHS) demand and capacity has been added which will be developed. New risks are being added from the Divisions and across the directorates. The silver command risk register has been closed down and the risks apportioned to Divisions for monitoring. Professor Cooke noted there was work to do between the Provider Collaborative risks and the risk register.

Mr Royles queried whether risks CC1 and CC9 were the same risk on the Provider Collaborative risks. Mr Beckwith explained that separation of the two risks is intentional. One is for the transfer (CC1) and CC9 is about demand and planning for the increase for the beds commissioned in the medium term plans where growth has started to be seen.

The Chair noted there were some gaps in controls in assurance and actions related back to March. Mr Sims explained that these related mainly to workforce

risks and it was due to a time lag. He will review to see if this time difference can be tightened to address this.

Resolved: The report was noted by the Board

Timing of actions updates to be reviewed to see if they can be tightened up

Action OS

133/21

Annual Non Clinical Safety Report 2020-2021

The Annual report provided assurance to the Trust Board on the ongoing management of non clinical Health and Safety within the Trust. The Annual Report has been approved by the Trust Health and Safety Group and provided analysis of the Trust's Health and Safety, Fire Safety and Security Inspections activity during 2020-21. It also outlined key developments and work that has been undertaken during the reporting period as well as work planned for the current year.

Mr Beckwith highlighted that there have been:

- 3 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) reportable incidents during the year compared with 5 in the previous year.
- During the reporting period, the Trust did not receive any enforcement notices from the Health and Safety Executive.
- Four fire related incidents and the cause for all of these was malicious ignition of Trust property.

Mr Smith noted that the photo on the front cover of the report was not within the Covid guidance and suggested changing this to perhaps an image of the people who have kept the organisation running with their work. Mr Beckwith will discuss with the Head of Corporate Affairs to find a more suitable picture.

Professor Cooke commented that as well as non clinical safety there was significant detail of quality and clinical safety for staff and visitors. He suggested that the Quality Committee needed to see the report to gain assurance that all is being done around the important areas including the therapeutic environments.

Any suggestions as to the title of the report were welcomed.

Mr Royles said the report was an opportunity to say thank you to the staff that have undertaken fire safety, water safety and resolved slips, trips and falls issues to name a few. These are often seen as back office functions despite doing essential jobs to keep people safe. Mr Smith suggested a foreword in the report could be used for this. Dr Byrne complimented the team for their Covid response and for their work on the vaccination centre including security to protect the vaccines.

The Chair acknowledged all the comments made. The report highlighted how busy the separate services are and the estates team is incredibly busy. She thanked all staff for their contribution.

Resolved: The report was noted

Picture on the front cover to be reviewed and replaced with a more suitable one.

Action PBec

It was agreed that the report should also go to the Quality Committee Action

PBec

134/21 **Humber Coast & Vale Strategic Objectives**
The Chief Executive presented the report provided for information and detailed the objectives agreed across the Integrated Care System for 21/22. The objectives are linked to Covid responses and how the Integrated Care Service (ICS) is driving opportunities, planning and developing the infrastructure of the ICS on the in line with White Paper.

Resolved: The report was noted by the Board

135/21 **Integrated Care System (ICS) Design Principles**
The report provided an update for the Board on the recently published Integrated Care System Design Framework. Technical guidance is awaited for the Provider Collaborative. It picks up the areas for system design around bringing organisations together, system first functions and proposals around inequalities and an outcome focus.

Established by the NHS and local government as equal partners in the partnership and which will operate formally to bring partners together across the ICS aligned to purpose and ambitions, with plans to integrate care and improve the health and well-being outcomes of the population.

Dr Byrne suggested that there should be an executive lead for the system for health inequalities for the ICS, someone with a public health or academic background. In his view health inequalities and social inequalities are the biggest challenges in the coming years.

Mr Royles commented that health services cannot do everything for example around transport and housing. As an employer the organisation is providing good and stable work for people. He considered that having apprentices and encouraging people from school to go into health and social care jobs was critical.

Resolved: The report was noted.

136/21 **Items for Escalation**
No items were raised.

137/21 **Any Other Business**
No other business was raised.

138/21 **Exclusion of Members of the Public from the Part II Meeting**
It was resolved that members of the public would be excluded from the second part of the meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.

139/21 **Date and Time of Next Meeting**
Wednesday 28 July 2021 9.30am by Microsoft Teams

Signed Date
Chair

Trust Board Meeting
Minutes of the virtual Public Trust Board Meeting held on Wednesday 28 July 2021
(in person for Board members only) and livestreamed for Members of the Public

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

In Attendance: Mrs Michelle Hughes, Head of Corporate Affairs
Rt Hon Caroline Flint, Chair Designate
Mr Adam Ubi, Student Nurse (for item 142/21)
Mrs Cathryn Hart, Associate Director of Research & Development (for item 154/21)
Mr Adam Dennis, Communications Officer
Mrs Jenny Jones, Trust Secretary (minutes)

Apologies: None

The Board meeting was held in person for Board members only and livestreamed for members of the public. Social distancing was maintained and Board members followed the approved guidance and infection control measures.

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.

140/21 Declarations of Interest

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

The Chief Executive declared an interest as the Chair of the Clinical Research Network for relevant items on the agenda.

The Chief Executive, Mr Baren and Director of Finance declared an interest for items related to the Commissioning Committee.

- 141/21 **Minutes of the Meeting held 30 June 2021**
The minutes of the meeting held on 30 June 2021 were agreed as a correct record.
- 141/21 **Matters Arising and Actions Log**
The action log and work plan were noted.
- 142/21 **Staff Story – A Student Nurse in Practice**
Mr Abam Ubi joined the meeting virtually to share his experiences with the Board. He explained that he had joined the Trust as a Health Care Assistant in 2017 working in various areas of the organisation to help him decide which are he wanted to work in. He found that he liked Mental Health nursing particularly in the Psychiatric Intensive Care Unit (PICU) environment. Through the Nursing Apprenticeship scheme the Trust has supported Mr Ubi to progress to a Qualified Mental Health Nurse which allows him to work and study.
- Mr Ubi urged anyone with a dream of becoming a nurse in Mental Health, but did not have the relevant qualifications to consider the apprenticeship scheme. He felt it is never too late to learn and there are opportunities to progress through different roles.
- Mr Ubi's enthusiasm and passion for his work was evidence and the Chair thanked him for sharing his story. In response to Mr Smith's question about where he would like to end up working, Mr Ubi said he likes it where he is as he is well supported and benefits from the experience of other staff and is also able to take part in research which will help patients.
- Mr Royles said he is proud of the Trust's investment in apprenticeships and asked how his working week is set out. Mr Ubi explained that he is working for most of the week and has time for studying and supports himself by working. Professor Cooke encouraged Mr Ubi to keep going and learning. He noted that the PICU environment is tough and asked what else interested Mr Ubi about working there. Mr Ubi said it is a supportive team and they rely on each other. In the four years he has worked there he has been supported with supervision and when things go right or not so right. He has appraisals and the team help him to identify his goals and the direction he needs to go in to achieve them. He accepted that PICU is a high pressured environment, but the team support and working approach is great.
- Mrs Parkinson asked if there is anything more Mr Ubi thought the organisation could do to attract others into the roles and through the apprenticeship route. Mr Ubi felt that many people did not think they have the skills to move forward in their working roles but with the support that is offered he encourages people to push themselves to achieve their goals. The Chief Executive asked if he had any thoughts or ideas on how people in education could be encouraged to come into these roles. Mr Ubi said that some staff due to personal circumstances may not be in a position to progress or may not be an academic, he felt that promoting the apprenticeships is key and something he will continue to do.
- The Chair thanked Mr Ubi for attending the Board meeting.

143/21

Chair's Report

The Chair provided a verbal update explaining that today's meeting was the first meeting held in person for some months and was being conducted under appropriate infection control rules.

Going forward the majority of Board meetings will be held virtually as they give more people the opportunity to join the meeting and participate in different ways. Also in attendance at the meeting was the Chair Designate, Caroline Flint who takes over as the Trust Chair in September and Hanif Malik, Associate Non Executive Director who was appointed on 1 July 2021.

This was also the last meeting for Professor Cooke who is retiring at the end of August. The Chair thanked Professor Cooke for everything he has done over the last five years and for his contribution to the Board and the Trust. His ambition for patients and staff has never wavered and he has championed so many causes during his time with the organisation.

The recruitment process for the replacement of Professor Cooke is being planned with Governors.

Governor elections will shortly be getting underway and there are a number of Governor seats available in various constituencies. Board members were asked to promote the elections to anyone they feel may be interested.

Resolved: The verbal updates were noted

144/21

Chief Executive's Report

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

Leadership – the work that staff have been participating in with Lumina will be developed for the Board to help with Board Development going forward

Hull Daily Mail Awards – the Trust was successful in the Hull Daily Mail Awards in two categories. The Volunteer of the Year was awarded to Soraya Hutchinson and the Health Improvement Project Award went to the Smoking in Pregnancy Project. Congratulations to all involved.

Humber Youth Action Group (HYAG) – this is the new name for the group chosen by the young people. Discussions will take place at a future Board development session as to how this group links in with the Board.

External Governance Review – a timeline has been produced for undertaking the review and work is progressing to select the external consultants for the work.

Board Voting - Due to the resignation of Professor Cooke, the arrangements for voting at the Board have been reviewed until a replacement Non Executive Director has been appointed. To comply with the requirement in the Constitution that at all times at least half of the Board of Directors, excluding the Chair, will be Non Executive Directors, it was agreed by the Board that the Chief Operating Officer will abstain from any voting during this period.

Health and Care Bill – the key highlights from the publications were detailed in the report. Developments will be monitored as the Integrated Care Service (ICS) starts to develop its structures.

HSJ Patient Safety Awards 2021 -The Trust has been shortlisted for 4 awards and more detail was included in the report.

Office 365 – the programmed work to move to Office 365 continues led by the Director of Finance.

Market Weighton – A meeting was held yesterday regarding the GP practice where there are pressures in the system. National guidance is being followed and the Chief Executive thanked the team and the operational team for dealing with the pressures and the challenges being faced. Residents of Market Weighton and the GP Practice are being written to about the pressures being seen.

Covid Update

Mrs Parkinson reported that over the last month high pressures continue to be seen across most of the operational services including Primary Care. For a short period of time in June the Operational Escalation Level (OPEL) was raised to 4. Focus continues on the ongoing position around Children and Young People's Mental Health demand and the impact of Covid. One ward was closed to admissions and there was pressure on staffing. More detail was provided in the appendix to the report.

Despite the pressures staff are supporting services and small numbers were redirected to help in other areas. Work continues on the staff health and wellbeing agenda supporting them through the ongoing pressures and recognising the impact on them. System work continues and some progress is being made around Children and Young People pressures. Additional support is now in place.

Dr Byrne explained that the Government has stated that the vaccination programme is to continue and in October anyone who has received two doses will receive a third dose within a 15 week period. The flu vaccination programme will also be starting in the coming months. It is hoped that the third dose of the Covid vaccine will be delivered over a 4/5 day period depending on supplies. The vaccination group continues to meet and oversee the programme. In thinking about vaccinating our own staff the impact on other services will be considered such as pharmacists and nurses who delivered the vaccination programme. Plans may need to be adjusted when confirmation of supply is received. There was an uptake of 85% for the first dose which increased for the second dose and Dr Byrne was confident the third dose would also be well received.

Testing is moving away from Lateral Flow Tests to LAMP. The Lateral Flow Test is a nasal swab test undertaken twice weekly. LAMP is a saliva test once a week and is more accurate with results. There are some complications with the LAMP testing involves a self test which needs to be analysed within 24 hours. The sample has to be taken when someone has been two hours free from eating, drinking and smoking. If a positive LAMP test is shown, A PCR test is not required which is different from the Lateral Flow Test. The Older Peoples Mental Health Team in East Riding has started a six week pilot. System colleagues are already using this test and there are challenges around the

uptake. There have been very few outbreaks in inpatient units demonstrating that the infection control elements are working.

Care Quality Commission (CQC) Update

The Care Quality Commission is working on a new approach to the inspection regime. Details were included in the report. Inspections will focus on four themes and there will be a new way of regulating with some on site visits and some off site work using intelligence and data. Organisations' ratings can change at any time not just following an inspection. Regular meetings are held with the CQC, informally and formally. More detailed information on the work that has been done will be showcased by the organisation.

The Key Lines of Enquiry (KLOE) are being reviewed and regulating of Local Authorities for some of the services they provide are being brought under the CQC's remit. The main changes are to the regulating and inspections and the CQC will be looking at information provided and the organisation will be working in a proactive way to prepare for unannounced inspections and using the meetings in place to explore the detail that has been provided to the CQC.

Communications

The Head of Corporate Affairs, Mrs Hughes, highlighted the work of the Youth Board which is being led by the Head of Patient and Carer Engagement and Experience in conjunction with the Engaging with Members Governor Group. The group have offered the opportunity and hope that in time a young person will observe the group, gain and build confidence so we can start to encourage younger members putting themselves up for membership and governor elections.

The Humberleivable recruitment campaign progresses and Mrs Hughes drew attention to the videos on the website for anyone looking for a role in the Trust where staff promote the Trust as a fantastic place to work.

Mr Patton thanked the Executive Team for an excellent report and congratulated those involved in winning and being shortlisted for awards. He referred to the Health and Care Bill stating that Integrated Care Service (ICS) will be setting its own pay levels and length of tenure which he felt did not seem right. More information on training and development and the Whitby Urgent Treatment Centre (UTC) was welcomed. Mr Patton noted that the outline case for the new wave hospitals will be going to the Finance & Investment Committee (FIC) and Board shortly.

Peer Support Workers

Mrs Parkinson was pleased to report the progress made in recent months with the Peer Support Worker roles. A number of services have been integrated including the Mental Health Community teams which links to the Community Mental Health Teams (CMHT) transformation. The key to the success of these roles is to ensure they are well supported in the organisation. Plans are in place to ensure that individuals are supported in teams and that teams are prepared to receive the roles.

The Trust is fortunate to be in the position to access a bespoke academic programme by Teeside University. Work is also taking place with IMROC to support these roles and there is more to come from the partnership. Work is taking place with the national team to design and implement an apprenticeship

programme to look at roles in all places in the organisation and to ensure there are career pathways designed for the future. The route into a Peer Support Worker role is via a bespoke training programme delivered by the Recovery College and will be launched this summer.

Mr Patton thought the work that is being done is impressive and suggested that in 6 – 8 months an update could come to the Board on how the programme is doing

Professor Cooke was pleased to see the development with the Peer Support Worker role and the work that is gaining momentum. He too felt the report was informative and acknowledged the pro active work taking pace around the CQC and the testing of evidence and information.

He noted the successful funding to support research across the GP practices, the external governance review and the Trust's recognition for various awards. In relation to access to "front door" for people with mental health problems, Professor Cooke asked if this is being monitored even though it is in the early stages. Mrs Parkinson explained that the changes came into effect on 19 July and close monitoring is being undertaken. It is a positive change and addresses increase in complexities that have been seen in recent months. Links have been made with partners to redesign this element of the service and working with MIND who monitor the general phone number that anyone can call. 250 – 300 calls in a 24 hour period are being received. Calls that are deemed to be more urgent these are directed to the Crisis team. There are separate telephone numbers for professional to refer to these services. Although at an early stage, there has been positive feedback from GPs.

Mr Baren was pleased to see the timelines for the external governance review. He suggested that the Board needed to oversee the action plan and offered the services of the Audit Committee should it be necessary for any of the work to be delegated from the Board. The Chief Executive confirmed there would be Board oversight of the action plan and further discussions around this when the process is progressed.

The refurbishment work at the Whitby Urgent Treatment Centre (UTC) was noted. Mr Baren asked what the difference is between a UTC and a Minor Injuries Unit (MIU). He was informed that there are very clear set standards in relation to UTCs who are assessed against the standards. Work takes place with commissioners around moving from MIUs to UTCs to have a more consistent and public understanding of how to deal with urgent issues. In UTCs there is more focus on minor illnesses rather than minor injuries and patients can be booked into a UTC. Resources and staffing are also assessed through the standards and one other area of change is having direct access to GPs. GPs based in Whitby are aligned with the UTC requirements.

The Chair said it was good to see the changes to the mental health services given the regular discussions at the Board. The update on Peer Support Workers was encouraging given the difference these roles make to patients.

In relation to the pausing of the LGBT and Disability networks, the Chair asked how the gap is going to be filled. Mr McGowan explained that there is an extensive communications campaign across the Trust to gain interest for a chair. He was pleased to see the investment made by the organisation in this area and

the chair post will continue to be promoted. The Chief Executive raised it in her blog and administration support to help with the role has been identified. Dr Byrne confirmed that the work has not stopped and there have been virtual sessions taking place recently. The Chief Executive supported the comments made and suggested that more work is needed around physical disability within this agenda. The Board will be kept updated on progress.

Resolved: The report was noted,
Update on Peer Support Workers to come back to the Board in 6 – 8 Months
Action LP

145/21

Publications and Highlights Report

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

Mr Smith referred to the Care Programme Approach: position statement publication and the new “front door” access noting that some standards are face to face with patients being seen within one hour of referral from A&E. He asked how close the organisation is to the consultation and gearing up for the next steps. The Chief Executive explained that it is not just around urgent referrals but also non urgent referrals. There are significant changes and these are being looked at which link into the Mental Health Investment Standard, the Trust’s licence and registration.

The consultation was published last week and the new approach is based on the following five broad principles. These 5 principles outline in the position statement regarding CPA.

- i) A shift from generic care co-ordination to meaningful intervention-based care and delivery of high-quality, safe and meaningful care which helps people to recover and stay well, with documentation and processes that are proportionate and enable the delivery of high-quality care.
- ii) A named key worker for all service users with a clearer multidisciplinary team (MDT) approach to both assess and meet the needs of service users, to reduce the reliance on care co-ordinators and to increase resilience in systems of care, allowing all staff to make the best use of their skills and qualifications, and drawing on new roles including lived experience roles.
- iii) High-quality co-produced, holistic, personalised care and support planning for people with severe mental health problems living in the community: a live and dynamic process facilitated by the use of digital shared care records and integration with other relevant care planning processes (eg section 117 Mental Health Act); with service users actively co-producing brief and relevant care plans with staff, and with active input from non-NHS partners where appropriate including social care (to ensure housing, public health and the voluntary, community and social enterprise (VCSE) sector.
- iv) Better support for and involvement of carers as a means to provide safer and more effective care. This includes improved communication, services proactively seeking carers’ and family members’ contributions to care and support planning, and organisational and system commitments

to supporting carers in line with national best practice.

- v) A much more accessible, responsive and flexible system in which approaches are tailored to the health, care and life needs, and circumstances of an individual, their carer(s) and family members, services' abilities and approaches to engaging an individual, and the complexity and severity of the individual's condition(s), which may fluctuate over time.

Resolved: The report was noted.

A post meeting note will be provided on the approach being taken Action LP

Post Meeting Note

A CPA workstream has been established which has a cross representation of teams, services and organisations and also includes service users by experience. A person centred care planning document has been coproduced which has been widely consulted on across divisions, organisations and individuals including service users who have been pivotal in shaping this. The workstream are currently working on guidance on how the person centred care planning process will work across the services.

One hundred places for training on person centred care planning have been commissioned to support the shift in culture that is needed in order to achieve the 5 principles within position statement

146/21

Performance Report

Mr Beckwith presented the report relating to the current levels of performance as at the end of June 2021. Updates were provided for indicators which had fallen outside the normal variation range including Waiting Times, Out of Area Placements, CPA 7 Day Follow Up, IAPT – Moving to Recovery, Sickness, Statutory and Mandatory training and the Safer Staffing dashboard.

Mrs Parkinson reported that focus continues in this area especially with over 52 week waits and work has been ongoing for some months around Autistic Spectrum Disorder. Some in month improvement is being seen and pathway changes are being embedded into clinical practice and monitored to ensure they are working effectively by the Deputy Chief Operating Officer. The East Riding and Hull position is showing improvement and updates will be included quarterly in future reports.

The out of area position has seen some improvement in month. Reviews of the Infection Prevention Control requirements have allowed some reopening of some of the beds closed at the beginning of the pandemic which will off set some of the pressures. Works are on track to complete at Maister Lodge which will reopen beds and open the additional beds. There is a national requirement to be able to reduce the out of area placements and achieve a zero trajectory and an operational plan has been developed to achieve this.

Some 7 day follow up breached have been identified. Mrs Parkinson explained that when these occur they are reviewed quickly within the clinical team and there is contact made with the service user.

Recovery rates for Improving Access to Psychological Therapies (IAPT) have recovered and as of 20 July were within normal variation. The Chair suggested

that for the September meeting, a refresh of the trajectories should be included in the report.

Mr Smith appreciated the update on out of area placements. He was informed that the position has started to recover which is positive. Mr Baren referred to the Safer Staffing Dashboard and appreciated the highlights provided on the front page of the report. He noted that Whitby sickness is at 11% and the return for clinical supervision was an issue. He commented that occupancy was at 95% and sickness at 11%, but the backfill rate was zero. Mrs Gledhill said that supervision rates were still reasonable and occupied bed days was high. Mrs Parkinson explained that in terms of sickness there did not appear to be any underlying issues although there has been increased pressure at Whitby. Staff have also been supporting Malton recently which Mrs Parkinson thanked staff for doing. Pressure and complexities are high and continue to be monitored closely.

Mr Baren commented on the use of agency at Granville Court which was unusual. Mrs Parkinson explained that this was usually a stable position but due to long term absence agency staff have been used.

Mr Patton commended the excellent work in workforce, but noted that turnover, sickness and vacancies were increasing. He was informed this is being monitored closely. Mr Beckwith explained that in relation to turnover a possible impact could be due to Hotel Services staff TUPE to Whitby which has been discussed at the Workforce & Organisational Development Committee. Mr McGowan added that a report has been received showing that of 31 trusts, the organisation is second best for workforce. There are pressures in the system but assurance can be taken that other trusts are facing the same issues.

Mr Royles wanted to draw attention to some of the positive areas of the report including Friends and Family Test which is stable and with high levels of response and 18 week waits which sometimes are overlooked. In terms of sickness and turnover, a number of areas have come down and it may be possible to predict some people that may want to leave and to monitor this to see what can be done to help prevent it.

The Chief Executive referred to Improving Access to Psychological Therapies (IAPT) where most areas apart from the Trust are outliers. This is a good achievement for Trust and important that staff support continues. We continue to change and develop the different areas using an array of services as what may work in one area may not in another.

The Chair asked about delayed discharges asking if this is due to pressures in the Local Authority. Mrs Parkinson confirmed that locally and around the Integrated Care Service (ICS) there are pressures. Local Authorities use the same OPEL levels as the NHS and most of the time they operate at levels 3 or 4 due to difficulties around the provider market and residential care.

Resolved: The report and verbal updates were noted
Updated trajectories table to be included in the September report Action LP

147/21 **Finance Report**

Mr Beckwith presented the highlights from the finance paper including:

- The Trust recorded an overall operating surplus of £0.147m which is in

line with the ICS Months 1-6 expectation of a £0.315m surplus

- Within the reported position at Month 3 was Covid expenditure of £1.293m and income top up of £0.615m.
- Cash balance at the end of June 2021 was £23.242m
- The Year to Date Agency expenditure was £1.651m this is £0.284m less than the previous year's equivalent month 3 position.

He explained that the organisation continues to operate under a block contract funding regime until September. He drew the Board's attention to the agency spend which is currently £1.6m for the first quarter. The agency ceiling target remains suspended but if this were in operation the Trust would have been ahead of the previous £2.9 million annual target.

Mr Royles asked if there was any update on H2 and national settlements. Mr Beckwith reported there was no guidance yet for H2 and the expectation is for a block system for the second half of the year, It is thought there will be efficient requirement of 1.5%. NHS Providers has written to NHS England around the proposed 3% pay award asking for it to be funded.

The Chair noted a dip in the income which Mr Beckwith will review and include a post meeting note for. Mr Beckwith explained about the mental health underspend which is the net positions. The Trust was fully funded for the Community Mental Health Team (CMHT) transformation programme from 1 April 2021 however there has been a delay in recruiting to all of the posts and a high number of posts were filled using bank and agency staff. Recruitment to the posts is now nearing completion.

Resolved: The report was noted.

Post meeting to be included in the minutes regarding the change in income

Action PBec

Post Meeting Note

The dip in income is affected by current income mechanism and classification of Trust Income compared to covid income (including Top UP) and the Treatment of Income budget for Non Contract Activity.

148/21

Charitable Funds Committee Assurance Report & 18 May 2021 Minutes

Details of the meeting held on 20 July 2021 were provided for the Board to note. The minutes of the meeting held on 18 May 2021 were presented for information.

Professor Cooke was pleased to note that Mr Malik, Associate Non Executive Director will be joining the Committee. Mr Baren will take over as interim chair of the Committee and Mr Royles will be temporarily joining the Committee.

The Committee reviewed the Impact Appeal to support Inspire Unit which raised £336,176. Professor Cooke was keen to ensure the funding was used in the right areas. It was noted that £176k had been allocated for the Inspire gardens and for the Children's Centre for the outdoor area and for trips and travel for young people who used the unit.

The effectiveness of the Committee during Covid 19 was discussed and also the Whitby Hospital appeal. £33k has already been raised of which some will be used for tangible assets for patients, the community and staff particularly around

gardens. Trust funds stand at around £500k.

Resolved: The report was noted.

149/21 **Workforce & Organisational Development Committee Assurance Report & 12 May 2021 Minutes**

Mr Royles presented the assurance report from the last meeting and the minutes of 12 May meeting for information. He thanked those involved for producing the report immediately after the meeting.

The Committee received a presentation from Dr Byrne looking at his Directorate's approach to the staff survey and how improvements could be made. The Workforce Insight report was received and the consequences of Covid 19 were discussed. This included looking at overtime, agency usage and working pressures.

A number of reports were received that are on today's agenda including, Equality & Diversity Annual Report, Workforce Disability Equality Standard and Gender Pay Gap Report. The committee recognised the amount of work put into producing the reports and extended its thanks to all involved which was well received.

Resolved: The report and minutes were noted

150/21 **Humber Coast & Vale Specialised Mental Health, Learning Disability and Autism Provider Collaborative Commissioning Committee Assurance Report**

The report provided information on the areas discussed at the meeting held on 21 July 2021.

Mr Baren reported that the team that is undertaking the Provider Collaborative work have been excellent and it is clear that everything being done is for the benefit of patients. There is confidence that the go live will go ahead on 1 October subject to approval.

Mr Smith commented that there were a number of initiatives around improvement, but not many around Autism which is an area he thought the Integrated Care Service (ICS) could have a big impact. The figures in the performance report showed a 52 week wait for assessment and diagnosis which was not where it needed to be. The Chief Executive acknowledged the comment and that this is an area discussed at the Committee. The Autism Strategy was recently published which aligns with the organisation's strategy. The Chief Executive of Care Plus, Ms Jane Miller has been asked to lead a piece of work on Autism to look at how services and develop them across the system with the multiple partners and services.

Resolved: The update was noted.

151/21 **Six Month Review of Safer Staffing – Inpatient Units (Oct 2020 – March 2021)**

The six monthly report was presented to the Board and presented 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'.

It has been reviewed by the Executive Management Team (EMT) and the Workforce & Organisational Development Committee. It was recognised that this period was a difficult time for staffing and for the units. Two new Covid 19 wards were also included at the time. The flexibility of staff working in inpatient units and community teams put the Trust in a good position. It was noted that Care Hours per Patient Day (CHPPD) perform well and continues to be above the national average.

Professor Cooke commented that over the last few years this has become more systematic and he thanked Mrs Gledhill, the Deputy Director of Nursing and the team for this achievement. The Quality Committee reviewed the process and the report provides answers to questions that may be asked.

The Chair recognised that it was a comprehensive assurance report. She congratulated everyone involved on the remarkable achievement over the six month period. The Chief Executive agreed that it was impressive during a pandemic especially the Care Hours Per Patient per Day.

Resolved: The report was noted.

152/21

Mortality Review Update April 2019 – April 2021

Dr Byrne explained that the World Health Organisation declaration on 30 January 2020 of the outbreak of COVID-19 to be a Public Health Emergency of International concern. Impacts of the pandemic have been seen worldwide in relation to morbidity and mortality, in addition to much wider indirect consequences relating to both the pandemic, and different national responses to COVID-19. The report had been produced in conjunction with Alex Macnamara Public Health Registrar.

Sadly in the United Kingdom, there have been a total of 152,289 deaths due to COVID-19. Further work has demonstrated that several population groups have a higher risk of dying from COVID-19, including older adults, men, those with pre-existing medical conditions, those living in more deprived areas, people from some ethnic minority groups, those who are obese, those in certain public-facing occupations and those with a disability (including learning disabilities).

The Board took a few moments to reflect and think about the families affected by these deaths.

The report drew attention to the following areas:-

- The COVID-19 pandemic has had significant impacts on mortality nationally, with tens of thousands of excess deaths attributed to the pandemic.
- Established risk factors for adverse outcomes in COVID-19 infection include male sex, older age, some ethnic minority groups and deprivation, with evidence suggesting there are inequalities in COVID-19 mortality.
- Humber Teaching NHS FT has seen a rise in mortality in periods consistent with the peaks in mortality from COVID-19 nationally, aligning with the first and third “waves” of the pandemic (April 2020 and December 2020/January 2021).
- The highest numbers of deaths were seen in older adults, males and

users of community services within Humber NHS FT, which is in keeping with known risk factors.

The presentation provided with the report gave more detail of what the data had identified.

Professor Cooke thanked Dr Byrne for the report. He commented that it is key to learn from the pandemic to reduce any further impact of communicable diseases. The diagram in the report identified a fourth wave, Professor Cooke asked if there is a 5th wave due to long Covid and future long term conditions. He thanked Dr Byrne for taking the report to the Quality Committee and for the use of Public Health skills to produce the excellent report. Dr Byrne thought a 4th wave will happen based on the data. He compared this to the number of male suicides in 2020 that were thought to have been as a consequence of the economic crash in the 80's. In terms of long Covid he explained that most senior clinicians across the system are worried of the concept of people getting infected rather than having the vaccination. There will be a cohort of people exposed to the disease that will have long term consequences for them. There is a fear that the burden of long Covid will get lost and a few years there will have to be an understanding that the decisions made at this time will have an impact. He emphasised that the way forward is for social distancing, face coverings and getting the vaccination.

The Chair expressed her thanks to Ms Mcnamara for the report and to Dr Byrne for the thoughtful way that this had been presented to respect the families who have been affected.

Resolved: The report was noted by the Board

153/21

Quality Accounts 2020/21

The report was presented at the Quality Committee on 2 June 2021, with amendments made following suggestions from the Committee mainly in relation to layout. It was also presented to EMT on 12 July 2021 for comments.

The Quality Accounts have been out to partners as part of the required consultation period. Statements on the quality accounts were also requested and statements received from Hull & East Riding Clinical Commissioning Group (CCG), Hull City Council Health and Wellbeing Overview and Scrutiny Commission and North Yorkshire CCG. No other responses have been received despite reminders being sent. The Quality Accounts have been circulated to Governors as part of the consultation process no comments have been received to date.

The Chair congratulated all involved for the production of the report. Mr Baren noted that more visuals and graphs have been included which is helpful to the reader. He also noted that next year's report will form part of the Annual Report and Accounts and whether the timescales that are tight for completing the Annual Report and Accounts will be need to be met.

Mr Patton felt this was an excellent document and felt it would be a pity to lose some of the content when it merges into the annual report. He asked whether it would be possible to use some of the information as a way of celebrating the work that has been done. Mrs Gledhill explained that there is repetition in the report for some areas and will consider if there is a way of producing a document

without additional work.

Professor Cooke has been involved in the report's production during his time with the organisation and felt they get better each year. He congratulated Mrs Gledhill and the team for their work on this report.

Resolved: The report was ratified by the Board.

154/21

Research & Development Six Month Report

Ms Hart, Assistant Director Research & Development attended to present the report. She thanked Professor Cooke for his support with research and wished him well in the future.

The Trust's recruitment target of 660 for NIHR Portfolio studies in 2020-21 was exceeded by over 100%. The recruitment target for NIHR Portfolio studies in 2021-22 is yet to be confirmed, but expected to increase from previous years due to a change in the way this is being calculated across Yorkshire and Humber. There are currently 28 Portfolio studies active in the Trust.

As one of the CRN high level objectives in 2021-22, is for 45% of GP practices to be recruiting into Portfolio studies, this is something that becomes a Trust challenge with having GP practices in the Trust.

CRN funding for 2021-22 to support delivery of NIHR Portfolio studies has recently been confirmed, following a delay due to last minute additional DHSC funding being allocated to CRNs across England. An increase from that of 2020-21 has been received, mainly as a result of changes in the funding model to reflect Trust performance. In 2020-21 the opening allocation was £314k and this has increased to £364k for 2021-22.

The report covered areas including Covid 19 and opportunities and alliances. Details were also provided with the Research Conference taking place in November 2021. Speakers include:-

- Prof Calum Semple (OBE), Professor of Child Health and Outbreak Medicine, University of Liverpool and member of NERVTAG and SAGE
- Prof Partha Kar (OBE), Consultant in Diabetes & Endocrinology, Portsmouth Hospitals NHS & National Specialty Advisor for Diabetes with NHS England.
- Prof Kieran Walshe, Professor of Health Policy and Management at Alliance Manchester Business School.
- Prof Tim Kendall, NHS National Clinical Director for Mental Health.

Professor Cooke commented that without the support and interest of the Chief Executive, Dr Byrne and the enthusiasm of Ms Hart, it was an achievement to secure these speakers.

The Chair congratulated Ms Hart on the team on the report and achievements.

Resolved: The report was noted by the Board

155/21

Council of Governors 15 April 2021 Minutes

The minutes were presented for information

Resolved: The minutes were noted.

156/21

Trust Position on the Community Mental Health Framework for Adults and Older Adults (2019)

The Community Mental Health Framework for Adults and Older Adults (2019) outlines the redesign and reorganisation of core community mental health teams in a move towards a new place-based, multidisciplinary service across health and social care aligned with primary care networks.

The Trust was one of 12 Early Implementer Sites (EIS) chosen in England for the Community Mental Health Team (CMHT) Transformation programme, established to test new models of place based community mental health provision. The EIS concluded on the 31 of March 2021 and is now superseded by the national roll out which will continue until the end of 2023/24.

Mrs Parkinson explained that recruitment was difficult during the pandemic, but it has now improved. As a consequence requests have been received from other national teams wanting to know how this has been achieved.

The report outlined the governance arrangements in place and provided an update on the work completed and the plans for 2021/22. CMHT services are aligned with Primary Care Networks (PCNs) across Hull and East Riding with all teams being in place in 12 PCNs. This has supported the change to the mental health “front door” as PCN services are in place which has streamlined the relationship between the CMHT and Primary Care. There is dedicated mental health support in the PCNs.

Work has commenced on the Care Programme Approach (CPA) review as part of the EIS within the Social Work work stream. This has been ahead of the proposed national time frame and is well progressed. The work is multi agency and is being coproduced with service users, new draft guidance has now been developed and will completed and implemented by the end of 2021.

The Chair thanked Mrs Parkinson for the update commenting that this work will improve things for patients and their families.

Resolved: The update was noted

157/21

Equality Diversity & Inclusion Annual Report 2021

Mr McGowan presented the report informing the Board that the majority of the work had been completed by Mr Duncan, Equality, Diversity Inclusion lead and Mrs Dawley, Head of Patient and Carer Engagement and Experience. The report provided an overview of workforce, equality diversity inclusions and patient and service user experience. For the staff survey the Trust is the sixth best mental health trust in the country out of 53 which is an achievement.

The report has been reviewed by the Executive Management Team and Workforce and Organisational Development Committee.

Dr Byrne commented that an advantage taken from the pandemic is holding remote meetings which has allowed more people to participate in the online sessions. The Chair agreed noting that there is a mix of people joining in as they now have a different opportunity to participate.

The Chief Executive asked that the report be updated to explain that the pictures were taken before the pandemic.

Resolved; The report was approved subject to inclusion of wording to explain that pictures were taken before the pandemic.

158/21

Workforce Race Equality Standard (WRES) Report

The report provided an update on data and progress for the Workforce Race Equality Standard (WRES) submission 2021. The report has been reviewed by the Executive Management Team and Workforce and Organisational Development Committee. Key areas of focus included:-

- Improving BAME representation in AfC bands 6 and upwards in non-clinical roles
- The gap between BAME colleagues who believe that they experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months (24%) compared with 22.4% for white colleagues.
- The gap between BAME colleagues who believe the organisation provides equal opportunities for career progression or promotion (80%) compared to 89.8% of white colleagues.
- The gap between BAME colleagues who believe they have experience discrimination at work from a manager, team leader or other colleague over the past 12 months (18.4%) compared to 3.8% of white colleagues.
- Improving BAME representation on the Board.

Resolved: The report was approved by the Board

159/21

Gender Pay Gap Report

This report outlines the approach taken by the Trust in assessing its gender pay gap and the agreed actions to reduce these gaps moving forward. The report has been reviewed by the Executive Management Team and Workforce and Organisational Development Committee.

Areas of highlight included:-

- The Trust has a Gender Pay Gap of 12.91%, just 0.32% up on the previous year, which is significantly lower than the national average of 15.9%;
- The Trust workforce comprised 78.29% Female and 21.71% Male and whilst the Trust has a high proportion of Female staff overall this is generally in line with National NHS Figures (77%);
- Women occupy 75.06% of the highest paid jobs and 80.84% of the lowest paid jobs;
- There are proportionately more female staff than male staff working at lower bands and therefore, adversely proportionately more male staff working at higher bands;
- The Trust has a median bonus gender pay gap of 60%;

The Trust's PROUD Leadership/Senior Leadership Development programmes and the High Potential Development Scheme will support gender equality across the Trust.

The Chair commented that reference to the previous year's figures in future reports would be helpful

Resolved: The report was approved

160/21

Workforce Disability Equality Standard (WDES) Report

The report has been reviewed by the Executive Management Team and Workforce and Organisational Development Committee. The data shows that there is more work to do and an action plan is in place to progress it.

It was noted that this report was in a different template to the previous reports. Mr McGowan explained that this was an NHSI template which had to be used for this report.

The Board expressed its thanks to Mr Duncan and the team for their work on the reports.

Resolved: The Board approved the report.

161/21

Items for Escalation

No items were raised.

162/21

Any Other Business

Thank You and Goodbye

Mr Baren thanked the Chair for her leadership and support over the last ten years that the Chair has been involved in the Trust as a Governor, Non Executive Director and Chair. He commended the Chair for always having a focus on service delivery for patients and carers and compassion for staff.

Mrs Flint commented that the Chair would be a hard act to follow. She thanked the Chair for her support and time as she was getting to know the role.

The Chair thanked the Board for their kind words and said she has enjoyed her time with the Trust. Staff are amazing putting the patients at the centre of everything we do.

163/21

Exclusion of Members of the Public from the Part II Meeting

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

164/21

Date and Time of Next Meeting

Wednesday 29 September 2021 9.30am by Microsoft Teams

Signed Date

Chair

Agenda Item 11

Title & Date of Meeting:	Council of Governors Public Meeting– 7 th October 2021			
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 2021.</p> <p>The report is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits presented in graphical format.</p>			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	✓
	Charitable Funds Committee		Other (please detail)	
Key Issues within the report: <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<p>Commentary is included below:</p> <p>Safer Staffing Dashboard - The safer staffing dashboard is for the month of July which was a particular difficult month for our in-patient services in terms of staffing due to significant clinical pressures in some areas combined with annual leave and the NHS App alerting staff they had been in close contact with someone with COVID and needed to isolate. The pressures have resulted in 5 areas not meeting compliance for clinical supervision. These areas have been discussed with senior managers in the recent accountability reviews to ensure the services get back on track.</p> <p>Position for clinical supervision for August for units that were non-compliant in July is as follows; Millview Lodge increased to 64%, Townend Court increased to 44%, Whitby compliant at 88% and Granville Court compliant at 90%.</p>			

Statutory and Mandatory Training – Whilst performance is in normal variation Executive leads for areas of low training compliance have been asked to produce recovery plans, details of which will be discussed at the November Workforce and OD Committee.

Waiting Times - The Trust continues to focus efforts on the reduction of the ASD waiting times which has been a priority in order to reduce the number of long waiting patients.

A detailed Appendix is included that details the progress being made against the original trajectory for Paediatric ASD which is good for Hull patients, where the number waiting is greater, however, for ER the progress has slowed due to absence in the small team and as a result of additional long waiting patients being added to the waiting list

Additional digital assessments will take place to help bring the trajectory back on plan. . The service are working closely with the clinical systems and business intelligence teams to review pathway management monitoring.

The long waiting patients for Adult ASD continue to reduce significantly, though focussed work is to take place to address some smaller increases in long waiting patients in Mental Health Specialist Services, Scarborough & Ryedale and Learning Disabilities.

IAPT Recovery - Historically, performance for IAPT Recovery has exceeded national expectations and is still being maintained above this level of 50%. A further deterioration is not expected and the current position maintained. This is being achieved by working closely with our third party virtual therapy provider to agree and monitor an improvement trajectory set for them to achieve rates of recovery for our IAPT patients. The service is actively recruiting staff to enable a review of future third party contract requirements to support improved outcomes.

Out of Area Placements – There has been an increase in Out of Area Placements for August in comparison to an improved position in July. This change has been impacted estates work on the AMH PICU and Avondale ward which resulted in reduced bed levels, whilst demand has remained increased. As a result of reduced capacity, increased demand and challenging levels of staffing, the AMH service reported OPEL 4 and moved to Business Continuity during a period in August. The completion of the estate works with Avondale and PICU has resulted in increased bed capacity which will support a reduced reliance on Out of Area Placements.

Monitoring and assurance framework summary:

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

Financial Year
2021-22

INTEGRATED BOARD REPORT

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

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

Reporting Month:

Aug-21

Chief Executive: Michele Moran

Prepared by: Business Intelligence Team



Humber Teaching NHS Foundation Trust

Integrated Board Report

For the period ending: **Aug 2021**

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

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.

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

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

Dashboard	Safer Staffing	A dashboard to provide overview on a number of clinical indicators for the Trust's inpatient units across all services
Dashboard	Mortality	Learning from Mortality Reviews
Goal 1	Incidents	Total number of incidents reported on Datix
Goal 1	Mandatory Training	A percentage compliance for all mandatory and statutory courses
Goal 1	Vacancies	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 2021

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

PI RETURN FORM 2021-22

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Aug 2021**

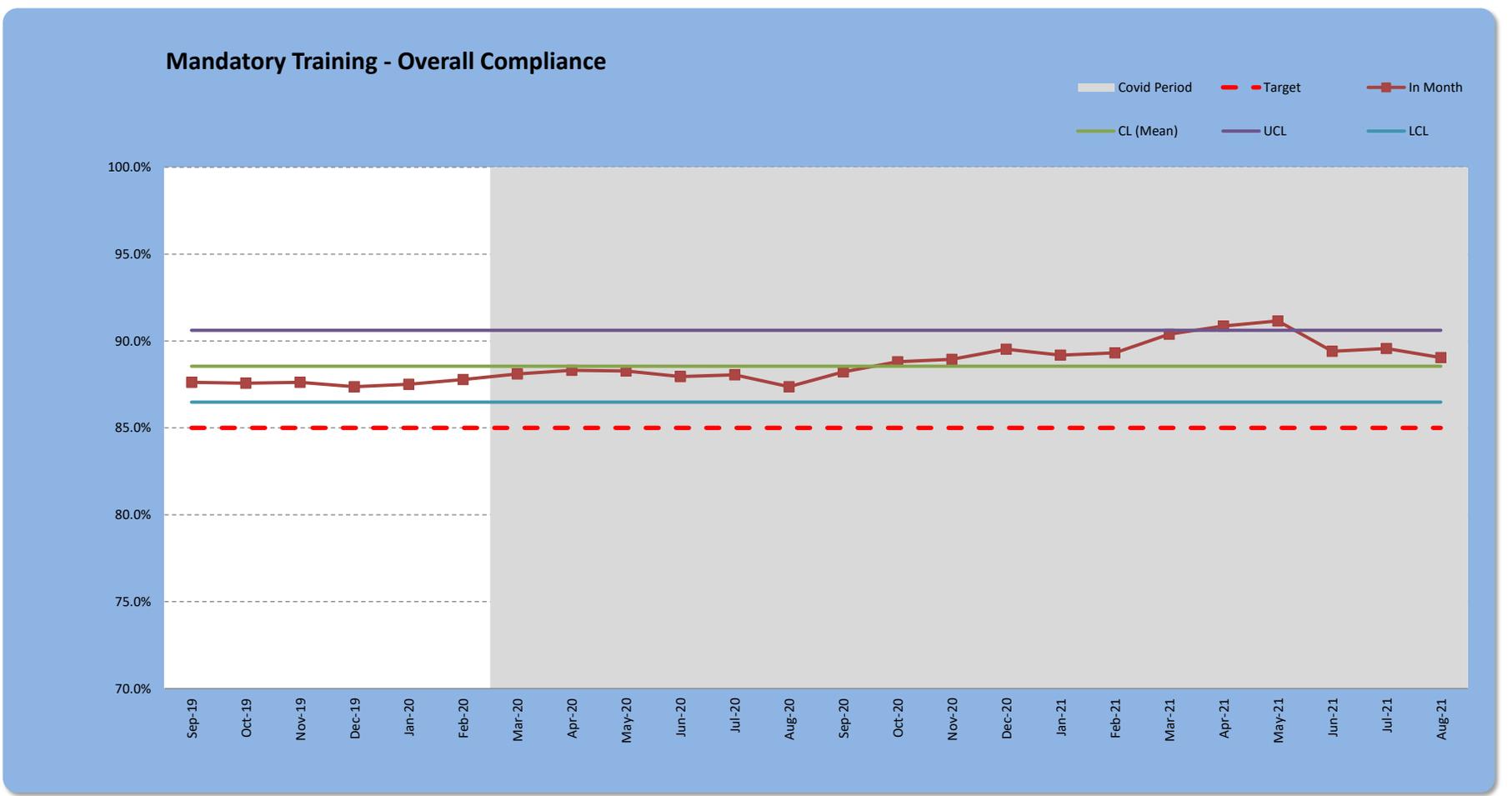
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Mandatory Training	A percentage compliance based on an overall target of 85% for all mandatory and statutory courses	Steve McGowan	WL 5

Narrative

Above target, no real change in performance when compared to the previous reporting period.

Target: 85%
Amber: 80%

Current month stands at 89.0%



PI RETURN FORM 2021-22

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Aug 2021**

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

Narrative

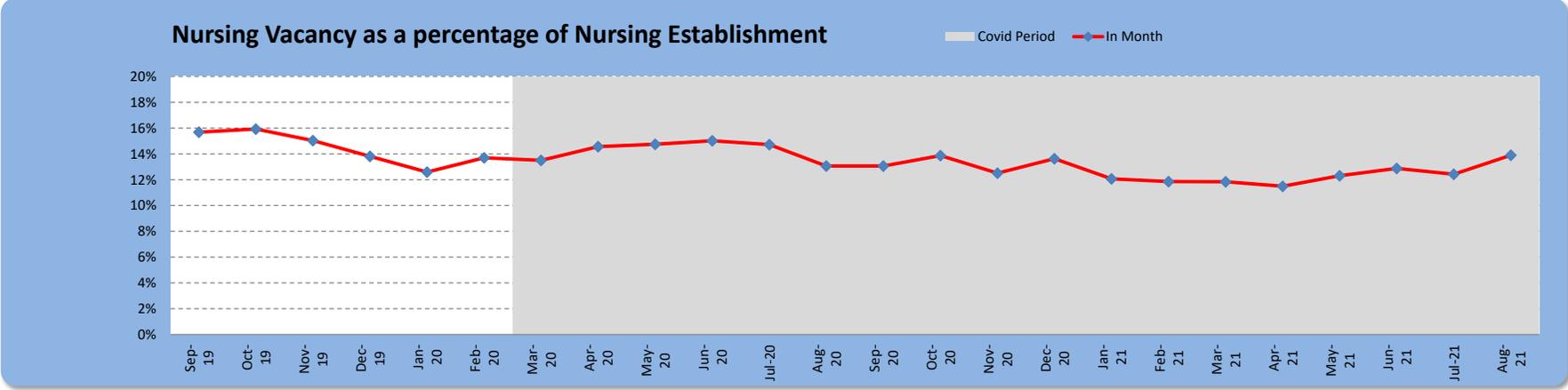
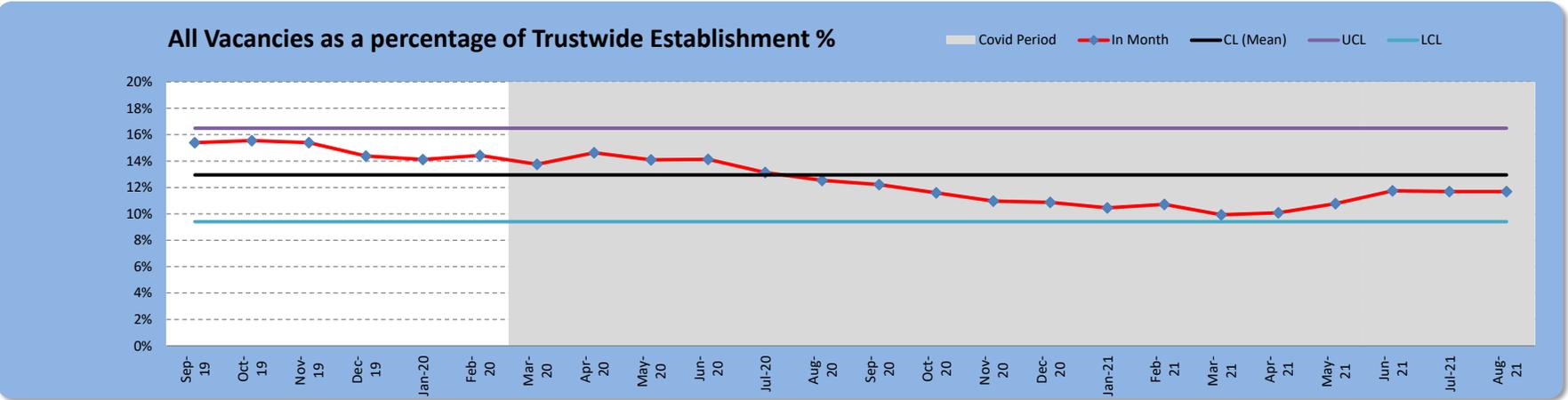
Vacancies remain the same when compared to the previous reporting period.

Nursing Vacancy rate has increased by 1.5% when compared to on the previous month.

Breakdown for Month

	Trustwide	Nursing
Est	3031.4	850.1
Vac	354.4	118.1
	11.7%	13.9%

Current month stands at 11.7%



PI RETURN FORM 2021-22

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Aug 2021**

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

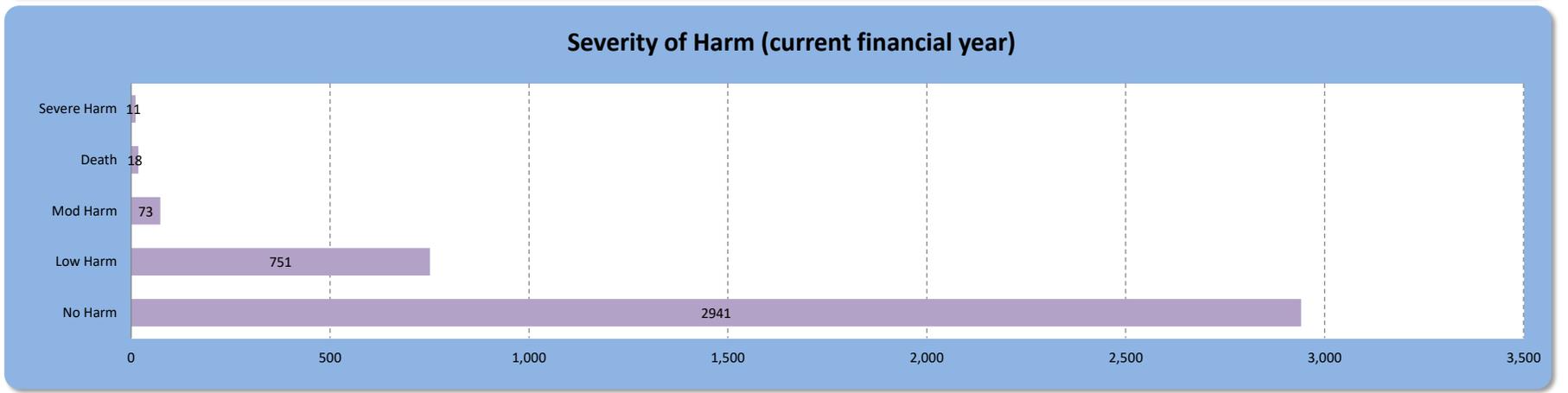
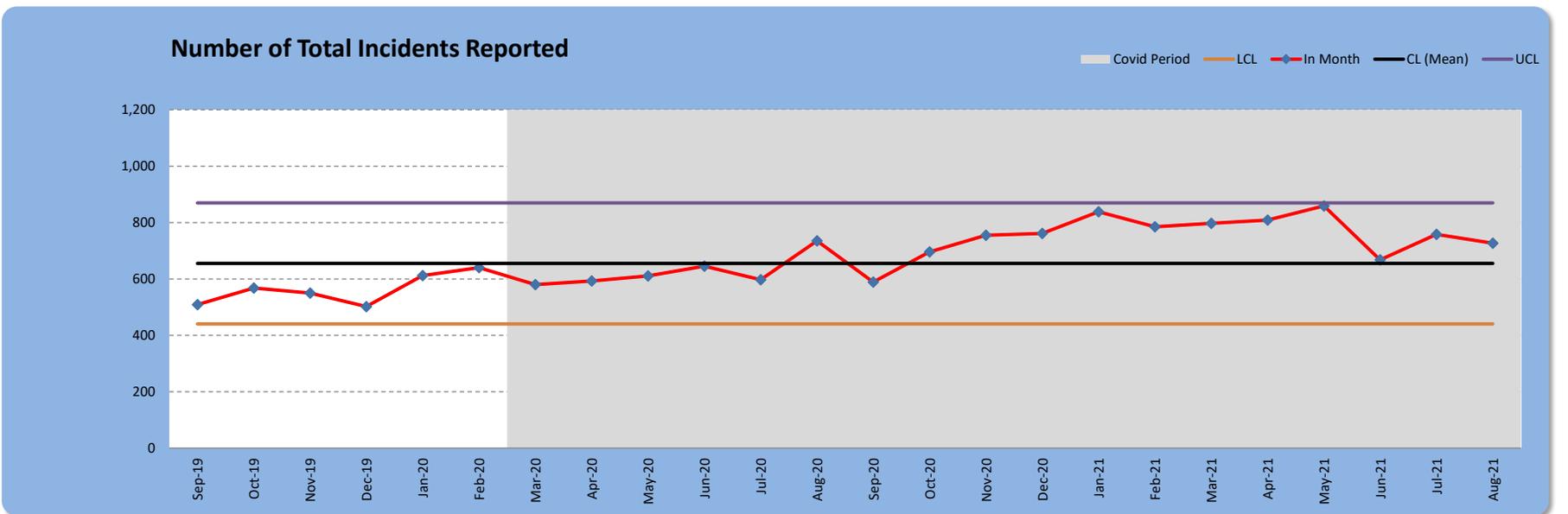
Narrative

Decrease of -31 when compared to the previous month

UCL: 870
LCL: 440

Current month stands at 727

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



PI RETURN FORM 2021-22

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Aug 2021**

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

Narrative

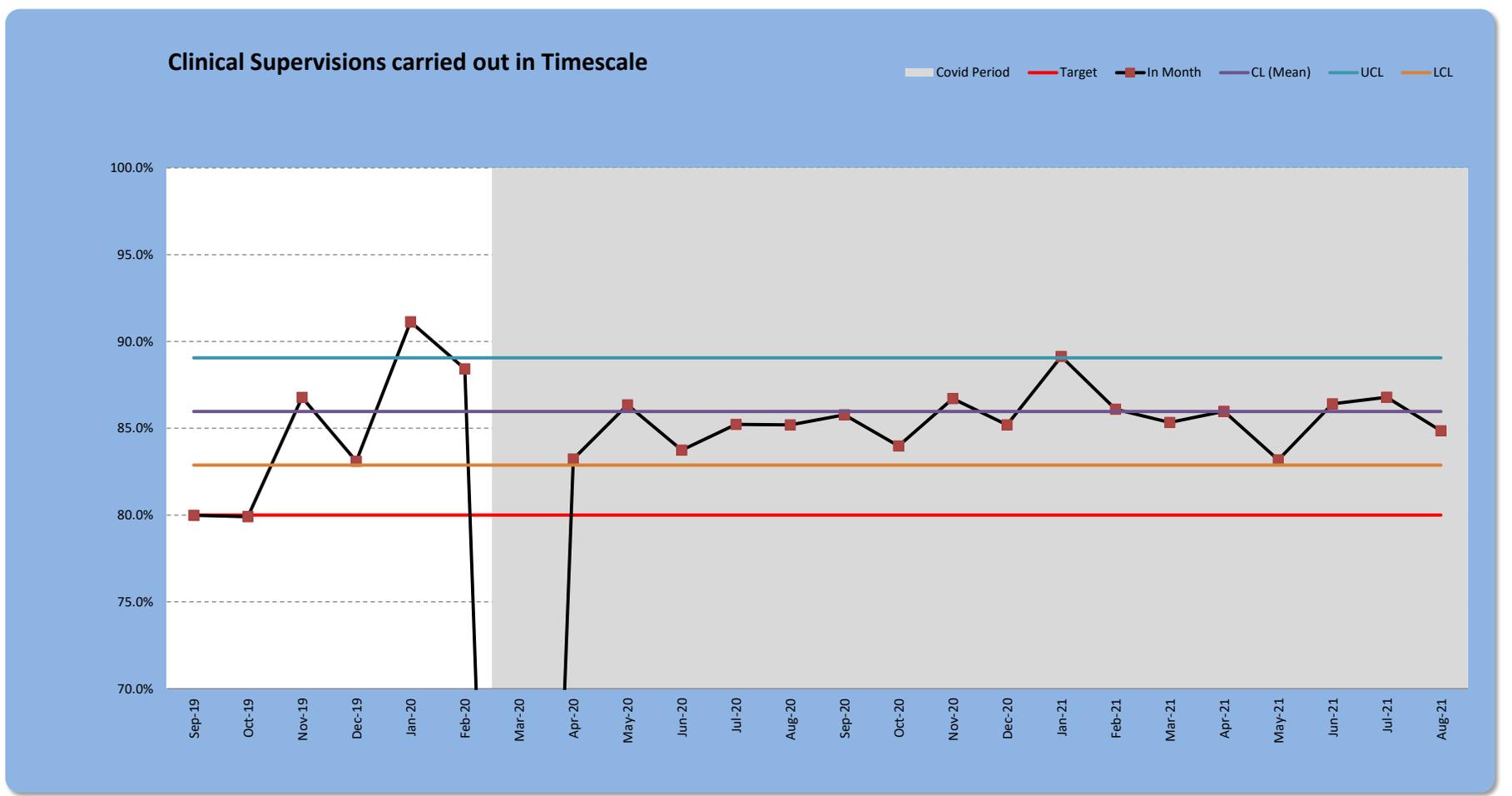
Performance has decreased by 1.9%

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 84.8%



HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

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



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/ partly upheld)	Failed S17 Leave	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	Sickness Levels (clinical)	WTE Vacancies (RNs only)	Jun-21	Jul-21
										Registered	Un Registered	Registered	Un Registered												
Adult MH	Avondale	Adult MH Assessment	34.6	48%	24.32	26.0%	↓	5.7%	↓	59%	83%	91%	102%	1	10	0	0	100.0%	93.5%	90.0%	94.1%	0.5%	0.2	1	1
	New Bridges	Adult MH Treatment (M)	41.5	89%	10.95	22.3%	↓	8.2%	↓	77%	117%	95%	148%	0	18	0	0	94.7%	96.1%	75.0%	86.2%	8.8%	1.5	2	1
	Westlands	Adult MH Treatment (F)	36.9	92%	8.91	20.7%	↑	14.3%	↓	74%	96%	92%	126%	0	23	1	0	75.0%	88.2%	69.2%	76.0%	4.2%	2.0	2	2
	Mill View Court	Adult MH Treatment	36.5	96%	10.57	24.6%	↓	11.8%	↓	60%	76%	68%	110%	0	4	0	0	100.0%	96.4%	66.7%	88.9%	4.2%	5.8	3	3
	PICU	Adult MH Acute Intensive	35.9	65%	22.28	30.4%	↑	13.1%	↓	85%	102%	94%	127%	0	21	0	0	100.0%	88.8%	61.5%	78.9%	0.0%	2.0	2	1
OP MH	Maister Lodge	Older People Dementia	33.3	68%	30.78	15.1%	↑	0.0%	→	71%	86%	100%	82%	0	15	0	0	100.0%	93.3%	90.0%	92.0%	9.8%	3.0	2	2
	Mill View Lodge	Older People Treatment	24.5	95%	13.53	18.8%	↓	11.7%	↓	80%	198%	100%	153%	2	7	0	0	58.3%	96.0%	85.7%	92.3%	12.1%	0.0	3	3
Specialist	Pine View	Forensic Low Secure	28.7	93%	7.38	15.2%	↓	0.0%	→	84%	75%	52%	96%	2	2	0	2	92.6%	93.0%	70.0%	80.0%	3.4%	2.8	5	1
	Derwent	Forensic Medium Secure	23.8	91%	11.20	26.0%	↓	0.0%	→	84%	78%	98%	98%	0	5	1	0	87.0%	95.9%	75.0%	87.5%	4.5%	1.4	0	0
	Ouse	Forensic Medium Secure	23.9	97%	6.11	13.8%	↓	0.0%	→	95%	74%	97%	95%	1	4	0	0	91.7%	97.9%	100.0%	94.4%	18.1%	0.8	3	3
	Swale	Personality Disorder Medium Secure	23.4	87%	10.06	40.8%	↓	0.0%	→	65%	70%	101%	134%	1	3	1	0	87.0%	95.3%	100.0%	88.2%	3.8%	3.0	2	2
	Ullswater	Learning Disability Medium Secure	31.9	67%	12.37	33.3%	↑	0.0%	→	84%	88%	100%	94%	0	23	0	0	82.6%	93.6%	100.0%	87.5%	2.3%	1.4	1	0
Child & LD	Townend Court	Learning Disability	36.9	56%	24.59	21.9%	↑	0.0%	→	44%	88%	88%	112%	2	47	0	0	27.3%	95.2%	90.9%	96.0%	14.7%	4.6	3	3
	Inspire	CAMHS	64.5	64%	35.05	16.7%	↑	6.6%	↓	66%	84%	86%	97%	6	52	0	0	89.8%	75.8%	60.9%	80.0%	1.7%	-1.3	2	1
CH	Granville Court	Learning Disability Nursing Treatment	51.0	Not Avail	n/a	26.3%	↑	13.9%	↓	101%	92%	100%	100%	0	2	0	0	No Ret	80.5%	75.0%	83.3%	0.0%	2.0	2	1
	Whitby Hospital	Physical Health Community Hospital	44.6	39%	9.57	1.2%	↑	0.0%	→	100%	86%	100%	94%	1	0	0	n/a	73.3%	84.5%	84.2%	83.3%	0.0%	1.2	2	1
	Malton Hospital	Physical Health Community Hospital	23.5	39%	12.50	Not on eRoster	→	Not on eRoster	→	82%	103%	100%	105%	0	0	0	n/a	100.0%	71.5%	75.0%	50.0%	10.0%	6.0	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.

Only 3 wards have RN fill rates on days above the upper threshold and 6 wards are below the lower threshold. In most instances this means that shifts are being run with only 1 qualified staff. However CHPPD levels remain above the threshold with the exception of Ouse and Pine view. The low CHPPD for these wards reflects the low levels of dependency of the patient population and a lower national benchmark. The clinical supervision on MVL has risen slightly in August to 64%; supervision on TEC has risen to 44% with local plans in place to improve further. PICU ILS compliance has risen to 69.3% and Inspire has risen slightly to 63.7%. Both teams have been offered tailored session to improve compliance further. 2 further sessions of BLS have taken place at Malton since July so an improvement in their compliance should be seen in the next report.

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

In respect to the low CHPPD position for Pineview and Ouse wards, this is due to the patients on these wards being low acuity and therefore need less staffing that a normal ward/unit.

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

OBD RAG ratings for Safer Staffing for Specialist are: Less than 50% = Red and More than 50% = Green

Registered Nurse Vacancy Rates (Rolling 12 months)

Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
9.10%	11.20%	10.60%	10.60%	11.16%	11.90%	10.30%	8.40%	8.80%	10.10%	8.92%	8.70%

Slips Trips and Falls

Rolling 3 mth	Jun-21	Jul-21	Aug-21
Maister Lodge	7	4	8
Millview Lodge	3	5	2
Malton IPU	3	2	2
Whitby IPU	1	0	0

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

PI RETURN FORM 2021-22

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Aug 2021**

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

Narrative

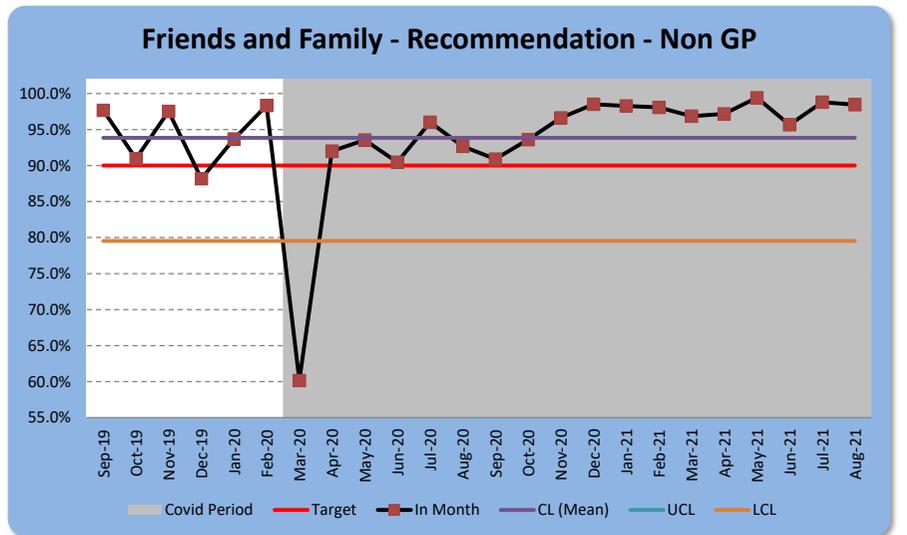
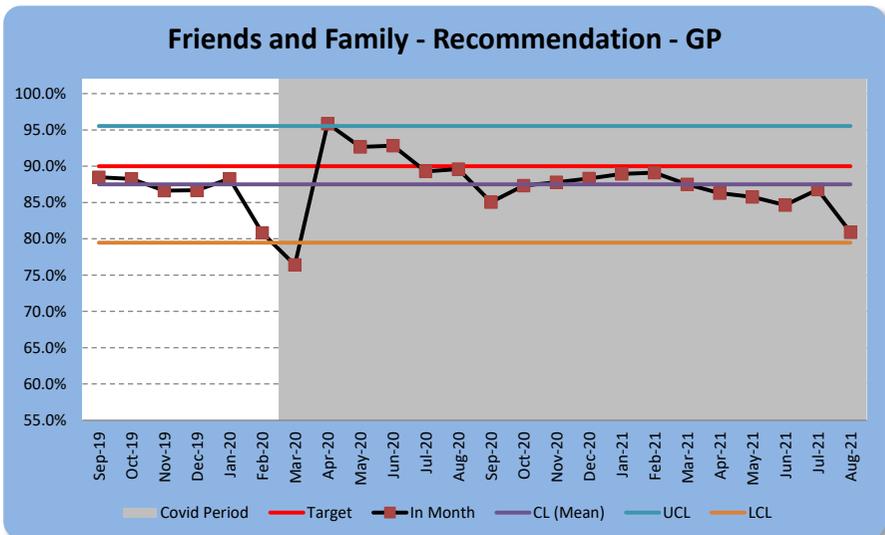
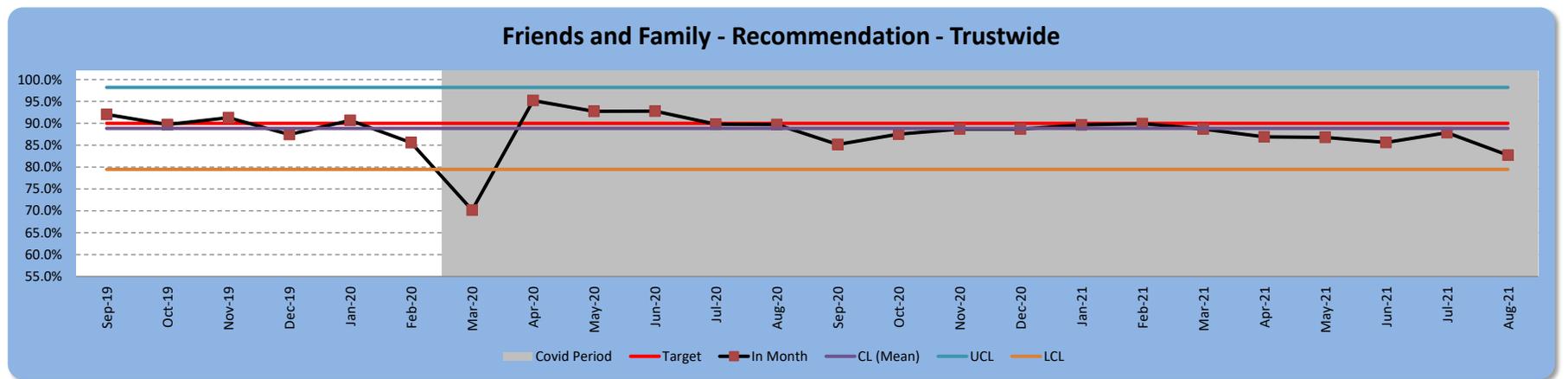
GP Recommendation remains below target and performance has dropped in August by 5.9%

Non GP has fallen just 0.4% from 98.8% to 98.4%

Target: 90%

Amber: 80%

Current month stands at 82.7%



PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2021**

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

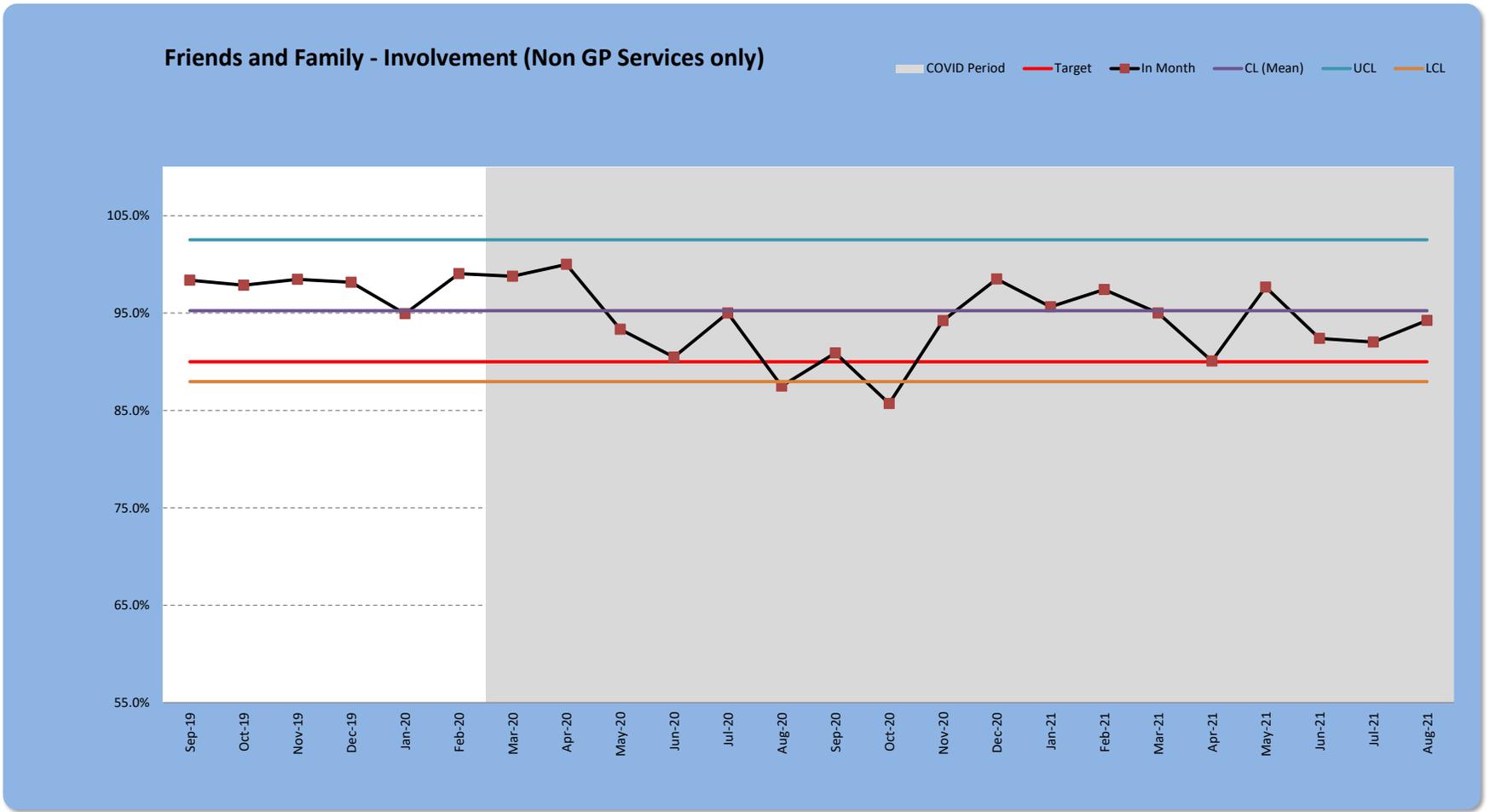
KPI Type
CA 3c %

Narrative

Performance has increased by 2.2% when compared to the previous month

Target: 90%
Amber: 80%

Current month stands at 94.2%



PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

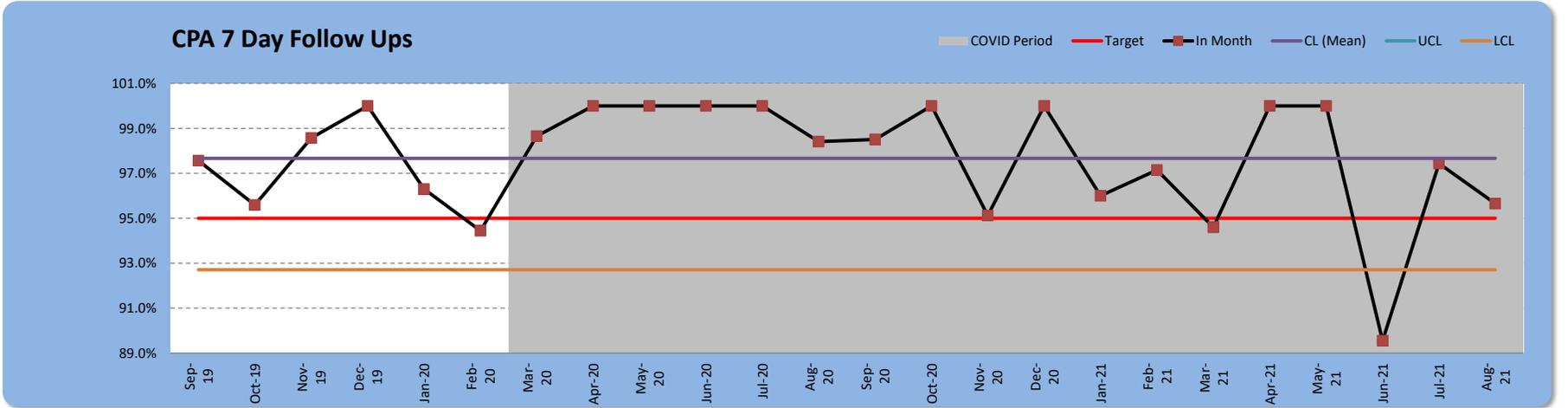
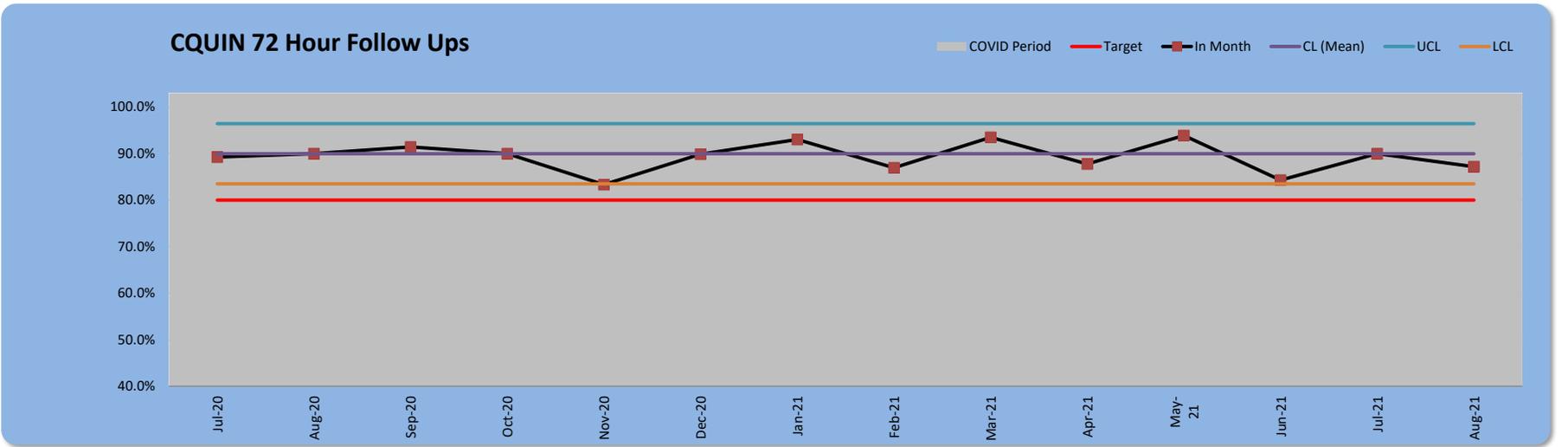
For the period ending: **Aug 2021**

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

Narrative

The 72 hours remains above target and performance against the 7 day target has also been achieved in the reporting period.

Target: 80%
 Amber: 60%
 Current month 72 hr stands at 87.2%



PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2021**

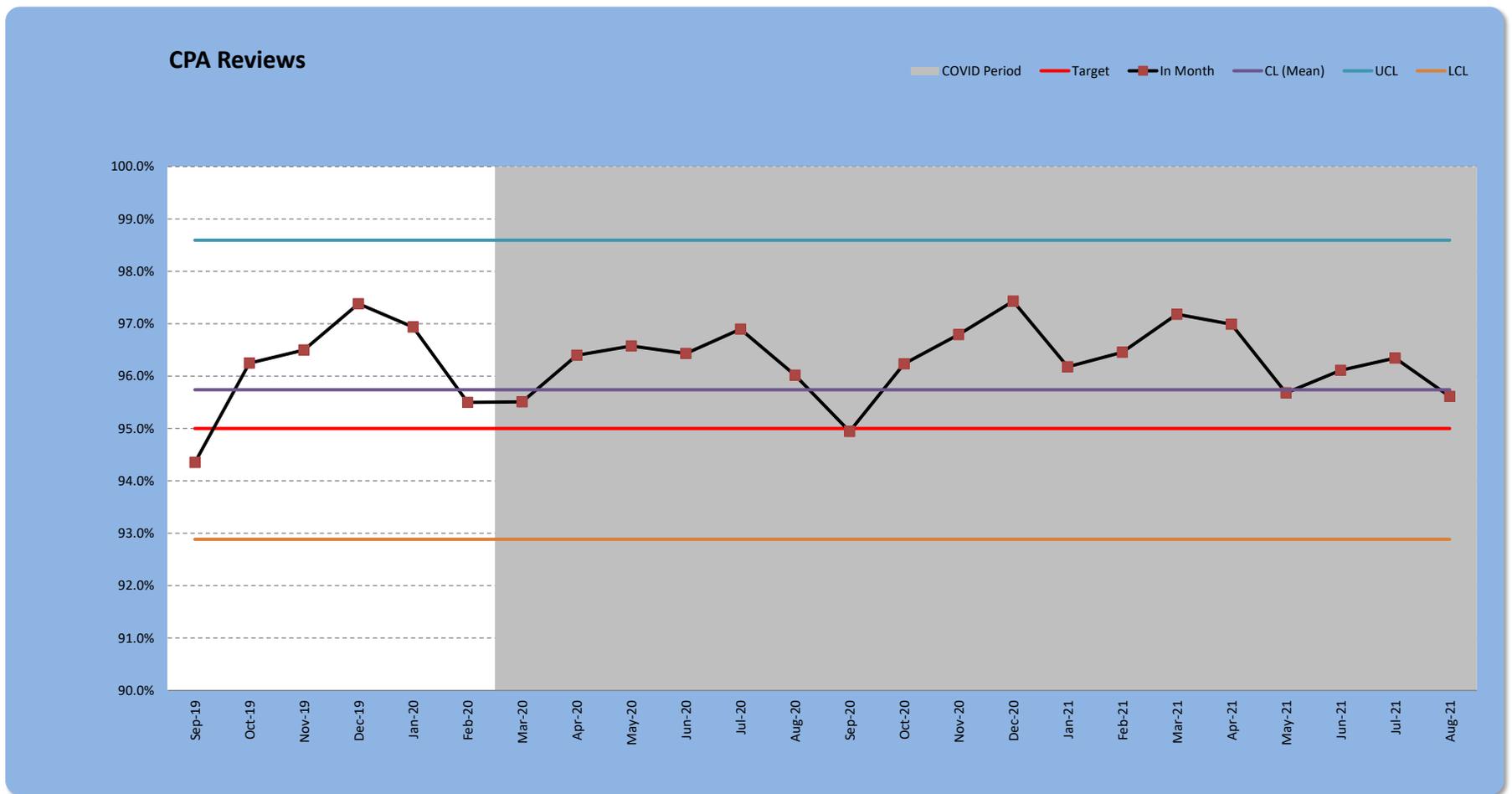
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Care Programme Reviews	This indicator measures the percentage of patients who are on CPA and have had a review in the last 12 months	Lynn Parkinson	OP 7

Narrative

Performance has decreased by 0.7% when compared to the previous month.

Target: 95%
Amber: 85%

Current month stands at 95.6%



PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2021**

Indicator Title	Description/Rationale	Executive Lead	KPI Type
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	OP 20

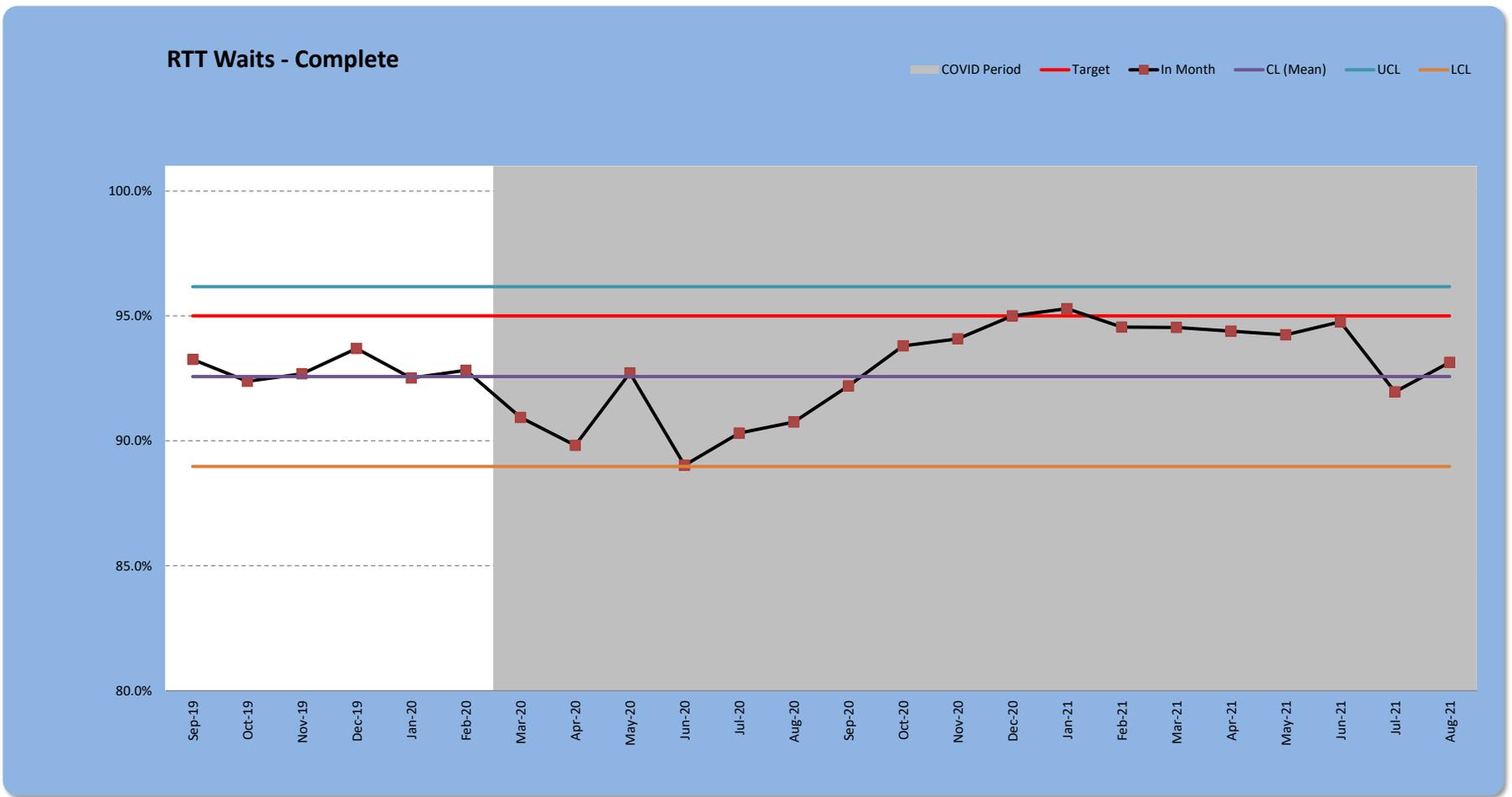
Narrative

Increase of 1.2% when compared to the previous month.

Target: 95%

Amber: 85%

Current month stands at 93.1%



PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2021**

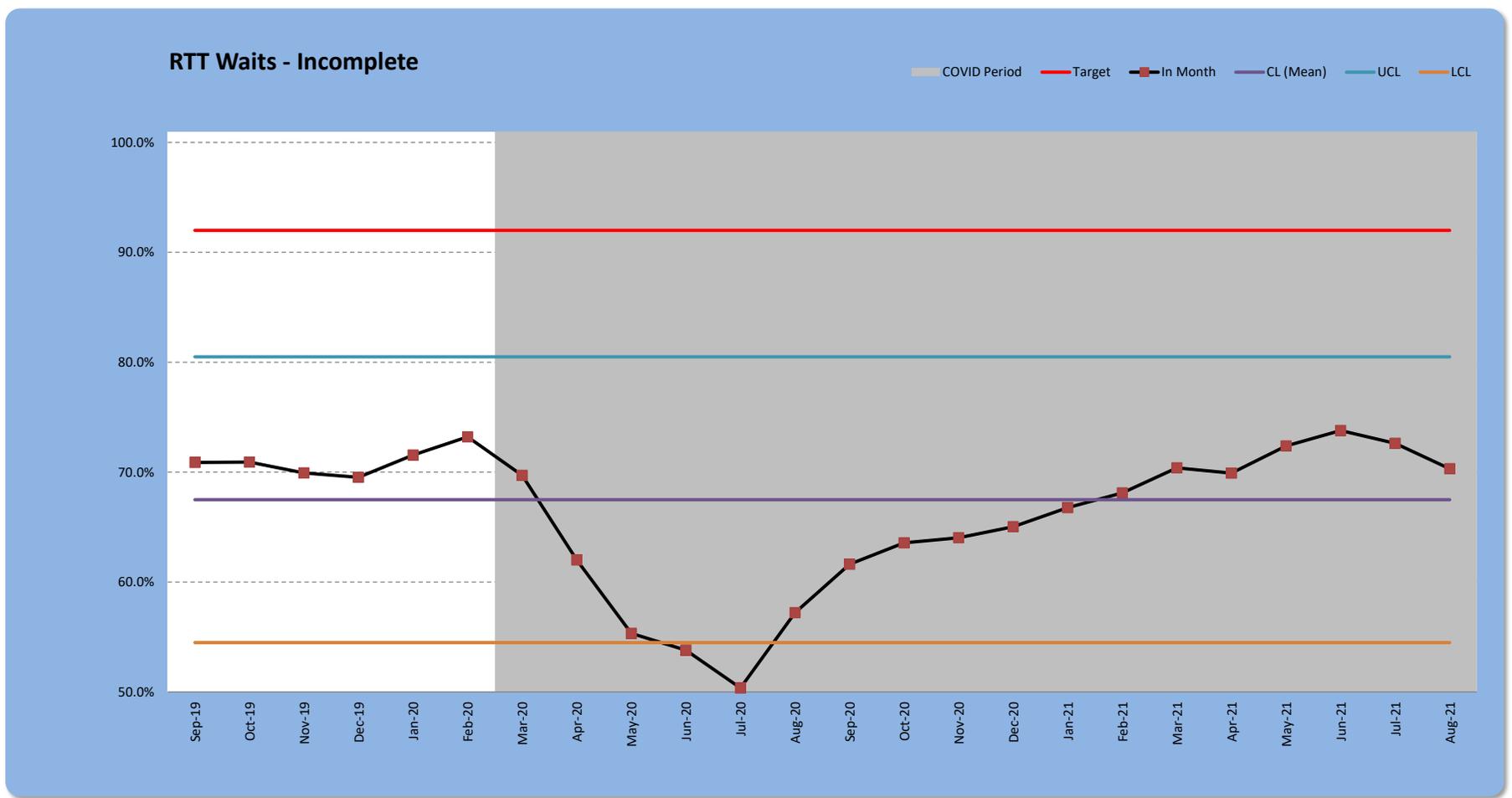
Indicator Title	Description/Rationale	Executive Lead	KPI Type
RTT Waiting Times (Incomplete Pathways)	Referral to Treatment Waiting Times (Incomplete Pathways) : Proportion of patients who have had to wait less than 18 weeks for either assessment and or treatment.	Lynn Parkinson	OP 21

Narrative

Performance has decreased by 2.3% when compared to the previous month.

Target: 92%
Amber: 85%

Current month stands at 70.3%



PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2021**

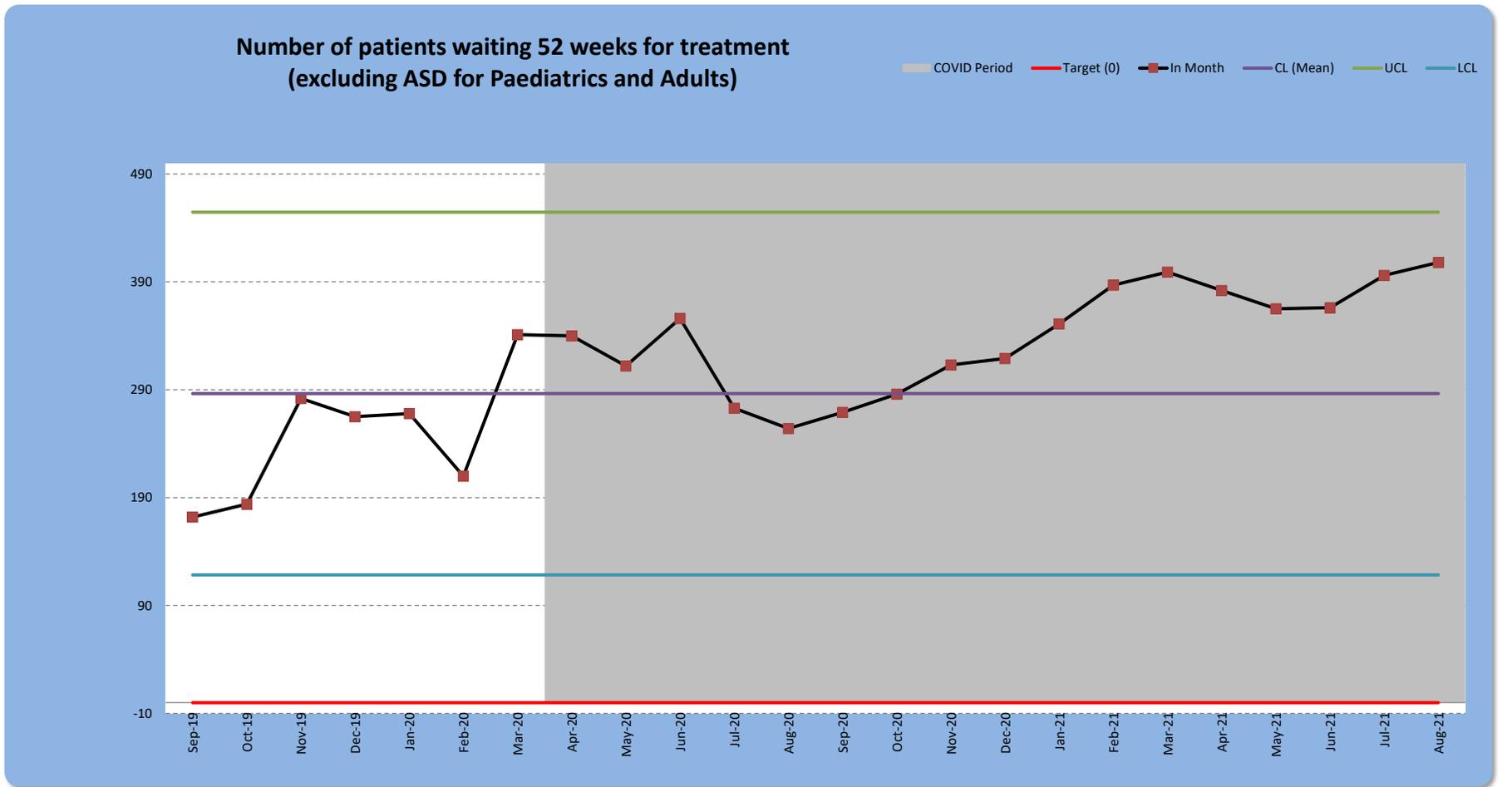
Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits	Number of patients who have yet to be seen for treatment and have been waiting more than 52 weeks	Lynn Parkinson	OP 22x

Narrative

A further 12 patients added to the waiting list when compared to the previous month.

Target: 0
Amber: 0

Current month stands at 408



PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2021**

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

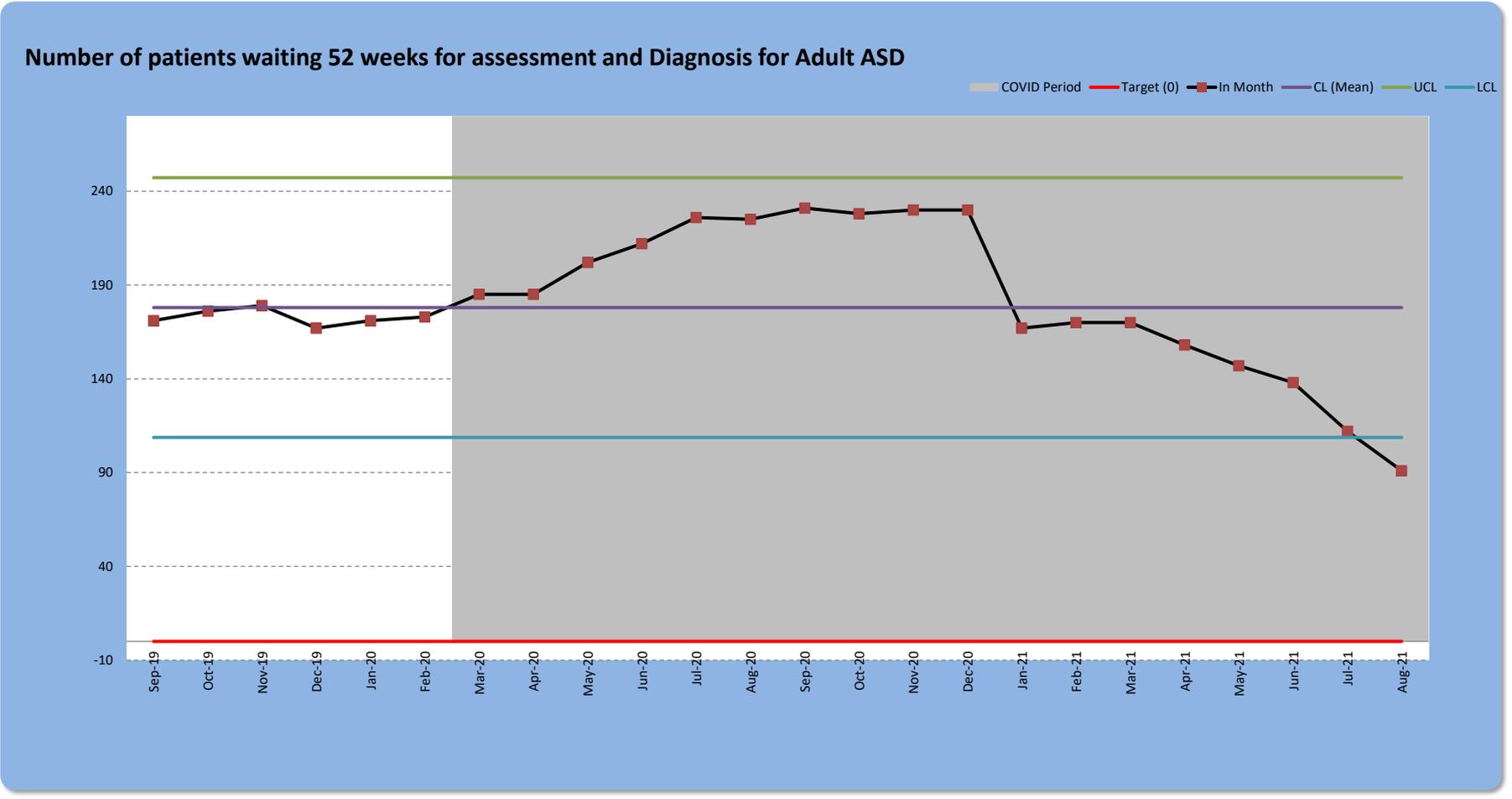
KPI Type
OP 22u

Narrative

Decrease of 21 when compared to the previous month.

Target: 0
Amber: 0

Current month stands at 91



PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2021**

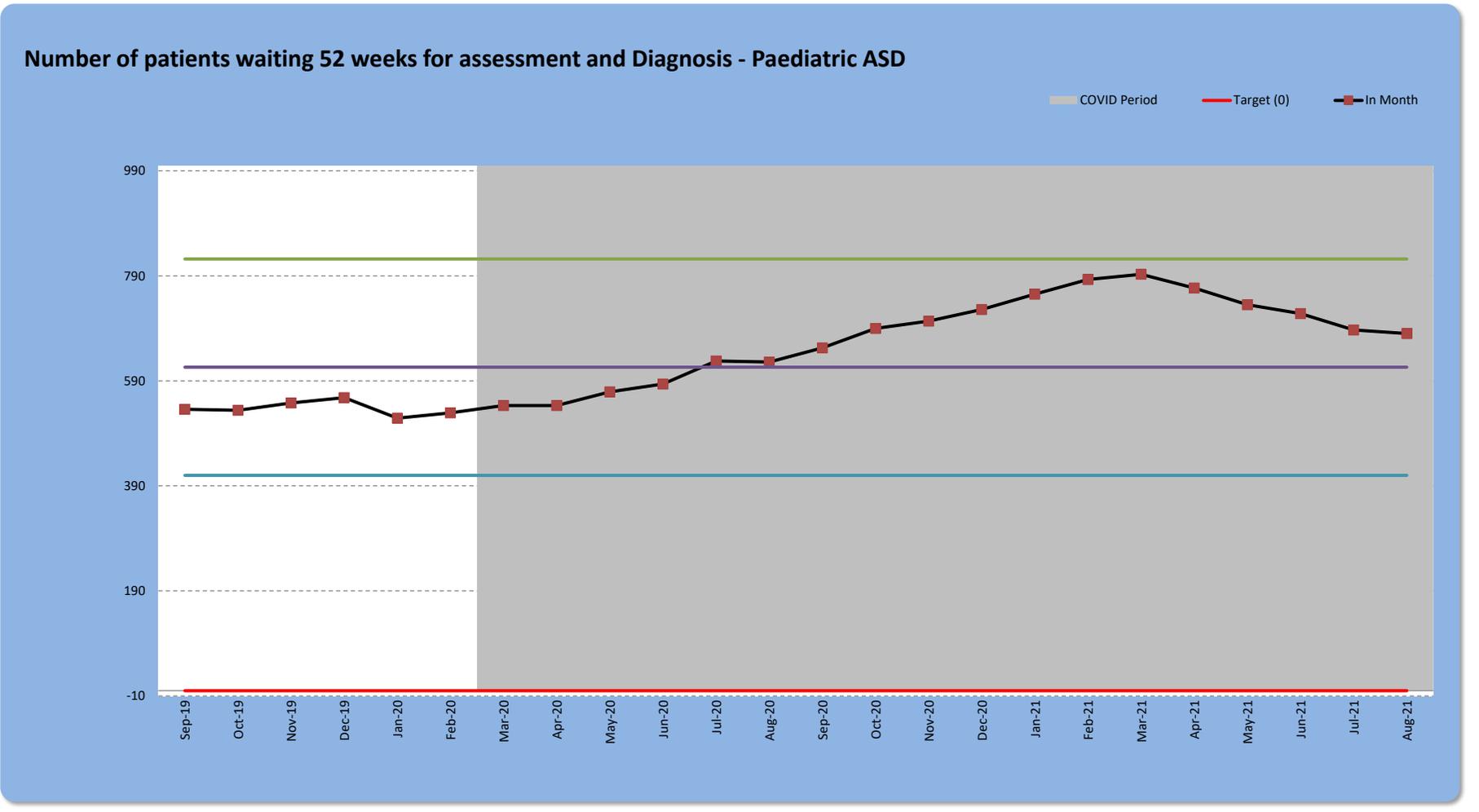
Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - Paediatric ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Children and have been waiting more than 52 weeks	Lynn Parkinson	OP 22s

Narrative

Decrease of 7 when compared to the previous reporting period.

Target: 0
Amber: 0

Current month stands at 680



PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2021**

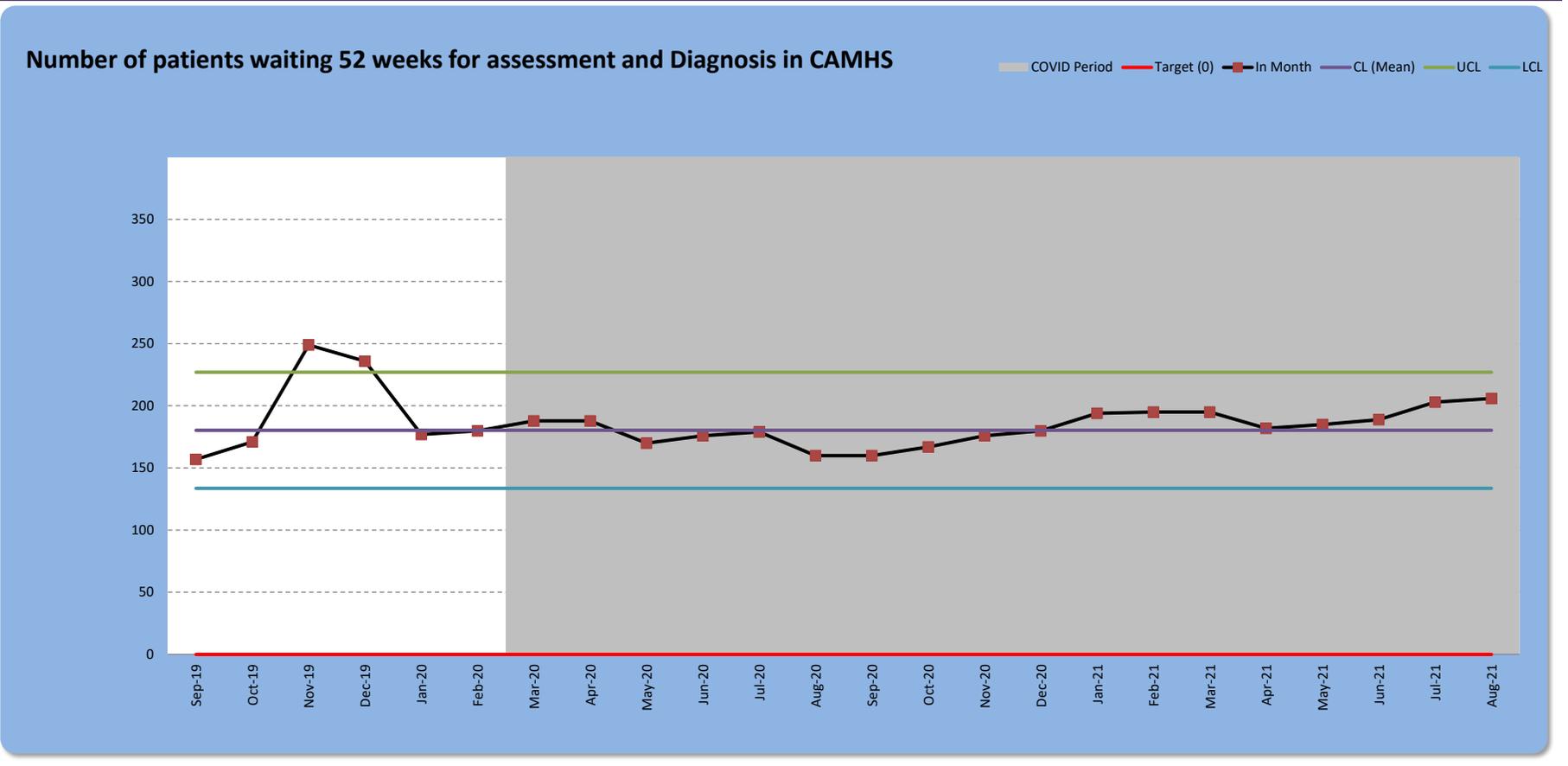
Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks (excluding paediatric ASD)	Lynn Parkinson	OP 22j

Narrative

Increase of 3 when compared to the previous month.

Target: 0
Amber: 0

Current month stands at 206



PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2021**

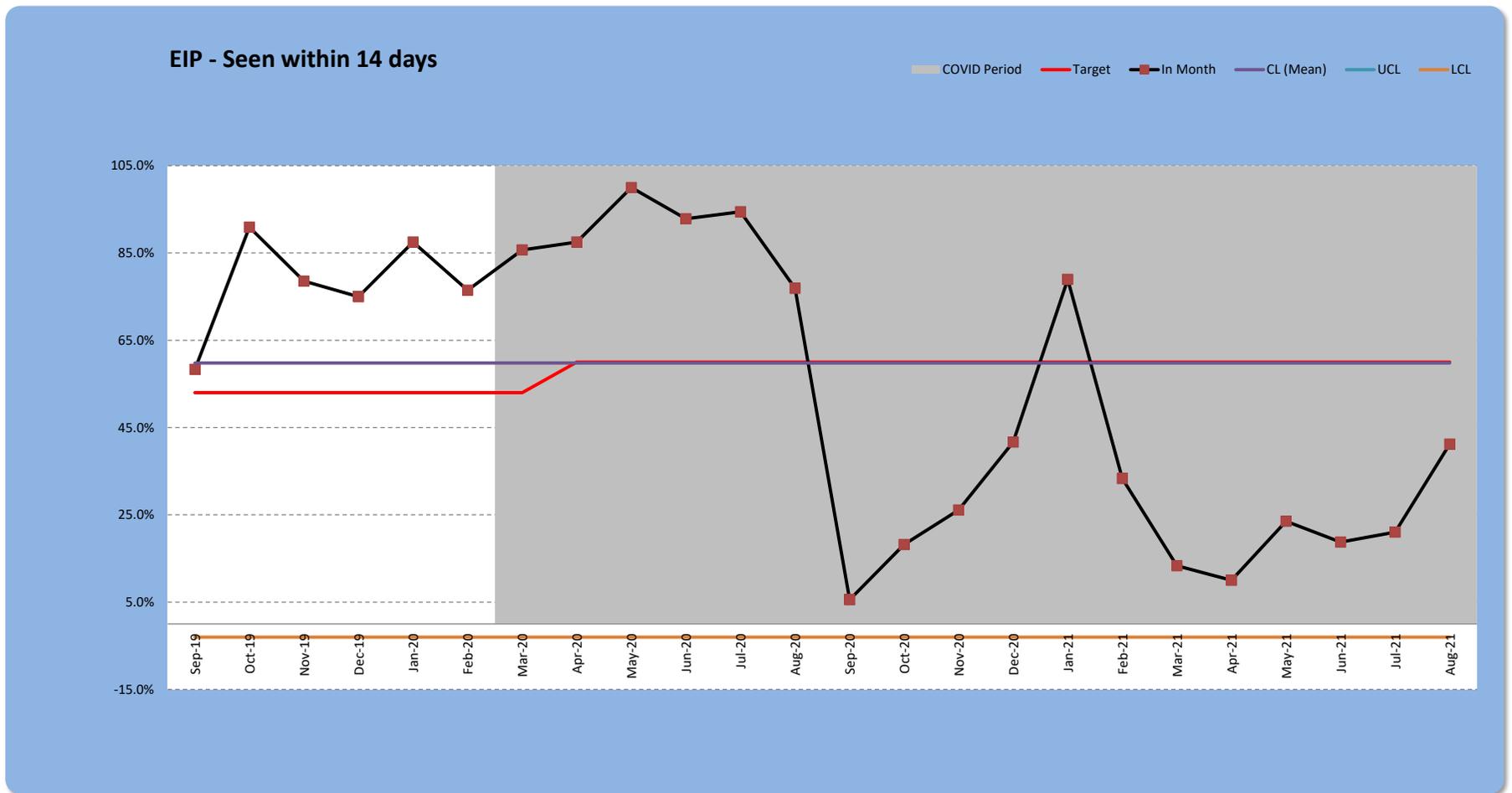
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Early Intervention in Psychosis	Percentage of patients who were seen within two weeks of referral	Lynn Parkinson	OP 9

Narrative

Increase of 20.1% when compared to the previous month and remains below target.

Target: 60%
Amber: 55%

Current month stands at 41.2%



PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2021**

Indicator Title

Description/Rationale

Improved Access to Psychological Therapies

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

Executive Lead
Lynn Parkinson

KPI Type

OP 10a

Narrative

Decreased by 6.4% in the latest reporting period. Remains above target.

Target: 75%
Amber: 70%

Current month
81.4%

IAPT - 6 weeks



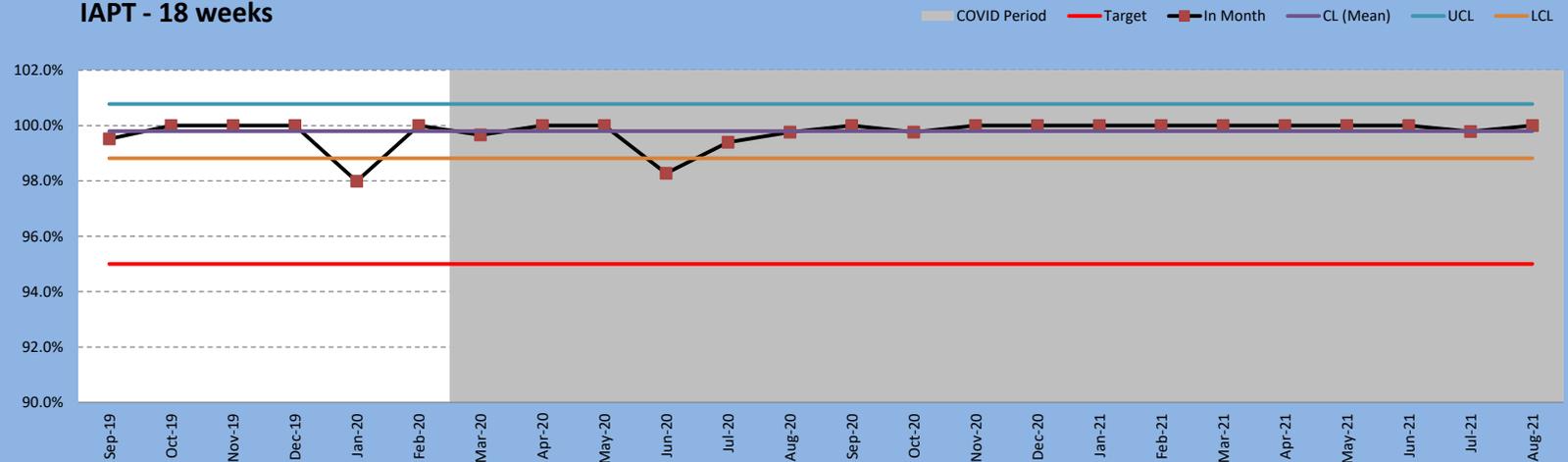
Narrative

No real change in performance levels and remains above target.

Target: 95%
Amber: 85%

Current month
100.0%

IAPT - 18 weeks



PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2021**

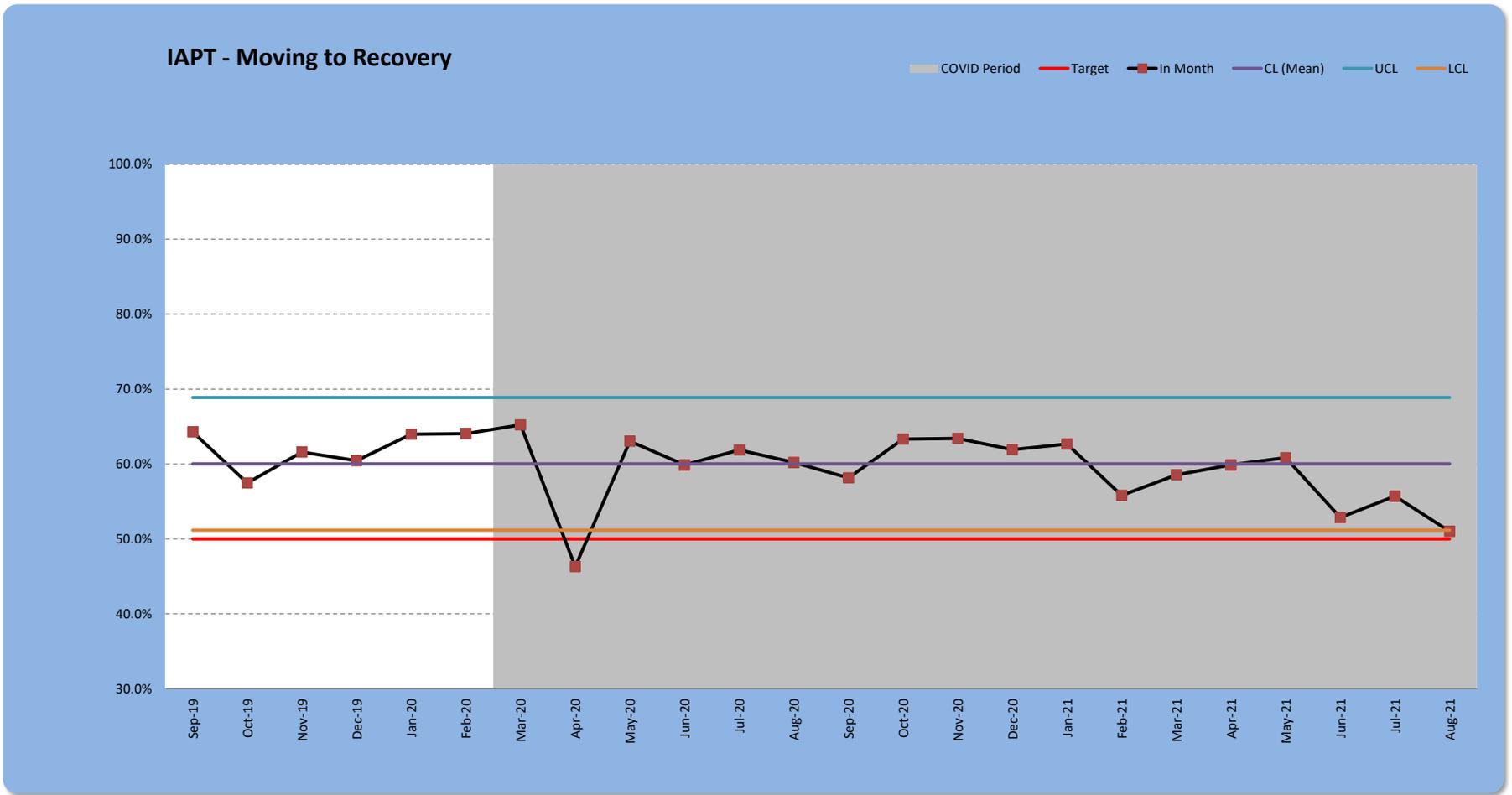
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Improved Access to Psychological Therapies	This indicator measures the Recovery Rates for patients who were at caseness at start of therapeutic intervention	Lynn Parkinson	OP 11

Narrative

Performance has decreased by 4.7% but remains above the 50% target

Target: 50%
Amber: 45%

Current month stands at 51.0%



PI RETURN FORM 2021-22

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Aug 2021**

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

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

An increase of 132 out of area beds days compared to Jul-21

Total number of patients out of area within month **39**

Patients OoA - Split

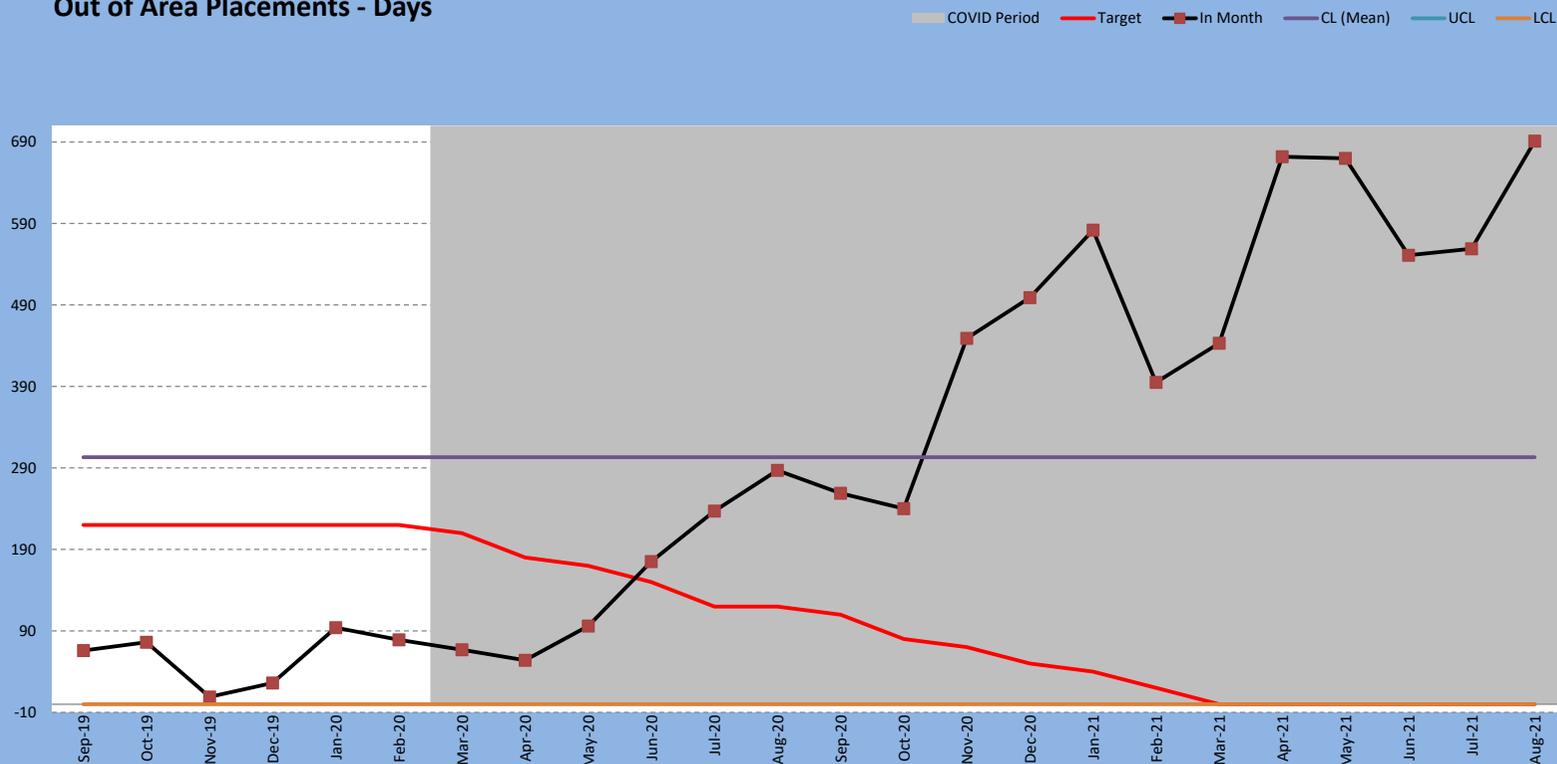
	# days	# patients
Adult	166	17
OP	359	16
PICU	166	6

Target: 0

Amber:

Current month stands at **691**

Out of Area Placements - Days



PI RETURN FORM 2021-22

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Aug 2021**

Indicator Title

Description/Rationale

Executive Lead
Lynn Parkinson

KPI Type

Out of Area Placements

Number of days that Trust patients were placed in out of area wards - split by service

ST 4 split

Narrative

For this sheet, out of area beds are split into the three service areas

Prior to the Covid period, out of area beds were very low for all services and therefore the Lower Control Level (LCL) is set at zero

The split for the current month is as follows:

Aug-21	
166	Adult
359	OP
166	PICU
691	Total

Out of Area Placements - Adult



Out of Area Placements - Older People



Out of Area Placements - PICU



PI RETURN FORM 2021-22

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Aug 2021**

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

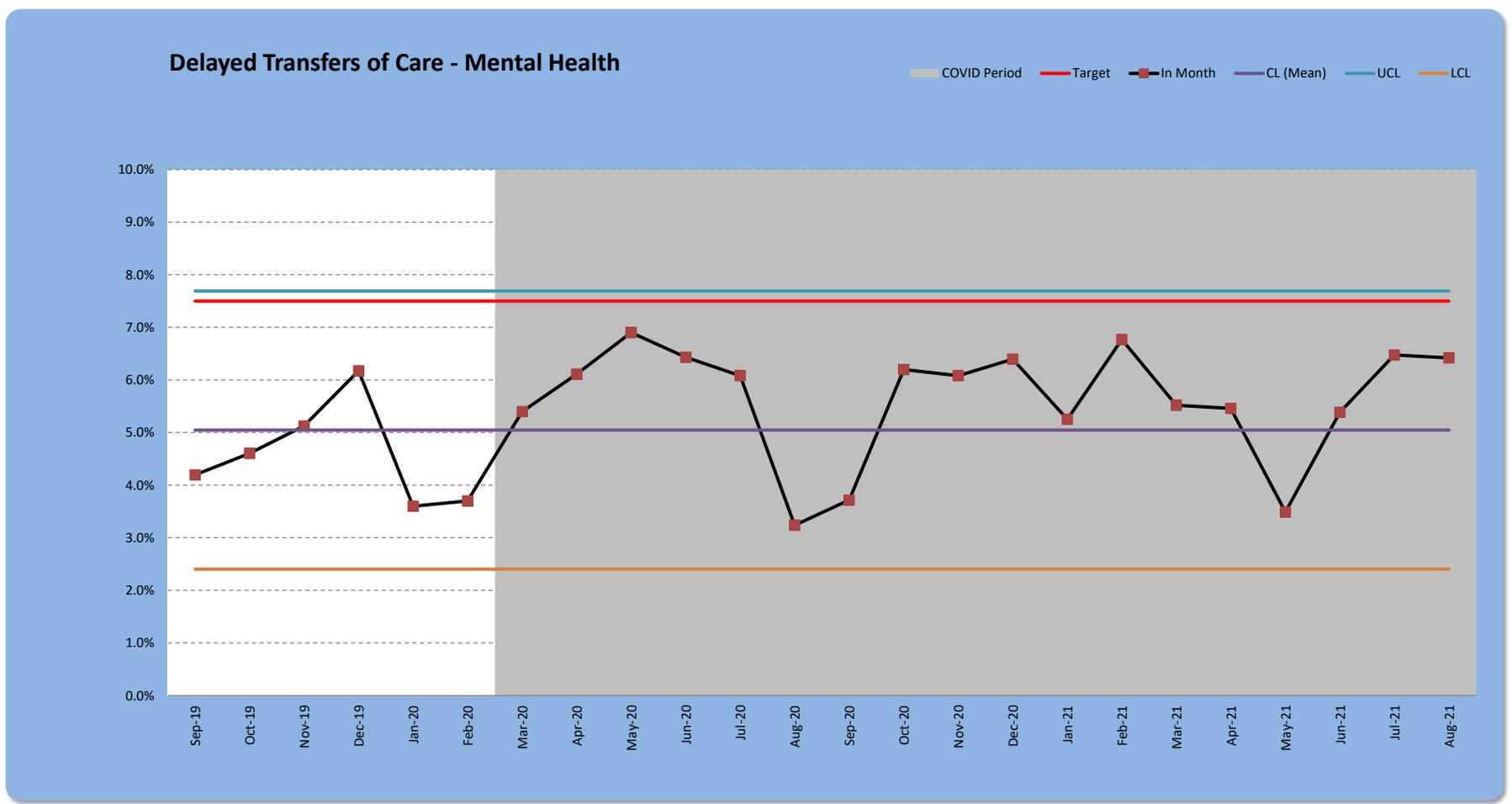
Narrative

Performance has improved by 0.1% against previous month but remains within target.

Low performance is Good.

Target: 7.5%
Amber: 7.0%

Current month stands at 6.4%



PI RETURN FORM 2021-22

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending:

Aug 2021

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

KPI Type
WL 1

Narrative

Sickness/Absence Rate has improved by 0.1% when compared to the previous month.

Aug-21 Rolling 12 month figure is within target reporting at 4.70%

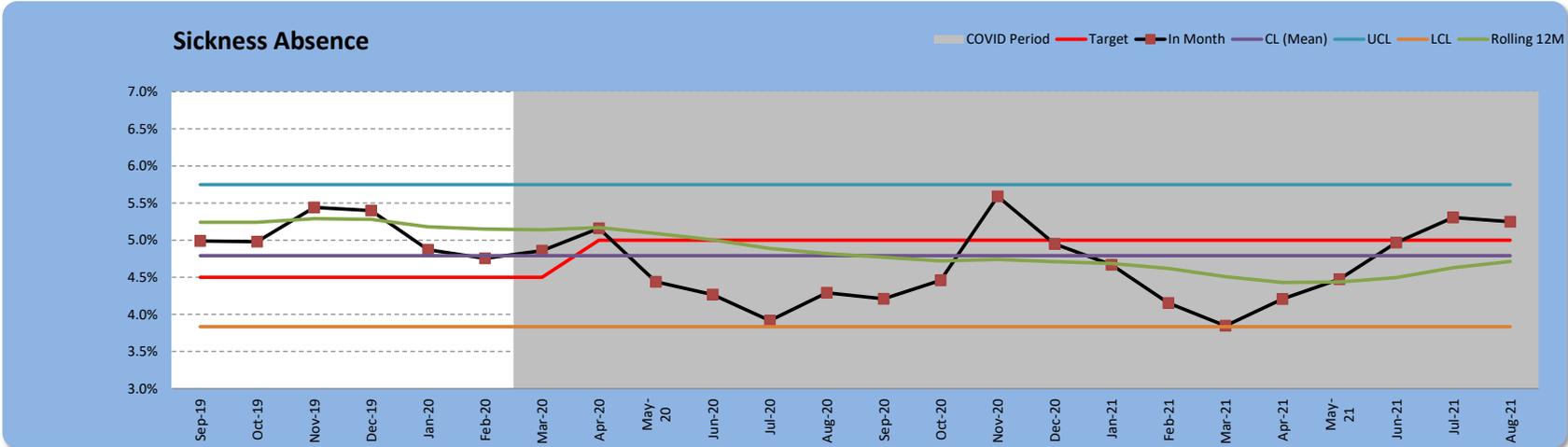
Slight increase in Covid sickness reported for this month

Low performance is good.

Target: 5.0%

Amber: 5.2%

Current month 5.3%



PI RETURN FORM 2021-22

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Aug 2021**

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

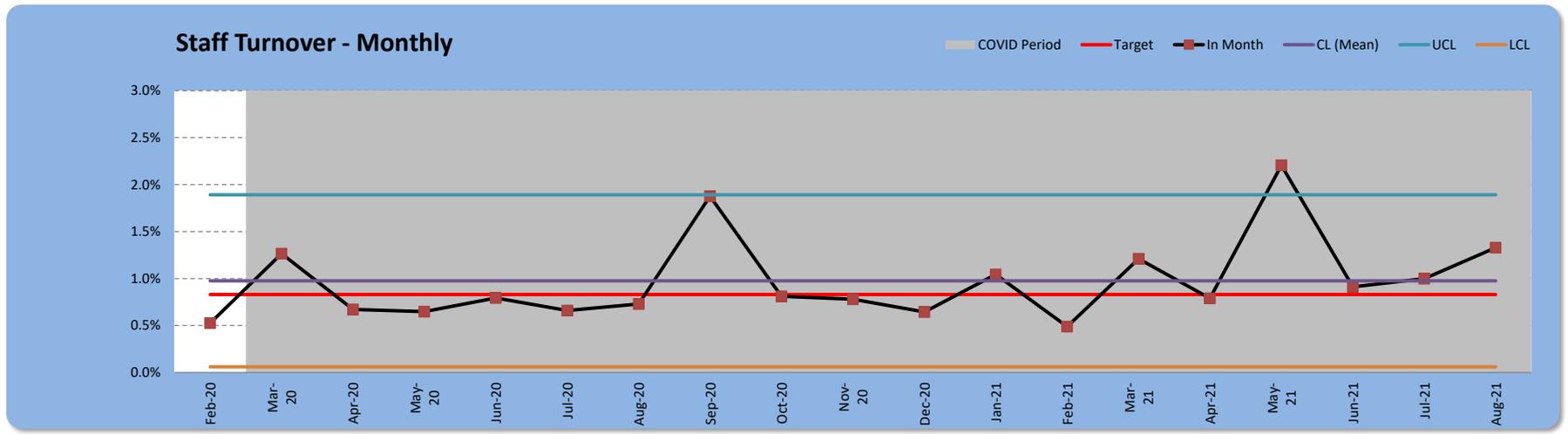
Staff Turnover has increased by 0.3% in the reporting period

Low Performance is good

Target: 0.83%

Amber: 0.70%

Current month stands at 1.3%



Narrative

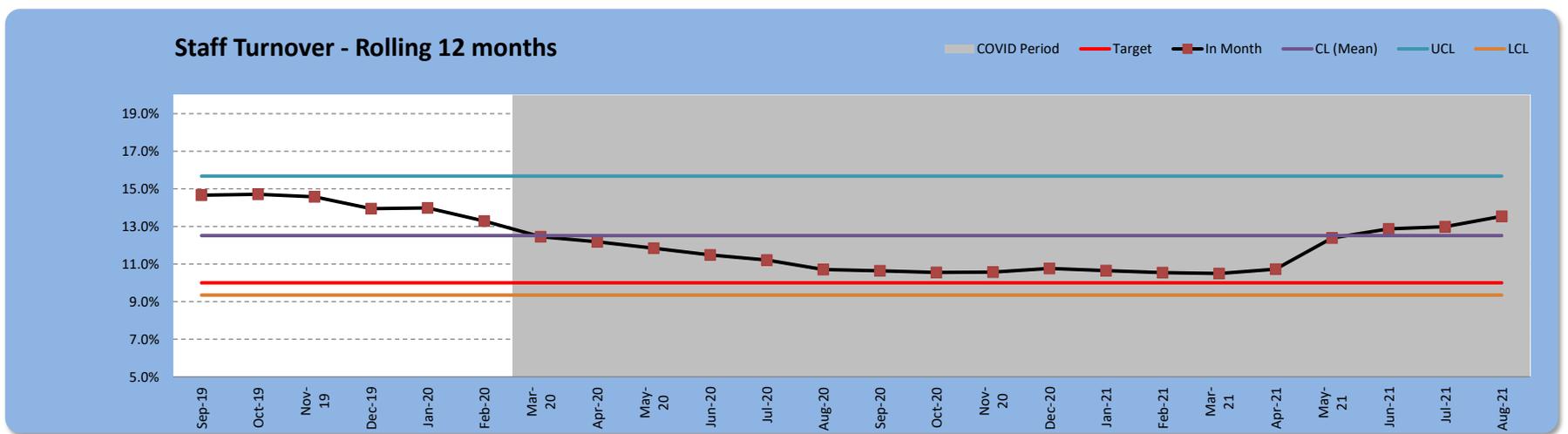
Exceeds Target.

Low Performance is Good.

Target: 10%

Amber: 9%

Current month stands at 13.5%



PI RETURN FORM 2021-22

Goal 5 : Maximising an Efficient and Sustainable Organisation

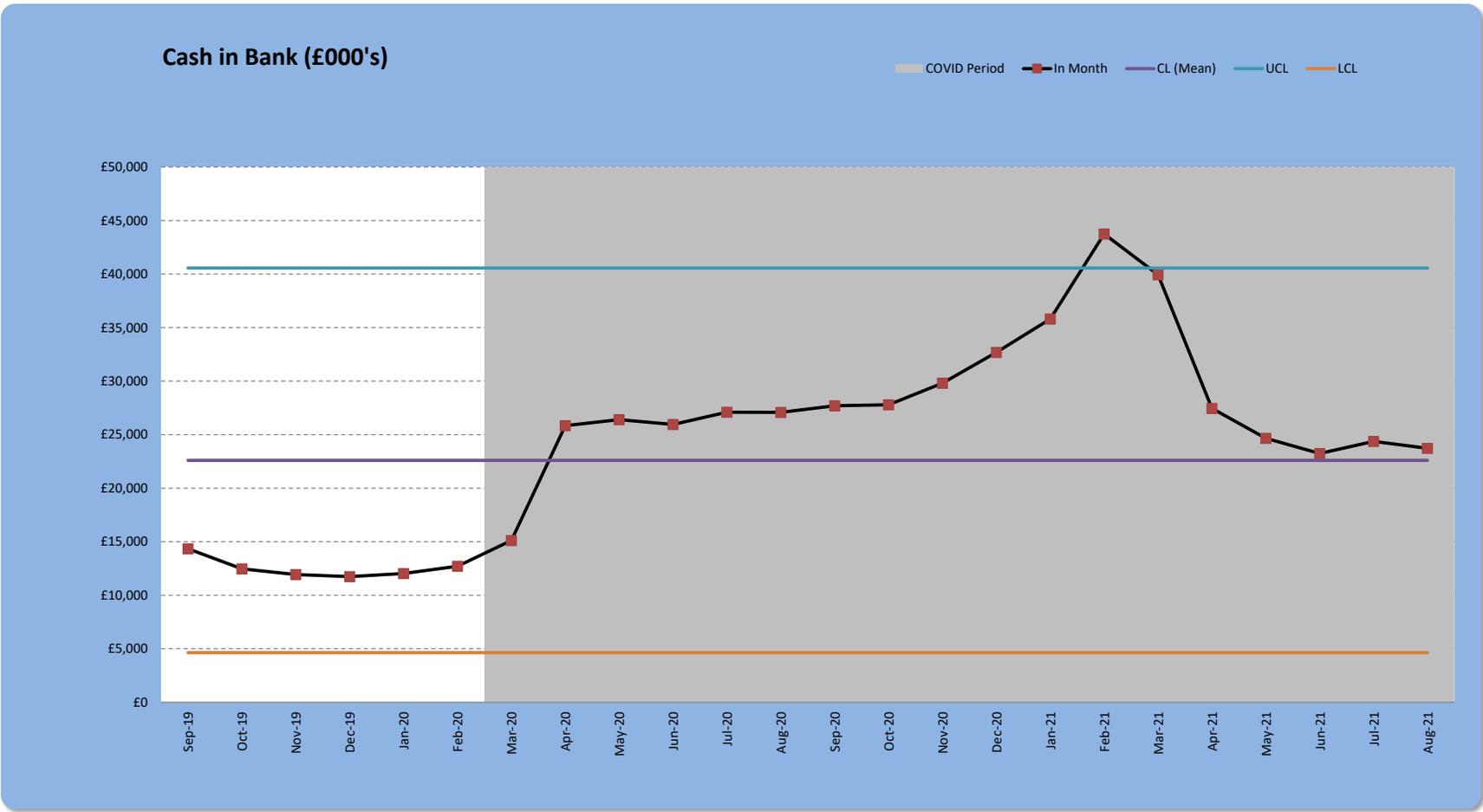
For the period ending: **Aug 2021**

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.

Current month stands at £23,718 ,000



PI RETURN FORM 2021-22

Goal 5 : Maximising an Efficient and Sustainable Organisation

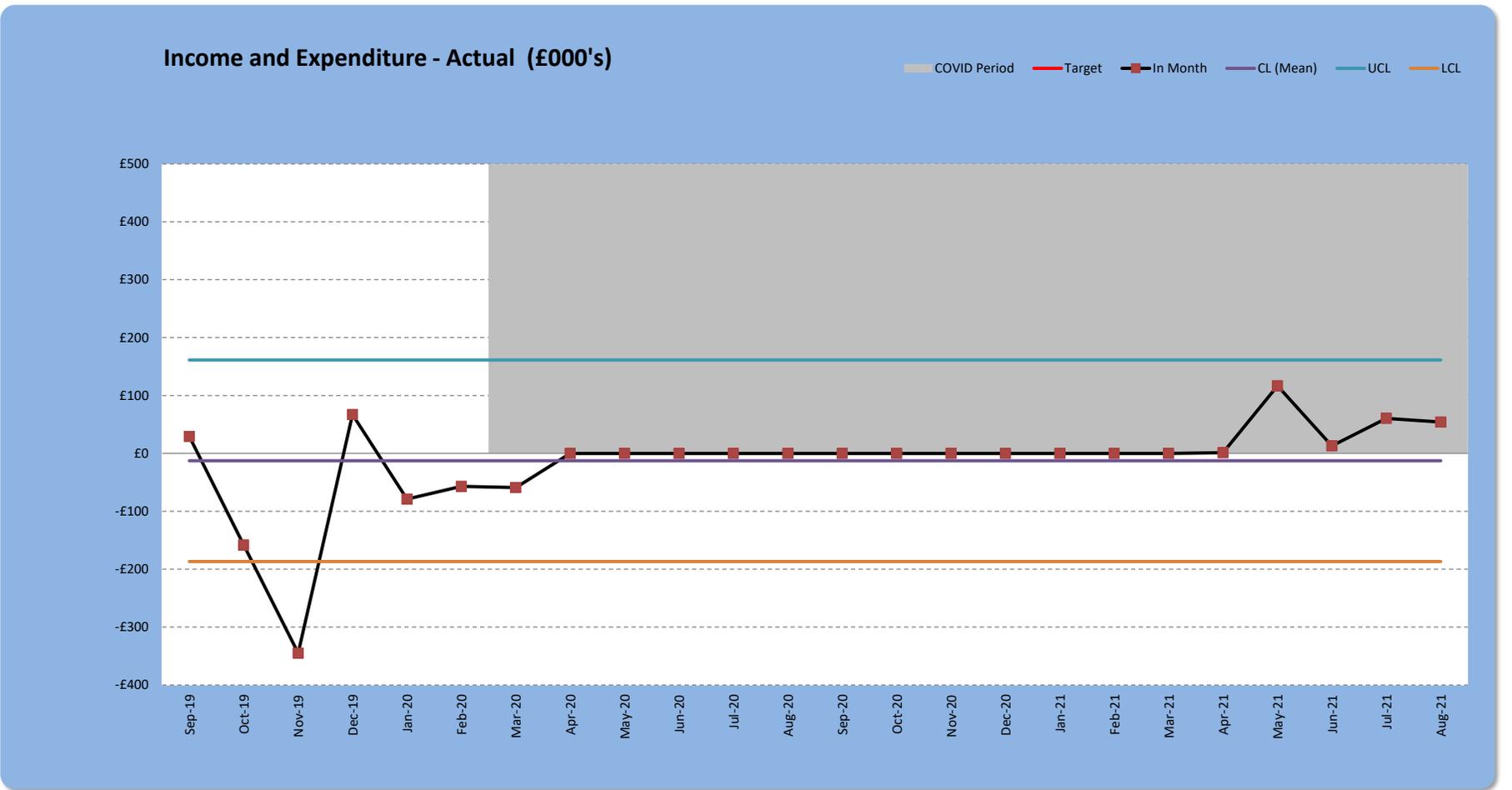
For the period ending: **Aug 2021**

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

Narrative

The Trust shows an decrease of £6,000 compared to previous month

Target:
Amber:
Current month stands at £54 ,000



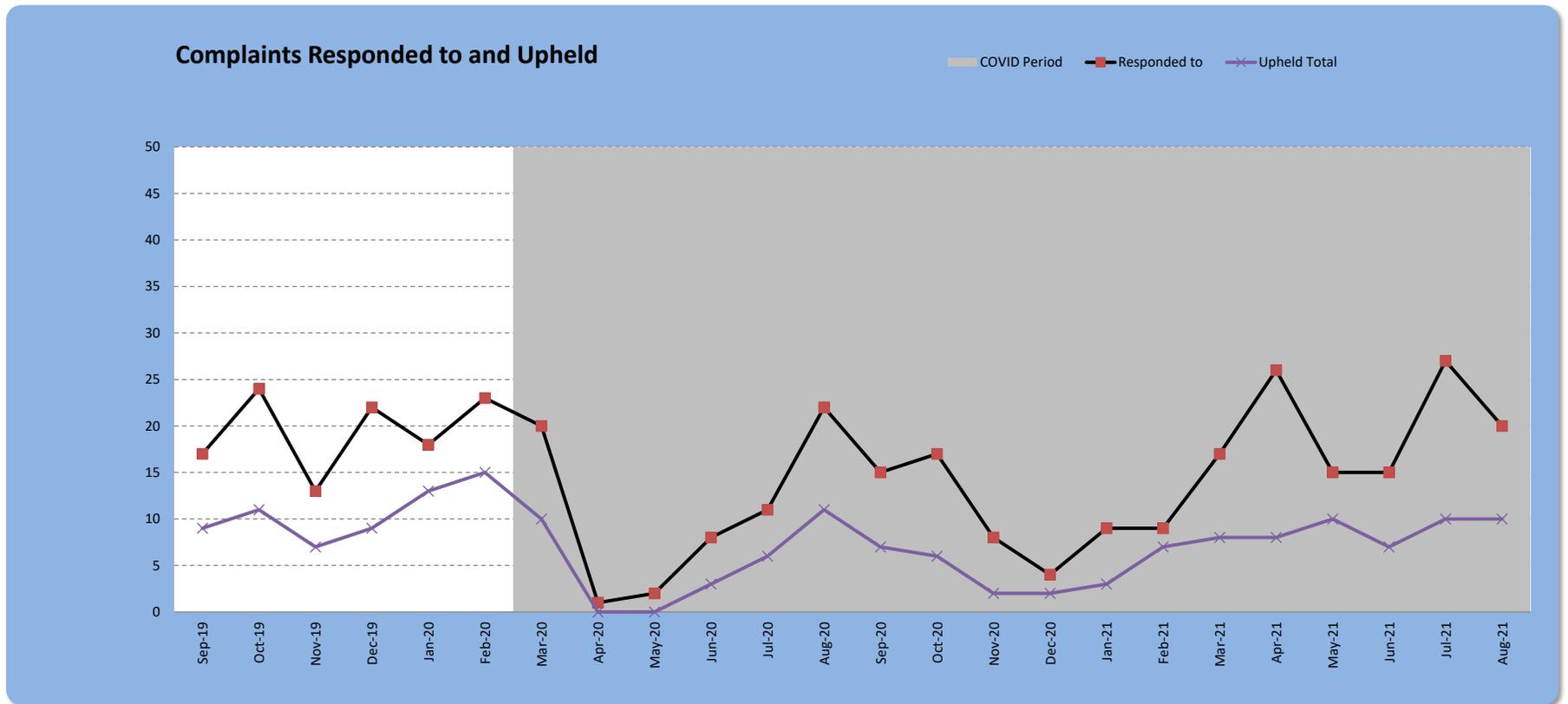
PI RETURN FORM 2021-22

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Aug 2021**

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

Narrative
<p>During the month, the following number of complaints were responded to</p> <p style="text-align: center;">20</p> <p>Of the number of complaints responded to in the month</p> <p style="text-align: center;">10</p> <p>were upheld which equates to</p> <p style="text-align: center;">50.0%</p>
YTD Upheld
50.0%



PI RETURN FORM 2021-22

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Aug 2021**

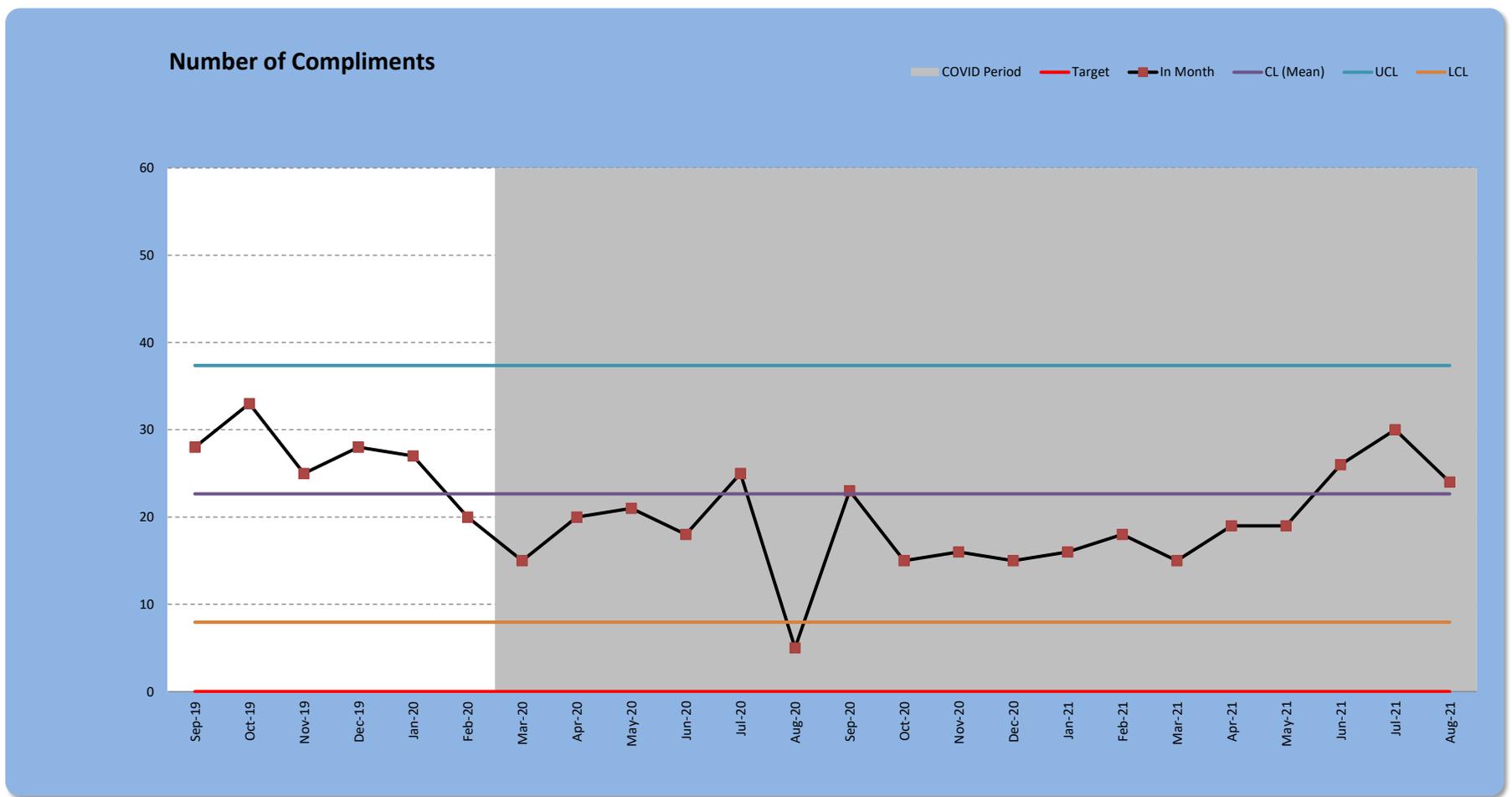
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Compliments	Chart showing the number of compliments received into the Trust	John Byrne	IQ 7

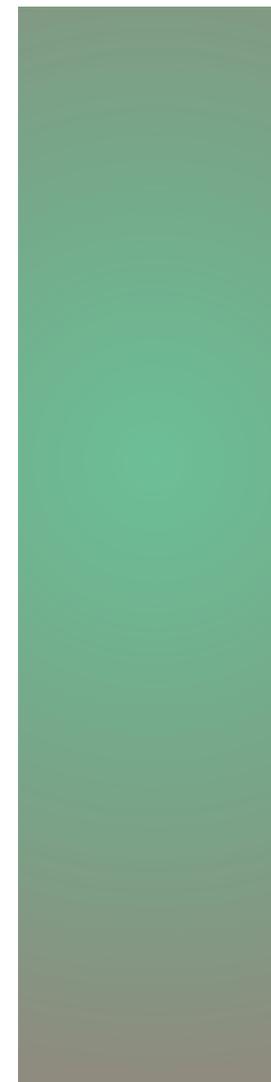
Narrative

There were **24** compliments received in the month

Target: 0
Amber: 0

Current month stands at **24**





Executive Team:

Chief Executive: Michele Moran

Chairman: Sharon Mays

Chief Operating Officer: Lynn Parkinson

Director of Finance: Peter Beckwith

Director of Workforce and Organisational Development: Steve McGowan

Medical Director: John Byrne

Director of Nursing: Hilary Gledhill

Issue Date: 20/09/2021

CYP ASD Waiting List Trajectories- weekly update

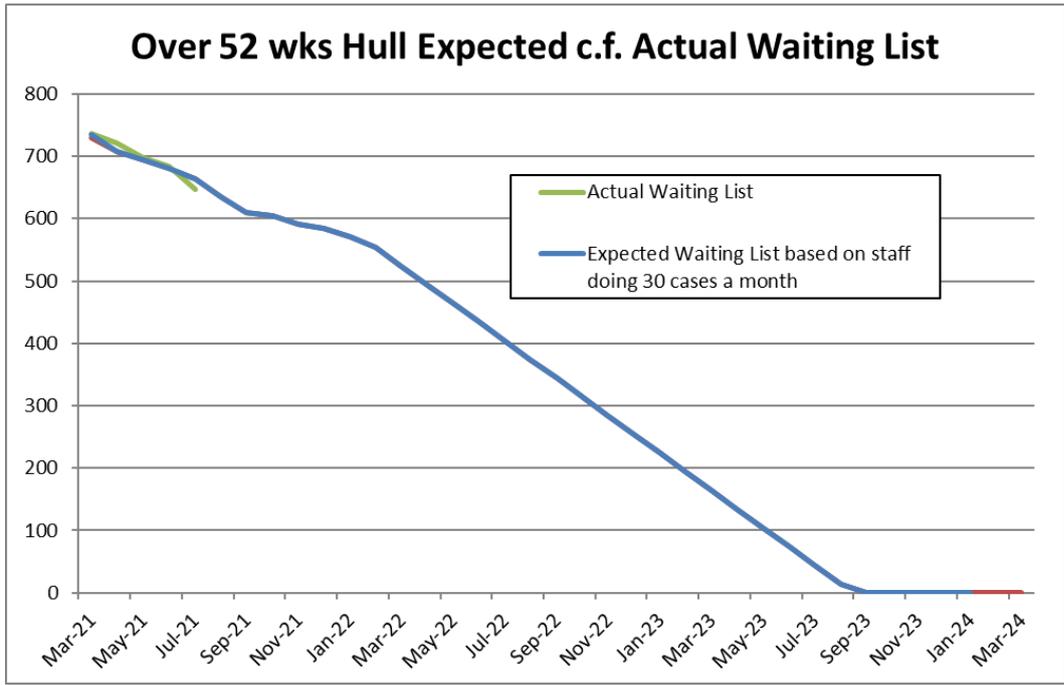
At the beginning of March 2021 there were 1,102 children and young people (CYP) currently waiting for the start of an assessment across both Hull and ERY, of which 810 have waited over 52 weeks, leaving 292 cases under 52 weeks.

To track the service progress in reducing the over 52 weeks waits the below trajectories have been compiled. The trajectory below is based on staff undertaking 30 assessments a month in Hull.

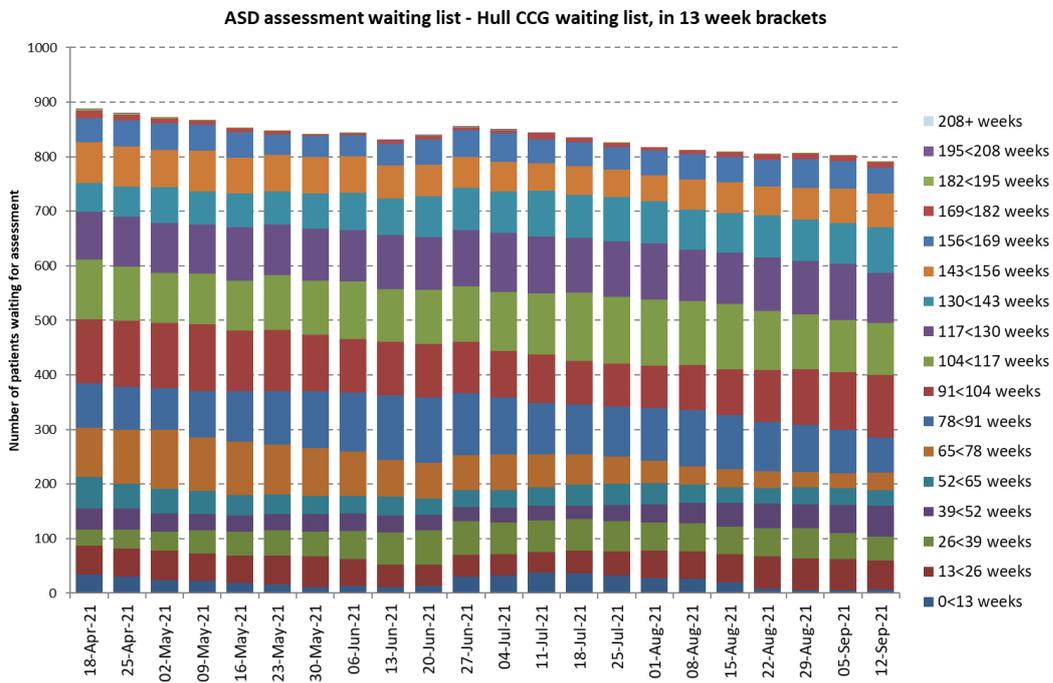
The projections below assume that referrals are seen in date order. It allows for the fact that existing referral waiting times will continue to grow until they are seen, and also for the number of cases which will tip into the over 52 weeks wait zone as time elapses.

Hull actual weekly figures from 3rd March 2021 onwards

Date	Number 52 weeks +	Number 52 weeks -	Total waiting
03/03/21	729	159	888
11/03/21	732	159	891
18/03/21	733	156	889
25/03/21	736	156	892
04/04/21	734	161	895
10/04/21	733	160	893
17/04/21	729	160	889
24/04/21	722	159	881
16/05/21	710	147	857
23/05/21	697	149	846
30/05/21	699	147	846
06/06/21	702	144	846
14/06/21	699	152	847
05/07/21	690	161	851
12/07/21	684	161	845
19/07/21	675	161	836
26/07/21	664	162	826
09/08/21	647	166	813
22/08/21	642	166	806
12/09/21	632	160	792



NB: after Feb 22 more data is required to be inputted to complete this trajectory to estimate the number of cases which will tip into the 52 week waits.



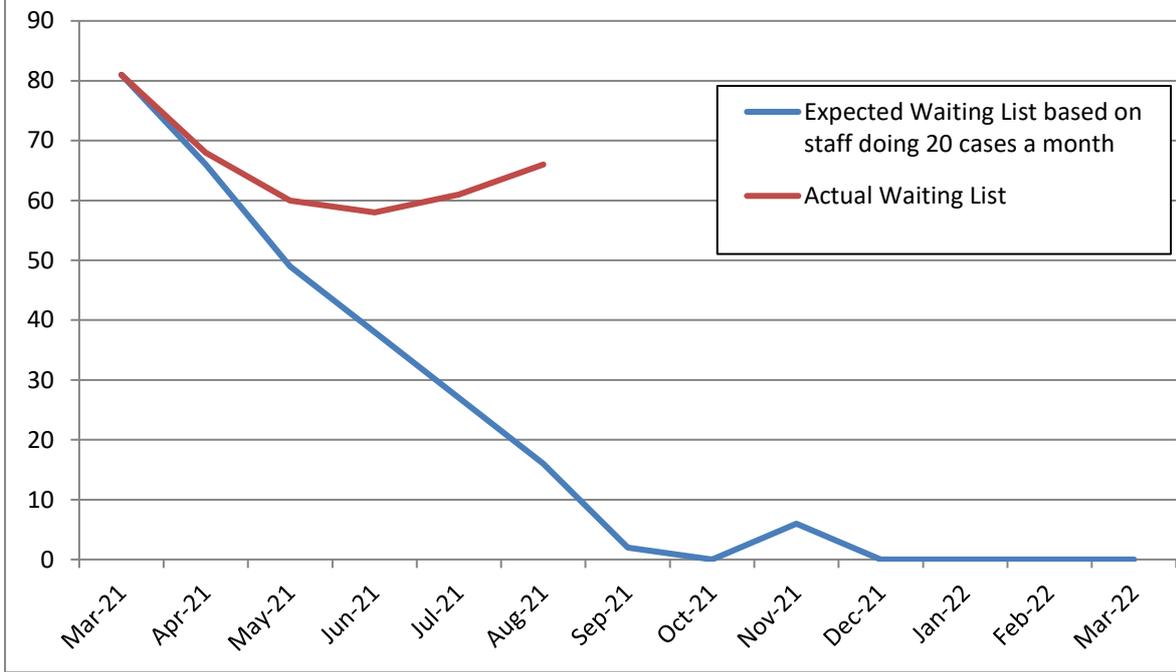
The above chart demonstrates the downwards trajectory in Hull cases if 30 assessments are undertaken a month. The team began implementing a new model in March 2020 which is estimated to speed up the number of assessments which can be completed and will demonstrate progress towards the end of April.

The trajectory for East Riding was based on the commencement of 20 assessments per month. The East Riding team is made up of a small number of staff and staff absence has resulted in a very limited number of new assessments being commencing throughout July and August. The service have commissioned an additional 12 digital assessments per month (total 32 per month across Hull & ER) which will be focussed on those relevant patients on the East Riding waiting list and, going forward, and the Service will manage both the Hull and East Riding waiting lists equitably according to length of wait. Significant recruitment is taking place for Teams Leaders and Psychologists which will support the transformation of the neurodiversity services.

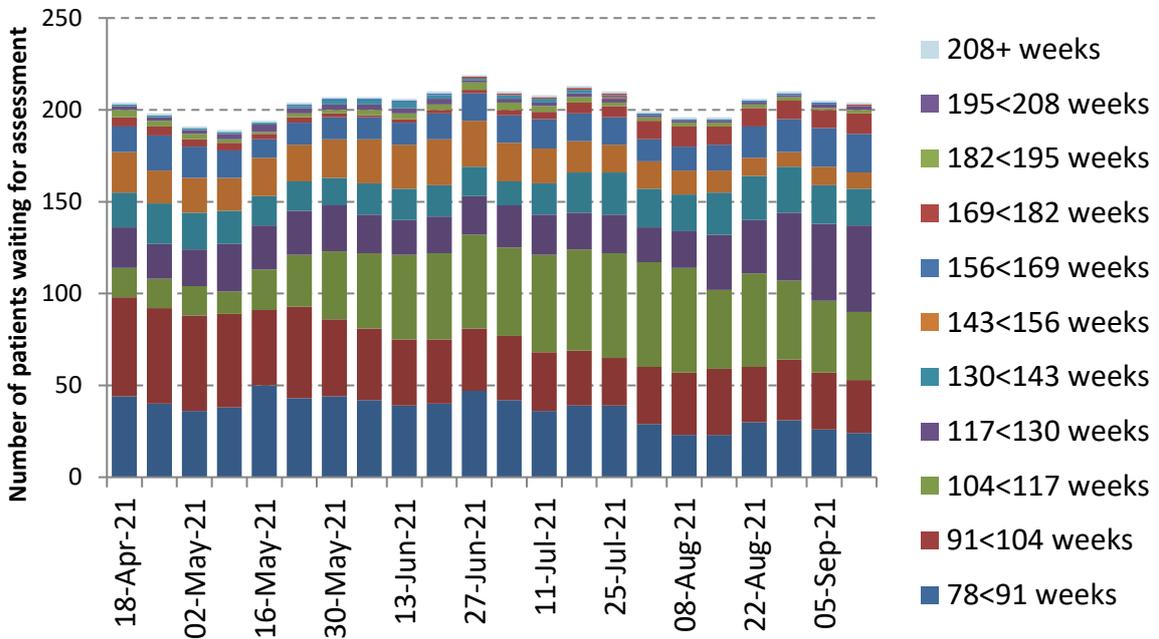
East Riding actual weekly figures from 3rd March 2021 onwards

Date	Number 52 weeks +	Number 52 weeks -	Total waiting
03/03/21	81	133	214
11/03/21	77	135	212
18/03/21	71	130	201
25/03/21	73	136	209
04/04/21	73	141	214
10/04/21	68	142	210
17/04/21	68	140	208
24/04/21	68	131	199
16/05/21	54	143	197
23/05/21	58	152	210
30/05/21	60	150	210
06/06/21	61	149	210
14/06/21	65	141	206
20/06/21	67	143	210
27//06/21	65	154	219
04/07/21	61	149	210
11/07/21	64	144	208
18/07/21	68	145	213
25/07/21	66	144	210
01/08/21	62	137	199
08/08/21	61	135	196
15/08/21	63	133	196
22/08/21	65	141	206
29/08/21	65	145	210
05/09/21	66	139	205
12/09/21	66	138	204

Over 52 wk ERoY Expected c.f. Actual Waiting



ASD assessment waiting list - ERY CCG waiting list, in 13 week brackets



NB: after Feb 22 more data is required to be inputted to complete this trajectory to estimate the number of cases which will tip into the 52 week waits.

Variables and assumptions

The following sections set out the assumptions used for the trajectory. Please note that all variables have more volatile and less predictable during the COVID-19 crisis, so that projections have a greater margin for error.

Waiting over 52 weeks

We have also calculated how many patients will 'tip over' to have waits above 52 weeks each month, based on the actual waiting list, using original referral dates and projecting the elapsed days for each patient each month.

Agenda Item: 12

Title & Date of Meeting:	Council of Governors Public Meeting– 7 th October 2021																		
Title of Report:	Finance Update Report (August 2021)																		
Author:	Name: Peter Beckwith Title: Director of Finance																		
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To receive & 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 is asked to note the Finance report and comment accordingly.</p>			To approve		To receive & note	✓	For information		To ratify									
To approve		To receive & note	✓																
For information		To ratify																	
Purpose of Paper:	<p>This purpose of this report is to provide the Council of Governors with a summary of financial performance for the Trust for the 3 month period June 2021 to August 2021.</p> <p>This is to allow the Governors to be informed of the Trusts Financial Position and to enable any areas of clarification to be sought.</p>																		
Governance	<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Appointments, Terms & Conditions Committee</td> <td></td> <td>Engaging with Members Group</td> <td></td> </tr> <tr> <td>Finance, Audit, Strategy and Quality Governor Group</td> <td></td> <td>Other (please detail)</td> <td>Quarterly report to Council</td> </tr> <tr> <td>Trust Board</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Date		Date	Appointments, Terms & Conditions Committee		Engaging with Members Group		Finance, Audit, Strategy and Quality Governor Group		Other (please detail)	Quarterly report to Council	Trust Board			
	Date		Date																
Appointments, Terms & Conditions Committee		Engaging with Members Group																	
Finance, Audit, Strategy and Quality Governor Group		Other (please detail)	Quarterly report to Council																
Trust Board																			
Key Issues within the report:	<ul style="list-style-type: none"> Under the planning guidance the period 1st April 2021 to 30 September 2021 is referred to as H1. Block Payments arrangements remain in place for the H1 planning period As at the end of August 2021, the Trust recorded an overall operating surplus of £0.245m which is in line with the ICS Months 1-6 expectation of a £0.315m surplus The Cash Balance at the end of August 2021 was £23.718m. 																		

Monitoring and assurance framework summary:

Links to Strategic Goals	
	Innovating Quality and Patient Safety
	Enhancing prevention, wellbeing and recovery
	Fostering integration, partnership and alliances
	Developing an effective and empowered workforce
√	Maximising an efficient and sustainable organisation

Promoting people, communities and social values				
Have all implications been considered?	Yes	Yes Detail report in	N/A	Comment
		Any Action Required?		
Risk	√			To be advised of any future implications reports as and when future implications by Lead Directors through Board required
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Council of Governors Finance Update Report (August 2021)

1. Introduction and Purpose

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

2. Performance 2021/22

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

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

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

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

The table below summarises the reported income and expenditure position for the Trust to the end of August 2021 (*reported figures are cumulative*).

Table 2: Reported I&E Position 2021/22

	June 2021 £003	July 2021 £003	August 2021 £003
Trust Income	38,597	51,491	63,831
<i>Less: Expenditure</i>	37,093	49,470	61,296
EBITDA	1,504	2,021	2,535
Finance Items	1,374	1,830	2,290
Sustainability Funding (Income)	-	-	-
Operational Surplus/(Deficit)	130	191	245
Exclude: Impairment	-	-	-
Exclude: Donated Asset Depn	(16)	(22)	(27)
Net Position Surplus/(Deficit)	146	213	272

The Trust has recorded an operational surplus of 0.245m, a position consistent with the H1 planning ask.

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

2.1 Children's and Learning Disability

Children's and LD is reporting a £0.024m underspend year to date

2.2 Community and Primary Care

Community and Primary Care is reporting an overspend of £0.015m, within Community services the main pressure at Month 5 relates to Scarborough and Ryedale which has experienced increases in staff recruitment and has also incurred Agency staff support which has resulted in an overspend.

2.3 Mental Health

The Division is showing an underspend of £0.517m. This is primarily due to vacancies across a number of service areas. There are agency staff being employed to fill essential roles and this is being constantly reviewed

2.4 Secure Services

The year to date position of Secure Services is an underspend of £0.093m.

2.5 Corporate Services Expenditure

The year to date position of Secure Services is an underspend of £0.093m.

3 COVID Expenditure

At the end of August 2021 the Trust recorded £1.818m of Covid related expenditure and £1.055m of Income Top Up, details of which are summarised below:

Table 3: COVID Claim analysis

Covid Costs	Total £m
Pay	0.709
Non Pay	1.109
Subtotal Expenditure	1.818
Income Top Up	1.055
Total (Exp and Top Up)	2.873

4. Cash

The cash balance at 31st August was £23.718m, cash balances across the reporting period are summarised below:

Table 4: Cash Balances

	June 2021 £003	July 2021 £003	August 2021 £003
Government Banking Service	23,037	24,018	23,473
Nat West	157	306	197
Petty Cash	48	48	48
Net Position	23,242	24,372	23,718

6. Recommendations

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

2021/22 Income and Expenditure Summary (As at 31st August 2021)

	21/22 Net Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Income							
Trust Income	128,525	10,710	10,851	141	53,552	53,680	128
Clinical Income	17,597	1,370	1,219	(151)	6,941	7,177	236
Covid 19 Income	3,077	565	685	120	2,872	2,974	102
Total Income	149,199	12,646	12,756	110	63,365	63,831	466
Expenditure							
<u>Clinical Services</u>							
Children's & Learning Disability	29,269	2,430	2,405	25	12,179	12,155	24
Community & Primary Care	28,454	2,354	2,413	(59)	11,805	11,820	(15)
Mental Health	48,553	4,220	4,173	46	20,900	20,382	517
Secure Services	11,521	948	906	43	4,723	4,630	93
	117,797	9,952	9,897	56	49,606	48,987	619
Corporate Services	28,770	2,487	2,346	141	12,876	12,309	567
Total Expenditure	146,566	12,439	12,242	197	62,482	61,296	1,185
EBITDA	2,633	207	514	307	883	2,534	1,651
Depreciation	2,942	245	241	4	1,226	1,205	21
Interest	148	12	18	(6)	61	82	(21)
PDC Dividends Payable	2,341	195	195	0	976	975	1
PSF Funding	-	-	-	-	-	-	-
Operating Total	(2,798)	(245)	59	305	(1,379)	272	1,652
BRS	(3,113)	(304)	-	(304)	(1,648)	-	(1,648)
Operating Total	315	59	59	1	269	272	3
<i>Excluded from Control Total</i>							
Impairment	-	-	-	-	-	-	-
Donated Depreciation	70	6	5	0	29	27	2
Ledger Position	245	53	54	1	240	245	5
EBITDA %	1.8%	1.6%	4.0%		1.4%	4.0%	
Surplus %	0.2%	0.5%	0.5%		0.4%	0.4%	

Agenda Item 13

Title & Date of Meeting:	Council of Governors Public Meeting – 7 October 2021			
Title of Report:	Governor Groups Feedback			
Author/s:	Sam Muzaffar Chair of Appointment Terms & Conditions Governor Group Doff Pollard, Chair of Engaging with Members Governor Group Mike Smith, Acting Chair of Workforce, Quality & Mental Health Legislation Governor Group			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	To provide the Council of Governors with an update on meetings held.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Appointments, Terms & Conditions Committee	29.7.21 22.9.21	Engaging with Members	22.7.21
	Finance, Audit, Strategy and Quality Governor Group	15.09.21		
	Trust Board			
			Other (please detail)	
Key Issues within the report:	Identified in the report			

Monitoring and assurance framework summary:

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

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

Feedback from Governor Groups

Appointments, Terms and Conditions Committee 29 July & 22 September 2021

“Recently we had two meetings, one in July and one in September when a number of points came under discussion. There was a mention of a possible change in constitution. The areas such as Governors length of term and whether a Governor can return to being a Governor after a gap might be considered. It was suggested that if required such a future action would be for Mrs Flint and the Head of Corporate Affairs to discuss and develop. However, one needs to be careful as to make a change in one place can have a knock on effect somewhere else.

The appraisals were carried out satisfactorily for the Chair, the Senior Independent Director and the Non-Executive Directors. It was mentioned that the possibility of carry out a 360 degree appraisal for Board members should be considered going forward.

Hanif Malik, an Associate Non-Executive Director has recently joined the Trust. The matter regarding the recruitment of 2 Non-Executive Directors is progressing well and we anticipate a good response of candidates.

We offer our best wishes to Sharon Mays who left the Trust after being the Chair for 7 years and we are very pleased to welcome our new Chair Rt. Hon Caroline Flint who has joined the Trust on 16 September. We believe that she would be great for the Trust and we gladly offer her our full support”.

S A Muzaffar Chair

Engaging with Members Group 22 July 2021

- Reviewed the e-newsletter that had been produced and circulated to members. Everyone was pleased with how this had worked and agreed we would circulate a further one after the AMM when we would be inviting and encouraging potential new governors to consider putting themselves forward for election
- Doff Pollard had attended a NHS Training Course around the role of members within Foundations Trust, how this worked and what is good practice. As a result of this Governors agreed it would be a positive step to particularly make themselves available to members of the public who might attend meetings to talk to them and explored their comments and ideas. During the pandemic this is not possible but should be explored as a virtual opportunity in the future.
- A discussion to place as to ways to develop "Every contact counts" particularly with reference to how we can encourage cross over between Foundation Trust Members, PACE group members and volunteers.
- Received an update on the progress made in establishing a Youth Board to develop engagement with young people and the Trust.

Doff Pollard, Chair

**Commentary on the Governor Meeting on Finance and Audit
Held on 15th September 2021**

1. The group welcomed the new internal audit organisation to the meeting – Audit Yorkshire. They presented the Internal Audit Report and the Head Of Internal Audit Opinion. Internal Audit is an independent appraisal service established for the review of internal controls. It objectively examines, evaluates and reports on the adequacy of internal controls to provide assurance on their effectiveness and contribution to the proper economic and efficient use of resources.
The Audit Committee is responsible for monitoring the quality of the internal audit service delivered, including the evaluation of its compliance with mandatory Public Sector Internal Audit Standards and for monitoring the organisation’s response to internal audit’s findings.
Audit Yorkshire were hugely complementary of the efforts of all at the Trust and the Audit Committee in working on audits throughout the Covid period. The amount of work undertaken has allowed Audit Yorkshire to undertake the Head of Audit Opinion. Their conclusion for the period 1 October 2020 to 31 March 2021 is summarised below:

Significant assurance can be given that there is a good system of governance, risk management and internal control designed to meet the organisation’s objectives and that controls are generally being applied consistently.

Governors complemented the staff of the Trust, the Audit Committee and Audit Yorkshire for their work to achieve that level of assurance.

2. The group considered the Assurance Reports of the Finance Committee and the Audit Committee from Board Papers. It was encouraging to hear of positive performance on both areas. It is clear that there needs to be a re-examination of how meetings of the Governor Group dovetail with Board meetings as the Assurance Reports reviewed at the Group were from June. It was agreed that Huw would review the schedule and seek to agree meeting times to coincide with the 6- and 12-month reviews of finance and audit assurance reports to the Board.
3. The Governor Group commended staff for their commitment to achieving ongoing financial budget reduction scheme plans and the positive performance both in audit and financial activity. The Governor Group was particularly pleased to note the assurance provided on Board Activity by Auditors.
4. Full minutes of the meeting will be circulated when available
5. Following the meeting Huw asked for opinions on how the meetings could be improved. Feedback from Non-Executive and others has been received. The key improvements sought are:

- Schedule of meetings to coincide with the 6- and 12- month reviews
 - Further programmed analysis of internal and external audit work.
6. The meeting thanked Peter Baren's contribution to the establishment of the Governor Group and his tireless efforts to keep audit activities appear exciting and the work he has done to enable Governors undertake their role.

Hue Jones Chair