

**Council of Governors
Public Meeting – Tuesday 9 April 2019**

For a meeting to be held at 2.00pm in the **Lecture Theatre**, Trust Headquarters

		Lead	Action	Report Format
	Standing Items			
1.	Apologies for Absence	SM	To note	verbal
2.	Declarations of Interest	SM	To receive & note	√
3.	Minutes of the Meeting held on 17 January 2019	SM	To receive & approve	√
4.	Actions Log and Matters Arising	SM	To receive & discuss	√
5.	Gavin's Story	JB	To receive & note	√
6.	Chairman's Report	SM	To note	verbal
7.	Chief Executive's Report	MM	To receive & note	√
	Corporate			
8.	Public Trust Board Minutes – November 2018, January and February 2019	SM	To receive & note	√
	Performance & Delivery			
9.	Performance Update	PBec	To receive & note	√
10.	Finance Report	PBec	To receive & note	√
	Governor Issues			
11.	Governor Groups Feedback & Activity	All	To receive & approve	√
12.	Responses to Governor Questions	All	To receive & note	√
13.	Governor/Director Visit Update	SM	To receive & note	√
14.	Any Other Business			
15.	Exclusion of Members of the Public from the Part II Meeting			
16.	Date, Time and Venue of Next Meeting Thursday 11 July 2019, 2.00pm in the Lecture Theatre, Trust Headquarters Tuesday 22 October 2019, 2.00pm in the Lecture Theatre, Trust Headquarters			



Agenda Item: 2

Title & Date of Meeting:	Council of Governors Public Meeting – 9 April 2019			
Title of Report:	Declarations of Interest			
Author:	Name: Jenny Jones Title: Trust Secretary			
Recommendation	To approve		To note	✓
	To discuss		To ratify	
	For information		To endorse	
	Governors are asked to note the report and to inform the Trust Secretary of any further changes to their declarations.			
Purpose of Paper:	To provide the Council of Governors with an updated list of declarations			
Key Issues within the report:	Any declarations made by Governors are included on the publicly available register.			

Monitoring and assurance framework summary:

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



Governors' Declaration of Interests

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

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

**Minutes of the Council of Governors Public Meeting held on
Thursday 17 January 2019 in the Conference Rooms, Trust Headquarters**

- Present:**
- Sharon Mays, Chair
 - Michele Moran, Chief Executive
 - Martin Clayton, Hull Public Governor
 - John Cunnington, East Riding Public Governor
 - Mandy Dawley, Staff Governor
 - Craig Enderby, Staff Governor
 - Rodney Evans, Hull Public Governor
 - Anne Gorman, Staff Governor
 - Julie Hastings, East Riding Public Governor/Lead Governor
 - Jack Hudson, Staff Governor
 - Huw Jones, East Riding Public Governor
 - Peter Lacey, Yorkshire & Humber Public Governor
 - Paul McCourt, Appointed Governor, Humberside Fire & Rescue
 - Sam Muzaffar, East Riding Public Governor
 - Mike Oxtoby, Service User/Carer Public Governor
 - Doff Pollard, Whitby Public Governor
 - Jacque White, Appointed Governor, University of Hull
- In Attendance:**
- Peter Baren, Non Executive Director
 - Paula Bee, Non Executive Director
 - Mike Cooke, Non Executive Director
 - Mike Smith, Non Executive Director
 - Francis Patton, Non Executive Director
 - Iain Omand, Deputy Director of Finance
 - Steve McGowan, Director of Human Resources & Diversity
 - John Byrne, Medical Director
 - Lynn Parkinson, Chief Operating Officer
 - Katie Colrein, Membership Officer
 - Jenny Jones, Trust Secretary
 - Natalie Belt, Health Trainers Manager (for item 04/19)
 - Kate Matysiak, NHS Graduate Management Trainee shadowing the Chair
- Apologies:**
- Elaine Aird, Appointed Governor, East Riding of Yorkshire Council
 - Andy Barber, Appointed Governor, Smile Foundation
 - Stephen Christian, Service User and Carer Governor
 - Robert Hunt, Hull Public Governor
 - Ros Jump, East Riding Public Governor
 - Neel Kamal, East Riding Public Governor
 - Gwen Lunn, Appointed Governor, Hull City Council
 - Pete Beckwith, Director of Finance
 - Hilary Gledhill, Director of Nursing

- 01/19 **Declarations of Interest**
Any changes to declarations should be notified to the Trust Secretary. The Chair requested that if any items on the agenda presented anyone with a potential conflict of interest they should declare the interest and remove themselves from the meeting for that item.



02/19 **Minutes of the Meeting held on 11 October 2018**

The minutes of the meeting held on 11 October 2018 were agreed as a correct record.

03/19 **Matters Arising and Actions Log**

The action log was reviewed and noted.

04/19 **Social Prescribing Presentation**

Ms Belt attended to give a presentation on Social Prescribing following a request from Governors for more information. An overview of the work that is taking place to tackle prevention in the East Riding was provided and the work that is planned for this year. Ms Belt explained that Link Practitioners are in all but one GP Practice in the East Riding which is proving beneficial. A social prescribing conference is also taking place on 21 January 2019. Other achievements included having four places allocated on the level 5 pilot of the Social Prescribing Training programme with only ten places available.

Mr Oxtoby asked if there has been any feedback from GPs on the Link Practitioners. Ms Belt explained that she meets routinely with the GPs so any comments are fed back. Also the GPs can contact the team if they have any queries. It was also confirmed that people can self refer to the service.

Mr Evans commented that housing is a big problem and that support can be limited. Ms Belt said that a significant amount of time is spent trying to find housing and working through the various protocols, processes and pathways. The Chief Executive reported that having spent a day with the team recently, she had seen the different elements that the team has to deal with. Anything that could be done to help in this area has to be built on. Mr Enderby said this is an issue across other services and any ideas that have been successful could be used in other areas.

The Chair thanked Ms Belt for attending the meeting and for her enthusiasm and passion for her work.

05/19 **Chair's Report**

The Chair's explained that it has been a very busy time and concentrated her report on Governor issues.

Today's meeting is the last formal Council meeting for Mrs Hastings, Mr Lacey, Mr Evans, Dr Kamal and Mr Clayton as they are coming to the end of their terms of office. The Chair, on behalf of the Board and Council of Governors, thanked them for their hard work, time and commitment to the organisation.

New Governors will be starting on 1 February and an induction session is taking place on 22 January, 9.00am – 1.00pm. All Governors are welcome to attend.

Lead Governor position – There are two candidates, Mr Muzaffar and Mr Jones and ballot papers have been circulated. These are due back by 12 noon on 30 January. The Chair thanked Mrs Hastings for holding this role in recent years.

Staff Awards – the event was well attended in December 2018 and a Governor award was presented. However the response for voting from Governors for the recipient of this award was low and discussions on whether this will continue for this year will take place. The Chair thanked those Governors who attended the event. Mrs Hastings supported the comments made and emphasised Governors involvement in voting which is important as it sends a valuable message to staff that Governors value and care about staff and recognise their input, dedication and hard work. She encouraged Governors to read the statements and vote for the award recipients in the future. Mr Cunnington attended the Apprenticeships Awards and was disappointed that he was the only Governor present. He asked Governors to try and support future events.

Visits – the Chair and Chief Operating Officer visited inpatient units before Christmas to thank staff for their hard work.

Various meetings with stakeholders have also been held including the new Chair of East Riding Clinical Commissioning Group (CCG) and the Chief Executive and Chair of MIND.

Resolved: The verbal update was noted

06/19

Chief Executive's Report

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

- Staff Awards and Apprenticeships Awards events which were successful. The Chief Executive thanked everyone who participated in the events.
- The uptake of Flu vaccinations continued to improve
- Staff survey responses have been good and will provide some rich information.
- Mrs Gledhill, Director of Nursing is now also the Director for Patient Safety
- A verbal update was provided on the Humber Coast and Vale Sustainable Transformation Partnerships (STP). An update was provided on the Hull and East Riding. A meeting is planned to bring together all areas to see what can be done together rather than separately. The current interim lead for the Integrated Care Partnership (ICP) is Andrew Burnell. A briefing on the Long Term NHS Plan is planned to see how this will be taken forward. There has been national recognition around Humber Coast and Vale and the mental health component especially around bringing partners together and the work that is being done.
- The NHS Long Term Plan was published and a Governor session will be provided to look at the implications. This will link to the strategic direction and strategy to see where links are and identify any gaps. The organisation is looking through the plan and potential options and an update will be brought back to the next meeting.
- #PROUD is being launched at the Leadership Forum on 24 January which is around Health and Wellbeing for staff.
- Richard Barker has been appointed as the North East and Yorkshire Regional Director on the new NHS Executive Group.
- Brexit – the Senior Responsible Officer for the Trust is Peter Beckwith. Work is taking place around communication and areas in preparation of a no deal. Mr McCourt asked if there is any additional funding planned to support the delivery of any decision. The Chief Executive said this is not yet known.
- Child and Adolescent Mental Health Services – the building work is ongoing although there has been some slippage in time scales.

Resolved: The report and verbal updates were noted.

A session on the implications of the NHS Long Term Plan will be arranged **Action KC**

An update on the implications of the NHS Long Term Plan for the organisation to be provided at the next meeting **Action MM**

07/19

Council of Governors Terms of Reference

The Terms of Reference have been reviewed and approved by the Appointments, Terms and Committee and come to the Council of Governors for ratification.

Revisions have been made to the logo and inclusion of the requirement to receive a report on Non Executive Director compliance with the Fit and Proper Person requirement. This report will come to the Council's April meeting.

Mr Lacey commented that there was no mention of the strategic plan and Governors influencing this. He felt this should be included in the Contribution to Strategy and Plans section. It was agreed this should be included.

Resolved: The Terms of Reference were approved subject to inclusion of Governor's contribution and influencing the Strategic Plan.

08/19 **Annual Declarations**

All NHS Foundation Trusts are required to self-certify whether or not they have complied with the conditions of the NHS provider licence, have the required resources available if providing commissioner requested services, and, have complied with governance requirements. The Council of Governors was provided with a summary of the annual declarations that are required to be made by the Trust alongside evidence/comments of how the Trust meets the following declarations:-

- Declaration G6 – providers must certify that their Board has taken all necessary precautions to comply with the licence, NHS Act and NHS Constitution.
- Declaration FT4 (8) – Providers must certify compliance with required governance standards and objectives

Resolved: The Council of Governors endorsed the evidence to support that the Board has taken all necessary precautions to comply with the licence, NHS Act, NHS Constitution, required governance standards and objectives and that the Trust has complied with section 151 (5) of the Health and Social Care Act to ensure that Governors are equipped with the skills and knowledge to undertaken their role.

09/19 **Public Trust Board Minutes**

The minutes of the public Board meetings were provided for information.

Resolved: The minutes were noted.

10/19 **Performance Update**

The report provided an update on Board approved key performance indicators as at the end of November 2018. Performance in the attached report is presented using statistical process charts (SPC) for a select number of key performance indicators. Exception reporting and commentary is provided for each of the reported indicators.

Mr Lacey noted the improved performance on the Innovating Quality and Patient Safety indicator which was good in light of the forthcoming Care Quality Commission (CQC) Well Led inspection. The Chair commented that the CQC session prior to the Council meeting today provided details on the inspection process and what has changed since the last one.

Mrs Pollard commented on the number of indicators on the Safer Staffing for Whitby that were red which affected patient care and asked if these areas are being addressed. The Chief Executive explained that there has been some improvement through the work that is being done. A new manager is in place and a recovery plan has been produced. It was pointed out that none of the incidents had resulted in serious harm to any patients. Mrs Parkinson added that the team is aware of the problem areas with a number of plans in place to improve the position. Mr Hudson queried whether the data collected included where other people had been brought into teams to help improve the position. He explained that some therapy staff including himself, had been asked to cover when there were staff shortages. It was clarified that the dashboard only covered nursing however Mrs Parkinson felt it was appropriate to build in therapy staff who are part of the team and assist when there are shortages.

Mr Hudson had been told that when benchmarked on established posts, the Humber Centre had been lower than other organisations. The Chief Executive clarified that the Humber Centre benchmarked well across all areas. National tools are used to benchmark staffing and these do not suggest that specialist services levels are significantly low, but do not cover the complex needs of patients. Occupied bed days are low, but there is high activity. There has been a high level of sickness at the Humber Centre which does affect the safer staffing figures.

Mr Hudson acknowledged this and noted that it can affect staff morale. Mrs Parkinson will review the way that future key messages are cascaded within the Humber Centre.

Mr Evans asked what progress is being made with unnecessary sick leave. Mr McGowan explained that sickness levels are at the lowest since February 2017. There is still more to work but actions that have been put in place are making a difference.

Mr McCourt asked about waiting lists and what is being done. He was informed that some of the waiting lists are a commissioner responsibility, but the Trust has been given some extra funding to work through the back log. Waiting lists are not acceptable and a recovery plan is in place to address this. The main areas affected are children with autism requiring a diagnosis, adults requiring a diagnosis and general Child and Adolescent Mental Health Services (CAMHS). Recruiting has taken place to fill posts using the additional funding received. Attention Deficit Hyperactivity Disorder (ADHD) cases in CAMHS have increased resulting in an increase in demand. A small amount of extra income has been provided to the Trust which has put some additional capacity into the team. Negotiations continue with commissioners around a medium term plan.

Resolved: The report was noted.

11/19

Finance Report

The report covered the period September to November 2018 and the following areas were highlighted:-

- The Trust reported a net deficit of £0.278m to the end of November 2018, this represents a favourable variance to the profiled budget plan of £0.070m.
- The Trust has a Control Total to deliver a £1.151m Surplus by the end of the financial year.
- The Cash Balance at the end of November 2018 was £10.530m.
- Agency Costs continue to remain within the ceiling set by NHS Improvement and represent a reduction on previous years expenditure.
- Capital expenditure at the end of November 2018 was £3.017m.
- The current Use of Resource Score for the Trust is 3, this is as planned but reflects a worsening from the final 2017/18 year end position.

Mr Evans asked what progress is being made in reducing agency costs. Mr Omand explained that agency costs continue to reduce and are rigorously monitored.

Mr Jones informed the Council that the Finance and Audit Governor Group reviews the report. The notes from the most recent meeting of the group were circulated to Governors. The overall position was that the Governor group was concerned with the financial position this time last year. He explained that there is now significant rigor in the process through the governance process and it is important that this continued into the new financial year. Discussion took place at the recent meeting around the Wholly Owned Subsidiary (WOS) at the meeting. The Finance Committee undertook a deep dive into the performance of the primary care WOS and in reviewing this came up with recommendations on how this should move forward to release the benefits across the geographical spread. The Audit Committee assurance report was also discussed and it was pleasing to see that when "good" assurance is awarded by the auditors there is a good rigorous challenge from the Committee to see whether there are underlying issues that have not been addressed.

Mr Clayton asked what the current position is in terms of the WOS and why the advice issued by NHSI had been given. The Chief Executive said the guidance was issued due to the Treasury who raised a range of issues and wanted to review things. This has now been lifted and Foundation Trusts can continue with their plans but it will be built into the material transaction guidance which is a more rigorous process to go through. The organisation is reviewing the guidance and time lines and will start to relook at the feasibility of this but it will

be later this year.

Resolved: The report was noted.

12/19 **Feedback from Governor Groups and Activity**

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

Finance and Audit Governor Group

Mr Jones had provided an update as part of the previous item.

Strategy and Business Development Group

Mr Lacey provided a verbal update on the meeting held recently. He circulated a schematic showing the different plans and strategies and also brought clarity to the governance of these. The Chair thanked Mr Lacey and the Governor Group for their help in producing this diagram with the Transformation Programme Director for Mental Health, Mrs Flack.

Mr Jones said discussions also took place about the operating plan and the tight timescales for its production and that Governor's input is needed. It was agreed that as per the Finance and Audit Governor Group notes previously circulated, that the draft would be sent to Governors by 28 February for comments. A public Governors meeting planned for 5 March 2019 will be used to discuss any comments and all Governors are invited to attend.

Mr Jones informed Governors that at the last Strategy and Business Development Governor Group meeting, there had been more Executives and Non Executive Directors than Governors. It therefore had been suggested to merge this group with the Finance and Audit Governor Group and also have links into quality. Membership is an issue and more Governors are needed on the group. The Chair explained that it was not compulsory to attend all of the meetings.

Professor Cooke echoed the importance of governor participation and this group will be able to drive the strategy forward. Mrs Hastings said Governor attendance has been a big issue during her time as a Governor as it is usually the same people who put themselves forward to be involved. She encouraged Governors to step up to the role that they were elected to do. She recognised that it is hard for some Governors due to their other work commitments, which may have to be worked around. Mrs Pollard asked if consideration has been given to using technology for these meetings. The Chair said this can be considered for future meetings.

Resolved: The report and verbal updates were noted.

Consideration of technology to be used for Governor meetings Action KC/JJ

13/19 **Responses to Governor Questions**

The report provided an update on a question raised by a Governor and forthcoming meeting dates. Mr Enderby had raised the query about Staff Governor elections and the voting process. He had not been aware that only non clinical staff were able to vote for non clinical staff and the similar process for clinical staff Governors. Mr Enderby said that when the Constitution had been reviewed and the staff Governor numbers amended, it was not acknowledged at that time how the voting would take place. He first noticed this in a later communication promoting staff to vote and felt that this should have been explicit in earlier communications. Mrs Gorman asked if there had to be a distinction in the voting or whether all staff could vote for either clinical or non clinical as staff Governors represent wider than their own teams.

The Chief Executive confirmed that the Constitution was changed to reflect the separate staff categories and based on staff discussions. To change the voting method would not only affect the staff Governor constituency, but also the other constituencies which follow the same voting method.

A further question was raised by a Mr Christian prior to the meeting as he was unable to attend in relation the Mental Health Rapid Response service and the time taken to respond to telephone calls. Mrs Parkinson explained that she picked this up in October 2018 as it was due to an increase in the overall demand. Additional resource has been included to cope with this demand, but the number of calls continues to rise. Calls were separated into urgent and non urgent. A wider capacity and demand piece of work is being undertaken to managed the demand. The issue has been raised with the Clinical Commissioning Group (CCG) as there has been an increase in non urgent referrals. Mrs Parkinson to provide information to feedback to Mr Christian outside of the meeting.

Resolved: The update was noted.

Mrs Parkinson to provide information to feedback to Mr Christian outside of the meeting

Action LP

14/19 **Governor/Director Visits Update**

The current visit programme was provided for information. The programme is updated throughout the year and new visits added. If any Governors are unable to attend a visit they are joining and are unable to attend, please could they inform the Membership Officer as soon as possible.

Resolved: The report was noted.

15/19 **Feedback from Engaging with Members Group**

Ms Bee informed Governors that the Engaging with Members Group is a task and finish group which is building on work that has been done last year. The momentum of the group is increasing and it is driven by the Council of Governors at this stage around membership engagement. Action planning has started however resource is a challenge and also how the group is going to effect the work. The plan will be circulated wider once it is finalised. A proposal will come back to Governors for discussion in March/April.

The Chief Executive said this work compliments the work that the Head of Patience Carer Engagement is doing. Mrs Hastings thanked Ms Bee for steering the group and the Governors who have participated. She emphasised that this is a Governor agenda and should be driven forward by Governors. Engagement with members is key in a cost effective way but giving the desired outcomes. Mr Lacey agreed saying that it is about people who are engaging with Governors to help them become active members and help them become actively engaged.

Resolved: The verbal update was noted

16/19 **Governor Involvement in Quality Improvement**

Mr Jones informed Governors that Quality Improvement was discussed at the East Riding Carers conference following a presentation on Quality Improvement by Dr Byrne. The areas will be around member engagement and induction and mentoring Governors and will include reviewing the induction programme for next year.

Resolved: The verbal update was noted.

17/19 **Any Other Business**

Governor Queries

Mr Clayton raised an issue around the protection of out of area beds for the Child and Adolescent Mental Health Service (CAMHS). He explained this had been raised by a previous Governor who was no longer on the Council. A further issue of internet access for patients was also raised. Mrs Parkinson reported that progress has been made with patient internet access and appropriate management of this. In terms of the CAMHS beds there will be revised policies and procedures for the new CAMHS unit to provide appropriate access to the children who will be in this unit.

The principle of the beds is to meet the needs of local children and young people admitted to CAMHS through NHS England and a co-managed approach. Priority will be for local needs however there is an expectation that from time to time it may be necessary to admit children from out of the area.

Thank You and Goodbye

It was the last meeting for Mrs Hastings, Mr Clayton, Mr Evans, Dr Kamal and Mr Lacey who have come to the end of their terms of office. The Chair, on behalf of the Council of Governors and the Board, thanked them for their commitment and support to the Trust.

18/19

Date and Time of Next Meeting

Tuesday 9 April 2019, 2.00pm in the Conference Room, Trust Headquarters
Thursday 11 July 2019, 2.00pm in the Conference Room, Trust Headquarters
Thursday 17 October 2019, 2.00pm in the Conference Room, Trust Headquarters

Signed..... Date
Chair

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

Summary of actions from January 2019 meeting and update report on earlier actions due for delivery in April 2019

Rows greyed out indicate action closed and update provided here

Date of Meeting	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
17.1.19	06/19(a)	Chief Executive's Report	A session on the implications of the NHS Long Term Plan will be arranged	MM	To Be Confirmed	Verbal update at the meeting
17.1.19	06/19(b)	Chief Executive's Report	An update on the implications of the NHS Long Term Plan for the organisation to be provided at the next meeting	MM	April 2019	Update included in Chief Executive's report
17.1.19	12/19	Feedback from Governor Groups and Activity	Consideration of technology to be used for Governor meetings	KC/JJ	April 2019	Use of appropriate technology will be considered for future meetings
17.1.19	13/19	Responses to Governor Questions	Mrs Parkinson to provide information to feedback to Mr Christian outside of the meeting	LP	January 2019	Feedback provided
Outstanding Actions arising from previous Council meetings for feedback to a later meeting						
12.10.17	37/17	Chief Executive's Report	A draft will be produced of branding changes and shared with Staff Governors	MM	April 2018	Branding deferred. Will be reviewed at a later date
12.10.17	37/17	Chief Executive's	Fund raising opportunities to be taken	MM	January 2018	Dr Kamal is no longer a

		Report	forward with Dr Kamal			Governor and has not pursued this action. Recommendation that this is removed from the action log
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A copy of the full action log recording actions reported back to the Committee and confirmed as completed/closed is available from the Trust Secretary



Agenda Item: 5

Title & Date of Meeting:	Council of Governors Meeting: 9 th April 2019			
Title of Report:	Gavin's Story			
Author:	Name: Mandy Dawley Title: Head of Patient and Carer Experience and Engagement Name: Lorna Barratt Title: Patient and Carer Experience Co-Ordinator			
Recommendation:	To approve		To note	√
	To discuss		To ratify	
	For information		To endorse	
Purpose of Paper:	To provide the Council of Governors with a story of living with clinical depression, attempted suicide, affective psychosis and the road to recovery including the journey through Counselling and Community Mental Health Services.			
Key Issues within the report:	<p>The key messages of the story are:</p> <ul style="list-style-type: none"> • To spread awareness of mental health • To emphasise the need for more availability of counselling • That discharge from counselling should be something agreeable with both Therapist and service user and the affect it can have when it isn't • To emphasise the need for availability of counselling support for carers 			

Monitoring and assurance framework summary:

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



Communication	√			as and when required by the author
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Gavin's Story

1. Introduction

The purpose of Gavin's story is to provide the Council of Governors with a story of living with clinical depression, attempted suicide, affective psychosis and the road to recovery including the journey through Counselling and Community Mental Health Services.

2. Attendance at the meeting

In attendance will be Gavin Hamilton (service user).

Gavin will tell his story to the Council of Governors followed by a questions and answers session.

3. Key Messages

Gavin would like to provide the following messages to the Council of Governors:

- To spread awareness of mental health
- To emphasise the need for more availability of counselling
- That discharge from counselling should be something agreeable with both Therapist and service user and the affect it can have when it isn't
- To emphasise the need for availability of counselling support for carers

Agenda Item: 7

Title & Date of Meeting:	Council of Governors Public Meeting – 9 April 2019			
Title of Report:	Chief Executive's Report			
Author:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To note	
	To discuss		To ratify	
	For information	✓	To endorse	
Purpose of Paper:	To provide the Council of Governors with an update on local, regional and national issues.			
Key Issues within the report:	Identified within the report			

Monitoring and assurance framework summary:

Links to Strategic Goals

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

Have all implications been considered?	Yes	Yes Detail in report	N/A	Comment
		Any Action Required?		
Risk	✓			To be advised of any future implications 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	



Chief Executive's Report

1. Around the Trust

1.1 Visit

We received a visit from the national NHSE perinatal team in March, as Humber is the lead provider across the STP. The national team recognised the complexities in partnership and commented that Humber were doing a great job. The team went on to say that they were impressed with how much impact we're making on the ground hearing as they did from some of our service users. The team want to use some of our work nationally.

1.2 Patient and Carer Team

The Patient and Carer Team under the leadership of Mandy Dawley have been asked by NHS Improvement (NHSI) to work with them on producing a film in relation to the patient feedback dashboard. This will be free to the Trust and will be used by all NHS trusts. The suggestion is to break the video into 3 individual films on different themes: Culture; Leadership and Learning. Each of these themes could then tell a part of the Humber story. Added to this there would be some background footage that explains the context for the Trust for example services delivered, location, geography, diversity of population.

1.3 Successful Bid

Humber has been successful in our bid for wave two monies for our work in suicide prevention which is great news. More positive work by the Mental Health Partnership.

1.4 Director Portfolio Changes

In February 2019, Director portfolios were reviewed to ensure they remain appropriate and subject to some changes listed below, were updated and agreed by the Executive Management Team.

- Hotel Services (soft facilities management) to Chief Operating Officer (COO). Estates and Hard FM stay with Director of Finance.
- Clinical Audit and NICE dissemination did not move to Chief Operating Officer as proposed and was retained in the portfolio of the Director of Nursing.
- Recruitment, medical staffing, flexible workforce and e-rostering that was proposed to move to COO has been retained in the portfolio of Director of Human Resources & Diversity.
- Medical staffing remains with the Medical Director
- Executive Lead for recovery has transferred from Medical Director to Chief Operating Officer

These changes will take effect from 1st April 2019.

1.5 Brexit Update

The Brexit Project Team are continuing to meet to ensure the trust is prepared for a no-deal Brexit, in the event this occurs. The Team have already considered and reviewed the operational readiness guidance as well as considering risk scenarios based on the latest guidance available. An assurance call has taken place with NHS England and a process of regular sitreps is now taking place.

1.6 NHS Long Term Plan

Health and care leaders have come together to develop a Long Term Plan to make the NHS fit for the future, and to get the most value for patients out of every pound of taxpayers' investment.

The plan has been drawn up by those who know the NHS best, including frontline health and care staff, patient groups and other experts. There were over 200 engagement events held and 2500 submissions from individuals and groups representing the interests and views of 3.5 million people.

The plan sets out how the NHS will move to a new service model in which patients get more options, better support and properly joined up care at the right time in the right place. Almost

everything in the plan is already being implemented successfully somewhere in the NHS and it will be essential that we use this work to spread good practice across the whole of the NHS.

In order to deliver the plan, improved levels of growth funding have been identified averaging 3.4% a year over the next 5 years. It is expected that investment in mental health services will grow faster than the NHS overall budget growth. The plan creates a new ring fenced investment fund for mental health services worth at least £2.3 billion a year by 2023/24.

Integrated Care Systems (ICS) will be central to the delivery of the Long Term Plan and by April 2021 all systems will be operating as ICSs which will be built on strong and effective providers and commissioners, underpinned by clear accountabilities.

Key Aims of the Long Term Plan

The following are the three key aims of the plan with the main areas outlined that are relevant to the services delivered by our Trust.

Making sure everyone gets the best start in life

- Expanding support for perinatal mental health conditions.
- Increasing funding for children and young people's mental health.
- Reducing waiting times for autism assessments.

Delivering world-class care for major health problems

- Increasing early intervention and prevention of heart attacks, strokes and dementia.
- Spending at least £2.3 billion more a year on mental health care.
- Helping 380,000 more people get therapy for depression and anxiety by 2023/24.
- Delivering community based physical and mental health care for 370,000 a year for people with severe mental illness by 2023/24.

Supporting people to age well

- Increasing funding for primary care and community care by at least £4.5 billion.
- Helping more people to live independently at home for longer.

Key Enablers of the Long Term Plan

In order to achieve the ambitions set out in the Long Term Plan the following are key enablers to ensure success.

- Preventing illness and tackling health inequalities

Wider action on prevention will help people stay healthy and reduce demand on the NHS. To help tackle health inequalities and unmet need, NHS England will base its five year funding allocations to local areas on a more accurate assessment.

- Developing our workforce

A comprehensive workforce implementation plan is due to be published in late 2019 which sets out specific actions. The workforce will continue to increase and there will be more training places available for medical staff, nurses and apprenticeships.

- Making better use of data and digital technology

More convenient access to services and health information for patients with the new NHS App as a digital front door. Better planning of services based on analysis of patient and population data.

Key Ambitions

The plan sets out a number of key milestones that will need to be achieved. In many of these areas work has commenced and has been identified as a priority of the Humber, Coast and Vale Mental Health programme.

Mental Health Services for Adults

- New and integrated models of primary and community mental health care will give 370,000 adults and older adults with severe mental illnesses greater choice and control over their care and support them to live well in their communities by 2023/24.
- By 2023/24 an additional 380,000 people per year will be able to access NICE approved IAPT services.
- By 2023/24 NHS 111 will be the single, universal point of access for people experiencing mental health crisis including non-medical alternatives to A&E and alternatives to inpatient admission in acute mental health pathways.
- Families and staff who are bereaved by suicide will also have access to post crisis support.
- By 2023/24 there will be the introduction of mental health transport vehicles, mental health nurses in ambulance control rooms and building mental health competency of ambulance staff to ensure that ambulance staff are trained to respond effectively to people experiencing a mental health crisis.
- Mental health liaison services will be available in all acute hospitals.
- Continued focus on suicide prevention

Children and Young People's Mental Health

- A new commitment to additional funding for children and young people's mental health services that will grow faster than both overall NHS funding and mental health spending.
- Investment to expand access to community based mental health services.
- Investment to expand eating disorder services.
- Investment to support those children and young people experiencing a mental health crisis.
- Mental health support for children and young people will be embedded in schools and colleges.
- A new approach to young adult mental health services for people aged 18-25 to support the transition to adulthood.

Learning Disability and Autism

- A reduction in waiting times for specialist services.
- Improving the health and wellbeing of people with a learning disability and autism
- Investment to increase intensive, crisis and forensic community support.

Next Steps

Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs) will now need to develop and implement their own strategies for the next five years. These will be published in Autumn 2019.

These strategies will need to set out how they intend to take the ambitions of the NHS Long Term Plan and work together to turn them into local action to improve services and the health and wellbeing of the communities they serve by continuing to build on the work that has been developed.

As a Foundation Trust and a partner in the Humber, Coast and Vale STP we will be significantly involved in developing and implementing these plans for our patients and communities. We will continue to work closely with the HCVSTP Mental Health Partnership Board which is chaired by Michele Moran as the Senior Responsible Officer and the local placed based boards together with our local Clinical Commissioning Groups to deliver on the ambitions set out in the plan.

Our Trust strategy (2018-2022) also aligns well to the NHS Long Term Plan and we will need to review this and our Operational Plan for 2019/20 to ensure we reflect the ambition laid out in the NHS Long Term Plan.

Summary & Implications for Humber

There are opportunities for the Trust within the framework, the strong emphasis on prevention wellness, recovery and reablement to note but there are also others such as the emphasis on schools and families.

The issues remain about the hypothecated funding, continuing to meet the acute constitutional targets and how the money for mental health and primary care will be allocated and protected. However, the main area of challenge to consider is the NHS workforce and how this will be fit for purpose to deliver the plan.

The Trust Board reviewed in detail the NHS Long Term Plan and how it fits with our Trust Strategy and Operational Plan (2019/20) at their development session on 6th March, 2019. The two are very much aligned, however we will be looking to review our strategy throughout the year.

2. Around the Region

2.1 Assurance Plans

Myself as Senior Responsible Officer (SRO) for the Mental Health Programme, Alison Flack as Programme Director and with Pete Beckwith Finance lead for the partnership met in March with 5 of the 6 Clinical Commissioning Groups (CCGs) to discuss the Mental Health Investment Standard. NHS England colleagues were invited and we will be sharing the outcomes with all partners and also the Mental health Partnership Board.

The meetings provided a forum for some good discussions with CCG colleagues and we have had some positive feedback, we are just in the process of finalising the outcome of the meetings which will be completed next week.

2.2 Visioning Event

I led a visioning event for all Chief Executives in the Mental Health Partnership in March to plan and focus

on our collaboration and collective priorities for the coming year; this will form our operational plan and workstreams.

3 National News

3.1 NHS Improvement (NHSI)

Ian Dalton Chief Executive of NHSI will be stepping down as the closer working of NHSE and NHSI continues to develop with Simon Stephens taking on CEO responsibilities of both NHSI and NHSE. Regional appointments are awaited.

4 Director's Updates

4.1 Chief Operating Officer Update

4.1.1 Scarborough and Ryedale Community Services – Phase II update

The Trust began delivering these community services from 1st May 2018, work has been progressing in line with our proposed new model to move to three locality hubs:

- Scarborough North
- Scarborough South
- Ryedale

This clinical model of care is predicated on the “Home First” ethos, delivering care at home or as close to home as is appropriate. By using a personal holistic plan, owned by the individual, allows care delivery that is wrapped around the patient to maintain them at home and remain as independent as possible. This can mean receiving care equivalent to being in a community hospital bed if required.

Hub accommodation has been secured for both the Scarborough North and Scarborough South clinical and non-clinical staff bases which has enabled us to move out of York FT premises for which we had short term agreements in place.

- Scarborough North has moved from Spring Hill house to Tennyson Avenue Hub House
- Scarborough South has also moved out of Spring Hill House to Eastfield Practice
- Ryedale Hub remains at Malton Hospital

Additional clinical accommodation has been acquired in GP practice premises which also supports the delivery of a more integrated service model. Other clinical accommodation has been secured in 3rd/private sector venues, including Scarborough Rugby Club, for Musculoskeletal (MSK) services and structured diabetes education which enables the delivery of services in the community which are more accessible to service users. Work to convert further rooms on Ryedale Ward (Ryedale Hub base) has been completed and this includes the move of the Customer Access Services CAS out of Fitzwilliam ward. Staff consultation to support the move to these bases has taken place. The Hub managers have been in post for some time now and are supporting staff through these changes

4.1.2 Multi-Agency Public Protection Arrangements (MAPPA) update

Multi-Agency Public Protection Arrangements (MAPPA) are statutory arrangements for managing sexual and violent offenders. MAPPA is not a body, but a framework to enable participating agencies to better discharge their statutory responsibilities to protect the public in a co-ordinated manner.

We continue to attend key meetings to represent the Trust and fulfil our requirements within the statutory arrangements. We have developed a well monitored action plan with the Director of Probation, Kate Munson. As part of this we have updated the MAPPA awareness training as the National pack has recently been updated and we have Police personnel delivering this for us. We have recently fully updated our own MAPPA Policy and it contains all of the tools needed for staff to correctly manage their MAPPA cases. We are also updating the Lorenzo system to make the MAPPA section stand out better and ensure that it is easy to record when there is additional risk identified for service users. Leads are in place across the care groups for MAPPA to ensure good

continuity of awareness. We continue to work with complex cases and have met all of our commitments to attend relevant meetings to progress this work. Through attending the Humberside Criminal Justice Board we also have good links to other Criminal Justice System (CJS) agencies and are fully briefed on changes to the court system in particular. We are actively involved in research which we report into the MAPPA subgroups.

4.2 Director of Human Resources Update

4.2.1 Staff Side Chair

The Trust has a new Staff Side Chair, Bob Harrison of UNISON. Bob took up his duties in February.

4.2.2 Recruitment

The Trust continues to try and recruit to fill vacant roles and 153 people have recently been successful in getting an offer of employment from the Trust. Those people with an offer are currently at various stages of pre-employment checks or working their contractual notice.

4.2.3 PROUD

Work has commenced on the various strands of the PROUD programme. The programme launched on 29 March 2019.

4.3 Director of Nursing

4.3.1 Developing our Nursing Workforce

From April 1st, Melanie Barnard, Lead Educator and the team of Practice Learning Facilitators will be moving from the Human Resources Directorate to the Nursing Directorate. The move aims to give more focus for this team on developing the professional workforce. Some key objectives of the team, working with the senior nurses in the nursing directorate will be to:

- Review and refresh the current nurse preceptorship programme taking account of previous feedback from newly qualified nurses who have undertaken the course
- Develop a nurse preceptorship programme for Nursing Associates. Four will be qualifying in April.
- Implement a support programme for the seven Trainee Nurse Associates who commence training in April to support them through the course with the aim of reducing the likelihood of attrition.

The Director of Nursing is also leading a piece of work with the Lead Educator and the Band 7 Charge Nurses to develop some specific training sets for the non-registered workforce in recognition that they deliver a large proportion of direct patient care. It is hoped that through attendance at the training they will further develop their core skill set and hopefully be encouraged to apply for the next cohort of Trainee Nursing Associates.

Work has also commenced working with the Primary Care Matron and some Practice Managers to develop a preceptorship programme for Practice Nurses. The Trust has a lot of interest from new registrants to work in GP Practice, however there can be a reluctance to take the nurses due to the unique skill set requirements. The programme will aim to train the nurses post registration so that they can take on Practice Nurse responsibilities over set timescales with support and competency checks being available to aid the transition from newly registered nurse to practice nurse. The programme will be developed with input from existing practice nurses and the practice managers.

4.4 Medical Director

4.4.1 Awards Scheme

The Director of Medical Education Dr Stella Morris, is setting up an awards scheme to recognise and celebrate those involved in Medical Education. The awards ceremony will take place after the Wednesday morning Post Graduate teaching session on Wednesday 5th June. This will become

an annual event and is in addition to our first annual Medical Conference which is taking place in October with further details to follow.

4.4.2 Developing a City of Research 3

The Trust's 'Developing a City of Research 3' is fully booked with 170 guests and a growing waiting list, we are working with the provider to see if we can increase capacity.

4.4.3 Published Article

Ashleigh McLellan, has had an article published in the Clinical Psychology forum about working in our Trauma service.

4.4.4 Inaugural Clinical Network Meeting

The Medical Director has attended the inaugural clinical Network meeting set up by the Healthcare Safety Investigation Branch which is located in Farnborough. A key point of learning that is emerging for them is the manner in which they engage successfully with families as part of their investigation process. This has been based on principles developed by the Metropolitan Police and the learning will be shared internally with our Quality and Safety as well as our complaints teams.

5 Communications Update

External

- 12 stories were posted on the Trust's website between 14 February and 13 March 2019. They included:
 - National No Smoking Day 13 March
 - Safer Sleep Advice from the Lullaby Trust
 - East Riding exceeding targets for referrals for innovative new service New Hull mental health service in line for top national award
 - Infant Safer Sleep Week 11 – 17 March 2019
 - How have we done? Read February Family and Friends Test results...
 - Let's celebrate International Women's Day
 - Work continues to improve mental health services for new and expectant mums
 - World Book Day 2019: Top children's mental health reads...
 - National Apprenticeship Week 2019
 - Compliment of the Month: February 2019
 - Catch up with CAMHS... Read the latest news on the new Children and Adolescent Mental Health Inpatient Unit
 - We're spreading the love for the NHS!
- Between 14 February and 13 March 2019, the Communications team dealt with 8 enquiries from local and national media.
- Positive media highlights include No Smoking Day coverage, a BBC Radio Humberside interview about the Trust's HSJ Value Award nomination and local radio coverage around Safer Sleep Week and Social Prescribing Day.
- The latest edition of Humber People has been distributed to members.
- The team have are supporting phase 2 of the Scarborough and Ryedale mobilisation, CAMHS build and latest Perinatal Service HCV communications.
- The team supported a social media recruitment campaign for the new CAMHS unit. The post and supporting video were seen by over 158,000 people and has helped spread awareness of the project and hire several staff members.
- The team continue to work with partners system wide with Health Expo planning started.
- Work has started on the Social Values Report 2018/19 with the team lending design and copywriting support.
- Attended the emergency planning sub group meeting and a Hull Pride meeting.
- On Facebook we now have 1,732 followers and our Trust Instagram has 415 followers.
- We have 4,332 followers on Twitter as of 13 March 2019.

Internal

- Prepared and issued the seventeenth edition of *Humber Voice*,

- the 22th edition of *Board Talk* and
- the 19th edition of *Team Talk*;
- Filmed, edited and issued the latest video blog from the Chief Executive;
- Managed the Communications and Contact Us inboxes
- Supported:
 - Trust Health and Wellbeing Steering Group
 - The Trust's Brexit Project group
 - The #PROUD programme by providing support with communications and branding
 - The Trust's Event Committee
- Supported the Trust's Employee of the Month competition; issued Employee of the Month nomination forms to the judging panel and communicated the winner in Midday Mail and the Midweek Global.
- Prepared Trust information leaflets and other materials.
- Managed the Trust's intranet and website
- Prepared and issued MDM and the Midweek Global
- Trained staff from HR and Recruitment on how to manage their intranet pages.
- Started to collate information for the Annual Report into a first draft
- Annual Members' Meeting – planning is underway for the AMM which will take place on Thursday, 12 September 2019 at the KCOM Stadium, Hull.
- Annual Staff Awards – planning is underway for the Staff Awards which will take place on Thursday, 17 October 2019 at the Mercure Hotel, Willerby.
- Added information about the Trust's Research and Development Department to all of our GP websites.
- Procured a new website for the Trust's Princes Avenue Medical Centre, a GP surgery in Hull.

6 Health Stars Update

6.1 The Chief Executive Staff Engagement Fund

Teams from both the Psychiatric Intensive Care Unit (PICU) and Improving Access to Psychological Therapies (IAPT) have benefitted from the Chief Executive's Staff Engagement fund recently. PICU enjoyed a time out day including Spa treatments for staff and IAPT arranged a sponsored walk followed by a team building meal which was funded by the Chief Executive Staff Engagement Fund. We've had some great feedback and photos from all those who have made use of the fund. Teams from all over the Trust are invited to tell us how we can help them and to submit their wishes and longer terms plans to help enhance their services.

Clare Woodard is working together with Katy Marshall new Organisational Development (OD) lead as well and Kate Yorke, Consultant Clinical Psychologist and Helen Mumby Head of Occupational Health to maximise the fund and get the best outcomes for staff www.healthstars.org.uk/submit-your-wish

6.2 The Impact Appeal #HumberCAMHSAppeal

The next step of the fundraising and awareness plan is to further engage our local business and schools community. The schools campaign By Young People For Young People is well underway with every secondary school in the region receiving fundraising and awareness material for the new Child and Adolescent Mental Health Services (CAMHS) unit and the IMPACT Appeal

Local Call Centre business ResQ will host a breakfast meeting for their clients to actively encourage other local businesses to get on board with the Impact Appeal on **9th May 2019**.

Hull based business woman Kathryn Sillito organised a fundraising event at 1884 Tapas and Wine bar which raised over £2500 for the IMPACT Appeal. Kathryn is a great advocate of the charity and we are extremely grateful for her continued help and support.

Staff members from local branches of Barclays bank are busy fundraising for the Impact Appeal and we are delighted to announce that their prestigious annual fundraising ball, which will take place in November 2019, will be raising funds for the new CAMHS unit.

6.3 The Big Tea – NHS Day 5th July 2019

The association of NHS charities, which Health Stars is an active member, are currently pulling together resources for this year's Big Tea to celebrate NHS Day. The national celebration of the Health Service will take place on 5th July 2019 and it's hoped we can build on the 70th birthday celebration success of last year. Health Stars will be organising events across the Trust and we are looking for as many schools, business and external groups to hold their own "Big Tea" party to help us celebrate the wonderful work of our amazing NHS.

Sign up forms and further details will be available on the Health Stars website soon.



6.4 Health Stars Events

There are lots of events planned in 2019 these include:

- Easter Egg Raffle
- Sponsored Spring Walk
- Tour De Yorkshire Events
- Chief Executive Challenge and Staff Sports Day
- Big Tea – NHS Day Trust Wide events
- Hull Pride
- Humber Half Marathon/Hull 10k
- Golf Day
- Christmas Market

All these events will be open to the wider public in an attempt to spread the Health Stars message and get more people from the local community involved and actively fundraising for the charity. Details on how to get involved will be on the Health Stars website and social media pages

Michele Moran, Chief Executive April 2019

Agenda Item: 8

Title & Date of Meeting:	Council of Governors Public Meeting – 9 April 2019			
Title of Report:	Public Trust Board Minutes – November 2018 & January and February 2019			
Author:	Name: Sharon Mays Title: Chairman			
Recommendation	To approve		To note	✓
	To discuss		To ratify	
	For information		To endorse	
Purpose of Paper:	The public minutes of the Trust Board meetings held in November 2018 and January and February 2019 are presented for information.			
Key Issues within the report:	Identified in the minutes			

Monitoring and assurance framework summary:

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



Trust Board Meeting – Public Meeting
Minutes of the Trust Board Meeting held on Wednesday 28 November 2018 in the Conference Room, Trust Headquarters

- Present:** Mrs Sharon Mays, Chairman
Ms Michele Moran, Chief Executive
Mr Peter Baren, Non-Executive Director
Ms Paula Bee, Non-Executive Director
Prof Mike Cooke, Non Executive Director
Mr Francis Patton, Non Executive Director
Mr Mike Smith, Non Executive Director
Mr Peter Beckwith, Director of Finance
Dr John Byrne, Medical Director
Mrs Hilary Gledhill, Director of Nursing
Mr Steve McGowan, Director of Human Resources
Mrs Lynn Parkinson, Chief Operating Officer
- In Attendance:** Mrs Michelle Hughes, Interim Head of Corporate Affairs
Mrs Jenny Jones, Trust Secretary
Ms Amy Smith, Communications Officer
Clair Pharoah (Advanced Occupational Therapist (Paediatrics) for item 213/18
Oliver Sims, Corporate Risk Manager (for items 226/18 & 227/18)
Huw Jones, Public Governor
Hamida Begum, Graduate Management Trainee
Kate Matysiak, Graduate Management Trainee
A representative from the Care Quality Commission (CQC)
- Apologies:** None

- 210/18 **Declarations of Interest**
The declarations were noted. Any further changes to declarations should be notified to the Trust Secretary. The Chairman requested that if any other items on the agenda presented anyone with a potential conflict of interest, they excuse themselves from the meeting for that item.
- 211/18 **Minutes of the Meeting held on 31 October 2018**
The minutes of the meeting held on 31 October 2018 were agreed as a correct record with the following amendment:-
- 196/18 Matters Arising and Action Log**
- 171/18 Publications and Highlights Report** - A “t” was missing from the word “toolkit” in the last sentence.
- 212/18 **Matters Arising and Actions Log**
The actions list was discussed and the following noted:-
- 42.4/17 Hull City of Sanctuary**
The Chief Executive will provide feedback on this area when it is available. It was agreed it

could be closed on the action log.

204/18(h) Performance Report

It was noted that vacancies will be discussed further by the Executive Management Team in January 2019.

213/18

Tracey's Story

Clair Pharoah (Advanced Occupational Therapist (Paediatrics)) attended the meeting to tell Tracey's (parent) story that was in relation to her child who has a diagnosis of Polymicrogyria, Dystonia and a global developmental delay, since birth. Clair told the story from Tracey's perspective on the care and issues that she had experienced in caring for her daughter during the transition from another provider elsewhere in the country. In the story Tracey made some suggestions about how things could be improved. These were:-

The first letter to someone who has been referred should be reviewed and consider the circumstances of the people concerned. Tracey's daughter had transferred from another provider and the first letter received talked of assessment to see what services would be available. Having already received services and specialist equipment for her daughter through another provider, the letter gave anxieties that support may not be provided.

For providers and professionals to understand that a parent knows their child best and should listen to them

That people who sit on commissioning panels visit families to see the consequences of the decisions they are making. This related specifically to a request for a specialist equipment and also the timeliness of making decisions and receiving equipment. The Board was informed that a specialist single bed was approved as this was a clinical need, but as Tracey's daughter often became unsettled throughout the night the family had requested a double bed to allow mum to be with her daughter during the night. Commissioners authorised the purchase of a single bed with an option for the family to pay the additional costs to upgrade this to a double bed. By the time the request came through the family had already bought a specialist double bed.

When in Oxfordshire the family had all the specialist equipment they required, but as this changed to another provider when they moved to this area, they had to return it. Clair said it would be helpful if there was an agreement between equipment providers allowing a new provider to purchase the equipment already provided by the new provider saving time, money and anxieties for the families who rely on it.

The Chief Executive suggested that Tracey's story should be shared with commissioners who share some of the responsibility for care. It was good to hear that the family appreciated the service provided by the Therapies team for their daughter and felt it was effective, professional and responsive. In terms of the initial letter, Mrs Parkinson will ask for it to be reviewed for people who have already been in receipt of some services and equipment. The Chief Executive also suggested that the feedback be provided to the Head of Patient Experience as part of the work that is being undertaken for the patient's forum.

Mrs Parkinson said the suggestions made by Tracey will be shared. She congratulated Clair and the team for the work they have done with the family and the good relationship they have developed.

The Chairman thanked Clair for attending and asked that on behalf of the Board, Tracey be thanked for sharing her story. She recognised that specialist equipment for children has been an issue for some time as there is very little stock. By sharing the story with commissioners it may help to improve this. Clair explained that when the story was being prepared Tracey felt that she had a voice and was appreciative that she had been given the opportunity to share her story and was sorry she had not been able to attend in person.

Resolved: The Chairman thanked Clair for attending.
Tracey's story which will be shared with commissioners to demonstrate some of the issues that have been encountered. Action LP
The first letter on receipt of a referral to be reviewed to see how it can be improved Action LP

214/18

Chairman's Report

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

- Meeting with the Chair of Hull CCG
- Separate meetings with the outgoing Chief Executive of MIND and the Chairman of MIND who are both stepping down from their positions. The Chairman spent a day with the MIND recruitment panel to look at the role and job description for the Chief Executive.
- Attending the Chairs Northern Network meeting with Mr Patton with a focus on North financial performance. Lord Carter attended and stressed the importance of having strong financial plans. The Chair for NHS Resolution also attended to promote their work, details of which will be circulated to the Board.
- Meeting with Anne Jeffries the new incoming Chair of East Riding Clinical Commissioning Group (CCG)
- Observing some of the Board Sub Committee meetings
- Attendance at the Learning the Lessons event that was held in the newly opened Lecture Theatre.
- Being part of the second Humber's Got Talent event which showcases what staff have learnt from attending the Leadership Programme. There were some excellent suggestions that will be taken forward.

Mr Smith asked if Lord Carter had updated on his report which stated that £5 billion in savings could be made and whether he felt this had been achieved. The Chairman explained that his attendance at the meeting was more as a Non Executive Director (NED) of NHS Improvement and he mentioned the need for strong financial plans and holding Boards to account.

Resolved: The verbal update was noted.

215/18

Chief Executive's Report

This report provided updates from each of the Directors along with a summary of activities undertaken by the Chief Executive which were:-

Visits and Meetings

These continued during the month across the patch.

Lecture Theatre

It was great news that the Lecture Theatre opened as scheduled with our Learning the Lessons conference. This has been possible through a partnership with the Hull York Medical School (HYMS) and was in response to a request by staff to have an appropriate venue for events/training. Professor Cooke made a suggestion about officially opening the Lecture Theatre and to ask staff to make recommendations on who this should be.

Minibus Fundraising

Congratulations were extended on the successful fundraising with the minibus fund now standing at over £12000 from just over a year of fundraising.

East Riding Health and Well-being Board

Good news that Childhood Obesity figures are showing some improvements across the East Riding. Indicators are also showing reductions in waiting times for Child and Adolescent

Mental Health Services (CAMHS) and Improving Access to Psychological Therapies (IAPT).

Regional Chief Executive Officer Meeting

At the Regional CEO meeting both Paul Lelliott and Stephen Dalton were key guests. A thematic review of long term segregation was the main theme of the Care Quality

Brexit

An update was included in the report. In accordance with the national guidance we have nominated Pete Beckwith as the Senior Responsible Office (SRO) for the work.

Vacancies

The Executive Management Team (EMT) is focussing on vacancies in the organisation and how this fits into the safer staffing work that is underway following the guidance published from NHS Improvement.

NHS Plan

The NHS Plan is due on 3 December 2018 subject to any fall out from Brexit. Professor Cooke suggested that this is considered further at a future development session or a part III Board meeting

Health Service Journal Awards

The SMASH work was highly recommended at the awards.

Communications and Health Stars

Lots of work is being done on a number of areas through the teams including the Impact Appeal which is gaining momentum.

Professor Cooke related to the Community Mental Health Team (CMHT) Review item in the Chief Operating Officer section. He stressed the importance of moving this forward quickly. Mrs Parkinson explained that this work needed to look at the whole system. Discussions are taking place with commissioners around the whole pathway. There will be deep dive into the whole pathway in December in relation to beds and when completed a further update will be provided.

In relation to the Workforce Plan Professor Cooke asked if this could be linked to the Business Plan so the base line would be right. Mr McGowan confirmed that it will be included and will also give delivery options for the next two years.

Clinical supervision data was discussed with Mrs Gledhill explaining that this will be included in the next report. Discussions are taking place with Band 7 staff in all units, but in some cases supervision is not being reported or being recorded differently. Band 7 staff have been asked to review the policy to ensure it reflects the way they work.

Professor Cooke asked if appropriate people have been suggested for the Quality Service Improvement course. Dr Byrne explained that eight applications have been made including patients and the outcome is awaited.

Given reports in the media around Norfolk and Suffolk Mental Health Trust and reduction in doctors and trained staff, Professor Cooke asked if the Trust was aware of any similar issues. Dr Byrne stated there has been no reduction in medical posts in the Trust and there has been additional investment in recruitment to try and fill the gaps to ensure there is no reduction on quality and safety. The Chief Executive added that there is better understanding now of the vacancies and that the Budget Reduction Strategy (BRS) is around re-shaping services not making changes to clinical posts. The organisation does not want to lose staff as they are our biggest asset and hard to replace and she outlined the changes that have been made including growing the bank and a weekly vacancy recruitment panel that is held. Professor Cooke felt it would be a useful subject for a future development session which was supported

by the Chief Executive and could also include an update on clinical supervision and the work that is being done with Assistant Psychology posts and using staff in a different way.

A further session on the Integrated Care Service (ICS) was also suggested as it is becoming clearer around PLACE, ICS and Integrated Care Provider (ICP)

Professor Cooke asked for an update on the staff survey uptake. Mr McGowan reported that the current rate is 44% return which equates to 1100 responses. The national average is 40%.

Mr Patton asked what is done to attract people to work in the organisation. The Chief Executive said that some staff come back to work through the retire and return scheme and there is a good conversion rate. The Chairman said that a few years ago there were discussions around recruiting from military families as there are bases within the Trust's geographical area. As families move round some may have the skills that the organisation is looking for. Mr McGowan will look into this.

In terms of Basic Life Support training Mr Patton asked whether Board members could undertake the training to help encourage staff compliance. It was agreed that dates of the training will be circulated for anyone wishing to undertake the training.

Resolved: The report was noted

NHS Plan to be discussed at a future development session or Part III Board meeting Action MM

Future development session to be held on vacancies including clinical supervision and the work being done to use staff in different ways Action MM

Development session to be planned for ICS, ICP and PLACE Action MM

Feedback on the CMHT work to be provided when concluded Action LP

Basic Life Support dates to be circulated Action SMcG

Recruitment within military families to be considered/reviewed Action SMcG

216/18

Publications and Highlights Report

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

Mr Baren referred to the "Steeling Ourselves for Winter" report stating that a recent business continuity controls internal audit had recently been completed. He asked whether the actions recommended have been undertaken in preparation for winter. Mrs Parkinson explained that a lot of planning and engagement events have been held across the system that the organisation has participated in. Funding has been allocated to the Local Authorities to support winter pressures and the organisation has actively been involved in putting proposals together for this funding primarily around the Older People with Dementia pathway. From an Adult Mental Health perspective it is a good position and the plans are being closely monitored. The Flu vaccination campaign has been successful and overall all the areas within business continuity are progressing.

Commitment to mental health was seen as a big issue by Professor Cooke especially around parity of esteem and the big investment the organisation is asking for Child and Adolescent Mental Health Services (CAMHS). The Chief Executive explained that the Sustainable Transformation Programme (STP) is leading this through the mental health workstream. Through new models of care money from the specialist commissioning is being moved to lead providers. It is hoped that this can be developed across all specialist commissioning. At a recent meeting it was agreed for a "think tank" group to consider a better and appropriate system for dissemination of money from the CCGs in the future. The money comes to CCGs, but in mental health it is not allocated to the areas specified in the Five Year Forward View. Professor Cooke felt the service user/carer element and front line staff is being left out in mental health. The Chief Executive confirmed this is being addressed through the STP and involves third sector organisations.

A piece of work is underway around a change in tariff which affects mental health. The planning guidance is due imminently and the tariff change needs to be understood as will still affect the organisation despite it being on block contracts. The changes will be considered and feedback through to the Finance Committee.

Resolved: The report was noted

Changes to the tariff for mental health to be considered and reported to the Finance Committee Action PBec

217/18 **Quality Committee Assurance Report**

The report provided an executive summary of discussions held at the meeting held on 7 November and a summary of key issues for the Board to note. The minutes of the meeting held on 1 August were provided for information.

Mr Smith informed the Board that it was useful to be able to raise something from the Mental Health Legislation Committee to the Quality Committee around prone restraint. Good discussions took place at the meeting including a report from Human Resources. In terms of sexual safety on mental health wards discussion around parity of esteem in mental health and available sector funding were held.

Mrs Gledhill explained that more work has been done on Quality Impact Assessments and the process is currently being reviewed to stream line the process. A report will be provided to the Executive Management Team (EMT) in December which will be presented to the Quality Committee.

Resolved: The report and minutes were noted

218/18 **Mental Health Legislation Committee Assurance Report**

An executive summary of discussions held at the meeting in November 2018 was provided. Mr Smith particularly highlighted the presentation from Dr Byrne on the National Confidential Inquiry into Suicide that was given at the meeting. Dr Byrne added that Professor Nav Kapoor was currently speaking at an event at the lecture Theatre to staff.

Resolved: The report was noted

219/18 **Reappointment of Associate Hospital Managers on Honorary Contracts**

Under s 23(6) of the MHA 1983 the Trust delegates its power of discharge to individuals authorised by the Board for that purpose. The following people have contracts ending on 31 December:

- Jill Hetherton
- Jann Petherbridge
- Martin Craven

The re-appointees have been observed and fully appraised. All three are recommended for reappointment for three years, expiring on 31 December 2021.

Resolved: The Board approved the reappointment of the above named individuals.

220/18 **Finance Committee Assurance Report**

The report provided assurance to the Board on the financial performance of the Trust. Mr Patton drew the Board's attention to the following areas:-

- the delivery of the cumulative operational financial plan in month seven with an improved position on month six.
- The Committees continued concern over the forecast outturn in terms of operational performance.

- the Committee's continued ongoing concerns over achievement of the Business Reduction Strategy for 2018/19.
- the Committees request for more assurance from the Health and Safety Quarterly report.
- the Committees review of and recommendation of the Estates and Procurement strategy updates.
- the issues raised in the Digital Delivery Report.
- Recommended to the Board to approve the changes to the Standing Orders, Scheme of Delegation and Standing Financial Instructions (SFIs).

Mr Beckwith said some recovery is beginning to be seen in the financial position, but the last half of the year will be challenging. Mr Smith suggested the Board needed assurance on the corporate overspend and that action is being taken. The Chairman assured him that there is significant challenge at the Finance Committee in this and other areas. Dr Byrne expected to see a reduction in agency locum spend following the recruitment of two consultants.

Resolved: Board members noted the report

221/18

Audit Committee Assurance Report

The report provided a summary of discussions held at the November 2018 meeting. Generally good or above assurance was given through internal audit. There was recognition of the work undertaken by internal audit and Counter Fraud services. Mr Baren thanked Executive colleagues for providing updates in advance of the Committee on internal audit actions.

Resolved: The report and verbal updates were noted.

222/18

Charitable Funds Committee Assurance Report

An executive summary of discussions held at the meeting on 13 November 2018 and a summary of key issues for the Board to note was presented. The minutes of the meetings held in July and September 2018 were also included for information.

Ms Bee explained that there was a growing sense in a number of areas that details of social values in the organisation was required. Dr Byrne confirmed that work is taking place and there is a plan for an annual report at the end of the year. Ms Bee asked if this could also include the work of Health Stars and Charitable Funds and will discuss this outside of the meeting with Dr Byrne.

Resolved The report and minutes were noted
Discussion around the inclusion of Health Stars and Charitable Funds in the Social Values annual report to take place **Action PBee/JB**

223/18

Risk Management Strategy 2016-2019

An updated Strategy was presented to the Board. The Strategy has been updated to reflect the current risk management processes and arrangements, as well future planned changes in operational structure. All changes were identified in the report.

Professor Cooke commented on the risk appetite section suggesting that some thought may be given to developing this section as it was hard to understand. In section he was disappointed that the work the Quality Committee has done to help reshape the Quality and Patient Safety Group was not reflected. The Chairman agreed commenting that all of the Board Sub Committees regularly review their relevant risks and this did not come through strongly enough in the strategy. Mrs Gledhill will take forward the comments and include them in the strategy

Resolved: The Board approved the updated Risk Management Strategy subject to the inclusion of the points below.
Strategy to be updated to include the work the Quality Committee has done to help reshape

224/18 **Performance Report**

An update on Board approved key performance indicators as at the end of October 2018 was presented. Of particular note were:-

- Exception reporting and commentary is provided for each of the reported indicators.
- The Trust Safer Staffing as at the end of September 2018 is also presented within the body of the report.
- The report now includes a breakdown of the over 52 week awaiting split by Adult Autistic Spectrum Disorder (ASD), Paediatric ASD and Child and Adolescent Mental Health Services (CAMHS).
- Performance Appraisal Development Review (PADR) compliance has dipped to 75.8% in Oct-18 against a target of 85%.

Mr Patton referred to the Safer Staffing Quality Dashboard noting that the daily average staff filling rates were all amber or yellow. Mrs Gledhill explained that some of this related to the occupied bed day work that need to be done. A pilot has been undertaken to try to give more accurate picture and this is supporting the work being done in the team. A good example of this is when unit occupation has been deliberately reduced due to acuity with commissioner agreement and it shows as being lower than the number of beds. The report needs to be able to reflect this view which is part of the work being undertaken.

Sickness absence figures were raised by Mr Patton in relation to some Humber Centre wards, Newbridges and Whitby which were high. Mrs Parkinson said that despite the figure an improvement in the sickness absence rates are being seen. However, a number of these are long term sickness. A pilot has been undertaken at the Humber Centre to try to improve staffing efficiency when there are periods of sickness. Mrs Gledhill explained that this is the first time that a unit has six red flags which Whitby is experiencing. She has a meeting planned to discuss these areas further. It was highlighted that some units do not use the dashboard as intended and this has been raised with the appropriate managers.

Mr Patton asked if the NHS Choices website is used in relation to complaints and the Friends and Family Test. It was confirmed that it was, but further clarity will be sought from the Head of Patient & Carer Experience & Engagement.

Discussion took place around the waiting list that have been split into Trust and commissioner waiting lists. Mr Beckwith explained that for Autistic Spectrum Disorder (ASD) there is clarity however it is more complex for Child and Adolescent Mental Health Services (CAMHS). Professor Cooke noted that improvement was seen with waiting times last year and he suggested that consideration be given to making this a zero event. Specific improvement plans should be in place and the Board may wish to consider setting a trigger point. The Chief Executive felt it would be useful for the Board to see the work that has been done and suggested this is done through the Quality Committee and it can be escalated if further Board support is required. It was pointed out that adult ASD is on a cost per case basis arrangement with the commissioners but the organisation reports each case. In all cases patients are contacted whilst on waiting lists. Professor Cooke asked to see the number of people who do not maintain contact in the report. This was supported by the Chief Executive. Mrs Parkinson said commissioners are being urged to address this issue.

The Chairman noted that the date when City Health Care partnership (CHCP) stopped providing the ADHD services was incorrect and it was confirmed that this should be July 2018.

Mr Patton commented on Performance Appraisal Develop Reviews (PADRs) and the

compliance rate. Discussion has taken place at the Executive Management Team meetings as the Statistical Process Charts demonstrate the data in a clearer way. Professor Cooke said that a quarter of staff have not had a PADR. He felt there should be an improvement plan trigger and suggested consideration of a stretch target for compliance which in his view should be 90%. Mrs Parkinson said improving the compliance has been a care group priority and Care Group Directors are being held to account to actively improve the position. There have been instances where PADRs have been completed, but have not been recorded on the system. In the Nursing and Quality Directorate all non compliant staff have been emailed asking them for the date when they have scheduled the appraisal by Mrs Gledhill. The work with the Band 7s is also being used to reinforce this message.

Mr Patton asked if more information on complaints could be included in the report. Dr Byrne clarified that further details are included in the report that is provided to the Quality Committee. The Chairman explained that Mr Patton will be attending more Quality Committee meetings in order to improve the link with the Sub Committees he chairs.

Professor Cooke noted the 101 voluntary resignations to date this year. He asked if exit interviews are conducted and what the quality of the process is. Mr McGowan confirmed that there is a process however an action has been taken to review it by the end of the financial year. Exit interviews take place and choices offered on how to undertake them. It is planned to conduct these earlier in the process to allow the person to be met with prior to them leaving

Dr Byrne pointed out that over the last two years the position for statutory and mandatory training compliance has improved and a trend could not be identified on a month by month basis until there is sufficient data over a period of time to take this from.

Resolved: The report was noted.

Clarity to be sought around the use of the NHS Choices website Action JB

Work that has been done on waiting times to be presented to the Quality Committee Action LP

The number of people on the waiting lists who do not maintain contact to be included in the report. Action LP

225/18

Finance Report

Mr Beckwith presented the report which provided an update of the financial position of the Trust at month seven. Of particular note was

- A deficit position of £2.062m was recorded to the 31st October 2018, after the inclusion of £1.516m risk for unidentified BRS.
- The cash balance in the period was £10.106m.
- On the NHS Improvement (NHSI) return the use of resources metric is 3

Additional detail was also included in the assurance report earlier in the meeting.

Resolved: The report was noted

226/18

Board Assurance Framework Report

The report was presented by Mr Sims and provided the Quarter 2 2018-2019 Board Assurance Framework (BAF). Changes to the Board Assurance Framework from Quarter 1 2018-19 to Quarter 2 2018-19 were provided in the report and included:-

Strategic Goal 1 – Innovating Quality and Patient Safety

NQ44 - Inability to corporately collate clinical supervision compliance across clinical teams to support assurance that teams are delivering high quality care – new risk scoped and aligned to section of the framework.

Strategic Goal 4 – Developing an effective and empowered workforce

HR33 (Inability to retain appropriately qualified, skilled and experienced clinical workforce) – new risk scoped and added to the framework.

HR32 (Significant nursing and consultant staff vacancies may impact on the Trust's ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact the credibility/reputation of the organisation) – description of the risk has been amended to better reflect the current risk facing the Trust.

Strategic Goal 5 – Maximising an efficient and sustainable organisation

FII206 (If the Trust cannot achieve its Budget Reduction Strategy for 2018-19, it may affect the Trust's ability to achieve its control total which could lead to a significant impact on finances resulting in loss of funding and reputational harm) – new risk scoped following merge of previous entries FII202 and FII203 which have now been closed.

Mr Baren queried why finance had been reduced in score. Mr Beckwith explained that the cash position in April was £8 million. Currently the CCGs pay in month and the cash position has been stable around £8 million. The position will be kept under review and the Chairman suggested the Finance Committee review at its December meeting.

The content of the report is regularly reviewed by the Assurance Committees and the Executive Management Team. The Chairman queried why there were no gaps in assurance for strategic goal 2. Mrs Parkinson explained that the report only covers some of the specialised areas and is reporting on quarter 2 performance. Waiting lists will be covered on the Standard Operating Policy that is being reviewed. It was agreed this would be made clearer on future reports.

Resolved: The Board noted the updates in the report.

Gaps in assurance to be made clearer for future reports Action OS

Finance risks to be reviewed by the Finance Committee in December Action PBec

227/18

Risk Register

The report provides the Board with an update of Trust-wide risk register (15+ risks). The Trust-wide risk register detailed the risks facing the organisation scored at a current rating of 15 or higher (significant risks) of which there are currently four risks.

Three risks have been removed from the Trust-wide risk register since the July Board meeting and two additional risks have been added.

Professor Cooke noted the improvement in how risks are identified and understood. Of the 158 risks on local risk registers, he asked if there are any trends. Mr Sims said the risks are reviewed regularly through the appropriate forums. In terms of trends he will review how this can be included in the report to give the Board assurance that local level risks are being managed. The Chairman suggested this detail be presented to the Quality Committee.

Resolved: The report and updates were noted.

Detail of local risks and any trends to be presented to the Quality Committee Action OS

228/18

Any Other Business

No other business was raised.

229/18

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.

230/18

Date and Time of Next Meeting

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

Signed Date
Chairman

Item 3

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

- Present:**
- Mrs Sharon Mays, Chair
 - Ms Michele Moran, Chief Executive
 - Mr Peter Baren, Non-Executive Director
 - Prof Mike Cooke, Non Executive Director
 - Mr Francis Patton, Non Executive Director
 - Mr Mike Smith, Non Executive Director
 - Mr Peter Beckwith, Director of Finance
 - Dr John Byrne, Medical Director
 - Mr Steve McGowan, Director of Human Resources
 - Mrs Lynn Parkinson, Chief Operating Officer
- In Attendance:**
- Mrs Tracy Flanagan, Deputy Director of Nursing
 - Mrs Michelle Hughes, Interim Head of Corporate Affairs
 - Mrs Jenny Jones, Trust Secretary
 - Ms Amy Smith, Communications Officer
 - Ms Jennie Bradley, Business Consultant Quality Health (for item 04/19)
 - Dr Lucy Williamson, Consultant Forensic Psychiatrist & Guardian of Safe Working (for item 13/19)
 - Ms Cathryn Hart, Assistant Director of Research and Development (for item 14/19)
 - Mrs Alison Flack, Freedom to Speak Up Guardian (for items 15/19, 16/19, 17/19 & 18/19)
 - Mr Huw Jones, Public Governor
 - A Member of the Public
- Apologies:**
- Ms Paula Bee, Non-Executive Director
 - Mrs Hilary Gledhill, Director of Nursing

- 01/19 **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 other items on the agenda presented anyone with a potential conflict of interest, they excuse themselves from the meeting for that item.
- 02/19 **Minutes of the Meeting held on 28 November 2018**
The minutes of the meeting held on 28 November 2018 were agreed as a correct record.
- 03/19 **Matters Arising and Actions Log**
The actions list was discussed. Mr Patton commented that there were some actions resulting in discussions or presentation at the March Time Out when there has been previous Board agreement to concentrate on Board Development and key issues and restrict the number of items on the agenda. The Chair explained that the main agenda item for the March Development Day is the long term plan and system leadership which is likely to cover some of the areas identified. It was also felt that the new Workforce Committee would cover some of these including 204/18(h)

176/18(b) Quality Improvement Approach

The Chair asked Dr Byrne what the timeline is for the Trust Board project. Dr Byrne agreed to bring something to the next meeting.

04/19

Community Mental Health Service User Survey Presentation

Ms Jennie Bradley, Business Consultant from Quality Health attended the Board meeting to present the findings from the recently published Mental Health Community Service User Survey 2018 report. The survey is organised by the Care Quality Commission (CQC) and delivered by Quality Health.

The survey was sent to a random sample size of 829 service users on the Care Programme Approach (CPA) and non CPA register during the period 1 September 2017 – 30 November 2017 and the survey was undertaken between February and June 2018. 274 (33%) responses were received. For this survey there were some changes to the questions with six questions being removed and replaced with new questions, however the majority of scores were in the intermediate and top 20% ranges.

Mr Smith asked if there was anything in the survey asking about understanding the language used in the questions as he was concerned that some people who were sent the survey may not understand the questions. He asked if there was any help available for completing it. Ms Bradley said that someone could complete the survey on behalf of the recipient and indicate this at the end of the survey. Mr Smith asked how many people had identified that they had received help in completing the survey and whether this would have affected the scoring. Ms Bradley did not have that information, but would find out and it will be included as a post meeting note.

Professor Cooke commented that the previous survey looking at 2016 had been extremely positive for the organisation and recognition that it would be difficult to retain some of these scores. He asked if there is an action plan to address the areas where improvement needs to be progressed. The Chief Executive said that the report was published in November 2018 and since that time the Trust has produced an action plan. She suggested that an update on the actions be prepared for the February meeting to show the Board what progress has been made. When future surveys are presented, an updated will also be provided on the actions that have been taken since the publication of the report.

The Chief Executive acknowledged the results were not as positive as the previous report and felt a trend analysis would help to show the changes in more detail.

Mrs Parkinson confirmed that the action plan has been developed and reviewed by the Quality Committee. She was disappointed with the reduction in the physical health care scores, but there has been a significant focus in this area this year and also on engagement. She felt it was difficult to look at these results in isolation and without triangulating them with other key results including Quality Accounts workshops and mental health benchmarking information. Community Mental Health Teams (CMHTs) are part of the transformation work currently taking place and is part of the Trust's long term plan around integration.

A physical health dashboard will be rolled out to teams showing performance in the near future. Dr Byrne recognised that the survey is a snapshot at a specific time however it does not dilute the importance of the results. The information will be shared with teams, services and patients to help influence future surveys.

Ms Bradley recognised that work has already started to look at the areas where the scores had reduced which should be reflected in the next survey results.

The Chair thanked Ms Bradley for attending to present the results of the survey.

Resolved: The presentation was noted
A response to be provided on the number of people who identified they had help to complete the survey to be circulated to the Board

05/19

Chair's Report

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

- Unit visits with the Chief Operating Officer at Christmas to thank staff for their continued work
- Visits to Townend Court and other teams within the organisation. The Director/Governors visibility programme is filling up, but there are still opportunities for Board members to participate.
- Attendance at a stakeholder event held in Scarborough about Scarborough Hospital
- Attendance with other Board members at a Humber Coast and Vale Partnership event to discuss the developing Integrated Care Service (ICS) and Integrated Care Partnerships (ICP).
- Induction for new Governors. Some Governors come to the end of their terms of office at the end of January. This also includes the Lead Governor and an election is currently taking place for a replacement. Governors are also becoming involved in Quality Improvement agenda
- Attending the Patient and Carer Forum where two participants will be attending national events accompanied by the Head of Patient and Carer Engagement

Resolved: The verbal update was noted.

06/19

Chief Executive's Report

This report provided updates from each of the Directors along with a summary of activities undertaken by the Chief Executive which were:-

Ian Trenholm, Chief Executive of the Care Quality Commission (CQC) visited the Trust on the 18 January 2019. It was good to have such a high profile visit and follows on from Chris Hobson's visit last year. Claire Murdoch is also scheduled to visit Humber and the Sustainable Transformation Partnership (STP) Mental Health work on 8th February. Professor Cooke commented that these visits allowed the organisation to showcase its good work.

A Brexit steering Group has been formed to look at supporting the health and care system to prepare for the UK leaving the EU prior to 29 March 2019. To help staff understand the issues regular updates will be provided.

An Integrated Care Partnership/Integrated Care Service event was held recently to stock take the position. Focus remains on six PLACE areas and it is about getting the architecture right in relation to the long term view. A planning event is being planned in February.

The Chief Executive has been interviewed by the Health Service Journal (HSJ) around the good work that is taking place which will be published shortly.

#PROUD has been launched at the Leadership Forum which is an Organisational Development programme working with the Institute of Organisational Development. Mr McGowan explained that this is a developed and costed programme over the next three years. There is a lot of work to do but the coaching and mentoring programme is a significant investment in our staff to help deliver organisational goals. Mr Patton asked if there are any actions that can be taken quickly to provide benefits to the organisation. Mr McGowan explained that the programme is at an early stage, but by the end of March there will be some delivery of some of the programme and some movement in indicators. Regular updates will be provided to staff and to the Board via the Workforce and Organisation Development Committee to demonstrate the impact the programme is having.

Professor Cooke asked for an update on the position with Whitby and Child and Adolescent Mental Health Services (CAMHS). The Chief Executive explained that for Whitby the Clinical Commissioning Group (CCG) business case has been finalised by the governing body. Joint working is taking place on the clinical model which will go through the Quality Committee and come to the February Board.

The Child and Adolescent Mental Health Services (CAMHS) project has seen some slippage, however this has not affected the recruitment programme. Dr Byrne confirmed that a significant amount of time and effort has been put into the recruitment for the medical posts. There is a detailed programmed recruitment plan in place which includes provision for existing staff applying for the new posts.

Mr Patton asked if there was Key Performance Indicators (KPIs) identified for the Mental Health Response Service (MHRS) and if so whether these are being met. He was informed there are internal and contractual KPIs which are monitored, but pressures are rising in the service, but the trajectory is an improving picture due to additional resource and operational changes in the service.

Mr Baren commented on the Quality Improvement update noting that some of the projects did not appear to link to the strategic objectives. He asked how assurance will be given to the Board that the projects are appropriate and delivering as planned. Dr Byrne explained that the teams have chosen these projects supported by the Quality Improvement team. There have been some slow starts, but improvement is now being seen. Three monthly reviews are undertaken and regular updates will be provided through the Quality Committee.

A "Refer a Friend" scheme has been agreed by the Executive Management Team to help with recruitment. The details of the scheme are still being worked through.

Resolved: The report was noted

The Clinical Model for Whitby will go to the next Quality Committee meeting Action LP

07/19

Publications and Highlights Report

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

Professor Cooke noted the report in the Long Term Plan. He explained that at the partnership event recently it was a good stock take of the current position. There is a lot going on in the six PLACES and how these fit into the Trust's plans and also the Sustainable Transformation Partnership (STP) area. Workforce is a big issue for the organisation and opportunities for the future need to be maximised.

Dr Byrne highlighted the Care Quality Commission (CQC) recommendations report and the commitment to patient safety strategies. The Trust's patient safety strategy is being updated in conjunction with the Nursing Directorate using the Quality Improvement methodology. During the next few weeks views from the Board, patients and carers will be sought to help influence the strategy.

Mr Smith reported that the Review of the Mental Health Act publication suggested changes to the roles of the Hospital Managers to Hospital Advisers and removing their discharge powers which could have an impact on the organisation if taken forward. Dr Byrne explained that the Trust is already taking forward the Community Treatment Orders (CTOs) work.

Resolved: The report was noted

08/19

Finance and Investment Committee Assurance Report

An executive summary of discussions held at the meeting held on 23rd January 2019 and a summary of key points for the Board to note was presented. Of particular note were:-

- Month nine performance showed that the Trust had reduced its year to date operational deficit to £0.310m (6th consecutive month of improvement), improved its cash position and seen a reduction in trade debtors. Work is needed on performance in all areas to improve the year end outturn as a number of areas a forecasting a worsening position.
- An update on the Humber Coast and Vale financial position.
- The Terms of Reference for the newly combined Finance and Strategic Investment Committees that was agreed at the Board timeout in December following previous discussions had been discussed in Committee and some changes suggested. They will be brought back to the next meeting for approval and presented to Board in February.
- Committee were discussed and some changes suggested. They will be brought back to the next meeting for approval.

Resolved: The report was noted

09/19

Charitable Funds Committee Minutes 13 November 2018

The minutes of the meeting held on 13 November 2018 were presented for information. The assurance report will be presented to the next meeting.

Resolved The minutes were noted

The assurance report will be presented at the February meeting Action PBee

10/19

Charitable Funds Annual Accounts

The Charitable Funds Accounts were presented for ratification. Three Financial statements are included which were approved, subject to minor changes, by the Charitable Funds Committee on 17 January 2019. The revised accounts have been circulated to the Committee and received approval. It was noted that the lateness of the accounts was due to the change to a local firm of accountants.

Professor Cooke noted the increase in the total of the fund which he was pleased to see. He asked if this was as a result of fund raising or additional income. Mr Beckwith said it was through fund raising efforts although a legacy was received in the last year which added to the income.

Mr Patton commented that it was a large amount of money and asked if consideration had been given to investing it. Mr Baren confirmed that this is on the agenda for the next meeting and invited Mr Baren to attend the next meeting.

No issues were highlighted with the accounts which have been independently examined by 360 Accountants and which fell below the threshold for an audit.

The Chair made reference to the delegated limits for the Impact Appeal and suggested that some forward planning may be required if Board approval is required. It was clarified after a query that the names of the Board members listed in the accounts was correct at the time the accounts were presented.

Clarification was requested around whether the reference to employees was accurate on page 13 of the accounts. A post meeting note will be provided to clarify this point.

Resolved: The Board ratified the Charitable Funds Annual Accounts

A post meeting note to be provided regarding the employee reference on page 13 of the accounts Action PBec

Post Meeting Note

The two employees referred to are the Head of Fundraising, Mrs Woodard and the previous

post holder Mrs Preston

11/19

Re-appointment of Associate Hospital Managers on Honorary Contracts

Under Section 23(6) of the MHA 1983 the Trust delegates its power of discharge to individuals authorised by the Board for that purpose. The following people had contracts ending on 31 December 2018:

- David Boswell
- Angela Loughlin
- Martin Parry

The re-appointees have been observed and fully appraised. All three are recommended for reappointment for three years, expiring on 31 December 2021.

Resolved: The Board approved the re-appointment of the three people identified above.

12/19

Workforce and Organisation Development Committee Terms of Reference

The Terms of Reference for the new Workforce and Organisational Development Committee agreed by the Executive Management Team (EMT) were presented to the Board. The Chair will discuss membership of the Committee with the Non Executive Directors.

Mr Patton noted there was a word omitted under the functions section in the first bullet point. Professor Cooke suggested including in the functions about taking a view on the bigger risks facing the organisation. He also felt more emphasis was needed on equality and diversity and more innovation.

Dr Byrne asked if Medical Education would be a role for this Committee. The Chair felt that as this is a new Committee there would likely be some changes to its remit as it becomes clearer. She suggested that the Terms of Reference are accepted at this time and they can be reviewed as the Committee develops.

The Chair queried why there were Executive Directors and only one deputy Director. It was explained that this was due to the work Mrs Flanagan has done on a professional strategy and the link with Matrons which is seen as a good fit with this Committee's remit. The Chief Executive did not want all of the Executive Team as members and will keep the membership under review.

In approving the ToR, Mrs Hughes asked for approval to make the appropriate inclusion in the Trust's Standing Orders, Scheme of Delegation and SFI document where sub committees are referenced. As this will also affect the Finance and Investment Committee ToR that are being presented to the February Board, it was agreed that amendments required to the Standing Orders, Scheme of Delegation and SFI for both committees will be presented to the February Board for approval.

Resolved: The Terms of Reference were approved
Amendments required to the Standing Orders, Scheme of Delegation and SFIs in relation to Workforce Committee and Finance & Investment Committee will be presented to the February Board for approval **Action MH**

13/19

Guardian of Safe Working Quarterly Report

The paper provided details on the safe working conditions of junior doctors from September – December 2018. Dr Williamson explained there are now 25 doctors on contracts and work continues with doctors on old contracts. The rota is challenging and a piece of work is taking place to review this. Trainees are covering night shifts which reduced their day time hours. It was felt that this could be a blip but it is being closely monitored. Dr Byrne explained that meetings will take place with Matrons to reiterate the work that Dr Ma has done around the roles of junior doctors. Rotas do get complex and there are issues of equity and fairness that need to be considered.

Resolved: The Board noted the report

14/19

Research & Development Report

The report provided assurance/reassurance that work continues to enhance research in the Trust and ensure the Trust's obligations in relation to the delivery of NIHR Portfolio research and performance targets are met, thus facilitating opportunities for our community to participate in research, to trial new interventions and enhance quality.

Ms Hart drew the Board's attention to:

Appendix 1 of the report which was an infogram summary of the last year's performance. She also reported that of the 660 target this year for people taking part in national studies, the Trust had already exceeded this. The Care Quality Commission (CQC) is now including research in its inspections and the NHS Long Term Plan also focuses on research.

The 2019 Research Conference is taking place in May 2019 and the majority of places have been taken.

There is a potential for working with a commercial research company MAC Clinical Research Ltd which will bring more opportunities for patients to potentially try out treatments that they would not normally get access to.

Claire Marshall, Specialist Nurse and Clinical Lead with the Trust Perinatal Mental Health Liaison Team, will be further developing her research skills and contributing to high-calibre research at the University of Hull as part of the Health Education England and NIHR Integrated Clinical Academic Programme. Only 40 of the 146 clinicians that applied nationally for this pre-doctoral clinical academic fellowship were accepted onto the programme.

Professor Cooke said that research participation should be thought about as the Trust is good at getting people involved on other people's trials rather than its own. In his view it is one of the best ways of measuring interest for example how many people are research active in work and trying to get people research aware whilst bringing in something interesting and being able to talk about research with individuals. There are opportunities and it is how these are built on and reap the benefits and transferring them into services.

Mr Patton liked Appendix 1 and what it showed. He felt it would be beneficial to show how many people in the Trust are involved and the benefits that have been realised to help promote the message further. The Chief Executive agreed that more outcome focus would add to the picture. She felt that more focused work on the digital component would help and suggested a review of what Apps are being used, where they are being used and what the benefits are and how these can be built on.

Resolved: The report was noted

15/19

Freedom to Speak Up Annual Report

The annual report provided an update on the work completed and included:-

- completion by the Trust Board of the self- assessment tool developed by NHSI.
- the types of concerns that are being raised with the Guardian and Deputy.
- continued sharing of information and close working between the Guardian, the National Guardian's Office and the Regional Network. We are hosting the Regional Network meeting In June 2019.
- the work plan for the next 12 months and the development of a Freedom to Speak Up Strategy.

An increase from 19 to 42 cases was reported up to the end of December 2018. The

Guardian and Deputy Guardian have also met with over 700 staff to raise awareness and the visibility has been key in raising the profile of their roles. Mr Baren, in his Senior Independent Director (SID) role attends regular meetings to gain assurance that all cases are dealt with appropriately.

Professor Cooke asked what the benefits have been from having these roles. Mrs Flack explained that the increase in the number of cases demonstrated that people were raising concerns and felt able to do this whereas previously they may not have. She felt that the process which included exit interviews provided individuals with confidence that their cases would be investigated. It was pointed out that some of the cases may have been about similar issues even though each case is counted separately. An improved link with Human Resources is also being seen. Mr McGowan felt the process showed that people within the organisation have the confidence to speak up. Human Resources investigations are now being done in a different way as a consequence of some of the outcomes of the cases. The Freedom to Speak Up is additional to other processes rather than overriding them.

Resolved: The Board noted the annual report and supported the work programme for 2019/20.

16/19 **Freedom to Speak Up – Self Review Tool**

The self-assessment tool has been developed by the National Guardians Office (NGO) and NHSI to set out expectations of boards in relation to Freedom to Speak Up. The tool will help boards to create a culture that is responsive to feedback and focused on learning and continual improvement.

Board members have completed the self-assessment on two occasions during July 2018 and December 2018. The report provided an update on the expectations and how these have been met and where further work is required. A review will be added to the June 2019 part III agenda.

Resolved: The report was noted
Self assessment review to take place at the June 2019 part III meeting Action MM

17/19 **Freedom to Speak Up Vision and Strategy**

The report was presented to the Board who have previously discussed the key principles that should be included within the strategy for consultation with our staff and staff governors during February 2019.

Professor Cooke felt the report read as if it was being reactive to the Francis 2015 review, but emphasised that it was the Board's decision to co-produce this in the context of the Care Quality Commission (CQC) and what was pushing this forward. There has been clear steer on engagement, resources required and how they are spent, including supporting 42 people so far as stated in the annual report. He felt this was not just a task but work that linked into the Human Resources and Organisational Development work responding to external requirements, but also driven by the Board.

Resolved: The Board noted the draft strategy
The final Strategy will come to the March Board for approval Action MM

18/19 **NHS Long Term Plan**

The plan sets out how the NHS will move to a new service model in which patients get more options, better support and properly joined up care at the right time in the right place. Almost everything in the plan is already being implemented successfully somewhere in the NHS and it will be essential that we use this work to spread good practice across the whole of the NHS.

This plan presents a real opportunity for additional investment and expansion in the following areas:-

- Mental health services for adults, children and young people;
- Learning disability and autism;
- Primary care and community services

From a Sustainable Transformation Partnership (STP) and Mental Health Partnership view it will be linked to the Five Year Forward View. A visioning event is planned in March to look at taking the partnership context further. The Chief Executive proposed a detailed piece of work at the next Board Time Out to consider the strategic direction and links to objective and a review of the current position, future direction and fit with the Long Term Plan.

Mrs Flack explained that there is more support for providers to work closely with Clinical Commissioning Groups (CCGs) for allocations for Mental Health and how this money is spent. The Plan will focus on prevention and recovery and there is a big focus on education, schooling and families. Children and young people is a priority for the Partnership Board. New models of care and how services will be developed is another area of focus. New models of care are being driven through the organisation through Forensics and perinatal services. Working with national teams and NHS England to see how these can be developed.

Mr Baren asked if this plan will bring forward the organisation's vision to have a Mental Health campus. The Chief Executive said that it would help in the long term.

Mr Smith asked about the funding and what this would mean to the organisation. There is £2.3 billion for mental health which is going to CCGs, but it was unclear what this would equate to for the Trust at this time. There will be increased focus on CCGs and guidance on mental health spend. Professor Cooke suggested that when discussions take place it might be helpful to have CCG representation to give another perspective on system plans. A session that included scenarios and what the Integrated Care Partnership would look like and how this fits with the Trust's plans could be useful. The Chair thought these were valid points and that the March Time Out and other sessions with Executives could be used to discuss principles and scenarios with other partners. The Chair will discuss further with the Chief Executive.

Resolved: The Board noted the report

19/19

Performance Report

An update on Board approved key performance indicators as at the end of October 2018 was presented. Of particular note were:-

- PADR compliance has risen to 80.5% against a target of 85%, this is the second month of improvement.
- Increase in Delayed Transfers of Care for MH Services. 13.4% in December.
- Care Programme Approach (CPA) formal reviews in 12 months, performance is 94% for December.
- Admissions for Under 18s – one admission in December with a total of three admissions in Q3.
- Out of Area Placements has increased in December with 194 days spent out of area in the reporting period (Mainly in Older People's services, however it does remain within target parameters).
- Sickness has increased to 5.8% in December (provisional data) which is above the 4.5% target set by the Board

Mr Patton highlighted Darley, Newbridges and Whitby as showing a high number of red indicators across most areas. Mrs Flanagan said that some of this is due to the diary fill rates which artificially increases the red flags for Darley ward. The data is accurate but reports on staffing are not provided in time to be included in the report. There has been significant long

term sickness and actions taken to improve this and also clinical supervision. She felt it was difficult seeing the figures in isolation to see the full picture as the data is two months behind. There is an issue with fill rates at Newbridges and inclusion of the band 6s. Some issues have been raised at Whitby and the Director of Nursing has visited and discussed key areas with staff.

The Chair asked why fill rates could not be updated to reflect the true picture. Mr Beckwith explained that the data that is on the system is used to create the reports. If they are manually updated without changing the source data it will not have been validated. Mrs Parkinson explained that the Humber Centre is using staff flexibly to avoid using bank and agency.

Return to Treatment (RTT) was raised by Mr Patton as an area needing improvement. Mrs Parkinson said this has increased and a report is going to the Quality Committee as a deep dive to identify what has contributed to over 52 week waits. Adult and Children's Autistic Spectrum Disorder (ASD) and Child and Adolescent Mental Health Services (CAMHS) have seen increase in waiting times. The Trust is working with commissioners as the service is either not commissioned at the right level or not commissioned at all. Mr Baren said that the comparators did not provide assurance of where this should be going in the future or when it is expected to peak or reduce. Mr Patton referred to other areas of 52 week waits where various actions have been taken, but the trajectory is not reducing. He asked when some improvement is expected to be seen. Mrs Parkinson said the services are working with improvement trajectories and understanding the variation and demand and being able to predict what it means for the future. Speech and Language Therapies for paediatrics is 52 week compliant but not 18 week compliant. The CAMHS increase is due to demand and work is ongoing with commissioners to identify the full picture. The Quality Committee paper will also help to understand the issues. All Non Executive Directors will be sent Quality Committee papers so they receive this report. The Chief Executive felt it would be useful to include a separate graph as part of the front sheet to show the current position and where the trajectory is heading. Any feedback from the Quality Committee could also be included.

Professor Cooke commented on delayed transfers of care which mainly were for mental health, but there were some for community hospitals. He asked what is being done to ensure this does not continue. Mrs Parkinson responded that there has been a rise overall in mental health and older people dementia and demand for beds which has contributed to the rising pressures in the system over the winter period. The situation has been escalated to the Local Authority, particularly Hull City Council who acknowledge the issue. The issue continues to be raised with them as the wider system is supported.

Mr Patton referred to staff sickness and the comparison of trends for the last year and current year. The Chief Executive explained that the graph showed a variation in comparison to last year which was much improved apart from December's position which was the function of the statistical process chart. It was agreed to discuss this further outside the meeting.

Resolved: The report was noted.

Quality Committee papers to be circulated to all Non Executive Directors Action JJ

A graph showing the current position and trajectory of waiting times to be included on the front sheet for the next report Action PBec

20/19

Finance Report

The report which provided an update of the financial position of the Trust at month nine. Of particular note were:-

- A deficit position of £1.546m was recorded to the 31st December 2018, after the inclusion of £1.236m risk for unidentified BRS.
- Income year to date was £0.230m behind budget.
- Expenditure for clinical services was lower than budgeted by £0.134m year to date

- The cash balance in the period was £12.125m.
- £4.332m year to date Capital expenditure, relating to IT (£0.895m) and Estates (£3.537m) including £2.844m relating to the CAMHS project.
- On the NHS Improvement (NHSI) return the use of resources metric is 3

Mrs Parkinson reported that significant pressure remains around medical staffing and all actions possible are being taken to reduce this and replace high costs of agency spend. Some has been made on other pressure areas and the care groups are ensuring that agency usage is minimal by recruiting to substantive posts. Professor Cooke noted the pressures in the Budget Reduction Strategy and the issues with leadership and ownership. He asked if there was any progress with the consultant position. Dr Byrne said there are three consultants joining the organisation in the next few months, two of whom were our trainees. In terms of 2019/20 there will be no red schemes only schemes where there is a high confidence of delivery.

Resolved: The report was noted

21/19

Health Stars Annual Review

An annual progress of the charity measured against the agreed strategic plan was presented. This report was previously presented to the Charitable Fund Committee on 17 January 2019 and a number of suggestions put forward and agreed by the Committee for future reporting including a work plan and clear graphical representation of measures/spends. These will be reflected in upcoming papers and the 2020 Health Stars Annual Review.

The Board noted the amount of work that has been done over the year and the success so far of the Impact Appeal. The Board thanked the team for their continued work .

Resolved: The annual report was noted.

22/19

Any Other Business

No other business was raised.

23/19

Exclusion of Members of the Public from the Part II Meeting

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

24/19

Date and Time of Next Meeting

Wednesday 27 February 2019, 9.30am in the Board Room, Gosschalks, Dock Street, Hull HU1 3AE

Signed Date
 Chair

Item 3

Trust Board Meeting – Public Meeting
Minutes of the Trust Board Meeting held on Wednesday 27 February 2019 in the Conference Room, Gosschalks, Dock Street, Hull HU1 3AE

Present: Mrs Sharon Mays, Chair
Ms Michele Moran, Chief Executive
Mr Peter Baren, Non-Executive Director
Ms Paula Bee, Non-Executive Director
Prof Mike Cooke, Non Executive Director
Mr Francis Patton, Non Executive Director
Mr Mike Smith, Non Executive Director
Mr Peter Beckwith, Director of Finance
Dr John Byrne, Medical Director
Mrs Hilary Gledhill, Director of Nursing
Mrs Lynn Parkinson, Chief Operating Officer

In Attendance: Mrs Michelle Hughes, Interim Head of Corporate Affairs
Mrs Julie Hall, Deputy Director of Human Resources
Mrs Jenny Jones, Trust Secretary
Ms Amy Smith, Communications Officer
Ms Clare Hilton, Consultant Clinical Psychology for Older People (for item 28/19)
Ms Stacey Appleby, Charge Nurse (for item 28/19)
Mr John Cunnington, Public Governor

Apologies: Mr Steve McGowan, Director of Human Resources

25/19 **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 other items on the agenda presented anyone with a potential conflict of interest, they excuse themselves from the meeting for that item.

26/19 **Minutes of the Meeting held on 30 January 2019**
The minutes of the meeting held on 30 January 2019 were agreed as a correct record. It was noted that the Deputy Director of Finance was in attendance for the Finance report. This will be reflected on the minutes.

27/19 **Matters Arising and Actions Log**
The actions list was discussed and Board approval given to close the following actions:-

149/18(a), 204/18(h) and 215/18(b) were closed on the actions log.

Mr Beckwith informed the Board that for 18/19(b) Performance Report, the trajectories graph was not included in the version of the Performance Report that was in the papers. This will be emailed to Board members.

28/19 **From Both Sides of the Lens**
Clare Hilton, Consultant Clinical Psychology for Older People and Stacey Appleby presented the story which was a patient journey that reflected the behavioural management plans put in place in the Older People's Mental Health service over the last year and how effective they

have been.

The story was called 'From Both Sides of the Lens' as it was filmed by someone who is also a service user who came to the service with depression and suicidal ideation. The story told by the service user was of their thoughts on what the service meant to them and how it had helped. The use of a carousel, a machine that delivers medication at the required time was of particular help to the service user. Ms Appleby explained that this consistent taking of medication is important and if medication is not taken it can cause fluctuation in the person's condition.

The Board was moved by the patient story and that the film was powerful and portrayed the patient view on their care. Good leadership was recognised as being key to the changes that have been made within the team and in the way that staff interact with patients and themselves. Management care plans are shared with staff and patients, however care is taken not to provide information which may cause distress to the service user. Co-production of these plans is undertaken with every service involved having representation at key meetings. Dr Byrne asked about sharing the management plans and where they are stored. He was informed they are on the Lorenzo system and an alert is also added for out of hours services. The plans are shared with agencies who have involvement such as the police, GPs, safeguarding and the out of hours service. A one page summary of the patient's history and condition is also provided.

Clinical supervision for staff is provided at weekly meetings, where dedicated time is allowed to discuss each patient case that requires behavioural management. It is also a time for reflection. The change in staff approaches and behaviours was noted, Ms Bee asked how this was done and how long it had taken. The team had three days intensive training allowing themselves to reflect on their practice and themselves. There has been management support throughout the 18 month transition which was appreciated by staff. Mrs Gledhill asked if staff are reporting back that they feel supported. Ms Appleby confirmed this happened. She explained that when the service user who appeared in the film was admitted, it was a very difficult time as there was a high risk for them. Staff were concerned but felt supported as there was ownership from all staff who were aware of the management plan.

Mrs Parkinson thanked them for a powerful presentation. She recognised that the investment in the team to allow them to undertake the transformation had been beneficial and asked how this positive change could be shared with other teams. Ms Hilton said that the message would be that change can lead to reducing staff pressures. The key thing was getting to know the patients in depth and knowing all of the details about them. This does take time in the beginning, but the benefits are realised throughout the patient's care.

The Chief Executive agreed that this transformation work needed to be shared within the organisation, but also wider and asked the team to think how this could be done.

The Chair thanked them for attending and for sharing the patients' stories with the Board.

29/19

Chair's Report

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

- The election of a new Lead Governor – Mr Huw Jones from 1 February 2019 for a year.
- A session with Governors and Non Executive Directors is taking place on 5 March to look at the Operating Plan
- The chair of the new Workforce and Organisational Development Committee will be Mr Francis Patton, Non Executive Director and attended by another Non Executive Director Professor Mike Cooke. A report will be provided for the next meeting with details of all of the Sub Committee chairs.

- A “Think Tank” session on strategy was chaired by Professor Cooke
- Met the new chair of MIND, Nick Smith
- The Chief Executive and Chair attended a useful meeting with Matthew’s Hub
- The Chair has continued with her visits to services and teams

Resolved: The verbal update was noted.

A report on the Sub Committee chairs to be provided at the next meeting Action SM

30/19

Chief Executive’s Report

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

- The CQC well led week concluded on the 14th February. The report will be several weeks before publication. The Chief Executive expressed her thanks to everyone involved in the inspection.
- The Academic Health Science Networks (AHSN) is developing their links into the ICS/STP areas and programmes.
- A Humber Coast and Vale (HCV) Executive Timeout session was held to look at development of Integrated Care Service (ICS) Aspirant integrated care system.
- Simon Morritt has been announced as the new Chief Executive of York Teaching Hospital, succeeding Mike Proctor. Simon is currently Chief Executive at Chesterfield Royal Hospital NHS Foundation Trust, and has over 25 years’ experience in the NHS, largely in Yorkshire, both in commissioning and provider organisations.
- The Trust is linking into work in Hull around the ports, transport, fuel should there be a no deal Brexit.
- Sustainable Transformation Partnership (STP) plans have been drafted but not yet shared.

The Chief Executive thanked everyone who was involved/attended the visit by Claire Murdoch who was impressed by the work of the organisation and with staff.

Professor Cooke asked if there were any highlights from the staff survey results that have been published. A full report will be provided to the Workforce and Organisational Development Committee. Mrs Hall said that equality and diversity around a safe environment and health and well being were of particular note. The Trust’s position since the last survey had improved. The Friends and Family Test for staff has also started and the results will be triangulated with the survey results.

In terms of health and wellbeing, Mr Baren commented there has been a strong focus on independent living and he asked if there was evidence that housing is an area of issue in this locality in preventing more people from being supported at home. The NHS provides care, but the bricks and mortar has to come from somewhere else. The Chief Executive said there is still a gap, but it is slightly better in the East Riding with the use of assisted technology. There is also a piece of work ongoing to encourage householders in larger 4/5 bedroom houses to relocate into smaller houses to help free up the housing chain, however it is recognised there is an issue with care homes and residential homes in Hull particularly creating cost pressures in the system as people cannot be moved on.

Mr Patton noted the two Health System Led Investment (HSLI) programme capital schemes the Trust has been awarded which is good news. He also asked about gender pay gap which has been on the news and whether there had been any changes for the organisation. Mrs Hall reported that there has been a slight increase in the gap from last year. A further report will be presented to the March Workforce and Organisational Development Committee.

Resolved: The report was noted

31/19 **Publications and Highlights Report**

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

Resolved: The report was noted

32/19 **Quality Committee Assurance Report & Minutes of 7 November 2018 Meeting**

This paper provided an executive summary of discussions held at the meeting held on 6 February 2019 and a summary of key issues for the Board to note. The minutes of the meeting held on 7 November were also presented for information.

Professor Cooke highlighted that there were five meetings held in 2018/19, six meetings are planned for the coming year. A presentation by the Director of Finance on PLACE reports was provided to the Committee.

Quality risks extracted from the Risk Register were discussed at the meeting. These will be taken to the Quality and Patient Safety Group for review and will help to inform future agendas for the group.

Resolved: The report and verbal updates were noted

33/19 **Mental Health Legislation Committee Assurance Report**

A summary of the meeting held on 7 February was provided to the Board. Mr Smith drew attention to the following areas:

- Approved Mental Health Practitioners (AMPHs) – there are 34 posts of which only 18 are filled which is a concern. It was noted that the statutory duty is with Hull City Council, but it is the Trust's responsibility to recruit into these posts. There are issues around harmonisation of terms and conditions and work is progressing behind the scenes to address this.
- A change to the reporting structure has been made at the Committee with the introduction of an insight report. Changes will be made at the Mental Health Steering Group including leadership from the Clinical Director, and members reminded of the importance of attending.
- Improvements were reported in the quarter with Section 4 (emergency detention when a doctor is not available) and no seclusions were reported for Avondale.
- Section 136 of the Mental Health Act (police detention to a place of safety) has a requirement for a telephone call to be made prior to a detention for consultation with a mental health professional, however this was reported to be low at 22%.

The Chief Executive noted the report contained a significant amount of operational detail and asked how reassurance is gained by the Committee that actions have been concluded appropriately. Many of the issues raised should be addressed at the Steering Group with the Committee gaining assurance that the relevant areas have been covered. Mr Smith agreed, explaining that the Steering Group is on a journey however the changes that are being made will help with this.

Resolved: The report was noted

34/19 **Finance and Investment Committee Assurance Report & Terms of Reference**

An executive summary of discussions held at the meeting held on 20 February 2019 and a summary of key points for the Board to note was presented. The Terms of reference were presented to the Board for approval. Discussions at the meeting included:-

- The delivery of the cumulative operational financial plan in month ten with an improved position on month nine.

- The committee's review of the quarterly updates from Health and Safety, the Estates Strategy and the Digital Delivery plan.
- The sign off of the Forensic Outreach Liaison Service (FOLS) business case and draft Brexit business continuity plan.

An error was noted on the Terms of Reference which stated in one section that the Committee was non voting and in another referenced voting rights. This will be amended.

Resolved: The report was noted.

The Terms of Reference were approved by the Board subject to the voting rights comments being removed

35/19

Audit Committee Assurance Report

The paper provided a summary of discussions held at the meeting held on 5 February 2019 and provided an update on the areas discussed including:-

- Review of risk registers
- Board Assurance Framework review
- Internal Audit progress report

The report highlighted areas to be brought to the attention of the Board which were about the limited assurance report on Patients' property and Monies and a request from the Committee for follow up actions in relation to internal auditors recommendations. This has now been provided to the Committee. It is hoped that the learning from similar patients' property audits will be shared with teams to prevent the same issues reoccurring. Mr Beckwith reported that six weekly meetings have been established to monitor actions.

A deep dive into the Primary Care, Children's and Learning Disability Care Group risk register was undertaken, however a number of risks were included on the register which had not been seen in other forums. This highlighted the need for Committees to see all of the risks which may be on other project risk registers. The Executive Management Team will be reviewing all risks scoring nine and above and will ensure that these risks are on the Trust wide risk register as well as being on project risk registers.

Resolved: The report and verbal updates were noted.

36/19

Charitable Funds Committee Assurance Report

The report included details of the meetings held on 18 September, 13 November 2018 & 17 January 2019. Minutes of the meeting held in September were previously presented to the January Board meeting and the minutes from the November meeting were presented for information.

Ms Bee explained that over the last year the Committee has been on a journey and more rigour and assurance has been put in to processes. There has been focus on the operational plan for Health Stars and more robust reporting and measures have been agreed to monitor performance. Recent meetings have included discussions on appeals with a proforma developed to make the process easier and support provided for the Browsealoud translation app for the Trust.

Resolved The assurance report was noted.

37/19

Amendment to Standing Orders, Scheme of Delegation and Standing Financial Instructions

Following changes to the assurance framework - the introduction of a Workforce Committee and the amalgamation of Strategic Investment Committee and Finance Committee into the Finance & Investment Committee, the Trust's Standing Orders, Scheme of Delegation and SFI document required amendment and Board approval to make the required changes. The

changes outlined in the report were to the:

Workforce & Organisational Development Committee

- Section 4.8 Committees Established by the Board (page 21) - add 4.8.7 Workforce Committee and brief description of purpose, taken from the approved Terms of Reference)
- Page 36 'decisions/duties delegated by Board to committees - add row to the table of committees to include workforce committee- and include duties listed in the committee's approved terms of reference.

Finance Committee

- Update all references to Finance Committee to reflect Finance and Investment Committee
- Page 36 'decisions/duties delegated by Board to committees' - include those duties that were part of Strategic Investment Committee that are now reflected in the new terms of reference for Finance and Investment Committee .

Strategic Investment Committee

- Remove references throughout the document.

Resolved: The changes to the Standing Orders, Scheme of Delegation and Standing Financial Instructions were approved by the Board

38/19

Quality Account Update

The report provided an overview of the changes to the requirements for the 2018/19 Quality Accounts and the new requirement to report on mechanisms in place to enable staff to speak up about concerns.

Clinical Supervision compliance has been suggested as a local indicator by the Governors. Deloitte have agreed to undertake the audit across a sample of teams across a sample of months to look at:

1. Accuracy of the data being sent in from the teams
2. How they are capturing the data at team level
3. That all clinical staff are included
4. Bank staff are included

The mandated indicators remain unchanged from 2017/18 and remain as:

- Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a National Institute for Health and Care Excellence (NICE)-approved care package within two weeks of referral
- Inappropriate out-of-area placements for adult mental health services.

The quality priorities for 19/20 were discussed at a "Building our Priorities" event in January. The suggested areas were approved by the Quality Committee at its February meeting. Timelines for the production of the report were included in the report.

Professor Cooke reported that the event held was well attended with 50% of attendees being service users. On reflection he would like to see the physical health component included in priority three. The Chair agreed the event was successful. She thanked everyone involved for the work that is being done on the Governors suggested indicator to help it become something that is measurable. She asked that an e mail be sent to Governors explaining the work that is being done around the indicator they selected.

Resolved: The report was noted. The Board ratified the mandated and local indicators and approved the quality priorities for 2019/20

An e mail to be prepared and sent to Governors explaining the work that is being done around the Clinical Supervision indicator **Action HG**

Post Meeting Note

The physical health quality improvements from Specialist and Mental Health Quality Improvement Plans have been added to priority three

39/19

Six Month Review of Safer Staffing In-patient Units

The report outlined the outcomes of a review of safer staffing requirements across Trust in-patient units using new resources published by the National Quality Board (NQB) which stated the need for a comprehensive review of staffing at team level which should be reported to the Board twice a year.

The report also provided information in relation to the requirements for trusts in relation to 'Developing workforce safeguards: Supporting providers to deliver high quality care through safe and effective staffing' (NHSI, Oct 2018), which describes the role of the Board in terms of oversight and gaining assurance in respect of safer staffing.

The dashboard included the required areas and is discussed by clinical teams to see what support is needed for any changes. Professor Cooke felt that the information provided is only part of the picture. He highlighted the ratio of registered nurses to unqualified staff noting that the care hours per day was higher for unqualified staff. Mrs Gledhill said there is a high number of registered nurses, but focus has been on the Health Care Workers and how much care they give to the patient. With the advancement of band 4 nurses there is an opportunity to put more training and support in and bring in band 3s to access this training to encourage them to go for that training too. From April, Ms Mel Barnard, Lead Educator will move into the Nursing Directorate and will start to focus on the development of the non medical workforce.

It was noted in the report that there had been a temporary reduction in the number of beds on the Psychiatric Intensive Care Unit (PICU) due to a shortage of staff. It was queried how long this was for and whether the staffing review date of 12 months was appropriate. Mrs Gledhill explained that a review of the service using the Hurst model has been completed recently which is why the review date is in 12 months. In terms of the bed reduction, Mrs Parkinson explained that the bed reduction was due to staff retention and the complexity of some of the patients and was necessary for quality and safety. Work is taking place with commissioners around the bed base for the facility. If the overall length of stay for patients in PICU is reduced, this will help with the issues. The Chair asked about out of area placements and whether this had increased as a result of the closure. Mrs Parkinson said that in comparison with last year there had been no fundamental increase.

Resolved: The Board noted the report

40/19

Performance Report

An update on Board approved key performance indicators as at the end of January 2019 was presented. Of particular note were:-

- PADR compliance has improved and risen above the 85% target to 85.2% (85.5% for those with 12 month plus tenure).
- An improvement of 1.9% in Delayed Transfers of Care for MH Services in January (performance currently stands at 11.5%, a total of 22 patients remain delayed as at the end of the month).
- Waiting times – 52 week waits have increased in January (Currently 49 patients waiting (excluding ASD), an increase from last month)
- Admissions for Under 18s – one admission in January
- Out of Area Placements has increased in with 159 days spent out of area in the reporting period. Mainly in Older People's services, performance remains within target

parameters.

- Sickness is currently reported at 5.5% for January (provisional data).
- Care Programme Approach (CPA) 7 day follow ups – one breach in January due to patient disengagement with services despite several attempts to contact

Mr Baren asked why clinical supervision has reduced to 41.9% compliance for Maister Lodge and why this has reduced in the last four months. This information was not available at the meeting and will be reviewed and responded to.

Professor Cooke noted there has been a drop in performance overall around areas including access, delayed transfers of care, self harm and patient satisfaction which needed to be kept under review. Mrs Parkinson explained that delayed transfers of care particularly to Older Peoples discharges, is due to the difficulty in accessing residential and nursing home placements. This has been escalated in the system and the Opel level (Operational Pressures Escalation Levels) was raised in December and remains at Opel level 2. The system cannot meet the demand and are being considered on a case by case basis.

Mrs Gledhill referred to self harm incidents and that reporting is encouraged. She has asked for a report giving the details, but understood many incidents were in relation to one unwell patient, but wanted assurance that there is no other underlying issue.

Mr Smith congratulated all involved for the impressive progress made with the Care Programme Approach 7 Day Follow Up which was at 83.3% for follow up within three days. Mr Baren asked if the person who had not been seen continued to be followed up. He was assured that efforts continue to reach this person.

Mr Patton commented that more detail around vacancies needed to be provided to the Workforce and Organisational Development Committee as the information provided did not have detail. Mrs Hall explained that work is being undertaken around vacancies which will feed into the Committee. In response to a query around the Friends and Family Test (FFT), Dr Byrne responded that the issue was localised to one team and the FFT team is working closely with them

The Chair asked for an update on 52 week waits for adult Autistic Spectrum Disorder (ASD) as there had been an increase in the position. Mrs Parkinson confirmed that the information is shared with commissioners to support requests for further funding for this year. It is also being raised at an STP level and be discussed at the forth coming Board to Board with Hull Clinical Commissioning Group (CCG). However high numbers of referrals continue resulting in a wait for young people and the carers and the Trust is working with commissioners to consider how this can be resolved.

Resolved: The report was noted.

An explanation on why clinical supervision on Maister Lodge has reduced over the last four months to be provided. Action HG

41/19

Finance Report

The report which provided an update of the financial position of the Trust at month ten. Of particular note were:-

- A deficit position of £0.643m was recorded to the 31st January 2019, after the inclusion of £0.550m risk for unidentified BRS.
- Income year to date was £0.446m behind budget.
- Expenditure for clinical services was lower than budgeted by £0.092m year to date
- The cash balance in the period was £12.119m.
- The net current asset position increased by £1.551m to £9.284m, due to an increase in cash and a decrease in Trade Creditors.
- £5.116m Year to date Capital expenditure, relating to IT (£1.181m) and Estates

(£3.935m). This includes £3.136m relating to the Child and Adolescent Mental Health Services (CAMHS) project.

- On the NHS Improvement (NHSI) return the use of resources metric is 2

The Chief Executive thanked Mr Beckwith, Executive Directors, Finance Committee, the Finance team and others involved for their continued support and work on the Trust's financial position.

Resolved: The report was noted

42/19 **Council of Governors Meeting Minutes 11 October 2018.**

The minutes of the meeting held on 11 October were presented for information.

Resolved: The annual report was noted.

43/19 **Any Other Business**

No other business was raised.

44/19 **Exclusion of Members of the Public from the Part II Meeting**

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

45/19 **Date and Time of Next Meeting**

Wednesday 27 March 2019, 9.30am in the Conference Rooms, Trust Headquarters,

Signed Date

Chair

Agenda Item 9

Title & Date of Meeting:	Council of Governors Public Meeting – 9 April 2019			
Title of Report:	Performance Report – February 2019			
Author:	Name: Peter Beckwith Title: Director of Finance			
Recommendation:	To approve		To note	✓
	To discuss		To ratify	
	For information		To endorse	
	The Council of Governors are asked to note the report.			
Purpose of Paper:	<p>This purpose of this report is to provide the Council of Governors with an update on Board approved key performance indicators as at the end of February 2019.</p> <p>The report is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits presented in graphical format.</p>			
Key Issues within the report:	<p>Exception reporting and commentary is provided for each of the reported indicators:</p> <p>The majority of indicators are within normal variation, the exceptions being:</p> <p>Waiting times – 52 week waits have increased further in February. Currently 70 patients waiting (excluding ASD). An increase from last month of 21.</p> <p>Full detailed explanations are included in the exception report.</p>			

Monitoring and assurance framework summary:

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

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

Financial Year
2018-19

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:
Feb-19

Caring, Learning and Growing

Chief Executive: Michele Moran
Prepared by: Business Intelligence Team



Humber Teaching NHS Foundation Trust

Integrated Board Report

For the period ending: **Feb 2019**

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

What are SPCs? 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	Variance between the budget (funded) establishment and actual staff in post. Note that not all vacancies are funded
Goal 1	Healthcare Associated Infections	Total number of HCAI cases reported in the Trust for MRSA, C.Diff and E.Coli
Goal 1	Clinical Supervision	Percentage of staff with appropriate clinical supervision taken place within the last 4-6 weeks
Goal 1	FFT - Patient Recommendation	Results where patients would recommend the Trust 's services to their family and friends
Goal 2	FFT - Patient Involvement	Results where patients felt they were involved in their care
Goal 2	CPA - 7 day follow ups	Percentage of patients who were on CPA and had a follow up within seven days of discharge from hospital
Goal 2	CPA - Reviews	Percentage of patients who are on CPA and have had a review in the last 12 months

Humber Teaching NHS Foundation Trust

Integrated Board Report

For the period ending:

Feb 2019

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

PI RETURN FORM 2018-19

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Feb 2019**

Indicator Title

Description/Rationale

Incidents

Total number of incidents reported on Datix

Executive Lead
Hilary Gledhill

KPI Type

IQ 6

Narrative

above Upper Control Limit

UCL: 731

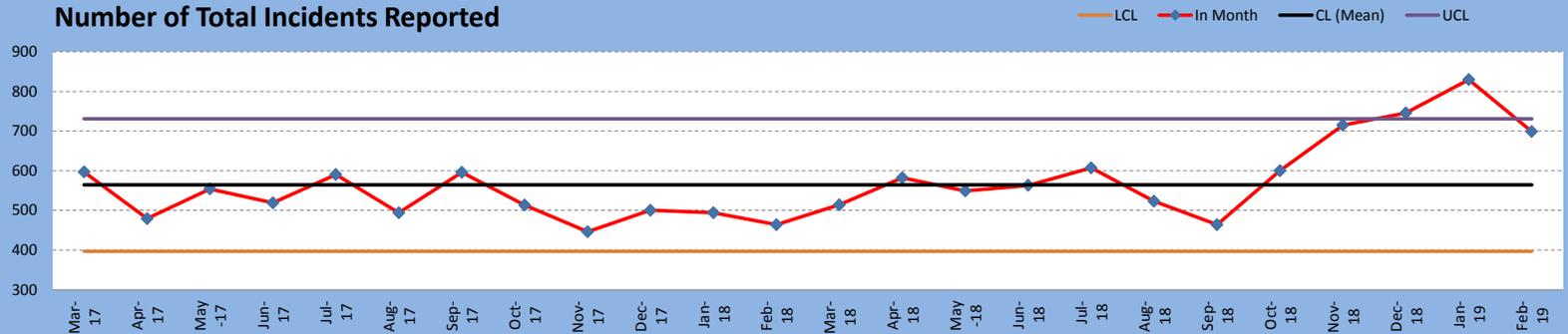
LCL: 397

Current month stands at 699

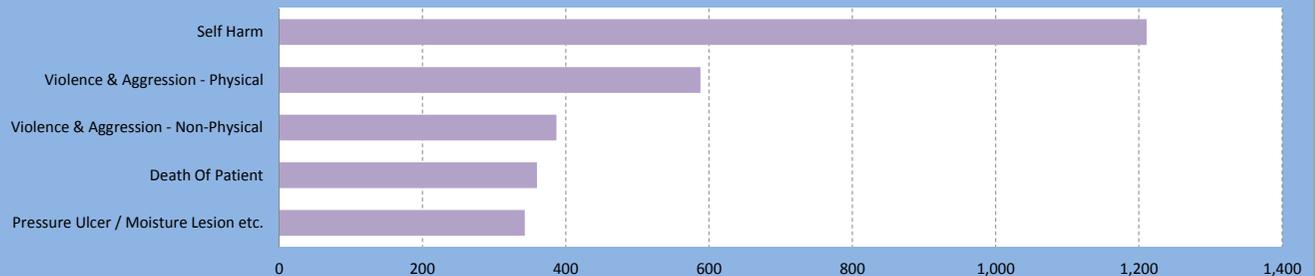
Top 5 Themes

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

Number of Total Incidents Reported



Top 5 Themes



Exception Reporting and Operational Commentary

The highest number of incidents (83%) continue to occur in the self harm category (self ligatures, not to a fixed point), all which resulted in either low or no harm and relate to a small number of complex patients. Multi-disciplinary professional meetings continue to be held to ensure robust management plans are in place for the patients affected. This appears to be having a positive impact on incidences of self ligatures as they have reduced by 60.4% between January and February 2019.

Business Intelligence

As the Trust diversifies and acquires business, the number of incidents may increase/decrease to reflect this. Currently the RAG rating is based on the number of incidents outside the Upper and Lower Control Limits. There was an issue with reporting mechanisms for November/December which has now been rectified. This shows an increase in the number of incidents reports in the charts from this point. There are also plans to include data split by level of harm in 2018/19.

PI RETURN FORM 2018-19

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Feb 2019**

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

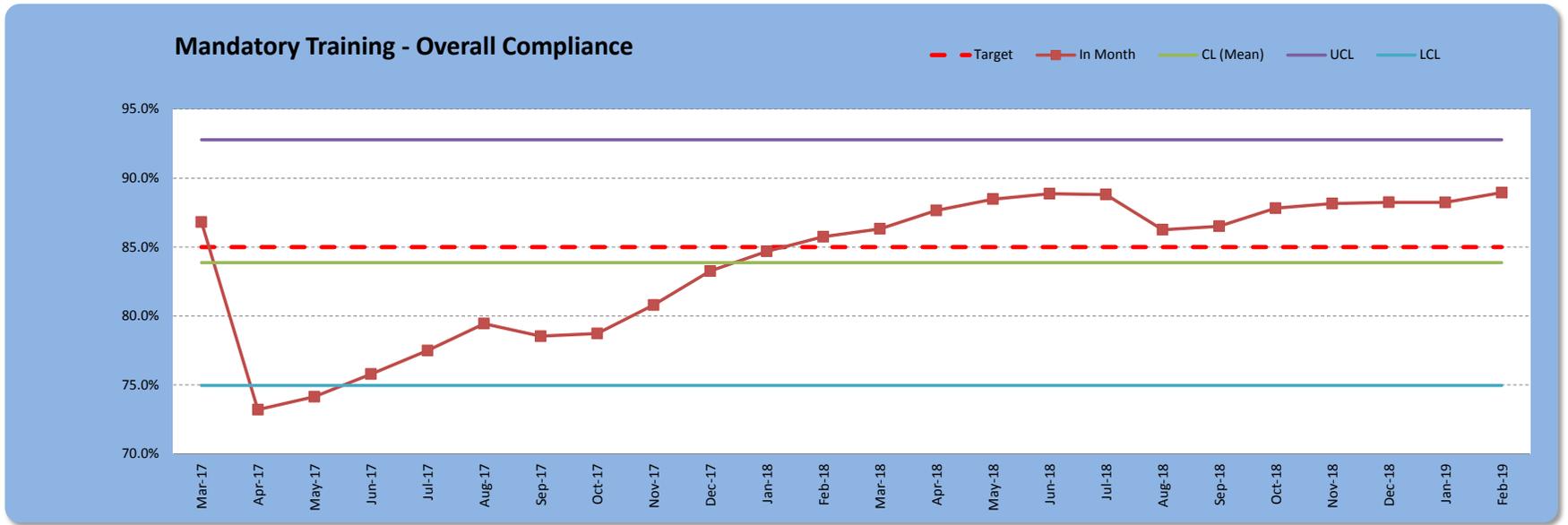
KPI Type
WL 5

Narrative

Above Target

Target: 85%
Amber: 75%

Current month stands at 88.9%



Exception Reporting and Operational Commentary

Performance remains above target. Managers continue to receive information on a fortnightly basis of staff that have not completed their training so that they may take the necessary action. Those managers on ESR supervisor self service can also review performance via the dashboard. Performance is discussed at Operational Delivery Group and EMT.

Business Intelligence

There are 18 individual courses monitored in the IQPT dashboards. We have four courses rated amber (MAPA 84.80% IG 90%, ILS 77.9%, MHA 80.9%). With two red (PATS 69.9% and BLS 73.6%)

PI RETURN FORM 2018-19

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Feb 2019**

Indicator Title	Description/Rationale	Executive Lead
Vacancies (WTE)	Variance between the establishment and actual staff in post. This information is taken from the Trust financial ledger.	Steve McGowan

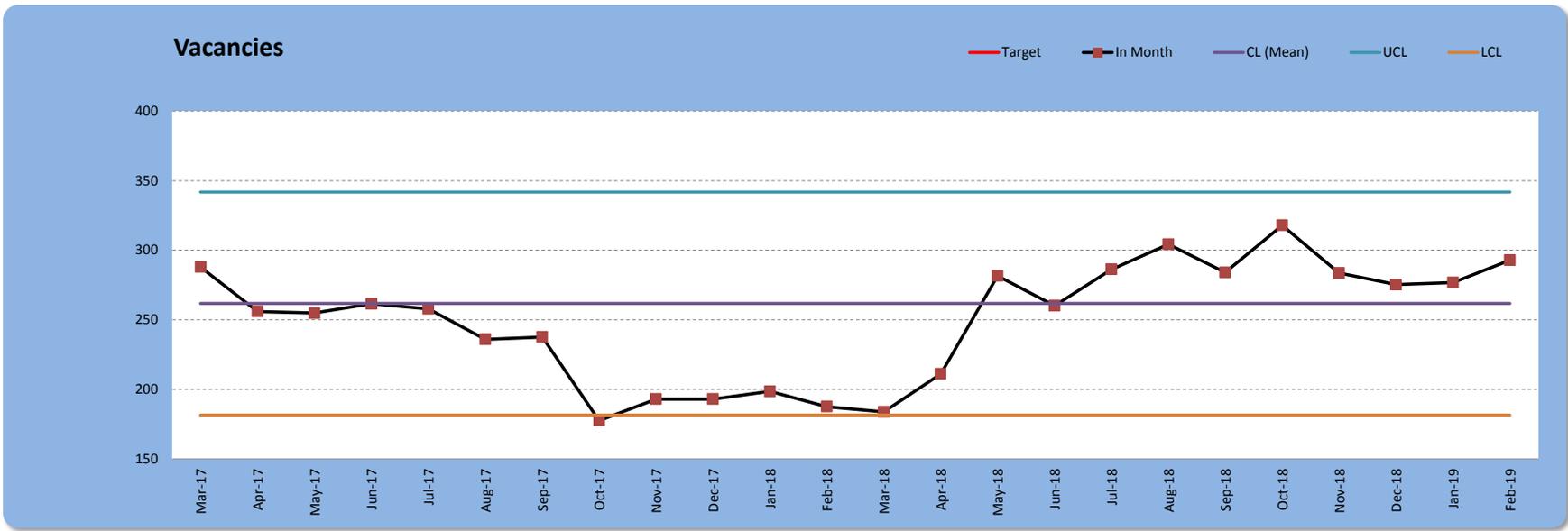
KPI Type
WL 2 VAC

Narrative

within control limits

Target: TBC
Amber: TBC

Current month stands at 292.8



Exception Reporting and Operational Commentary

The process for advertising a vacancy has been streamlined and 37 roles are currently out to advert on NHS jobs and other media. Work has commenced on the 'hard to fill roles' recruitment plan. The current trust vacancy factor means we would expect to see 150 posts vacant at any one time to achieve the 2018/19 Trust budget position. A student nursing event will take place to offer opportunities to newly qualified nurses.

Breakdown of Vacancies per Care Group

Number of Vacancies as @ 28/02/19

- Corporate 56.7 (11.53%)
- Mental Health Services Care Group 96.1 (10.94%)
- Primary Care, Community, Children's and LD Services 103.8 (10.38%)
- Specialist Services 36.2 (14.02%)
- Total 292.8 (11.14%)

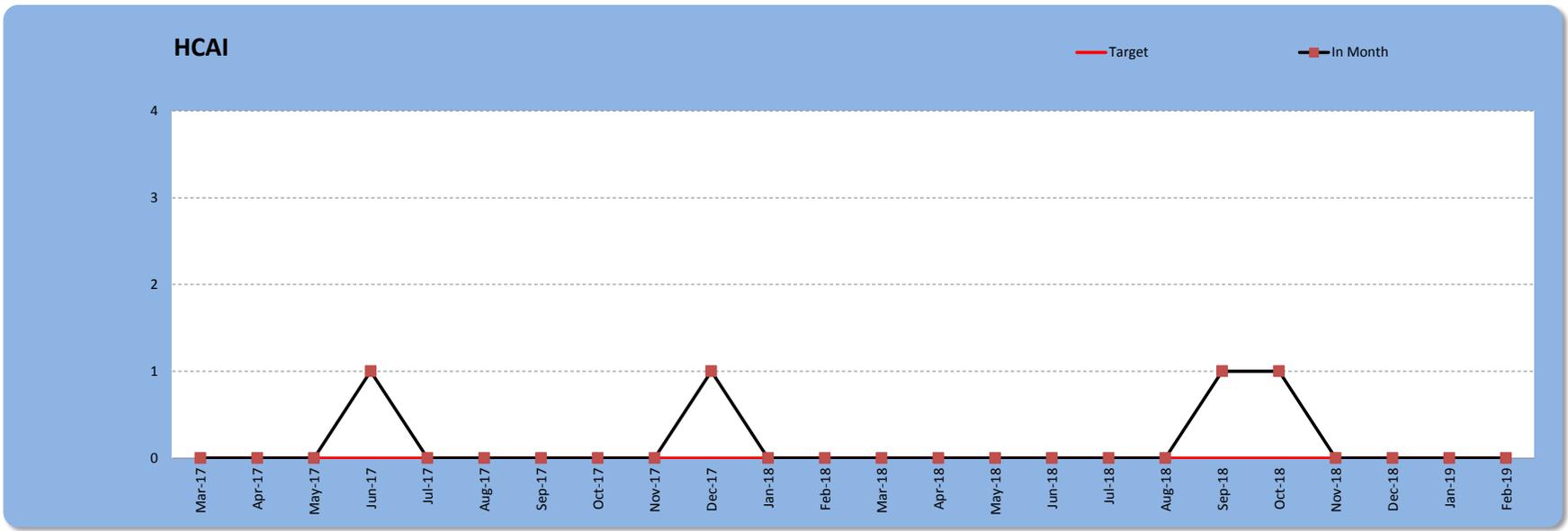
PI RETURN FORM 2018-19

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Feb 2019**

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Healthcare Associated Infections	Total number of HCAI cases reported in the Trust for MRSA, C.Diff and E.Coli	Hilary Gledhill	HCAI

Narrative	
Within YTD tolerance	
YTD Target:	4
Amber:	1
Current month	0
YTD	2



Exception Reporting and Operational Commentary

There is no target set in the contract for Malton and a target of a maximum of 4 C.Diff cases per year for Whitby. All the cases reported in the chart above relate to C.Diff cases.

No cases to report for February.

Business Intelligence

SPC charts are not used for this indicator due to the low number of cases.

PI RETURN FORM 2018-19

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Feb 2019**

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

KPI Type

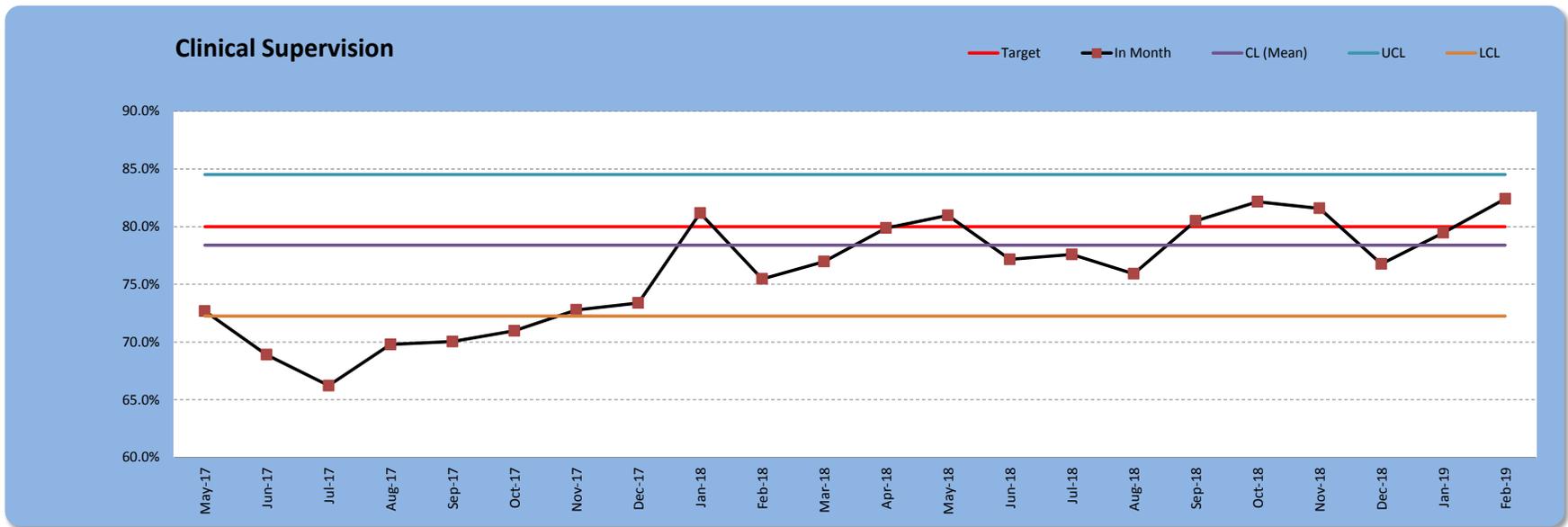
WL 9a

Narrative

Increase in achievement and above target

Target: 80%
Amber: 75%

Current month stands at 82.4%



Exception Reporting and Operational Commentary

We have seen an overall continuing improvement across the past 18 months and an improvement through January and February following a dip in December. Work continues to encourage a full return from all teams. Scarborough and Ryedale teams now have structures in place for 1:1 supervision and group supervision is also taking place with a programme of training to support full implementation and reporting.

Undergoing external audit as identified as the Trust's Local Indicator

Business Intelligence

Clinical Supervision data was not collected prior to April 2017 so is not able to be shown in the chart above prior to that date. The mean average and the Upper and Lower Control limits therefore are based on data points since this date (22 data points).

Teams who do not provide a return are being actively managed by the Care Group.

HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING QUALITY DASHBOARD

Contract Period:	2018-19
Reporting Month:	Jan-19



Speciality	Units				Bank/Agency Hours				Average Safer Staffing Fill Rates				High Level Indicators													
	Ward	Speciality	WTE	OBDs (inc leave)	CHPPD Hours (Nurse)	Bank % Filled	Improvement	Agency % Filled	Improvement	Day		Night		QUALITY INDICATORS (YTD 2018-19)				STAFF QUALITY INDICATORS						Indicator Totals		
										Registered	Un Registered	Registered	Un Registered	Staffing Incidents affecting patient care (All Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ partly upheld)	Slips Trips Falls	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	PADRs	Sickness Levels (clinical)	WTE Vacancies (RNs only)	Dec-18	Jan-19
Adult MH	Avondale	Adult MH Assessment	25.8	68%	15.10	25.4%	↑	1.1%	↓	93%	92%	91%	114%	1	16	0	4	100.0%	86.8%	81.8%	87.5%	88.0%	1.6%	-1.9	1	1
	New Bridges	Adult MH Treatment (M)	37.2	96%	8.48	18.6%	↓	0.0%	→	95%	90%	97%	98%	2	34	0	3	92.1%	96.5%	100.0%	81.8%	86.0%	15.3%	-2.3	1	2
	Westlands	Adult MH Treatment (F)	35.8	94%	8.39	31.8%	↓	1.6%	↓	78%	96%	71%	112%	10	43	0	5	88.9%	87.7%	73.3%	95.0%	87.5%	8.3%	-1.4	2	3
	Mill View Court	Adult MH Treatment	27.8	94%	8.35	20.4%	↓	0.0%	→	101%	96%	101%	97%	1	22	0	10	96.2%	93.0%	92.3%	93.3%	93.3%	4.8%	-1.1	1	1
	Hawthorne Court	Adult MH Rehabilitation	30.0	41%	13.87	20.8%	↑	0.0%	→	76%	93%	100%	104%	2	7	0	4	85.2%	86.0%	90.0%	94.4%	75.0%	9.0%	-1.2	1	1
	PICU	Adult MH Acute Intensive	25.7	62%	19.34	37.7%	↓	1.0%	↑	76%	174%	92%	137%	2	162	0	1	92.3%	88.7%	64.3%	73.3%	79.3%	9.4%	-1.8	3	2
OP MH	Maister Lodge	Older People Dementia Treatment	34.6	100%	11.66	14.6%	↑	0.0%	→	68%	128%	101%	99%	14	76	0	73	67.6%	83.4%	76.9%	72.0%	90.0%	5.5%	-1.1	3	4
	Mill View Lodge	Older People Treatment	24.2	100%	11.73	10.1%	↑	0.0%	→	91%	86%	100%	100%	0	9	0	27	88.0%	94.2%	93.3%	91.7%	96.3%	3.4%	-1.8	3	1
Specialist	Darley	Forensic Low Secure	22.4	100%	10.51	15.3%	↑	0.0%	→	81%	89%	93%	92%	0	10	0	1	95.0%	92.4%	100.0%	70.6%	87.5%	16.3%	-1.5	4	2
	Bridges	Forensic Medium Secure	51.0	88%	9.83	1.0%	↑	0.0%	→	75%	89%	95%	121%	6	12	0	0	57.7%	91.5%	95.0%	80.6%	83.3%	18.4%	0.0	3	2
	Swale	Personality Disorder Medium Secure	27.8	57%	16.87	33.2%	↑	0.0%	→	114%	89%	110%	142%	4	7	0	2	92.6%	93.5%	100.0%	93.8%	86.7%	6.9%	-2.0	1	1
	Ullswater	Learning Disability Medium Secure	27.6	100%	12.40	26.4%	↑	0.0%	→	68%	124%	101%	94%	3	9	0	9	100.0%	96.7%	88.9%	94.7%	100.0%	3.9%	-1.9	3	2
LD	Townend Court	Learning Disability	40.6	49%	28.75	29.3%	↓	0.0%	→	60%	109%	93%	107%	0	96	0	6	94.7%	93.8%	64.3%	96.2%	88.4%	4.4%	1.1	3	2
	Granville Court	Learning Disability Nursing Treatment	40.6	Not Avail	0.00	33.7%	↓	0.0%	→	109%	91%	105%	103%	1	2	0	3	96.0%	85.6%	90.0%	74.3%	82.4%	10.9%	-1.4	1	1
CH	Whitby Hospital	Physical Health Community Hospital	35.4	80%	7.97	49.7%	↓	0.0%	→	103%	83%	100%	97%	18	13	0	49	84.6%	78.8%	47.4%	50.0%	84.6%	7.6%	-2.9	5	3
	Malton Hospital	Physical Health Community Hospital	30.9	88%	7.24	Not on eRoster	→	Not on eRoster	→	88%	97%	100%	97%	0	0	0	9	55.3%	79.6%	76.5%	86.4%	89.7%	3.6%	-2.8	2	1

Exception Reporting and Operational Commentary

ILS training on Westlands has improved this month but registered fill rates on nights, OBD and sickness has contributed to an overall dip in performance from December. Whilst Whitby continues to underperform against a range of staff quality indicators there is improvement noted this month with a shift from 5 red flags to 3. A development plan is in place with oversight by the Director of Nursing who is undertaking monthly visits to the unit. Ullswater has recruited to a registered nurse post enabling a staff nurse who was covering from Darley to move back which should improve the fill rate for Darley next month. Darley's sickness is mainly HCA who are on long term sick. Clinical supervision and sickness on Maister Lodge are still below target but have both improved. Bed occupancy and registered fill rates on days remain a challenge which are being addressed at a team level

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

Registered Nurse Vacancy Rates

Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
11.62%	12.06%	15.60%	16.60%	15.67%	15.73%	12.40%	11.80%	14.10%	12.50%		

Staffing Incidents include all levels of harm/no harm

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

PI RETURN FORM 2018-19

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Feb 2019**

Indicator Title	Description/Rationale	Executive Lead
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

KPI Type

FFT %

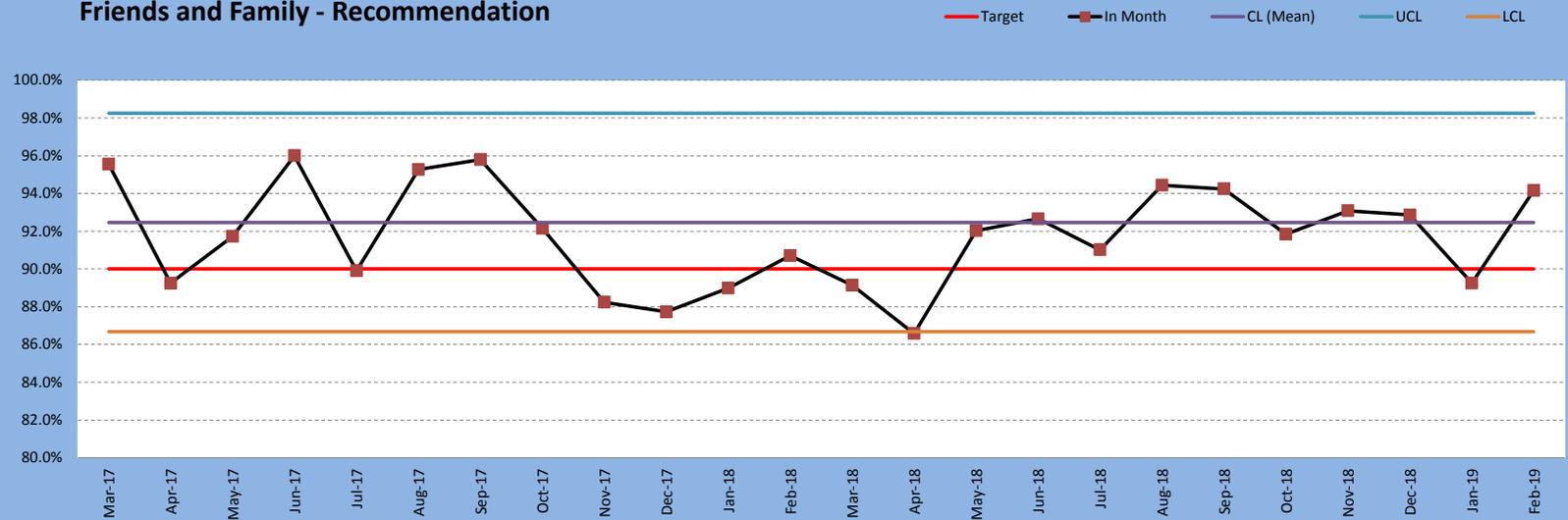
Narrative

In month target achieved.

Target: 90%
Amber: 80%

Current month stands at 94.2%

Friends and Family - Recommendation



Exception Reporting and Operational Commentary

Patients likely to recommend our services has considerably improved when compared to January's score (4.9% increase). The national target is 90%.

Teams continue to embrace the Friends and Family Test live data dashboard and are developing internal processes to discuss patient and carer experience at team meetings to celebrate the positive feedback and develop actions for negative feedback to act upon and learn lessons.

Business Intelligence

Calculation based on ALL surveys completed across all service areas including GPs. Significant increase in the number of surveys completed in Primary Care and Community Services care group since May 2018.

PI RETURN FORM 2018-19

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2019**

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

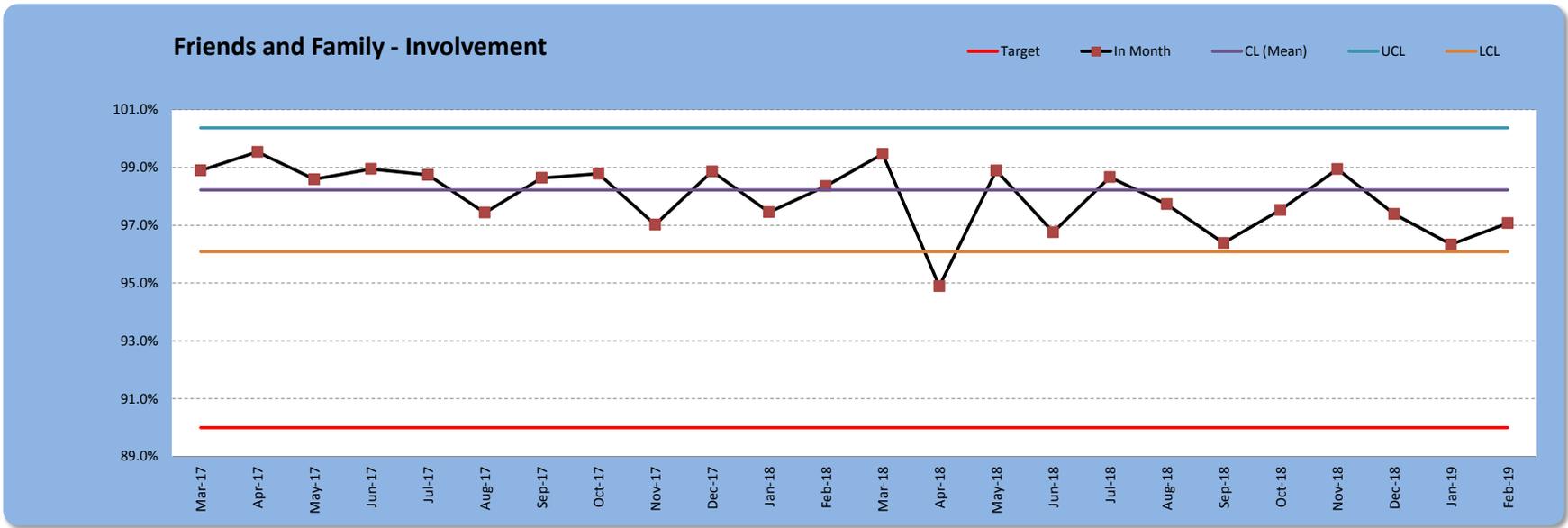
KPI Type
CA 3c %

Narrative

In month target achieved.

Target: 90%
Amber: 80%

Current month stands at 97.1%



Exception Reporting and Operational Commentary

The Trust continues to score high for key question around involvement and remains consistently above the target of 90% with a monthly score 97.1%. The SPC chart shows normal statistical variation.

Business Intelligence

The results for the two remaining question results are:

Patients Overall FFT Helpful	99.2%
Patients Overall FFT Information	98.3%

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

PI RETURN FORM 2018-19

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2019**

Indicator Title

Description/Rationale

Executive Lead
Lynn Parkinson

KPI Type

CPA 7 Day Follow Ups

This indicator measures the percentage of patients who were on CPA and had a follow up within seven days of discharge

OP 12

Narrative

Within target

Target: 95%

Amber: 85%

Current month
stands at
98.5%

CPA 7 Day Follow Ups



Exception Reporting and Operational Commentary

There was one breach in February where the patient moved out of the country the day after discharge. Attempts to contact via telephone failed due to either disconnected service or patient/family choice to disengage

Business Intelligence

One breach in February. 67.6% of follow ups achieved within 3 days.

Timescales of Completion
No of Discharges
Patients Seen
BREACHES

Feb	Percentage of when patients seen			
Discharges	1-3 days	4-5 days	6-7 days	Unseen
68	46	16	5	0
67	67.6%	23.5%	7.4%	0.0%
1				

PI RETURN FORM 2018-19

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2019**

Indicator Title

Description/Rationale

Care Programme Reviews

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

Executive Lead
Lynn Parkinson

KPI Type

OP 7

Narrative

Above target

Target: 95%

Amber: 85%

Current month
stands at
96.4%

CPA Reviews



Exception Reporting and Operational Commentary

The CPA compliance has improved and now above target. The Care Groups continue to focus on ensuring this standard is met. Regular weekly reports are maintained identifying patients who are eligible for a review, this allows Care Coordinators, Team Managers and Service Managers to identify any potential breach of the standard and plan remedial action if required. Where a failure to complete a review within 12 months does occur the Clinical Care Director maintains oversight to identify and share any lessons through the clinical networks. The CTLD's teams position has improved in February.

Business Intelligence

Currently weekly exception reporting is produced to support teams in identifying the overdue and required soon cases. The CPA reviews target was achieved this month.

PI RETURN FORM 2018-19

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2019**

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

KPI Type

OP 20

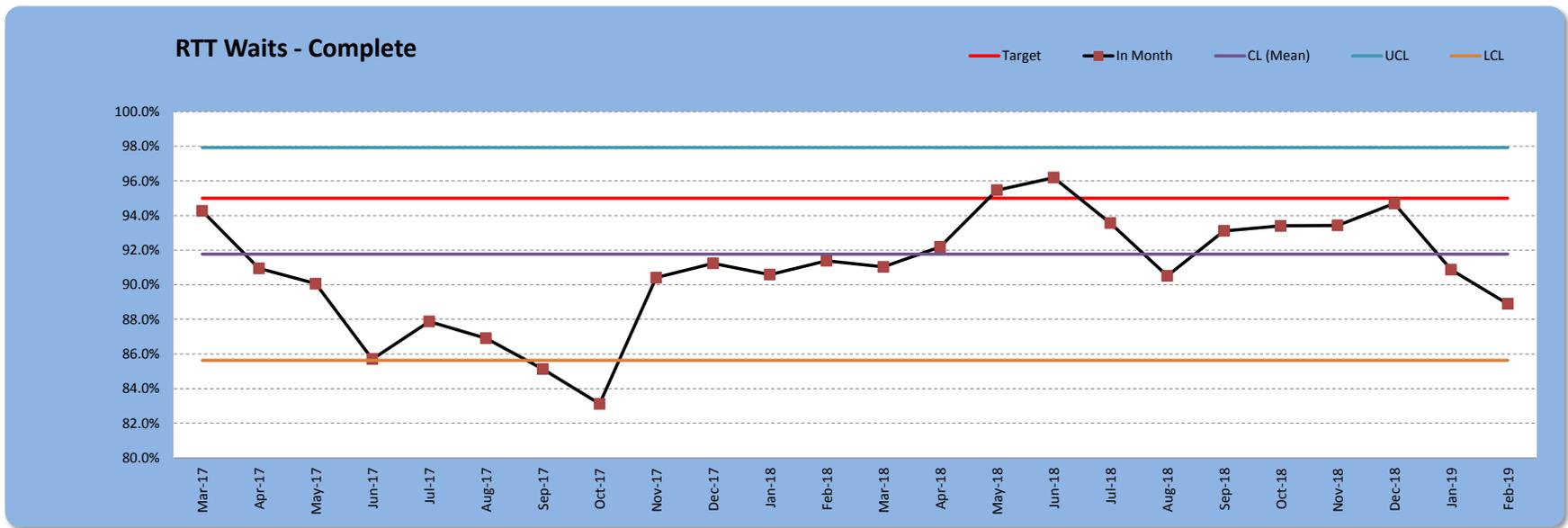
Narrative

Below the mean

Target: 95%

Amber: 85%

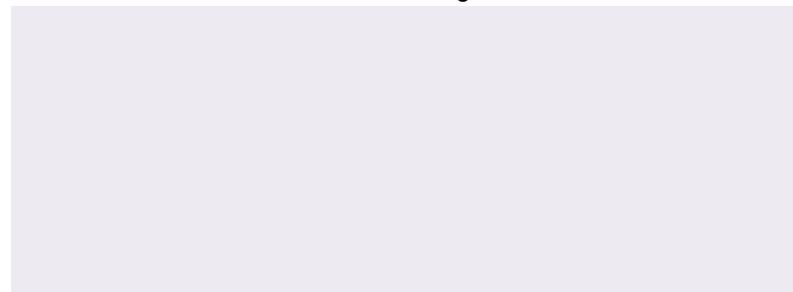
Current month stands at 88.9%



Exception Reporting and Operational Commentary

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

Business Intelligence



PI RETURN FORM 2018-19

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2019**

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

KPI Type

OP 21

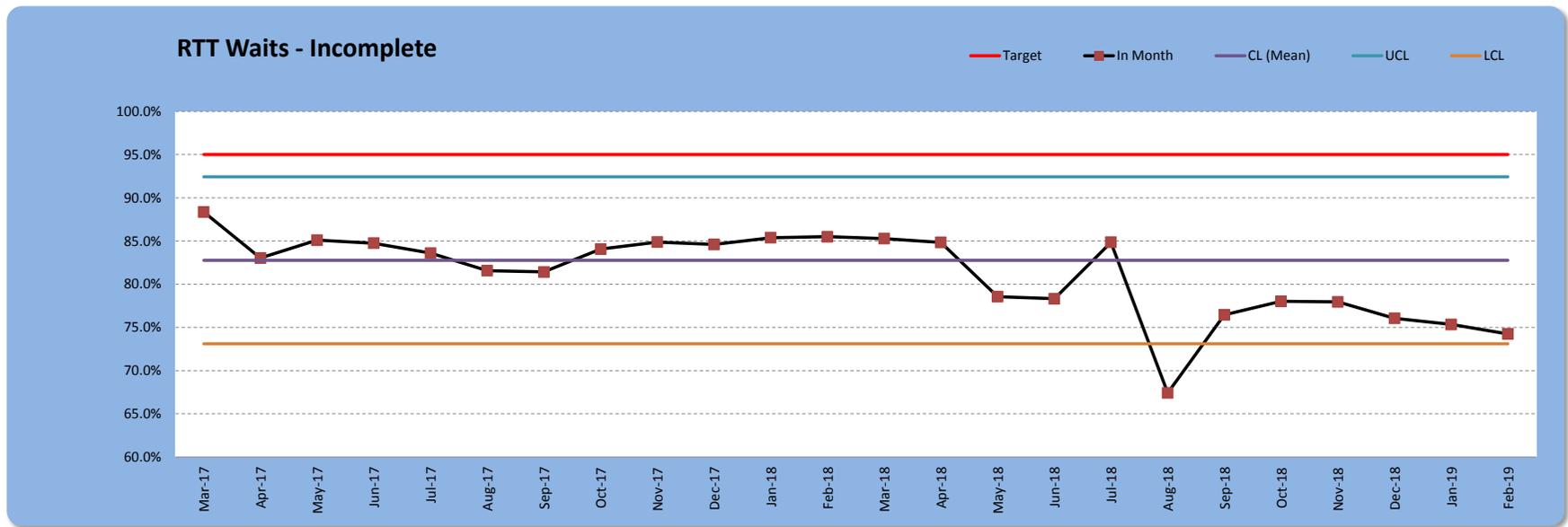
Narrative

slight reduction from previous month

Target: 95%

Amber: 85%

Current month stands at 74.2%



Exception Reporting and Operational Commentary

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

Business Intelligence

The drop in performance in Aug-18 relates to data issue following the transfer of existing caseload when Scarborough & Ryedale transferred to the Trust.

PI RETURN FORM 2018-19

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2019**

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

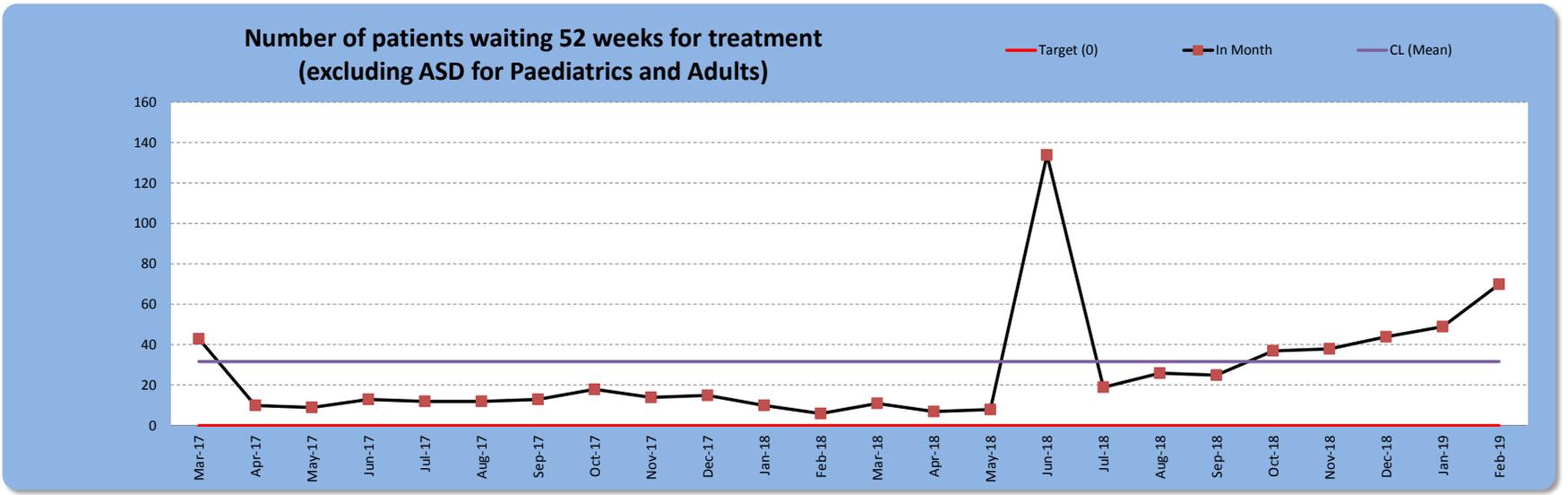
KPI Type
OP 22a

Narrative

Increase of 21 since last month

Target: 0
Amber: 0

Current month stands at 70



Exception Reporting and Operational Commentary

Waiting times continue to be an area for significant operational focus and review. An increased referral rate for Hull CAMHS has been evident for a number of months; this has been appropriately escalated to the Commissioner. The impact of the increased demand on the capacity means that waiting times have been increasing which includes a number of patients waiting over 52 weeks. Largely, waits over 52 weeks relate service users who have complex needs which include working with families/carers so that the young person is ready to engage in assessment. A detailed review of the patients waiting over 52 weeks in Hull CAMHS has been undertaken in January, most of these patients are waiting for ADHD assessments. Additional posts which are in the recruitment process which when in post will ensure that there is capacity to meet commissioned service requirements. In relation to Hull CAMHS, the Trust received a further investment of £70k in Q4 2018/19 to improve the waiting list position. Hull CCG is fully of the position and they are assured of our progress and transparency

Business Intelligence

This indicator excludes Adult & Paediatric ASD patients.

The ASD waiting list information is included in the following two slides.

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

PI RETURN FORM 2018-19

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2019**

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

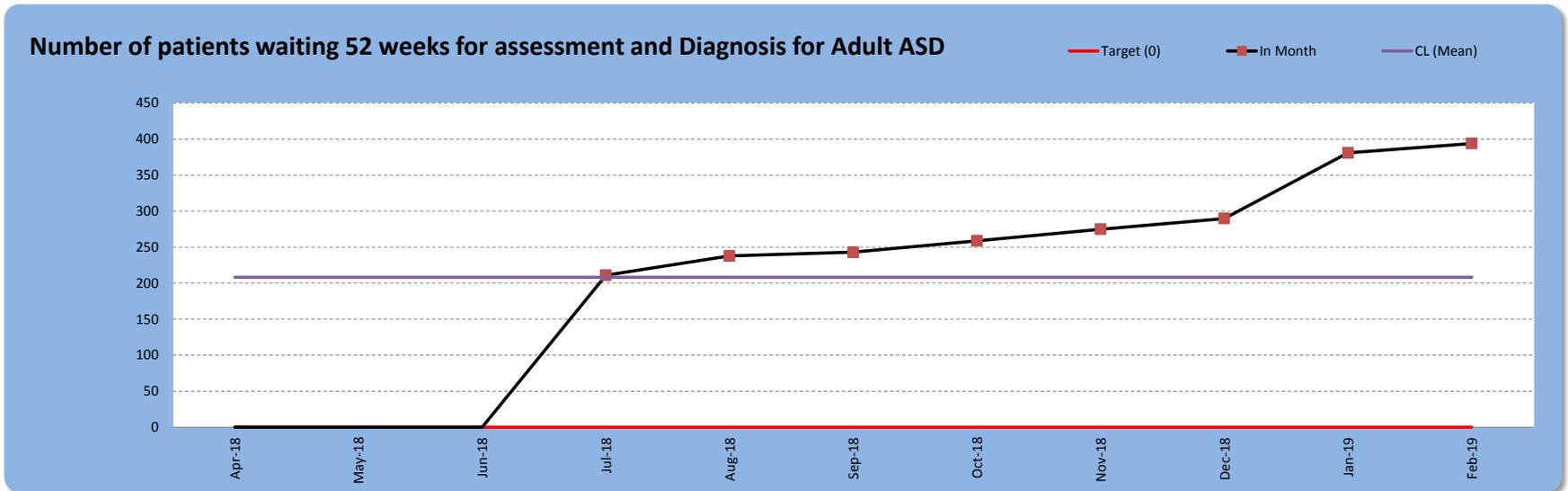
OP 22s

Narrative

Increase of 13 since last month

Target: 0
Amber: 0

Current month stands at 394



Exception Reporting and Operational Commentary

This service is commissioned by both Hull and East Riding CCGs on a cost per case service only – this has meant that assessments have only occurred as core service capacity, demand and staff availability has allowed. The historic referrals were added to Lorenzo in June 2018 when the full waiting list position was validated and incorporated into the operational reporting arrangements which highlighted the need for a more focussed piece of work by the service. Commissioners are fully aware of the historical position and supportive of an approach to address the waiting times. The Care Group has developed a business case which has been considered and approved by the Operational Delivery Group. The additional capacity is expected to be in place from March 2019 which proposes a trajectory for the service to be 18 week compliant within 12 months. The CCGs have confirmed that the priority for assessments is a targeted age range – predominantly those people who are likely to benefit most from a diagnosis, i.e. those in higher or further education, struggling to maintain employment, etc. However we are still waiting for final confirmation from the commissioners that this funding is confirmed. As soon as this happens we will review the trajectory and ensure that it remains in line with our current assumptions.

Business Intelligence

SPC not included as we are yet to get to 10 data points.

BI will introduce SPC once 10 data points is reached as at April 2019

PI RETURN FORM 2018-19

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2019**

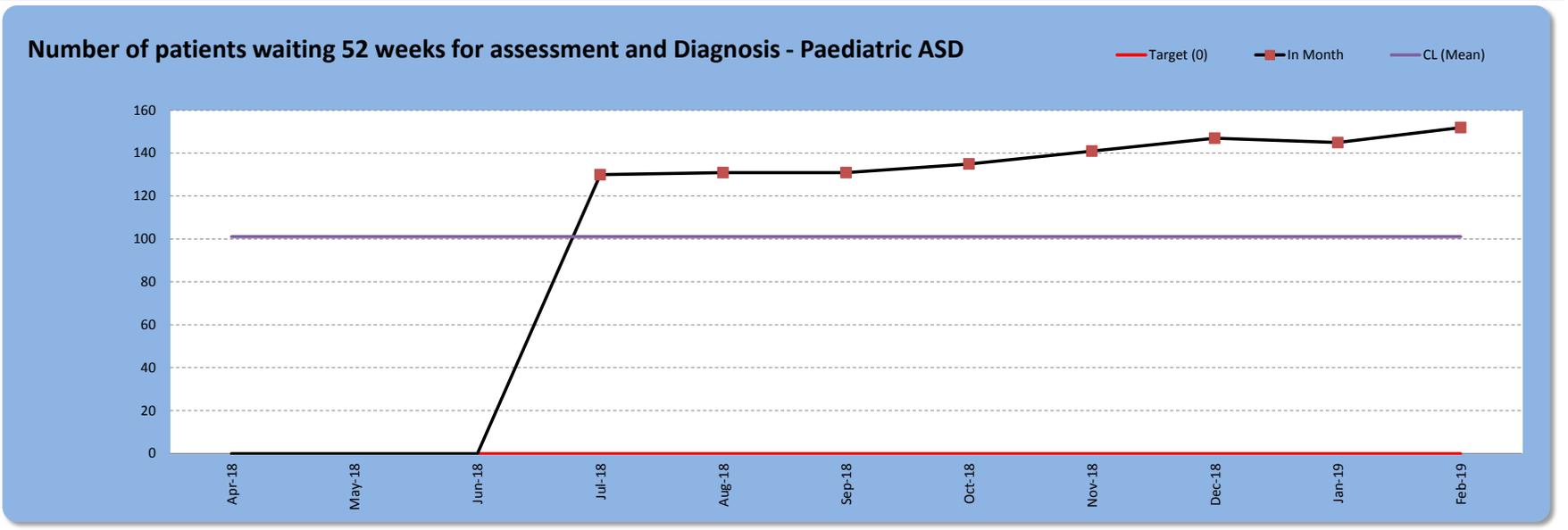
Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - Paediatric ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Children and have been waiting more than 52 weeks	Lynn Parkinson	OP 22u

Narrative

Increase of 7 when compared to the previous month.

Target: 0
Amber: 0

Current month stands at 152



Exception Reporting and Operational Commentary

From September 2017 referrals for Autism commenced via triage through Hull Contact Point (which includes gathering previous assessments from other agencies, parents & schools) as part of a previously agreed service development. Referrals into the service continue to be high.

Historically referrals for children's ASD for the Hull service were significantly over the commissioned activity. The Trust developed a business case and submitted it to Hull CCG in May 2018; following negotiations a revised position was agreed with commissioners in October 2018. Recruitment began ahead of October 2018 – this is progressing well with partial service delivery having commencing in January 2019. There is an agreed trajectory which expects that the service will be 13-week compliant, based on current referral rates, by March 2021. Monthly meetings with commissioners are taking place to assess compliance with the trajectory and that is monitored.

Staff are now coming into post; in addition we are securing an agency member of staff who is DOS and ADAiR (Autism Diagnosis Training) to support decrease in the waiting times. In addition the skill mix for the diagnosis pathway has been reviewed and has expanded in line with NICE guidance to include nurses.

Discussions have taken place with commissioners about referrers and the plan is to cease GP referrals and accept referrals from SENCO's. This is a development that the CCG are leading on.

Discussions with Commissioners has also taken place regarding securing some on line assessments via HELIOS (a on line support package which has proved successful in the East Riding). To do this the procurement and contractual processes are currently being progressed.

Business Intelligence

SPC not included as we are yet to get to 10 data points.

BI will introduce SPC once 10 data points is reached as at April 2019

PI RETURN FORM 2018-19

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2019**

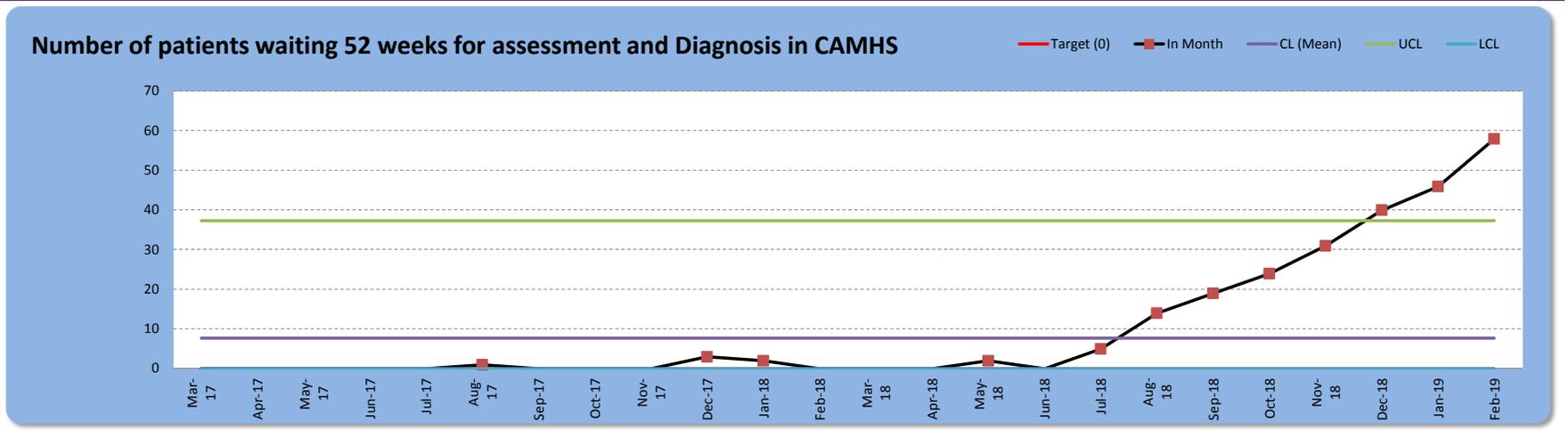
Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks	Lynn Parkinson	OP 22j

Narrative

Increase of 12 since last month

Target: 0
Amber: 0

Current month stands at 58



Exception Reporting and Operational Commentary

The number of referrals into Contact Point continue to be high, over 300 per month; all of which need to be triaged and processed. The number that is accepted at Core CAMHS is around one third. We are working with the commissioners to review the 'front door' due to the high number of referrals that need redirecting. These are taking considerable capacity to process which could be redirected to providing treatment and reducing the waiting list.

The anxiety and mood pathways have shown slight improvement in waiting times. We have a robust waiting time reduction plan in place and as part of this:

- We continue to refer to Mind for CPWP or counselling input as part of HTFT's sub contract and the counselling service commissioned by the local authority and HeadStart.
- We provide a significant amount of group work into this pathway to increase capacity,
- We are also a placement site for trainee psychologists who under the supervision of Clinical Psychologists can pick up a non-complex caseload and undertake evidence based interventions.
- Temporary bank staff are being used as part of a waiting list initiative as is an Agency CBT therapist

Measures already in place

- CBT Parent Groups (anxiety only) and Young People's CBT groups (anxiety and low mood) continue to run as a way of managing the high volume of anxiety referrals
- Anxiety and Autism Groups continue to run to manage the high level of Autism referrals although there continues to be a number of young people with Autism that need individual work
- Continue to use a Child Psychological Wellbeing Practitioner (CPWP) to provide a waiting list initiative for non-complex cases (10 years and under)

Business Intelligence

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

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

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

PI RETURN FORM 2018-19

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2019**

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

KPI Type
OP 9

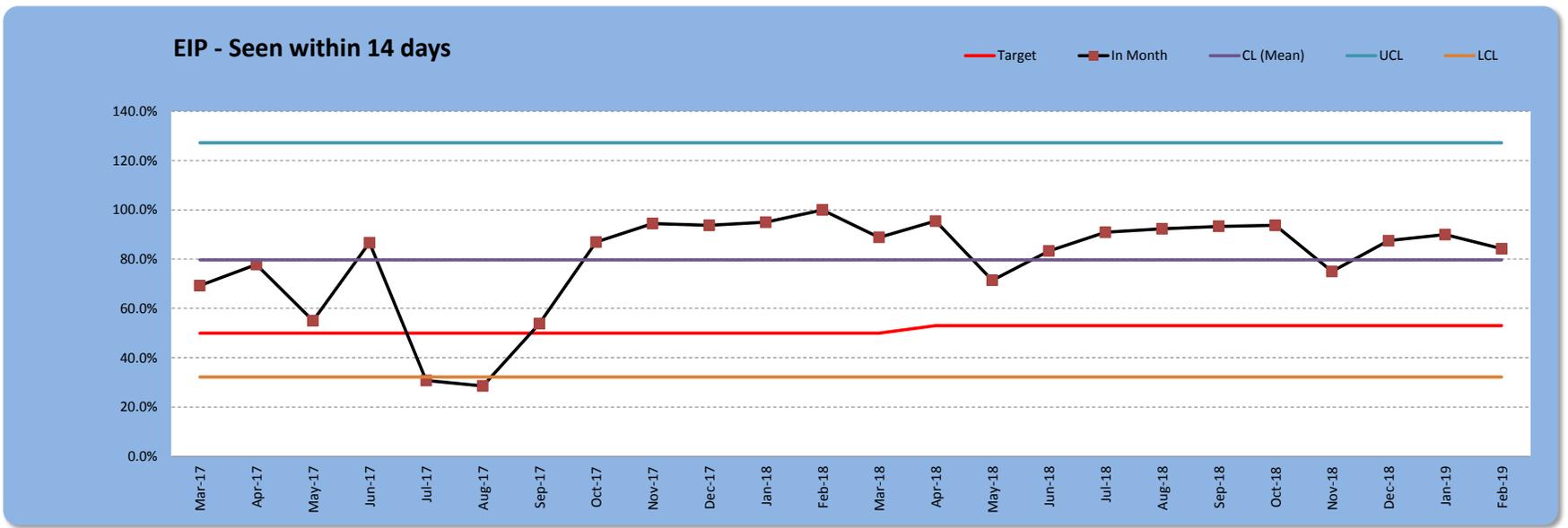
Narrative

Target achieved

Target: 53%

Amber: 48%

Current month stands at 84.2%



Exception Reporting and Operational Commentary

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

Undergoing external audit as identified as a Trust mandated indicator

Business Intelligence

Low numbers of referrals may dramatically affect percentage results. In April 2018 the target changed from 50% to 53%. The target will increase to 56% from 1st April 2019 and by 2020/21 the target will increase to 60%

PI RETURN FORM 2018-19

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2019**

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

Target achieved

Target: 75%

Amber: 70%

Current month

98.2%

Narrative

Target Achieved

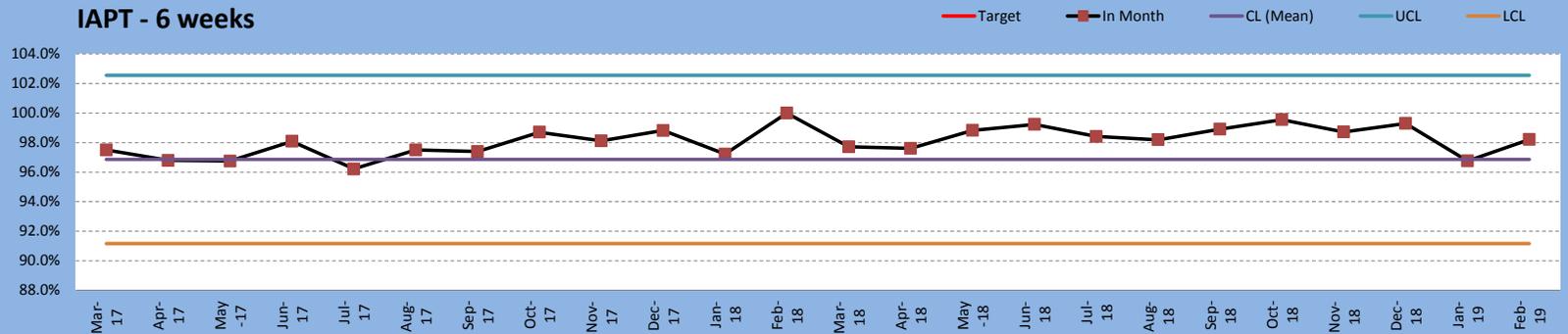
Target: 95%

Amber: 85%

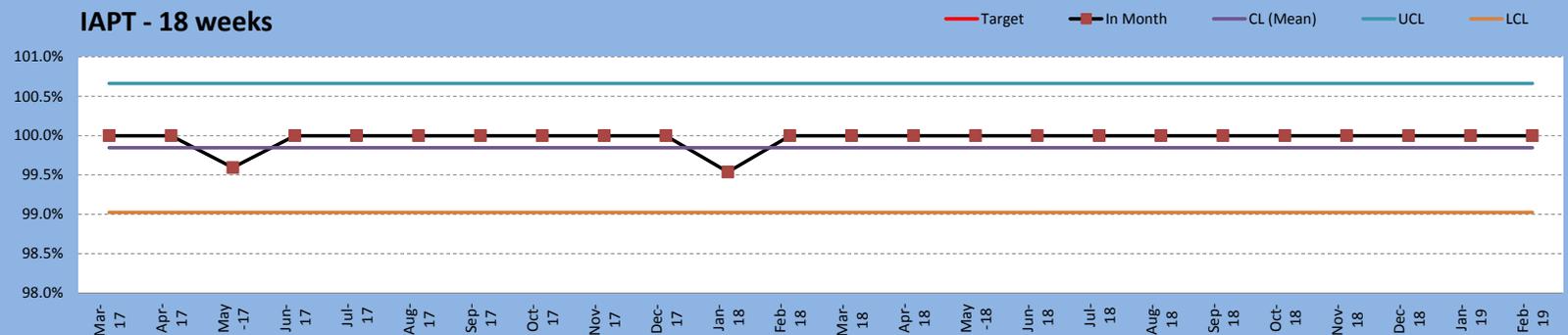
Current month

100.0%

IAPT - 6 weeks



IAPT - 18 weeks



Exception Reporting and Operational Commentary

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

Business Intelligence

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

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

PI RETURN FORM 2018-19

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2019**

Indicator Title

Description/Rationale

Improved Access to Psychological Therapies

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

Executive Lead
Lynn Parkinson

KPI Type

OP 11

Narrative

Target Achieved

Target: 50%

Amber: 45%

Current month stands at 64.1%

IAPT - Moving to Recovery



Exception Reporting and Operational Commentary

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

Business Intelligence

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

PI RETURN FORM 2018-19

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Feb 2019**

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

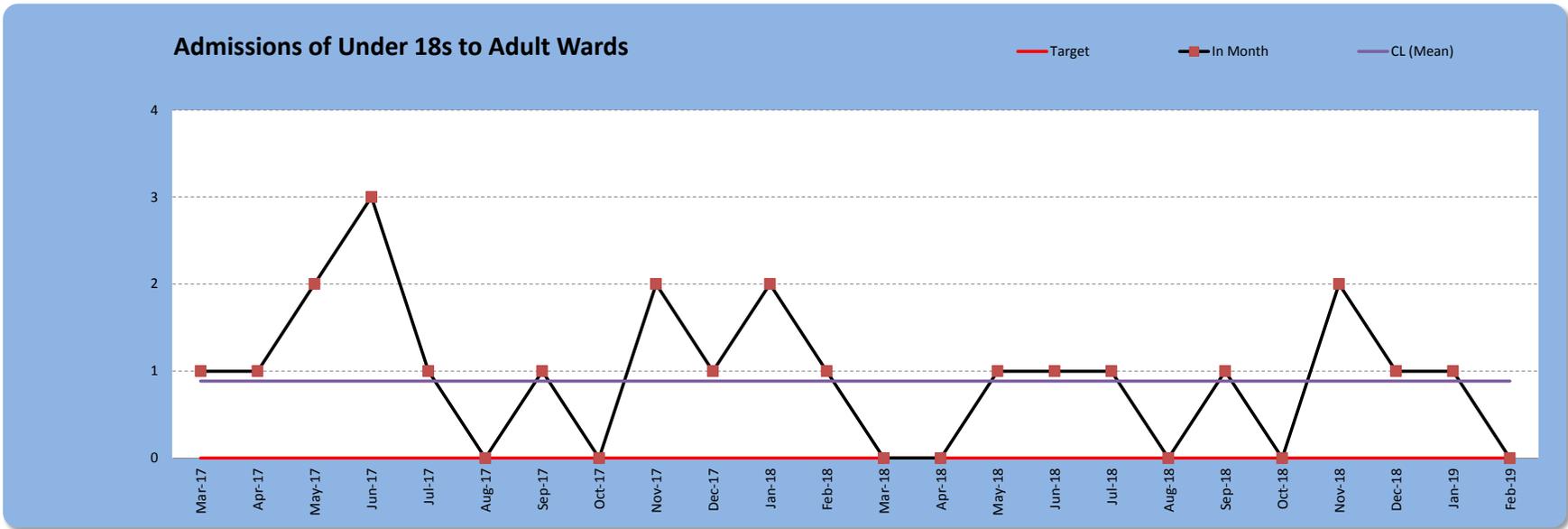
KPI Type
ST 1

Narrative

One admission

Target: 0
Amber: 1

Current month stands at 0



Exception Reporting and Operational Commentary

There were no admissions of Under 18s during February

Business Intelligence

Current Year Summary			
Year	Age 16/17	Under 16	Total
2018/19	7	1	8

PI RETURN FORM 2018-19

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Feb 2019**

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

ST 4b

Narrative

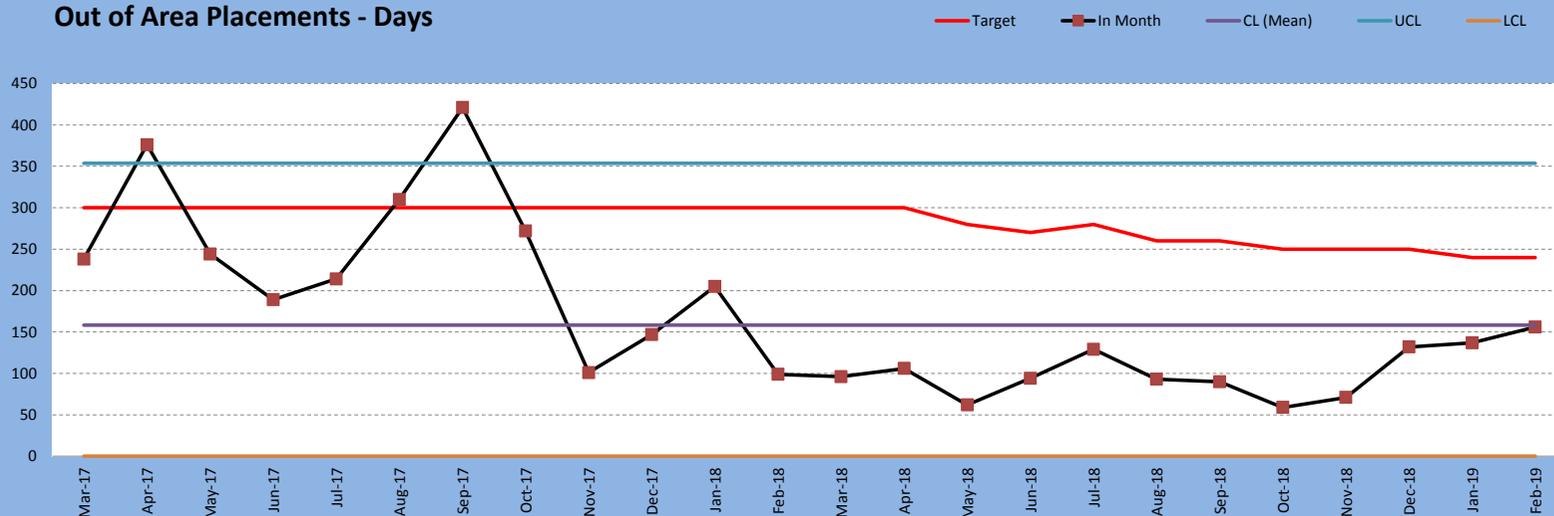
Target Achieved

Target: 240

Amber:

Current month stands at 156

Out of Area Placements - Days



Exception Reporting and Operational Commentary

A rigorous approach to bed management continues to be applied to ensure that out of area placements are avoided. Performance in relation to out of area placements for acute mental health beds continues to demonstrate sustained improvement. Out of area placement for PICU beds continues to be a pressure. Capacity continues to be impacted by delayed transfers of care to specialist services. Work is underway to review our PICU model and agreement has been reached with commissioners to reduce capacity to 10 beds. Opportunity is being considered within the STP programme to improve flow through these beds. In January there was a further rise in the use of out of area beds for older people, this occurred at the same time that this service experienced an increase in delayed transfers of care, this position has been escalated through our system escalation processes and specifically to Hull and East Riding Councils.

Undergoing external audit as identified as a Trust mandated indicator

Split of Speciality and Reasons in current month

Patients in OoA beds in month

Unavailability of bed	156	Adult	3
Safeguarding	0	OP	117
Offending restrictions	0	PICU	36
Staff member/family/friend	0		
Patient choice	0		
Admitted away from home	0		

An internal data quality audit has been conducted and a subsequent refresh identified. Submissions to NHS Digital have been updated resulting in a reduction of Out of Area Placement Days

PI RETURN FORM 2018-19

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Feb 2019**

Indicator Title

Description/Rationale

Delayed Transfers of Care

Results for the percentage of Mental Health delayed transfers of care

Executive Lead
Lynn Parkinson

KPI Type

OP 14

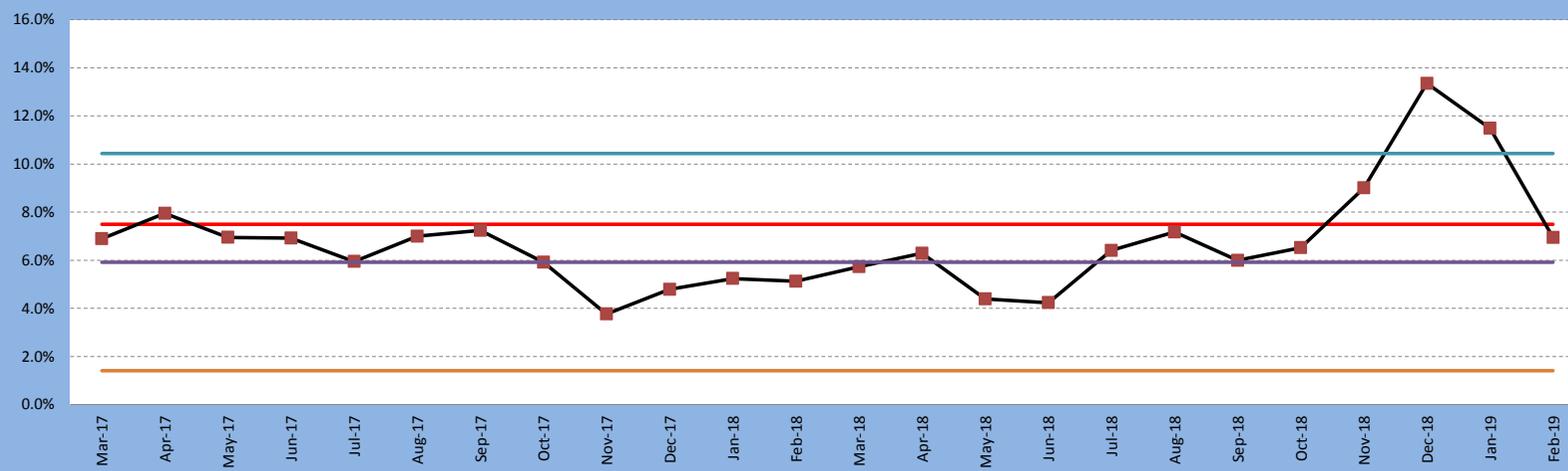
Narrative

Reduced significantly and within target

Target: 7.5%
Amber: 7.0%

Current month stands at 6.9%

Delayed Transfers of Care - Mental Health



Exception Reporting and Operational Commentary

Delayed transfers of care for mental health beds remain below the required standard this month. Delays continue to be managed rigorously through the approaches in place to manage acute bed demand, capacity and flow. Systems are in place to escalate delays to system partners where that is appropriate. Ongoing partnership with Local Authorities continues to be developed. Whilst the position has improved in February, delays continue to be escalated through our system escalation processes and specifically to Hull and East Riding Councils as appropriate.

Business Intelligence

There were 243 delayed days in mental health during February. A significant improvement on the previous month. Eight patients in Older People's, 8 patients in Adult services and 2 in Specialist.

The top three reasons are:

Awaiting residential home placement or availability	117
Awaiting further non-acute NHS care	66
Housing	36

No delays in Learning Disabilities and 10.3% in Community Hospitals.

PI RETURN FORM 2018-19

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Feb 2019**

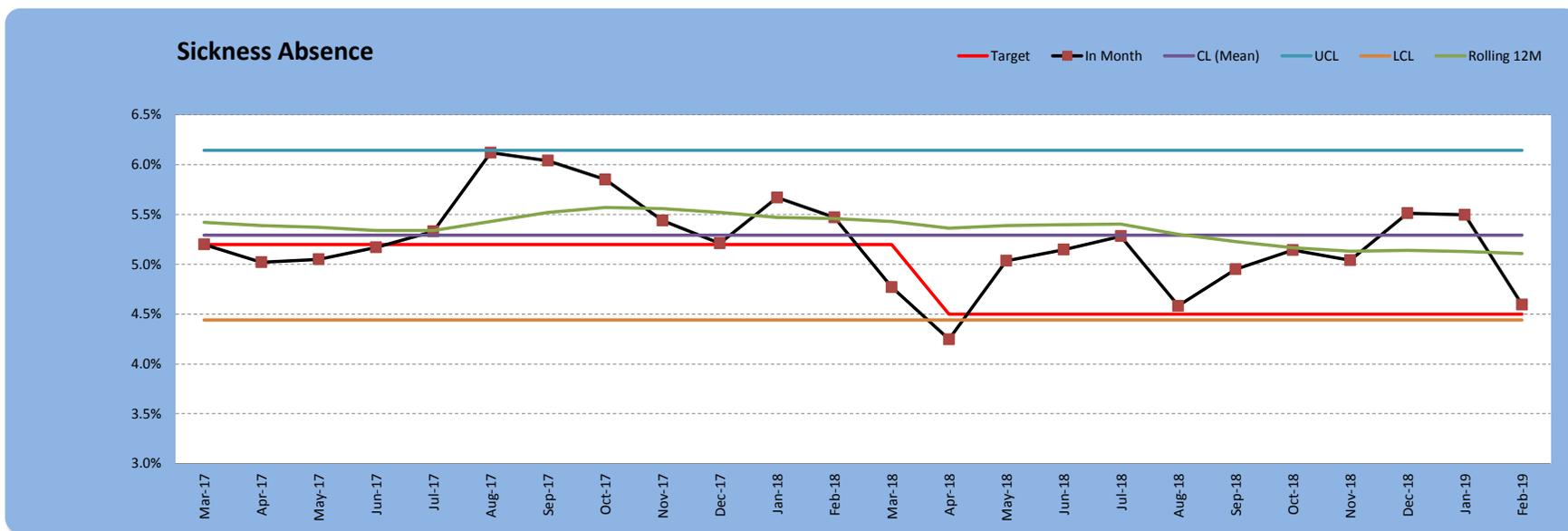
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Sickness Absence	Percentage of staff sickness across the Trust (not including bank staff). Includes current month's unvalidated data	Steve McGowan	WL 1

Narrative

In month target not achieved.

Target: 4.5%
Amber: 5.2%

Result as at previous month 5.5%



Exception Reporting and Operational Commentary

Sickness rates are reported to managers on a monthly basis, form part of accountability reviews and feature at Trust Leadership Forum's. The trust recognises good attendance (thank you letters) and has in place a robust policy to help manage sickness absence. The PROUD programme launched in January and this includes various initiatives to help develop managers to be better leaders. A Health & Wellbeing Programme is also being developed to help support improved attendance . This, together with the push to fill vacancies, are seen as two critical measures needed to help improve absence rates. Model hospital data shows the median sickness figure for comparable trusts as 4.78%.

Business Intelligence (previous month)

Trustwide - Jan
5.96%
Rolling 12m
5.17%
WTE
2322.29

Care Group Split Below	Jan %	Rolling 12m	WTE
Specialist Services	9.72%	8.40%	221.17
Mental Health Services	6.68%	5.76%	600.76
Older Peoples MH	4.78%	5.81%	178.05
Community Services	5.48%	4.96%	328.76
Children's and LD	5.33%	4.74%	474.99

Corporate Split Below	Jan %	Rolling 12m	WTE
Medical	6.18%	5.21%	29.75
Human Resources	4.33%	3.96%	62.83
Finance	5.02%	3.84%	220.85
Nursing and Quality	9.97%	5.13%	34.22
General Practices	3.51%	2.29%	82.95
Chief Executive	9.85%	6.68%	9.21
Chief Operating Officer	2.72%	1.24%	78.75

PI RETURN FORM 2018-19

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Feb 2019**

Indicator Title

Description/Rationale

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

Executive Lead
Steve McGowan

WL 3 TOM

Narrative

Exceeds Target

Target: 0.83%

Amber: 0.70%

Current month stands at 1.1%

Staff Turnover - Monthly



Narrative

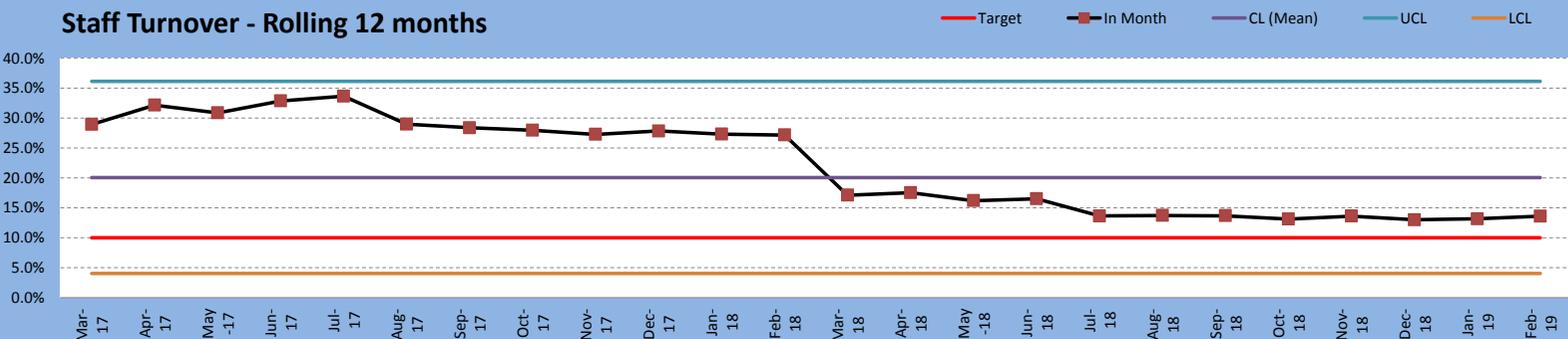
Exceeds Target

Target: 10%

Amber: 9%

Current month stands at 13.6%

Staff Turnover - Rolling 12 months



Exception Reporting and Operational Commentary

The TUPE transfer of staff to CHCP in 2017 largely accounts for the high figures March 17 to March 18. The Trust continues to put in place the actions agreed as part of the retention plan earlier in the year, and is actively trying to recruit to vacant posts within the Trust.

Main Reasons for Leaving - Year to Date

Excludes Students, Psychology Students and Bank

Leaving Reason	WTE	Headcount
Employee Transfer	1.00	3
Retirement Age	4.28	5
Voluntary Resignation - Better Reward Package	1.00	3
Voluntary Resignation - Child Dependants	1.67	5
Voluntary Resignation - Health	1.39	3
Voluntary Resignation - Lack of Opportunities	3.23	4
Voluntary Resignation - Other/Not Known	1.28	3
Voluntary Resignation - Promotion	4.00	5
Voluntary Resignation - Relocation	1.75	3
Voluntary Resignation - To undertake further education or training	0.81	3
Voluntary Resignation - Work Life Balance	4.36	5
Grand Total	24.76	29

PI RETURN FORM 2018-19

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Feb 2019**

Indicator Title

Description/Rationale

Performance and Development Reviews

Percentage of staff who have received a PADR within the last 12 months (excludes staff on maternity)

Executive Lead
John Byrne

KPI Type

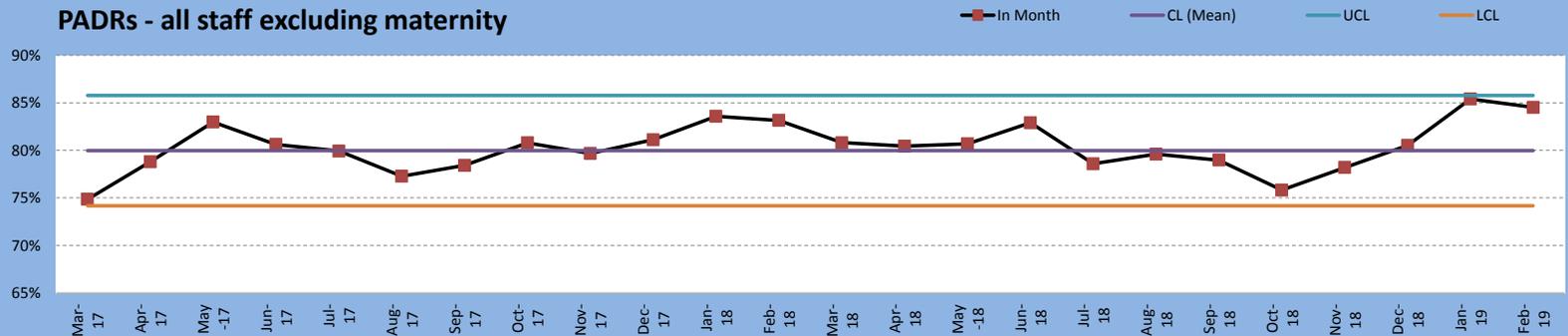
WL 4 (i)

Narrative

in month target not achieved

Current month stands at 84.5%

PADRs - all staff excluding maternity

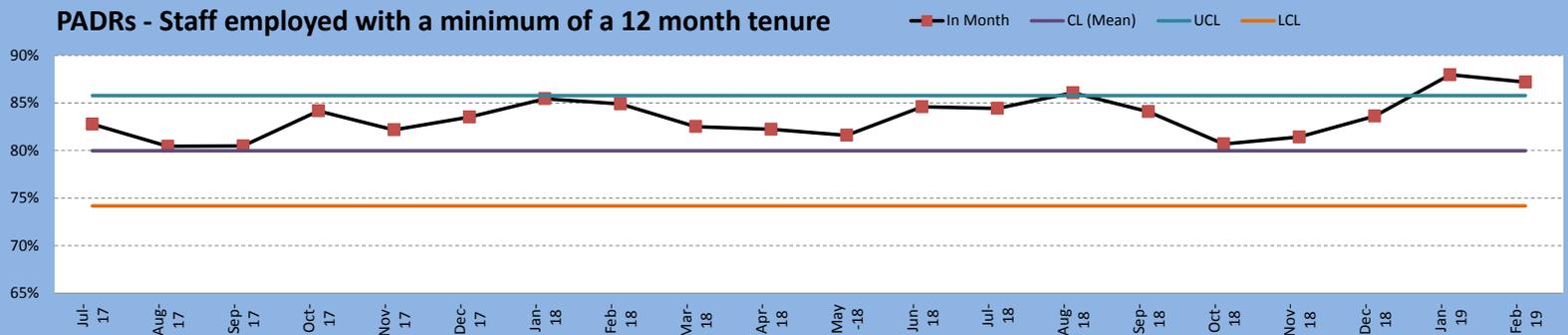


Narrative

Target achieved

Current month stands at 85.8%

PADRs - Staff employed with a minimum of a 12 month tenure



Exception Reporting and Operational Commentary

All managers continue to receive monthly updates on their completion rates, together with a list of those that are non-compliant. PADR completion is raised at Accountability Reviews and discussed at quarterly Leadership Forums. The pilot ESR supervisor self service went live on 1st December, with full roll out now commenced. This allows direct entry of a PADR in the recording system (ESR) which will help improve the timeliness of reporting, and sets up a formalised reminder system via self service. The PCCLD and Mental Health Care Groups have improvement plans agreed with the COO.

Business Intelligence

Care Group and Corporate Splits Below

Mental Health	85.3%
Corporate	91.8%
PCCHLD	80.7%
Specialist	83.8%

Corporate Split by Service

Chief Exec	100.0%
Chief Operating Officer	52.0%
Finance	95.8%
Human Resources	91.2%
Medical	81.6%
Nursing and Quality	97.4%

PI RETURN FORM 2018-19

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Feb 2019**

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

KPI Type

F 2a

Narrative

The Trust has not target for cash set, however the Trust has seen an improvement in overall cash and the underlying cash position.

Target:

Amber:

Current month stands at £13,641 ,000

Cash in Bank (£000's)



Exception Reporting and Operational Commentary

As at the end of February 2019 the Trust cash balance was £13.641m.

The cash balance includes central funding for the CAMHS and LICHRE projects were there are timing difference between receipt and expenditure, the underlying balance at the end of the month was £8.957m. Main movement in the underlying Cash position relates to the settlement of historic property services debt.

Business Intelligence

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

PI RETURN FORM 2018-19

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Feb 2019**

Indicator Title	Description/Rationale	Executive Lead
Budget Reduction Strategy (£000's)	Review of the cost improvement variance against plan	Peter Beckwith

KPI Type

F 6

Narrative

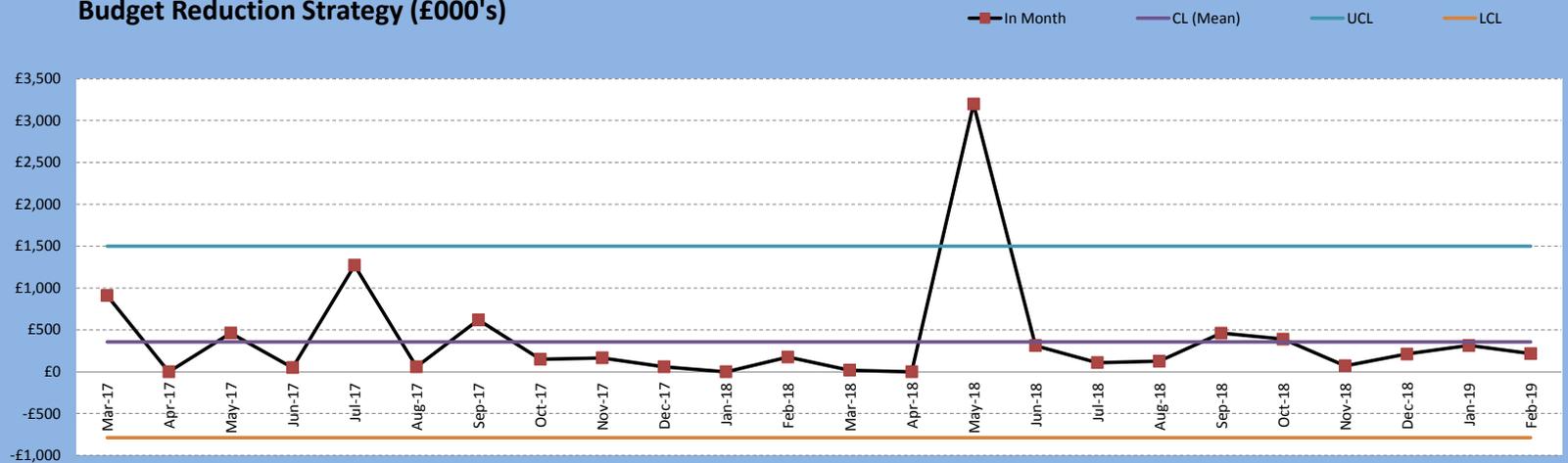
No Target to note.

Target:

Amber:

Current month stands at £216 ,000

Budget Reduction Strategy (£000's)



Exception Reporting and Operational Commentary

Within February (Month 11) additional BRS savings of £0.216m were achieved against the profiled target savings. Overall the profiled YTD savings are behind by £2.151m and mitigating actions are being sought to offset this pressure.

Business Intelligence

CIP/BRS figures are not collected in the month of April

PI RETURN FORM 2018-19

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Feb 2019**

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

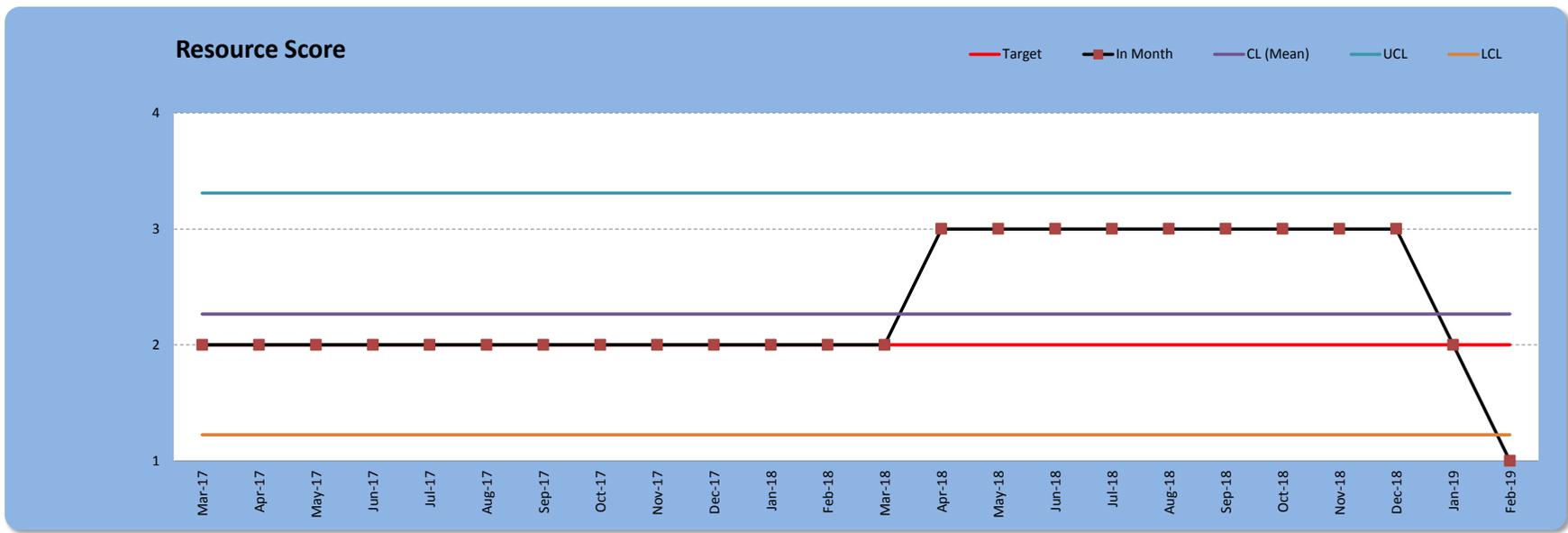
KPI Type
F 2b

Narrative

Use of Resources Score has improved to at 1 for February 2019.

Target: 2
Amber: 3

Current month stands at 1



Exception Reporting and Operational Commentary

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

The Trust's Use of Resources score improved to a 2 in January 2019, and has improved to a 1 for February 2019 as the Trust is on Plan and in Surplus. The Trust are expecting to return to a 2 in March

Business Intelligence

Full two year dataset now available following change to the Resource Score settings

PI RETURN FORM 2018-19

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Feb 2019**

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

KPI Type

F 4b

Narrative

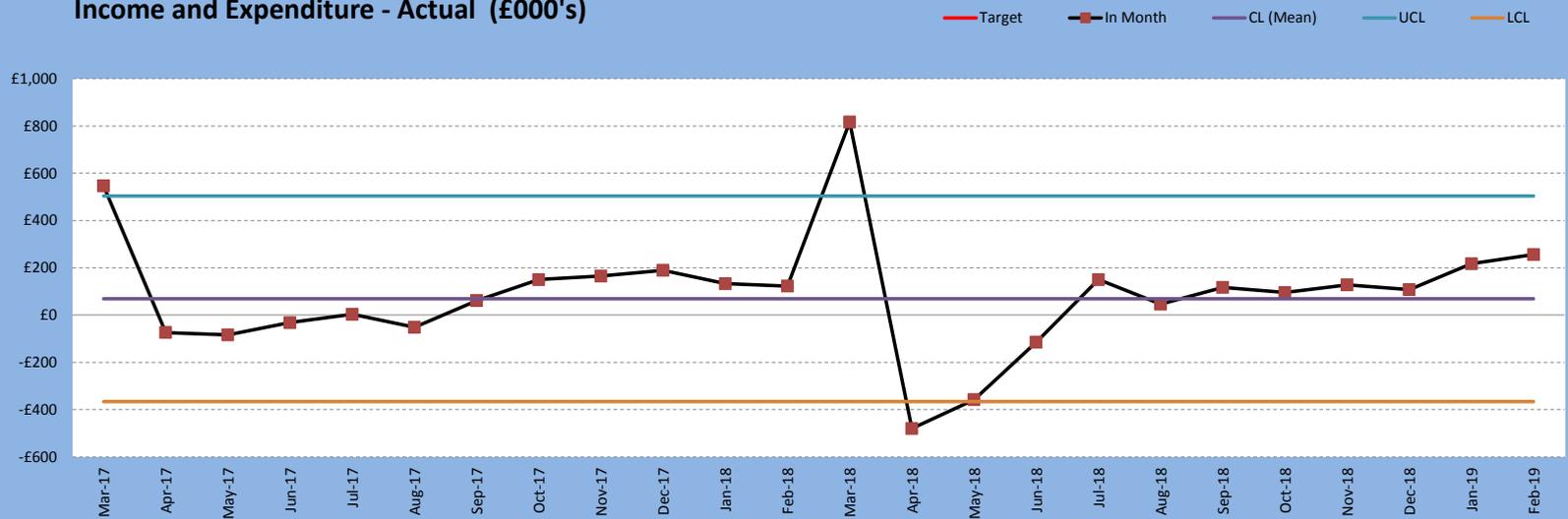
The Trust are reporting a year to date surplus and have had 8 months of improved financial health.

Target:

Amber:

Current month stands at £256 ,000

Income and Expenditure - Actual (£000's)



Exception Reporting and Operational Commentary

The Trust reported a year to date operational surplus of £0.163, this was an improvement of £0.256m from the Month 10 reported deficit (£0.093m), this position was inclusive of 11 months Provider Sustainability funding of £1.778m.

The current Control Total Target for the Trust is to achieve a surplus of £0.851m (Excluding Donated Asset Depreciation).

Business Intelligence

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

PI RETURN FORM 2018-19

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Feb 2019**

Indicator Title	Description/Rationale	Executive Lead
Staff Costs (£000's)	Review of the variance of the planned and actual staff costs (£000's)	Peter Beckwith

KPI Type

F 5

Narrative

Data points below the zero are a deficit. Data points above the zero are an underspend

Target:

Amber:

Current month variance stands at -£13 ,000

Staff Cost Variance (£000's)



Exception Reporting and Operational Commentary

The staff costs are £0.013m above the planned budget for February.

Business Intelligence

The Chart above reports the difference in month between actual staff costs incurred and the budgeted amount for staff expenditure.

PI RETURN FORM 2018-19

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Feb 2019**

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

Narrative

within tolerance

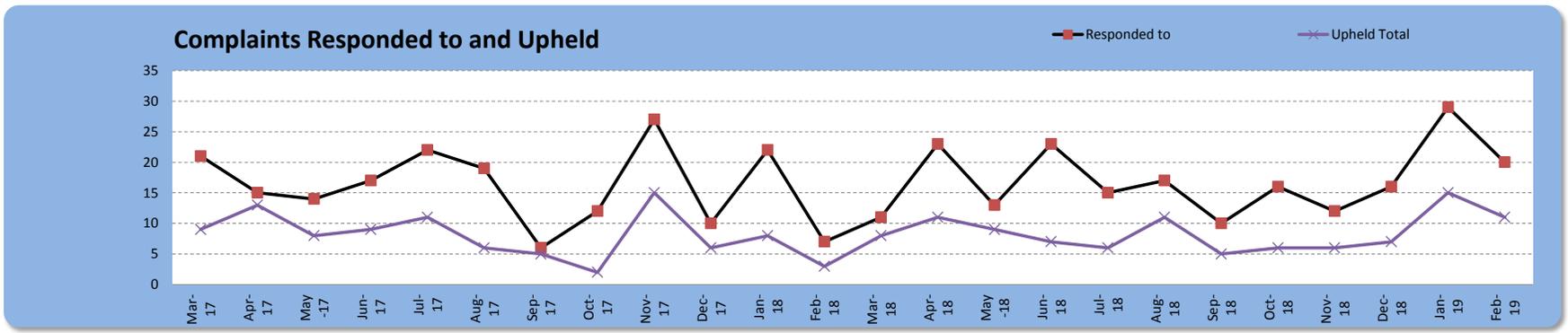
Current month stands at 19



Narrative

94 upheld YTD 48.5%

Current month stands at 11



Exception Reporting and Operational Commentary

The Trust responded to 20 complaints in the month of February 2019. Of the 20 complaints, 9 complaints were not upheld (45%) and 11 complaints were partly or fully upheld (55%). The top theme for complaints responded to (year to date) continues to be patient care with 43 complaints.

The Trust received 18 compliments during the same month.

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

Patient care	43
Appointments	31
Values and behaviours (staff)	27
Communications	24
Trust admin/policies/procedures including patient record management	15

All Complaints responded to YTD 194



Executive Team:

Chief Executive: Michele Moran

Chairman: Sharon Mays

(Interim) Chief Operating Officer: Lynn Parkinson

Director of Finance: Peter Beckwith

Director of Human Resources: Steve McGowan

Medical Director: John Byrne

Director of Nursing and Quality: Hilary Gledhill

Issue Date: 19/03/2019



Agenda Item: 10

Title & Date of Meeting:	Council of Governors Public Meeting – 9 th April 2019		
Title of Report:	Finance Update Report (February 2019)		
Author:	Name: Peter Beckwith Title: Director of Finance		
Recommendation:	To approve		To note <input checked="" type="checkbox"/>
	To discuss		To ratify
	For information		To endorse
	The Council of Governors is asked to note the Finance report and comment accordingly.		
Purpose of Paper:	This purpose of this report is to provide the Council of Governors with a summary of financial performance for the Trust for the 3 month period December 2018 to February 2019.		
	This is to allow the Governors to be informed of the Trust's Financial Position and to enable any areas of clarification to be sought.		
Key Issues within the report:	<ul style="list-style-type: none"> The Trust reported a operational surplus of £0.357m to the end of February 2019. The Trust has a Control Total to deliver a £1.151m Surplus by the end of the financial year. The Cash Balance at the end of February 2019 was £13.641m. Agency Costs continue to remain within the ceiling set by NHS Improvement and represent a reduction on previous years expenditure. Capital expenditure at the end February 2019 was £5.667m. The current Use of Resource Score for the Trust is 1. 		

Monitoring and assurance framework summary:

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



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



Council of Governors

Finance Update Report (February 2019)

1. Introduction and Purpose

This purpose of this report is to provide the Council of Governors with a summary of financial performance for the Trust for the 3 month period December 2018 to February 2019.

2. Performance 2018/19

The table below summarised the reported income and expenditure position for the Trust across the reporting period (*reported figures are cumulative*).

Table 1: Reported I&E Position

	November 2018 £000	December 2018 £000	January 2019 £000	February 2019 £000
Income	(83,204)	(93,836)	(104,308)	(114,895)
Expenditure	81,096	91,378	101,541	111,528
EBITDA	(2,108)	(2,458)	(2,767)	(3,367)
Finance Items	3,633	4,075	4529	4982
STF Funding	(1,106)	(1,308)	(1,668)	(1,778)
Operational (Surplus)/Deficit	419	309	94	(163)
Exclude: Donated Asset Depn	(141)	(158)	(176)	(194)
Net Position	278	151	(82)	(357)
EBITDA	-2.5%	-2.6%	-2.7%	-2.9%
Deficit %	-0.3%	-0.2%	0.1%	0.3%

As at the end of February 2019 the Trust had reported a year to date operational surplus of £0.163m, which when donated asset depreciation is excluded (*as this does not count against the control total*) becomes a surplus of £0.357m.

The reported position is inclusive of 11 months Sustainability and Transformation Funding (STF) of £1.778m.

A more detailed summary of the income and expenditure position as at 28th February 2019 is shown at appendix A, it should be noted that the plan for the year is to deliver a £1.151m Surplus.

A summary of the key variances is summarised in the table on the following page:



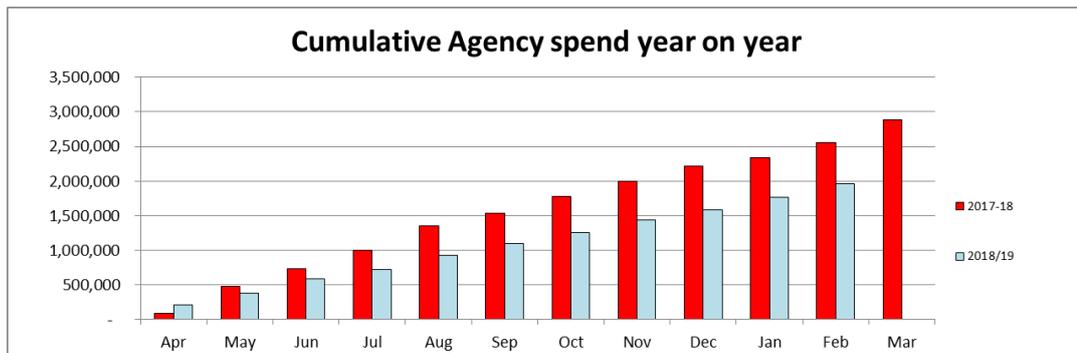
Table 2: Key Variance at February 2018

<p>Children's, Learning Disabilities, Community Services and Primary Care</p>	<p>Year to date expenditure of £39.433m represents an underspend against budget of £0.709m.</p> <p>Expenditure for the Scarborough & Ryedale contract has been included in the position from May. Areas of notable overspends relate to higher than budgeted costs for Hull LD patients residing in The Priory unit and the use of Locums in Primary Care, work is ongoing to reduce these cost pressures..</p>
<p>Specialist.</p>	<p>An underspend of £0.185m was recorded YTD for Specialist Services and is mainly due to staff vacancies within the care group which are expected to be filled in the coming months.</p>
<p>Mental Health</p>	<p>An overspend of £0.598m was recorded year to date for Mental Health due to higher than budgeted pay costs, particularly consultant agency spend.</p>
<p>Corporate</p>	<p>The overall Corporate Services expenditure was £0.347m underspent year to date.</p> <ul style="list-style-type: none"> • The Chief Operating Officer directorate has a year to date overspend of £0.123m due to higher than budgeted pay costs and the non achievement of BRS targets. • Within the Finance directorate, Estates and Facilities reported an overspend, relating to increased rental costs from NHS Property Services and reduced rental income. This has been mitigated by an underspend within informatics due to savings on total mobile project costs, the reclaim of the VAT on Lorenzo. • The Human Resources directorate is currently showing a minor underspend partly as a result of improved processes relating to bank training.

3. Agency costs

For 2018/19 NHSI has allocated the Trust an agency expenditure ceiling of £2.828m. Agency spend is monitored monthly, and a year on year comparison is summarised below:

Table 3: Agency Spend compared prior year



4. Cash

The cash balance at 28th February 2019 was £13.641m, cash balances across the reporting period are summarised below:

Table 4: Cash Balances

	December 2018 £000	January 2019 £000	February 2019 £000
Government Banking Service	11,969	12,051	13,523
Nat West	118	38	87
Petty Cash	38	30	31
Net Position	12,125	12,119	13,641

The cash balance is bolstered by funding for the CAMHS Capital Build and IT projects the Trust is hosting, the underlying cash position is circa £9m

5. Capital

The year to date capital expenditure of £5.667m comprises expenditure for IT (£1.582m) and Estates Capital (£4.085m) including £3.147m relating to the CAMHS project.

A further capital funding grant is also expected of £0.634m in March for the HSLI; this is currently not included in the CDEL limit.

6. NHSI Use of Resources Assessment

Performance against the NHSI Single Oversight Framework (SOF) is summarised in the table below. The SOF assesses the Trust's financial performance across different metrics, the Trust can score between 1 (best) and 4 (worst) against each metric, with an average score across all metrics used to derive a use of resources score for the Trust.

The Trust has submitted its Use of Resources Metrics to NHSI as part of the Annual Plan requirements. This demonstrated that the Trust will show an initial I & E Margin that is rated as a 4 moving to a 2 by the year end.

For February the overall use of resources rating for the Trust is a 1, which is higher than the planned rating.



Table 6: Use of Resources

Use of Resources Metrics	Weight	Planned Rating	Actual Rating
Capital Service Cover rating	20%	3.0	2.0
Liquidity	20%	1.0	1.0
I & E Margin	20%	3.0	2.0
Variance From Control total rating	20%	1.0	1.0
Agency	20%	1.0	1.0
Weighted Average Risk Rating		2.0	1.0

7. Recommendations

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



2018/19 Income and Expenditure Summary (As at 28th February 2019)

	18/19 Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Income	126,520	10,199	10,462	263	115,701	114,895	(806)
	126,520	10,199	10,462	263	115,701	114,895	(806)
Expenditure							
Clinical Services							
Childrens, Learning Disability & Primary Care	43,921	3,751	3,533	218	40,142	39,433	709
Specialist Services	11,786	1,008	992	16	10,777	10,592	185
Adult Mental Health Services	36,953	3,101	3,132	(30)	33,812	34,410	(598)
	92,659	7,860	7,656	204	84,731	84,436	296
Corporate Services							
Chief Executive	1,622	135	178	(43)	1,488	1,592	(106)
Chief Operating Officer	4,358	365	356	9	3,980	4,186	(205)
Finance	15,434	1,311	1,200	111	14,194	13,745	449
HR	3,127	227	212	16	2,900	2,847	53
Director of Nursing	1,526	127	136	(9)	1,398	1,466	(68)
Medical	1,867	162	164	(2)	1,704	1,787	(83)
Finance Technical items (including Contingency)	1,925	148	85	62	1,777	1,470	307
	29,857	2,476	2,331	145	27,440	27,093	347
Total Expenditure	122,516	10,336	9,987	349	112,171	111,528	643
EBITDA	4,004	(137)	476	613	3,531	3,367	(164)
Depreciation	2,645	220	228	(8)	2,424	2,517	(92)
Donated Depreciation	300	25	18	7	275	194	81
Interest	198	17	16	1	182	156	25
PDC Dividends Payable	2,022	168	192	(24)	1,853	2,115	(261)
PSF Funding	(2,012)	(235)	(235)	0	(1,778)	(1,778)	(0)
Operational Position	851	(332)	256	588	575	163	(411)
BRS Risk	-	(1,270)	(550)	(720)	429	-	429
NHS Improvement Control Total	851	938	807	(131)	146	163	18
Excluded from Control Total (Donated Depreciation)	300	25	18	7	275	194	81
Adjusted NHS Improvement Control Total	1,151	963	825	(138)	421	357	(64)
EBITDA %	3.2%	-1.3%	4.5%		3.1%	2.9%	
Surplus %	0.7%	9.2%	7.7%		0.1%	0.1%	



Agenda Item: 11

Title & Date of Meeting:	Council of Governors Public Meeting – 9 April 2019			
Title of Report:	Governor Groups Feedback and Governor Activity			
Author:	Authors: Huw Jones Chair of Finance and Strategy Governor Group Sam Muzaffar, Chair of Appointments, Terms and Conditions Governor Committee			
Recommendation:	To approve		To note	✓
	To discuss		To ratify	
	For information		To endorse	
Purpose of Paper:	To provide the Council of Governors with an update on meeting discussions and Governor activity.			
Key Issues within the report:	Identified in the report			

Monitoring and assurance framework summary:

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



Feedback from Governor Groups and Governor Activity

1 Appointments Terms and Conditions Committee – 5 March 2019

The minutes of the last meeting held on 25 September 2018 were approved. The Committee considered the appointment of the Chair for the next year. Sam Muzaffar was proposed by Ros Jump and accepted unanimously.

Succession planning for Non-Executive Directors and Chair was discussed. NED's time commitments, roles and responsibilities were also discussed.

Discussion took place around succession planning preparations for the Trust's Chair. The Committee agreed that this is an extremely important position and required adequate time to accomplish this successfully. The Director of Human Resources Steve McGowan will be discussing some aspects of this further with the Committee chair.

The section of the Annual Report for 2018/19 relating to the Council of Governors was received and discussed.

The next meeting will take place on 4 April 2019.

Sam Muzaffar - 29 March 2019

2 Report from the Finance, Audit, Strategy and Quality Group Meeting – 25 March 2019

1. This was the first meeting of the group bringing together the former Finance and Audit Group and the Strategy Group. The Group also now incorporates Quality in order for there to be an opportunity for Governors to show the commitment to treating quality with the same level of importance as other key issues in governance.
2. The group has a wide remit but reflecting on the natural business cycle of the organisation and the wider NHS felt that through an agenda that had special interest areas through the year it could adequately cover the scope of the work. The agenda for each meeting will have an opportunity for each element to be covered but there will be a focus given to one area of assurance to provide some greater depth to the topic (see proposed future dates at item 7 below).
3. There was a realisation that the Operating Plan meeting on 5th March was good with a lot of helpful explanation from Alison Flack and Pete Beckwith providing a good forum for discussion. Sharon Mays and Huw Jones have discussed the possibility of using the January 2020 Governor Development meeting as an opportunity to have a dedicated time for discussion for the future Operating Plan document.

Recommendation: The CoG agrees to hold a full discussion on the Operating Plan for 2020/21 at the Governor Development Day in January 2020.

4. The group received an update on the financial position. Key points are:
 - Noted that the M11 position was a £163K surplus – a significant improvement from M10.
 - There is a real hope that the position will further improve towards the year end so that the NHSI targets will be achieved.
 - The financial position across the region and the country has not improved in line with the improvements that Humber has made. This is a concern nationally and



locally, however it was noted that the inability for other NHS Organisations to achieve their control total and earn sustainability funding will see the funding other Organisations would have received (*had they achieved their control total*) distributed to Trusts that have achieved their control total

- Front-line teams need to be made aware that their contribution is key in the short and long term, making the changes now means that there will be greater benefit in the longer term.
5. On strategy the group noted that the Operating Plan was to go to Board at its meeting on 27th March and looked forward to seeing the final document once formally approved.
 6. It was the first time that such a group had the opportunity to review a Quality Assurance Report. The group noted the wide scope of the Quality Committee.

In general, it was noted that feedback from 3 types of member would be good to see reflected more often in the discussions – feedback from patients, carers and staff. The presence of Mike Cooke at different events was noted.

Through the reports from the Quality Committee, the group will gain assurance of the impact of the new QIA process which will be a year-round event and not a once per annum process as it has been in previous years.

7. Dates of Future Meetings were discussed in line with item 1 (above).

Proposed dates for the year ahead are:

25th June 9:30-11:30 with a focus on Quality

9th October 1-3 with a focus on Finance

18 December 1-3 with a focus on Quality

Huw Ll. Jones - 2nd April 2019

3 Report from the Engagement with Members Group

No meeting held

Governor Activity

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

The following meetings have taken place since the last Council of Governors meeting:-

Staff Governor Meeting - 7 March 2019

Public Governor Meeting - 5 March 2019 – meeting included discussion on the Operational Plan 2018/19.



Governor's Activity Report

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

Name Huw Jones Month January 2019

Governor Visits
Service Area Interests Activity Patient and carer visit 23/1
Regional Governor Meetings
Governor meetings – i.e PLACE inspections, membership recruitment events, Board/Governor meeting etc 8/1 Finance and strategy 9/1 Membership group 16/1 Strategy Group 17/1 CoG 22/1 Governor Induction 25/1 Quality accounts 30/1 Board
Other

Governor's Activity Report

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

Name Huw Jones Month March 2019

Governor Visits
Service Area Interests Activity
Regional Governor Meetings
Governor meetings – i.e PLACE inspections, membership recruitment events, Board/Governor meeting etc 5/3 – Public Governors/Operating Plan Session 11/3 – Meeting with Sharon Mays 25/3 – Finance, Strategy and Quality 27/3 - Board
Other

Agenda Item 12

Title & Date of Meeting:	Council of Governors Public Meeting – 9 April 2019			
Title of Report:	Responses to Governor Questions			
Author:	Name: Sharon Mays Title: Chairman			
Recommendation:	To approve		To note	
	To discuss		To ratify	
	For information	X	To endorse	
Purpose of Paper:	There are no current open Governor questions that have been raised. The report includes key meeting dates.			
Key Issues within the report:	Contained within the report			

Monitoring and assurance framework summary:

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



Response to Governor's questions and requests for information

There are no current or outstanding queries from Governors.

Diary Dates

Council of Governors Meeting Dates 2019, all start at 2.00pm in the Lecture Theatre, Trust Headquarters

Thursday 11 July 2019	Tuesday 22 October 2019 (please note change of date)
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Council of Governors Development Dates 2019 – all take place in the Conference Room, Trust Headquarters at 9.00am – 12.00

30 April 2019	18 June 2019	10 September 2019	12 November 2019
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Public Board Meeting Dates 2019 all starting at 9.30am

24 April 2019 - Conservatory/ Fitness Suite Alfred Bean Hospital, Bridlington Road, Driffield YO25 5JR	22 May 2019 - Conference Room, Trust Headquarters	26 June 2019 - Meeting Room 1, Level C, Whitby Hospital, Spring Hill, Whitby YO21 1DP	24 July 2019 - Conference Room, Trust Headquarters	25 September 2019 - venue tbc	30 October 2019 - Conference Room, Trust Headquarters	27 November 2019 - venue tbc
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Agenda Item 13

Title & Date of Meeting:	Council of Governors Public Meeting – 9 April 2019			
Title of Report:	Governor/Director Visit Update			
Author:	Name: Sharon Mays Title: Chairman			
Recommendation:	To approve		To note	
	To discuss		To ratify	
	For information	X	To endorse	
Purpose of Paper:	The current Governor/Director visit programme is attached for information			
Key Issues within the report:	Anyone wishing to take part in a visit to contact the Membership Officer			

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



Governor/Board Visibility Visits - 2019

Unit/Team	Date/Time	NED/Director	Governors	Unit /Team/Service Managers Confirmed with	Booked with/Comments/Info
<p>Townend Court - Learning Disabilities Inpatient Unit 298 Cottingham Road Hull HU6 8QG</p>	<p>Wednesday 16 January 2019 10.00am - 12noon</p>	<p>NED - Sharon Mays Exec - Lynn Parkinson</p>	<p>1. John Cunnington 2. Sam Grey 3. Ros Jump Reserve List 1. 2.</p>	<p>Trish Bailey Gary Green Debbie Carhill</p>	<p>Date booked 14/11/2018 Staff booked with Tess Smith Telephone number 01482 336775 Date confirmed visit Thursday 10 January 2019</p>
<p>Patient and Carer Experience Forum The Lecture Theatre Willerby Hill Beverley Road Willerby HU10 6ED Conference Rooms A&B</p>	<p>Wednesday 23 January 2019 1.30pm - 3.30pm</p>	<p>NED - Sharon Mays Exec - John Byrne (Chair)</p>	<p>1. John Cunnington 2. Huw Jones 3. Mike Oxtoby Reserve List 1. 2.</p>	<p>Mandy Dawley Lorna Barratt</p>	<p>Date booked 14/11/2018 Staff booked with Mandy Dawley Telephone number 389378 Date confirmed visit Tuesday 15 January 2019</p>
<p>Hawthorne Court - Adult Mental Health Inpatient Unit St Mary's Lane Beverley HU17 7AS</p>	<p>Thursday 7 February 2019 10.00am - 12noon</p>	<p>NED - Exec - Pete Beckwith</p>	<p>1. John Cunnington 2. Mike Oxtoby 3. Reserve List 1. 2.</p>	<p>Nigel Hewitson Jenni Jordan Sue King Hollie Wadsworth</p>	<p>Date booked 14/11/2018 Staff booked with Jak Preston Telephone number 336830 Date confirmed visit Tuesday 5 February 2019</p>
<p>Maister Lodge - Older People/Dementia Inpatient Unit Middlesex Road Hull HU8 0RB</p>	<p>Monday 18 February 2019 9.30am - 11.30am</p>	<p>NED - Peter Baren Exec - Lynn Parkinson</p>	<p>1. Ros Jump 2. Mike Oxtoby 3. Eric Bennett 4. Jack Hudson Reserve List 1. 2.</p>	<p>Jo Inglis Nicola Gendle Catherine West</p>	<p>Date booked 14/11/2018 Staff booked with Claire Knowles Telephone number 303775 Date confirmed visit Tuesday 12 February 2019</p>

Drugs & Therapeutics Team Meeting Trust Headquarters Willerby Hill Beverley Road Willerby HU10 6ED	Thursday 28 February 2019 9.30am - 12noon	NED - Exec - Hilary Gledhill	1. John Cunnington 2. Anne Gorman S/A Reserve List 1. 2.	John Byrne Liat Chong	Date booked 15/11/2018 Staff booked with Jennie Rimmington Telephone number 389113 Date confirmed visit Friday 22 February 2019
Humber Centre - Forensic Medium Secure Inpatient Unit Willerby Hill Beverley Road Willerby HU10 6ED	Thursday 7 March 2019 1.30pm - 3.30pm	NED - Sharon Mays Exec - Hilary Gledhill	1. Fiona Sanders 2. Christopher Duggleby 3. Reserve List 1. 2.	Gill Gilbert Karen McDonnell	Date booked 14/11/2018 Staff booked with Rachel Boulton Telephone number 336200 Date confirmed visit Monday 25 February 2019
PICU - Adult Psychiatric Intensive Care Unit Miranda House Gladstone Street Hull HU3 2RT	Thursday 28 March 2019 10.00am - 12noon	NED - Sharon Mays Exec -	1. Paul McCourt 2. Christopher Duggleby 3. Fiona Sanders Reserve List 1. 2.	Claire Antley Grace Gava Jenni Jordan Gemma Cheetham Tim Wilson	Date booked 14/11/2018 Staff booked with Sarah Dolphin Telephone number 617508 Date confirmed visit Tuesday 19 March 2019
Malton Hospital Malton Hospital Maiden Greve Malton YO17 7NG	Wednesday 3 April 2019 2.00pm 3.30pm	NED - Mike Cooke Exec -	1. Eric Bennett 2. John Cunnington 3. Doff Pollard Reserve List 1. Fiona Sanders 2.	Lynne Marshall Jan Howe	Date booked 25/02/2019 Staff booked with Norman Barclay Telephone number 01653 604540 Date confirmed visit Thursday 21 March 2019
Westlands - Adult Female Mental Health Inpatient Unit Wheeler Street Hull HU3 5QE	Wednesday 10 April 2019 10.00am - 12noon	NED - Mike Cooke Exec - Hilary Gledhill	1. John Cunnington 2. Christopher Duggleby 3. Reserve List 1. 2.	Nigel Hewitson Jenni Jordan	Date booked 3/12/2018 Staff booked with Sian Johnson Telephone number 335645 Date confirmed visit

Granville Court - Learning Disabilities Inpatient Unit 4 Esplanade Hornsea HU18 1NQ	Thursday 25 April 2019 1.30pm - 3.30pm	NED - Sharon Mays Exec - Lynn Parkinson	1. John Cunnington 2. Eric Bennett 3 Reserve List 1. 2.	Gary Green Tracey Robinson Trish Bailey	Date booked 15/11/2018 Staff booked with Louise Croft Telephone number 01964 561322 Date confirmed visit
Newbridges - Adult Male Mental Health Inpatient Unit Birkdale Way Hull HU9 2BH	Thursday 2 May 2019 9.30am - 11.30am	NED - Paula Bee Exec - Hilary Gledhill	1. John Cunnington 2. Paul McCourt 3. Jacquie White Reserve List 1. 2.	Nigel Hewitson Jenni Jordan Jon Paul Robinson	Date booked 15/11/2018 Staff booked with Alison Whitfield Telephone number 335829 Date confirmed visit
Avondale Miranda House Gladstone Street Hull HU3 2RT	Tuesday 14 May 2019 9.30am - 11.00am	NED - Sharon Mays Exec - Steve McGowan	1. John Cunnington 2. Doff Pollard 3. Suzanne Milan Reserve List 1. 2.	Grace Gava Jenni Jordan Dawn Houston	Date booked 15/11/2018 Staff booked with Sam Aves Telephone number 617565 Date confirmed visit
Children's & LD Business Meeting Trust Headquarters Willerby Hill Beverley Road Willerby HU10 6ED Conference Room B	Thursday 30 May 2019 9.30am - 12noon	NED - Exec - John Byrne	1. John Cunnington 2. Doff Pollard Reserve List 1. 2.	Trish Bailey Julia Mizon	Date booked 15/11/2018 Staff booked with Angie Watkin Telephone number 389196 Date confirmed visit
Business Development Team Meeting Trust Headquarters Willerby Hill Beverley Road Willerby HU10 6ED ROOM TBC	Wednesday 5 June 2019 9.30am - 11.00am	NED - Francis Patton Exec -	1. John Cunnington 2. Doff Pollard 3. Sam Grey Reserve List 1. 2.	No need to inform anyone else Liz will	Date booked 15/11/2018 Staff booked with Liz Bowman Telephone number Date confirmed visit

Health Trainers Full Team Meeting Alfred Bean Hospital Bridlington Road Driffield YO25 5JR	12 June 2019 9.00am - 12noon	NED - Exec -	1. John Cunnington 2. Doff Pollard 3. Eric Bennett Reserve List 1. 2.	Natalie Belt	Date booked 4/12/2018 Staff booked with Charlotte Crake Telephone number 01262 605529 / 07515 788264 Date confirmed visit
Millview Lodge - Older People Mental Health Inpatient Unit Castle Hill Castle Road Cottingham HU16 5JQ	Tuesday 18 June 2019 1.30pm - 3.30pm	NED - Francis Patton Exec - Steve McGowan	1. Doff Pollard 2. Paul McCourt 3. Jacquie White Reserve List 1. 2.	Angie Raby Stacey Appleby	Date booked 15/11/2018 Staff booked with Karen Olszewski Telephone number 344537 Date confirmed visit
Millview Court - Adult Mental Health Inpatient Unit Castle Hill Castle Road Cottingham HU16 5JQ	Tuesday 2 July 2019 12.30pm - 2.00pm	NED - Mike Smith Exec - Steve McGowan	1. John Cunnington 2. Suzanne Milan 3 Reserve List 1. 2.	Nigel Hewitson Jenni Jordan Jess Slingsby	Date booked 15/11/2018 Staff booked with Sam Quarshie Telephone number 344530 Date confirmed visit
Whitby Hospital Springhill Whitby YO21 1DP	Tuesday 16 July 2019 11.30am - 1.30pm	NED - Exec -	1. Doff Pollard 2. John Cunnington 3. Eric Bennett Reserve List 1. 2.	Ian Tweddell	Date booked Staff booked with Ian Tweddell Telephone number 01947 899201 Date confirmed visit
Consultant Forum Trust Headquarters Willerby Hill Beverley Road Willerby HU10 6ED Boardroom	Thursday 25 July 2019 9.00am - 11.00am	NED - Exec - John Byrne	1. 2. Reserve List 1. 2.	John Byrne Gillian Hughes	Date booked 15/11/2018 Staff booked with Jennie Rimmington Telephone number 389113 Date confirmed visit

Scarborough Springhill House 19 Springhill Close Scarborough		NED - Exec -	1. 2. 3 Reserve List 1. 2.		Date booked Staff booked with Telephone number Date confirmed visit
Operations Delivery Group Meeting Conference Room A Trust Headquarters Willerby Hill Beverley Road Willerby HU10 6ED	Tuesday 6 August 9.30am - 11.30am	NED - Exec - Lynn Parkinson	1. 2. Reserve List 1. 2.	Lynn Parkinson	Date booked 21/01/2019 Staff booked with Val Sparkes Telephone number 389112 Date confirmed visit