

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

For a virtual meeting to be held at 2.15pm by Microsoft Teams

		Lead	Action	Report Format
	<b>Standing Items</b>			
1.	Apologies for Absence	SM	To note	verbal
2.	Declarations of Interest	SM	To receive & note	√
3.	Minutes of the Meeting held on 16 January 2020	SM	To receive & approve	√
4.	Actions Log and Matters Arising	SM	To receive & discuss	√
5.	Year End Update including Annual Accounts & Quality Accounts	PBec	To note	verbal
6.	Chair's Report	SM	To note	verbal
7.	Chief Executive's Report	MM	To receive & note	√
	<b>Corporate</b>			
8.	Council of Governors Effectiveness Review	SM	To receive & approve	√
9.	Governor Group Effectiveness Reviews	SMu/ HJ	To receive & approve	√
10.	Council of Governors Workplan	SM	To receive & ratify	√
11.	Governor Development Session Notes 16 June 2020	SM	To receive & note	√
12.	Public Trust Board Minutes – November 2019, January, February, March, April & May 2020	SM	To receive & note	√
13.	Fit and Proper Persons Compliance Report	SM	To receive & note	√
14.	Trust Constitution - proposals for amendment	SM	To receive & approve	√
	<b>Performance &amp; Delivery</b>			
15.	Performance Update	PBec	To receive & note	√
16.	Finance Report	PBec	To receive & note	√
	<b>Governor Issues</b>			
17.	Governor Groups Feedback & Activity	All	To note	√
18.	Responses to Governor Questions	All	None this meeting	verbal
19.	Any Other Business			
20.	<b>Date, Time and Venue of Next Meeting</b> Thursday 15 October 2020, in the Lecture Theatre, Trust Headquarters, Willerby			



**Agenda Item 2**

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

**Monitoring and assurance framework summary:**

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

√ Tick those that apply

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



### Governors' Declaration of Interests

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

<b>Elected - Staff</b>	Craig Enderby (clinical)	None
	Jack Hudson (clinical)	None
	Sam Grey (non clinical)	None
	Mandy Dawley (non clinical)	None
	Anne Gorman (non clinical)	None
<b>Appointed</b>	Gwen Lunn (Hull City Council)	TBC
	East Riding of Yorkshire Council	Awaiting confirmation of representative
	Jacqui White Hull University	<ul style="list-style-type: none"> <li>• Mental Health Strategy Lead</li> <li>• I sometimes accept fees and expenses for speaking at meetings organised by the Pharmaceutical industry. In the last year this was on two occasions for Janseen-Cilag Ltd. I presented my own work. This activity was approved by my Dean.</li> <li>• Member of the Labour Party</li> </ul>
	Voluntary Sector, Andy Barber, SMILE	<ul style="list-style-type: none"> <li>• Charity Manager for SMILE currently working on the Charitable Funds redevelopment for the Trust</li> <li>• Health Stars</li> <li>• Sub Contract for VCSE contract</li> </ul>
	Paul McCourt, Humberside Fire and Rescue	<ul style="list-style-type: none"> <li>• Director of Public Safety, Humberside Fire and Rescue Service</li> </ul>
	Jenny Bristow, Humberside Police	TBC

**Minutes of the Council of Governors Public Meeting held on  
Thursday 16 January 2020 in the Lecture Theatre, Trust Headquarters**

**Present:** Sharon Mays, Chair  
Michele Moran, Chief Executive  
Eric Bennett, Hull Public Governor  
John Cunnington, East Riding Public Governor  
Mandy Dawley, Staff Governor  
Christopher Duggleby, East Riding Public Governor  
Craig Enderby, Staff Governor  
Anne Gorman, Staff Governor  
Jack Hudson, Staff Governor  
Huw Jones, Lead Governor  
Sam Muzaffar, East Riding Public Governor  
Doff Pollard, Whitby Public Governor  
Fiona Sanders, East Riding Public Governor

**In Attendance:** Peter Baren, Non Executive Director/Senior Independent Director  
Mike Cooke, Non Executive Director  
Francis Patton, Non Executive Director  
Dean Royles, Non Executive Director  
Mike Smith, Non Executive Director  
Pete Beckwith, Director of Finance  
Lynn Parkinson, Chief Operating Officer  
Jenny Jones, Trust Secretary  
Katie Colrein, Membership Officer  
Michael & Georgina (for item 04/20)  
A member of the public

**Apologies:** Andy Barber, Appointed Governor, Smile Foundation  
Stephen Christian, Service User and Carer Governor  
Sam Grey, Staff Governor  
Robert Hunt, Hull Public Governor  
Ros Jump, East Riding Public Governor  
Gwen Lunn, Appointed Governor, Hull City Council  
Paul McCourt, Appointed Governor, Humberside Fire & Rescue  
Jacquie White, Appointed Governor, University of Hull

01/20 **Declarations of Interest**

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

02/20 **Minutes of the Meeting held on 22 October 2019**

The minutes of the meeting held on 22 October 2019 were agreed as a correct record.

03/20 **Matters Arising and Actions Log**

The action log was reviewed and noted.

The Chair provided an update on Governors visits 29/19. She explained that a task and finish group consisting of a Non Executive Director, Governors and an Executive Director held a meeting to discuss visits. This was followed by a further meeting where it was agreed to delay



the planned session for the November Governor development session to the February Governor development session and this will include part scenarios and part presentation.

Mr Jones explained that dates for visits have already been circulated. Governors are encouraged to attend visits to the services and units. A revised document pertaining to the visits will be circulated.

04/20 **Patient Story – Michael & Georgina’s Story**

Michael & Georgina attended to share their stories of a Veteran’s experience of living with Post Traumatic Stress Disorder (PTSD) and his wife’s experience of living with someone with the condition.

The Council of Governors thanked them for attending and for their courage in sharing their experiences.

05/20 **Chair’s Report**

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

**Governor Updates**

The Council was informed of the resignation of Mr Mike Oxtoby with immediate effect. On behalf of the Council and the Board, the Chair thanked Mr Oxtoby for his contribution to the Council, but in particular his work with the Trust patient and carer agenda. The vacancy in the Service User and Carer constituency will be held until the next round of elections.

Mr Rob Hunt reaches the end of his term of office at the end of January. The Chair thanked Mr Hunt for his contribution whilst he has been a Governor for the Hull constituency.

From 1 February, Mr Ian Graves and Mrs Helena Spencer will be taking up their roles as Governors seats in the Hull constituency. Mr Tim Durkin was elected to the wider Yorkshire and Humber constituency and Craig Enderby was re-elected as a clinical staff Governor for a second term. Congratulations to all!

**Induction Session** – details of the induction session taking place on 20 January have been circulated. All Governors are welcome to attend.

**Calendar** – a calendar of meetings and events has been circulated which has key dates that Governors may be interested in. The calendar will be updated throughout the year.

**Annual Declaration Forms** – these have been circulated to Governors. Please complete these and return as soon as possible.

**Lead Governor Role** – two Governors have expressed an interest in the role. Voting papers have been circulated to Governors. Please return them by the closing date of 29 January 2020.

Since the last meeting in October there have been a number of events held including the Annual Members Meeting (AMM), Armistice Day service and the Health Service Journal Awards. The Chair has undertaken a number of visits to units and teams to engage with patients and staff. There continues to be a number of external partnership meetings attended by the Chair and a significant amount of work taking place to support the integration and partnership agenda.

Inspire, the new Child and Adolescent Mental Health Services unit opened recently. The Chair thanked all who have been involved.

**Resolved:** The verbal update was noted

06/20

### **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:-

#### **Annual Members Meeting (AMM)**

The report included details of attendance at the AMM over the last two years which was fairly low. The Trust through Governors needs to encourage members of the public to attend this year. The date for the AMM is 24 September 2020 at KCOM Stadium.

#### **100% Attendance Letters**

The Chief Executive signed over 750 letters to staff who have achieved 100% attendance between 1 September 2018 and 31 August 2019.

#### **Health Service Journal (HSJ) Winners**

In November, the Trust was announced as the winner of the Mental Health Provider of the Year, winning against strong competition. It is important to note that this award is for the whole organisation. Two pre celebratory events were held prior to the event in October to celebrate the achievement.

#### **Director Portfolio Change**

There has been a recent change agreed to the job title for the Director of Nursing to Director of Nursing, Allied Health and Social Care Professionals.

#### **Greentrees**

Ahead of the move back into the building the service users have proposed a change of name to give the unit a new identity - the service users have chosen Pine View. The unit will open in February and is an important step in our approach to the changing bed provision of our Forensic Services.

#### **Staff Survey**

This closed with a 40% response rate which was slightly lower than the previous year

#### **Flu Vaccination Update**

This is currently at 69% which is ahead of last year.

#### **Website Update**

Work is underway to review the Intranet and the web site. Some changes have already been made.

#### **Election**

The publication of the Operating Plan setting out the financial framework is awaited following the recent election. It is clear however, there will be two NHS Bills, one for the funding model and the Long Term Plan (LTP) which is a positive move as it will give priorities and trajectories to work towards. The Integrated Care System (ICS) will remain which is highlighted through the Accelerator programme with organisations working in collaboration and taking accountability across the system. Organisations will retain their sovereignty within the system. It was suggested that a session be held at the April development day (28 April) to provide further information and potentially include Chris O'Neill and other relevant representatives. Mr Jones informed the Council that there is a mixed model of governance process within the ICS. Locally there is good input from staff members that gives direct feedback into the organisation. However there are issues nationally in terms of the ICS. The Chief Executive thought an assembly was needed for the Local Authority and Health with quarterly staff engagement and public engagement. There are still national discussions ongoing about the Foundation Trust model.

Mrs Gorman referred to the Inspire unit commenting that there were concerns that young people might still be placed out of area. She asked if there are any plans to communicate publicly the intentions. The Chief Executive said that guarantees could not be given that a

young person would not go out of area. The intention is to repatriate young people back into the area. The Chief Executive went on to note that Humber does have an extensive community CAMHS team.

**Resolved:** The report and verbal updates were noted.  
A session will be arranged for the April development day with appropriate representatives

07/20 **Public Trust Board Minutes**

The minutes of the public Board meetings for September and October 2019 were provided for information.

**Resolved:** The minutes were noted.

08/20 **Annual Declarations**

The Trust is required to make annual declarations after the financial year end. Details of declaration and comments/evidence were included in the report. Mr Beckwith explained that the annual declarations are based on the evidence included in this report including:

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

The Council of Governors was asked to approve the annual declarations for submission to the May Trust Board for ratification.

**Resolved:** The Council of Governors approved the annual declarations submission to the Board in May 2020.

09/20 **Performance Update**

The report informed the Council of Governors of the current levels of performance as at the end of November 2019. The majority of indicators are within normal variation, the exceptions being clinical supervision (positive performance) waiting times and appraisals. The Trust remains segmented under the Single Oversight Framework within segment 2, 'targeted support in relation to finance and use of resources', which is consistent with the Trust's approved financial plan. This remains positive.

Mr Jones asked about waiting times for Child and Adolescent Mental Health Services (CAMHS). He explained that more detail was provided at the Finance, Audit Quality and Workforce Governor Group and the trajectories were starting to improve and it will be interesting to see whether this continues. Mr Jones suggested that the Operational Plan session at the development day will be a good time to look at the details of this. Mrs Parkinson confirmed that the December data showed that the improved trend has been maintained, but there continues to be pressures within this for core CAMHS. Mrs Parkinson explained that no one is waiting over 52 weeks to be seen, but Autism cases over 52 weeks have increased. Looked After Children priorities are being reviewed in this age group. Funding has been provided which has helped with the trajectory and scrutiny of this continues.

Mr Jones thanked Professor Cooke for sharing the waiting times information with the group. Professor Cooke explained that the questions raised are the same that are debated at the Board around capacity to deal with the extra demand and keeping in contact with those people on the waiting list making sure they are supported. He agreed that the early improvements needed to be sustained.

Mrs Sanders asked if there was any indication how delays are impacting on families and whether family members are having to use services to cope with the situation. Mrs Parkinson explained that there are clear steps identified and information is provided to families as part of the process including how to contact services if additional support is required. An area for additional investment is Contact Point. The triage process is being effective because of the continued focus. Mrs Parkinson agreed to take this away to see if there is any further information that can be gathered on this matter.

The Chair asked for an update on appraisals compliance. Mrs Parkinson reported that clinical services are improving and improvement trajectories are in place for those areas that need to improve. The Chair reminded Governors of the change to the appraisal reporting period which runs from April to June. Mr Enderby asked if there was a particular reason for changing the reporting period. He was informed that evidence has shown that this is a good time to think about the coming year and reflect on the previous year.

Mr Enderby felt clarification was required on whether they should be known as PADRs or Appraisals referring to an announcement placed in a global e mail last July. The Chief Executive thought this was a good point and a post meeting note will be included in the minutes to clarify the title. Professor Cooke recognised that this was a good conversation to have to help increase the uptake.

**Resolved:** The report and verbal updates were noted.  
A post meeting note to be included the minutes to clarify the language around PADRs/Appraisals

#### **Post Meeting Note**

The Executive Management Team (EMT) confirmed that PADRs will be known as Appraisals. This was publicised to all staff in the EMT News Headlines on 21 January 2020

10/20

#### **Finance Report**

This report is a summary of financial performance for the Trust for the 3 month period September 2019 to November 2019.

- For 2019/20 the Trust has a control total to deliver a £0.350m deficit.
- As at the end of November 2019, the Trust had recorded an operational deficit of £0.350m.
- The Cash Balance at the end of November 2019 was £11.929m.

It was noted that Finance, Audit, Quality and Workforce Governor group will be discussing the consequences of this year on next year and funding pressures in the system as well as the Operational Plan at its next meeting.

**Resolved:** The report was noted.

11/20

#### **Governor Groups Feedback and Activity**

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

Mr Jones reported that that it was the first time that quality and workforce had been discussed at the same time at the recent Finance, Audit, Quality and Workforce Governor group and the key challenges in workforce and the pressures points in quality were explained. Discussions were robust and there was a good debate on quality. Professor Cooke commented that the challenges with vacancies and sickness issues are discussed at the Board and it was good for Governors to be involved in discussions.

The Chair thanked the Non Executive Directors for attending the meeting.

Activity logs submitted were noted.

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

12/20 **Responses to Governor Questions**

No new questions or queries have been raised since the last meeting. In terms of updates it was noted that the Humber Centre will be piloting the Electronic Staff Record (ESR).

The Chair informed Governors that she and Mr Royles, Non Executive Director had visited Whitby with Mrs Pollard and Health Stars to start discussing the fundraising campaign for Whitby Hospital. Mrs Pollard is liaising with Health Stars to start this work. Any Governor who would like to be involved please let the Chair know.

The Council of Governors was reminded that the induction session is taking place on 20 January for new Governors, but all Governors are invited to attend.

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

13/20 **Any Other Business**

No other business was raised.

14/20 **Date and Time of Next Meeting**

Thursday 23 April 2020, 2.00pm in the Lecture Theatre, Trust Headquarters, Willerby

Signed..... Date  
Chair

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

Summary of actions from January 2020 meeting and update report on earlier actions due for delivery in July 2020 (April meeting cancelled due to Covid 19)						
<i>Rows greyed out indicate action closed and update provided here</i>						
Date of Meeting	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
16.1.20	06/20	Chief Executive's Report - System	A session on the local System will be arranged for the April development day with appropriate representatives	Chair	April 2020	April Development Day cancelled due to Covid 19. To be arranged for the next Development Day 8.9.20
16.1.20	09/20	Performance Update	A post meeting note to be included the minutes to clarify the language around PADR's/Appraisals	Director of Finance	April 2020	Completed
Outstanding Actions arising from previous Council meetings for feedback to a later meeting						
A copy of the full action log recording actions reported back to the Committee and confirmed as completed/closed is available from the Trust Secretary						

**Agenda Item 7**

Title & Date of Meeting:	Council of Governors Public Meeting – 16 July 2020			
Title of Report:	Chief Executive's Report			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	To provide the Council of Governors with an update on recent issues.			
<b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Appointments, Terms & Conditions Committee		Engaging with Members Group	
	Finance, Audit, Strategy and Quality Governor Group		Other (please detail)	
	Trust Board	24.6.20		
Key Issues within the report:	<ul style="list-style-type: none"> <li>Identified within the report</li> </ul>			

**Monitoring and assurance framework summary:**

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

✓ Tick those that apply

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

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



## Chief Executive's Report

This month's report is limited due to the work being progressed in response to Covid 19.

### Around the Trust

#### **1.1 Veteran Aware NHS Organisation**

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

This formal accreditation as a Veteran Aware trust recognises our work on identifying and sharing best practice across the NHS as an exemplar of the best standards of care for the Armed Forces community.

Thank you to all staff involved, we look forward to progressing further with this vital agenda and support.

#### **1.2 Covid Research**

Below is an update regarding COVID research that the Trust is involved in currently:-

- The Trust is formally a PIC (participant identification centre) for this important study.
- The Trust is currently looking for staff to volunteer to take part in a government approved urgent public health COVID-19 vaccine trial. If you are aged 18-55, in good health and live in the Hull and East Riding area you could be eligible to participate. The study involves six visits over a period of 12 months and locally is taking place at Hull University Teaching Hospitals NHS Trust. If you are interested please visit the website in the next 7 days for further information at: <https://www.covid19vaccinetrial.co.uk/participate-hull-1>
- Humber's practice staff are now also signposting people to the PRINCIPLE drug trial (plus information being displayed within practices and on their websites). The research team is still busy collecting the extensive data required for the CCP study of inpatient COVID cases. Data from that study is helping to answer urgent questions about the virus and provide real-time information about the disease nationally and internationally. Humber is also a site for a couple of national Health Research Approved (HRA) approved COVID mental health surveys (potentially going to be badged as urgent public health by the Chief Medical Officer (CMO) as currently awaiting review by the mental health panel recently established).
- One of the research team was also accepted as a voice note on BBC Radio Humberside on Wed talking about how things had changed for her during the pandemic and the role of research.

All great work by the research team.

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

The Humber Mental Health Education team was nominated for an award by Hull York Medical School and the team won!

This is a major achievement and is another positive validation of how our medical students perceive us. Over the past 3 years we have seen a consistent improvement in the student rating scores. Very well done to the team but special thanks go to Gillian Hughes and Stella Morris for leading this revival ably supported over the past few years by Jane Lloyd, Doug Ma, Reena Roy and Renato Merolli. It's been a combined effort which has brought undergraduate and post graduate education together.

Well done and many congratulations.

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

Helen Young has left her role as Deputy Freedom to Speak Up Guardian. Following an appointment process, involving the Guardian, Chief Executive, Senior Independent Director and a Staff Governor the following have been successful in being appointed to the roles of Deputy Freedom to Speak Up Guardians – Alec Saxby, Nicki Titchener.

## **2 Director's Updates**

### **2.1 Chief Operating Officer Update**

#### **2.1.1 Community Mental Health Team Transformation**

One of our key transformation projects is the redesign of Community Mental Health Teams. Through the Humber Coast and Vale Health and Care Partnership (HCV) Mental Health Programme the Trust successfully bid for two years funding from NHS England to become one of 14 national pilot sites. The focus of this work is to develop the mental health offer in primary care. Nationally, community mental health teams (CMHT) have been recognised as an essential part of mental health services. The programme was paused nationally in March 2020 due to the Covid 19 pandemic. A project programme was in place prior to this supported by a number of work streams. Considerable progress was made from November 2019 to March 2020 in the implementation of the transformation programme. In this period all Primary Care Networks (PCN's) in Hull and the East Riding pledged commitment to the programme, the communication plan was approved and a newsletter was issued to all partners and Trust staff.

By March 2020 the programme was able to demonstrate clear progress in relation to:

- Achieving a 4 week wait standard from referral to treatment – which would be reached by the end of March 2020
- Engagement - the operational group and the programme board had engaged an expert by experience lead to ensure that co-production was at the centre of the development of the new service model.
- Partnership working was well developed and developing further, 31 partner organisations were engaged in the programme.
- Community Rehabilitation - new service model implementation was well advanced and engaging with the third sector to provide healthcare staff to support the service
- Recruitment was progressing well and has continued during the pause in the programme.

Whilst the programme was paused the national team asked all areas to focus on the following activities during the pandemic;

- Support mental health services to operate as effectively as possible, ensuring that those seeking mental health care and treatment receive the care they need.
- Maximise opportunities to use digital technologies to support staff and services.
- Consider the physical and mental health vulnerability of individuals using services.

These areas have all been prioritised by the Trust through the pandemic. In May 2020 the national team indicated that as we move into the recovery and restoration phase of the outbreak they wanted to re-engage with all of the early implementer sites and consider how the ambitious vision for CMHT transformation can be delivered in the new context of Covid-19. This was timely as the Trust had already reconvened and reconsidered its priorities in relation to the project, recognising

that this programme was essential to our Covid 19 recovery plan and the anticipated increase in demand for mental health services.

The national team have indicated that there are a number of areas of the programme which the early implementer sites need to start to progress again, acknowledging that these might look different due to Covid-19. These are:

- Regularly review contacts for all patients on CMHT caseloads and increase activity in line with demand and need.
- Increase capacity of community mental health services for Serious Mental Illness (SMI) population, including accelerating NHS Long Term Plan transformation activities.
- Renewed focus on dedicated services for Adult Eating Disorder (AED), Personality Disorder (PD) and rehabilitation, as well as physical health checks for Serious Mental Illness (SMI), Early Intervention Psychosis (EIP) and Individual Placement Support (IPS).

In line with these requirements our service has also accelerated some elements of our programme as outlined below:

- Moved the Emergency Department streaming of assessments for adults and children away from A&E
- Significant increase in on line consultations and remote working using a number of digital platforms for one to one and group interventions
- Progressed further the development of collaborative partnerships with voluntary sector organisations. MIND and Humberscare support has enhanced the offer in our Mental Health Response Service.
- Silver Cloud on line support has been made available for those coping with the effects of Covid-19 including bereavement support.
- A new Adult eating disorder service for East Riding is now at the implementation stage.

The programme board have met and reviewed the project plan, we will be expected to make our next submission on progress to NHS England at the end of quarter two 2020/2021 and it is anticipated that all of the key milestones within the plan will be met.

### **2.1.2 Redesigning Inpatient Mental Health Services**

Our Redesigning Inpatient Mental Health Services project is progressing well and work on developing the Outline Business Case (OBC) is moving forward. The first of three stakeholder workshops in support of the qualitative options appraisal process has been held (using remote technology), and the process will be complete by the end of July. The workshop was attended by a wide variety of stakeholders all with a different but important perspective to bring to the process. The workshop provided an overview of the progress to date to ensure participants were fully briefed on the strategic context.

Using the outcome of the qualitative options appraisal process an independent financial expert will undertake economic and financial appraisals of the shortlisted options. Workshops 2 and 3 will use the Comprehensive Investment Appraisal Model (CIAM) to reduce the long list of options to a shortlist which will be scored and produce a preferred outcome.

A successful meeting was also held with NHS England/Improvement Strategic Estates Unit to introduce the project and the progress made so far and to explore further the funding options. Access to capital is currently uncertain due to the Covid19 pandemic, however the unit were supportive of the progress we have made to date and we will continue to work with them. We are working with our partner Citycare in support of developing the OBC and we aim to keep to the timescales we have previously set out to the Board.

### **2.1.3 Multi-Agency Public Protection Arrangements (MAPPA) and Humberside Criminal Justice Board Update**

During the Covid 19 pandemic the Trust has continued to focus on its work and requirements in relation to Multi-Agency Public Protection Arrangements (MAPPA) which are the statutory arrangements for managing sexual and violent offenders. Responsible Authorities (including Police, National Probation Service and Prisons) have a duty to ensure that the risks posed by these offenders are assessed and managed appropriately. Duty to Co-operate agencies (which includes health Trusts) work with the Responsible Authority and have a crucial role in reducing risk and protecting the public. By working in a coordinated way, individuals who pose the greatest risk to the public are identified and risk assessed with a management plan implemented via multi-agency panel meetings.

The Humber Criminal Justice Board (HCJB) brings together senior leaders from across the Criminal Justice System. The Board promotes a joined-up collaborative approach driving forward work to address challenges facing the system, as well as maintaining oversight of the criminal justice process. The Board works to set cross-system priorities and ensure these are understood and implemented. The Humber Board meets three times a year and last met virtually in June. Nationally and locally adjustments have been made to the criminal justice system. Since 30 March 2020 priority court and tribunal buildings have been open for essential face-to-face hearings and the HCJB has provided information about how this has been operated in this patch. Court and tribunal buildings are divided as follows:

- **open courts** – these buildings are open to the public for essential face-to-face hearings
- **staffed courts** – staff and judges will work from these buildings, but they will not be open to the public
- **suspended courts** – these courts will be temporarily closed

Telephone and video hearings have been utilised during the outbreak and virtual remand courts have also been introduced. The police Witness Care Unit discusses any Covid 19 related issues such as shielding and child care with victims and witnesses to assess how this will impact on their ability to attend court. A weekly dial-in meeting takes place between the Crown Prosecution Service, Courts, Witness Care Units and Witness Service covering Yorkshire and Humberside. During this meeting attendees discuss the trials that took place during the week and the process for any forthcoming trials. This ensures that the care for the victim and witnesses is considered and addressed. With many trials being delayed in recent months, the Criminal Justice Unit have ensured that they are liaising with Humberside Police to ensure that relevant support is being offered to vulnerable victims where trials are delayed and the need to audit any contact using.

Where the Trust is specifically engaged in MAPPA for individual service users we have prioritised this work during the pandemic.

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

### **2.2.1 Quality Accounts- Stakeholder Feedback**

Since the Quality Accounts for 2019-20 were presented to the Board in May we have received the following feedback from stakeholders to be incorporated into the accounts:-

#### **North Yorkshire Clinical Commissioning Group (CCG)**

North Yorkshire CCG is pleased to provide comments on Humber Teaching NHS Foundation Trust's 2019/20 Quality Account. The Trust is commissioned by the CCG to deliver the community services for Scarborough, Ryedale and Whitby and has community hospitals in Whitby and Malton. We have found Humber Teaching NHS Foundation Trust to be a responsive partner with the development and delivery of our community services.

Overall, the Quality Account is well presented and the information included in the report provides a balanced view of the Trust's performance. The report shows the success that the Trust has had this year and identifies where there are actions required to improve the quality of patient care further. We are pleased to see the CQC rating of overall "good" following inspection in February

2019, but disappointed with the rating of “requires improvement” for safety in community services. We are satisfied that the Trust continues to improve our community services and continues to drive forward sustainable community health and social care services, including the remodelling work at Whitby Hospital.

The culture of patient safety, learning from incidents and provision of high quality patient-centred care is threaded throughout the report and the engagement of patients and carers is pleasing to see. The use of patient and carer experience forums in Scarborough and Whitby affords our service users the chance to be involved with the Trust’s activities and allows a patient voice for service improvement.

The recognition of workforce challenges is valued and as part of the Trust’s health and well-being agenda the introduction of the PROUD leadership programme is demonstrating the Trust vision and values of supporting and developing its staff, which should assist with recruitment and retention. The innovative developments to support different models of care and service delivery, within the constraints of resources are commended.

Finally, North Yorkshire CCG confirms that it is satisfied with the accuracy of this Quality Account. The CCG looks forward to continuing to work collaboratively with the Trust in 2020/21.

### **NHS England/NHS Improvement**

The Trust’s Quality Account 2019/20 reflects the progress that has been made towards its four quality priorities. The new 13-bedded CAMHS Inpatient Unit has a great design and there are areas of innovation. The seclusion facilities have digital/IT to enable young people to have contact with family and friends. The new service offers a shift from the traditional approach to CAMHS inpatient provision to one that supports the ongoing transformation of Children and Young People Mental Health Services. The Trust has integrated service user feedback into its appraisal process which is positive. It has won a number of awards for collaboration and research.

### **2.2.2 Care Quality Commission (CQC) Insight Report for NHS Trusts - April 2020**

In May the Trust received the latest CQC insight report which reviews a total of 33 indicators compared to data from 12 months previous, of which 4 (12%) have shown an improvement and 0 (0%) have shown a decline. Safe performance is improving. No key questions are declining. The CQC high level summary of Trust performance stated:

- Overall performance for the trust is about the same
- Safe performance has improved
- Effective, Caring, Well led performance is stable
- Trust wide indicators, Inpatient services, Community-based services performance is stable

### **Indicator Overview**

#### **Worse compared nationally (source NHS staff survey March 2020)**

- Staff receive updates on patient feedback (was 51.54% now 48.61%)
- Proportion of staff believe they have adequate material resourcing ( was 49.28 now 53.30)
- Safety Culture (was 6.5 now 6.6)
- Immediate managers (was 7 now 6.9)
- Quality of appraisals (was 4.8 now 5)
- Morale (was 6 now 6.1)
- Staff Engagement (no change in performance; 6.7)
- Quality of care (no change in performance; 7.2)

## **Indicators improved**

- Proportion of reported patient safety incidents that are harmful - proportion of all incidents reported to the NRLS that are categorised as low harm, moderate, severe or death
- Proportion of staff doing unpaid overtime
- Ratio of the number of uses of section 4 to the number of uses of section 2 of the MHA
- Proportion of Health Care Workers with direct patient care that have been vaccinated against seasonal influenza

## **2.3 Medical Director**

### **2.3.1 Medical Education Team.**

The Medical Education team received a Team Excellence award from Hull York Medical School as part of their annual awards programme which is run by the students themselves. This was the first time the team have been nominated let alone being successful in the awards category, and is positive reflection on the work that has been undertaken over the past 3 years. In addition Dr. Caroline Lino from Manor House Surgery was nominated for a phase 11/111 teacher of excellence award and Hallgate Surgery in Cottingham was also nominated for a team excellence award. The team is currently working up plans to integrate and develop our undergraduate and postgraduate training offer in primary care. Going forward we feel need to develop the opportunity to create a talent pipeline in General Practice in the same way that we have done for Psychiatry training.

### **2.3.2 Clinical Psychology Training.**

Teaching moved to online delivery and has gone well. All 45 trainees maintained on placement with adaptations to take into account working from home and more reduced time in NHS bases. A huge commitment has been shown by supervisors, trainees and programme staff to ensure this was possible and is commendable. All year 1 and 2 trainees on track to progress into next academic year. Some doctorate research projects or small scale audit/evaluation projects will require adaptation to mitigate impact of Covid-19 but this should not cause significant delay in progression. 12/15 Final year trainees on track to complete in September. Three will have extensions beyond September Interviews (remote) in July for new cohort - again 15 HEE commissioned places. On track to start next academic year on 21 September 2020.

### **2.3.3 Patient and Carer Experience**

Following on from our success with running virtual patient and carer experience forums as well as remote church services the team will be running some virtual Veterans Forums to build on our recent award of 'Veterans Aware' status by the trust. We have developed a program with support from comm's which will endeavour to bring a combination of veterans, family members and academic voices together to discuss the issues as well as explore possible solutions over a 2 week period.

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

### **2.4.1 PROUD**

We are halfway through the 3 year PROUD programme. In that time we have delivered:-

- a guaranteed place for all managers band 3 – 7 on a bespoke leadership programme;
- a guaranteed place for all managers band 8A above on a bespoke senior leadership programme;
- given a commitment and protected time for all senior managers to have mentoring;
- Set up a workforce committee;
- Set up an ED&I Workforce Group;
- Set up a staff health, wellbeing and engagement group;
- Published our behavioural standards;
- Set an appraisal window and linked an assessment of performance against the behavioural standards as part of this;

- Put action learning set capacity into the trust to support groups of staff that want to work in this way;
- Set up a managers forum (band 3-7);
- Revised the senior leadership forum.

In this time turnover has reduced, more staff survey scores have gone up than went down and sickness has reduced (pre COVID). The next 18 months will continue with exciting developments to support our staff.

#### **2.4.2 Remote Working**

Guidance has been issued to staff that are currently remote working along with a risk assessment process to ensure that they are working safely and getting the support they need during this difficult time. Consultation has begun with staff side on a formalised remote working policy so we can embed the new ways of working for those services that wish to going forward.

#### **2.4.3 De-escalation Management and Intervention (DMI) Training**

DMI training has re-commenced following the pause for COVID. This has been done in conjunction with infection control to ensure safe working.

#### **2.4.4 Bank Workers**

Our bank workers are an important and integral part of our workforce. To ensure we are supporting these workers we have recently introduced a bespoke induction and a yearly 'check in' process. A satisfaction survey has recently been sent to all workers to seek feedback on their experiences of working and the trust and suggestions for improvement.

#### **2.4.5 TRAC Recruitment**

Training has taken place of Workforce and OD staff in the new TRAC recruitment system which goes live on 4<sup>th</sup> August. An end to end system, it is intended that this will speed up recruitment and give better management information to help improve our processes.

#### **2.4.6 Appraisals**

The window opens on 1<sup>st</sup> July and webinars have been offered to managers to help them do the best possible appraisal. A dedicated area on the intranet has been set up for managers and staff to access.

#### **2.4.7 Nye Bevan Leadership Programme**

The Trust has written to all eligible staff to determine if they wish to access the Nye Bevan Leadership Programme. The Trust has made financial provision to support up to three staff per year with this.

#### **2.48 Recruitment Task and Finish Group**

The Trust will go live with its 'Humblebelievable' recruitment campaign w/c 4<sup>th</sup> August. This is part of the work undertaken by the task and finish group and will have staff stories, social media content and publicity for the trust. The date coincides with the TRAC recruitment system going live.

3 year plans are now in place for Nurse recruitment and four Consultants have been recruited in the previous month. Work continues on the Nurse Apprenticeship Degree programme (anticipated start date September) and overseas recruitment campaign.



## **2.5 Director of Finance**

### **2.5.1 Lead Provider Collaborative**

The new Programme Lead will take up post in July and work continues to develop governance and reporting proposals. NHSE have confirmed that the Humber Coast and Vale collaborative will be live in shadow form from 1 October and fully live 1 April 2021.

Progress on due diligence and preparing for the implementation of collaborative and Lead Provider arrangements has been impacted to some degree by the the change in the Humber Coast and Vale footprint. We are working on ways to circumnavigate these constraints and obtain the information needed for the due diligence and for the business case.

### **2.5.2 Windows 10 Update**

Work has restarted to migrate from windows 7 to windows 10. At the time of writing 75% of Trust devices have been migrated to windows 10 and we expect the full migration to have completed by September 2020.

### **2.5.3 Digital support during COVID-19**

The Trust has successfully adopted the use of Skype for Business and Microsoft Teams to support our staff during our initial response to COVID. The IT department have issued 272 laptops, 117 mobile phones, 27 ipads and 163 webcams. Whilst a significant amount of IT equipment has been deployed the Trusts existing use of laptops and remote access functionality did mean the transition to remote working was relatively straight forward.

Upstream video conferencing between patients and care staff commenced in April, to date the Trust has provided 933 video appointments with a further 195 appointments scheduled during June.

### **2.5.4 Humber Coast and Vale Fast forward Strategy**

East Riding of Yorkshire Council are leading on the development of a Humber Coast and Vale (HCV) fast forward strategy. This reflects historic regional under investment in digital technologies and the significant progress made during Covid-19 and the use of digital technology to support remote working and remote care. The final document will include the cost for continuing the funding of the systems which have been implemented during Covid-19.

### **2.5.5 Humber Coast and Vale (HCV) Primary Care Digital Strategy**

HCV primary care services are taking part in an NHSE&I piece of work to detail the development of primary care services in our region. One of the five themes is the use of the Yorkshire & Humber Care Record to improvement our regions primary care services.

### **2.5.6 Yorkshire & Humber Care Record**

Trust data is now available in the Yorkshire & Humber Care Record, with an initial focus of care and intervention plans being available to the Yorkshire Ambulance Service during June. It is expected that GP practices in HCV will gain access to this information in July and North Yorkshire County Council will gain access in early August. Our acute partners and the Blackpear end of life system are expected to join before the end of August.

The Yorkshire & Humber Care Record has been approached by other healthcare organisations to use the technology that has been developed. Work is taking place on how this can be progressed and this will follow the Trusts governance process.

### **2.5.7 Internal Audit Re-procurement**

Tender documents and service specifications have been issued and the deadline for receipt of tenders is 3<sup>rd</sup> of July. Tender evaluation will take place during July with contract award in August in readiness for a contract start date of the 1<sup>st</sup> October.

### **2.5.8 Whitby Update**

North Yorkshire Clinical Commissioning Group have confirmed the preferred way forward to progress with the tower block refurbishment. NHS Property Services have agreed with the contractor and the Trust that works will restart on the 29<sup>th</sup> June to enable appropriate lead in time and allow for necessary staff relocations.

### **2.5.9 Estates**

As we continue to work to ensure our sites are safe for our staff and patients as well as meet the latest government guidance, we have developed a Covid-19 risk assessment which enables Trust buildings to be risk assessed for safe working during Covid. A schedule of assessments has commenced with all assessments expected to be completed by the end of the month. Any immediate remedial works identified will be implemented and where more substantial works are required, these will be commissioned. The estates team have also been placing 'Stop, Think, Social Distance' signage across the Trust estate

## **3 Trust Policies**

No policies have been presented to sub committees of the Board for approval since the last report to Board that require ratification by Board.

## **4 Communications Update**

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

We have developed the 'Together We Can' campaign to work as a central creative to bring to life the next phase of COVID response to staff and unite them around a shared aim and make them aware of our key principles. Whilst continuing to say 'thank you' is important we wanted to create something that had a longer lasting impact and served as a powerful reminder of our response to COVID-19 and how we came through the challenge by working together. This connects strongly back to our key message of community.

As part of this campaign we are creating a thank you pack for staff to include a new lanyard, badge and a card from EMT and the Board to be sent to all staff.

### **Key Projects**

- **Website Development**

A new mobile optimised version of our website has now been completed and will be launched w/c 6<sup>th</sup> July. This work will improve the accessibility and experience for all visitors.

- **Brand Project**

The research to move forward this project has now been completed. Over 170 staff, stakeholders, patients, carers and family members shared their thoughts. This research informs the next phase of the project which is to develop our brand values, promise and personality. These are all required to inform what will become our new Corporate Visual Identity. There will be an opportunity for all governors to contribute to this important work which underpins our brand.

## External Communications

### Awareness Days

The team have supported a wide range of awareness days over the last month. These are important opportunity to raise awareness of our services and the work they do, support public health messages and to thanks and celebrate staff. The communications team work with experts from across the Trust to create and share supportive content that contributes to the theme of the specific awareness date by reinforcing the guidance and opportunities related to it.

### Dates covered over this period:

- World No Tobacco Day – 31 May
- Pride Month
- Volunteers Week - 1 June
- Breastfeeding Celebration Week - 1 June
- Carer's Week - 8 June
- Men's Health Week
- Cervical Screening Awareness Week - 15 June
- Learning Disability Week - 15 June
- Safeguarding week - 22 June
- Veterans Aware Weeks - 22 June to 3 July (in celebration of Armed Forces Day - 27 June)

### July 2020

- NHS 72nd Birthday - 5 July
- Pride in Humber - 27 to 31 July (in celebration of Hull Pride - 25 June)
- Big Latch On - 31 July (tbc)

### NHS 72nd Birthday

Every July, the NHS celebrates its birthday. This year, the NHS turned 72. This was also an opportunity to thank our teams and other key workers for their hardwork and sacrifice over the last four months,

### Final Clap for Carers Event

On Sunday 5th July at 5pm, there was a final clap for carers event in the UK. This marks the start of a new phase during COVID and also acknowledges the sacrifices made by carers and key workers across the country. Our Trust executive team, including our Board and Governors took part in this clap which has been shared visually on our social media channels.

### Afternoon Tea Hampers for Staff

Staff in our units across the Trust received afternoon tea hampers on the weekend of the 72nd birthday as a thank you for all of the hard work they continue to do, not only during COVID, but always.

### NHS Light Up Blue Campaign

Light up blue is a nationwide campaign that involves buildings across the UK lighting their external façade blue as a show of support for the NHS. Trusts and other organisations around the country were involved by lighting up blue on the evenings of Sat 4th and Sun 5th July as part of the NHS 72nd Anniversary.

To show our support for this campaign as a Trust and stand in solidarity as part of the NHS, we lit up Inspire, our CAMHS unit in Hull.

### Case studies of good practice

As part of this celebration, NHS England requested the submission of good practices within Trusts

around the country. We submitted three cases and all of them have been accepted to be a part of the press release going out this week.

### **Sunday Service**

On Sunday 5th July, we held a virtual Sunday Service with our Trust Chaplain, Eve Rose. We are honoured to confirm that the Bishop of Hull, Lord Mayor, Emma Hardy and Diana Johnson attended this event and local media outlets covered the topic with our members of staff.

### **Other key weeks to highlight are:**

#### **Volunteers Week**

Volunteers Week 2020 focused on the hard work carried out by NHS volunteers across the country. The nationwide awareness date celebrated the achievements and the vital dedication the volunteer workforce provided during this time. Social media posts introduced volunteers from across the Trust through a series of graphics and quotes. These posts had over 18,000 views and 450 likes on our social media platforms. As a result, we have seen strong support of our voluntary services during this time and also boosted staff morale through acknowledging and celebrating their achievements.

#### **World No Tobacco Day**

World No Tobacco Day had an important message this year, which was to deter young people from starting to smoke. This campaign aimed to target young people, educate them on the risks of smoking and also targeted those who already smoke – providing them with vital local services which could help them to quit. In addition to this, the Trust raised awareness for their own campaign ‘Quit for COVID’ and our aim to achieve a Smokefree East Riding. Over the day posts were seen by 7,500 people and had over 160 likes. These results reflect the strong support for our Health Trainer service and increased awareness of our important public health messaging overall.

- **Media**

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

#### Media report

#### **Positive vs negative press:**

6 positive stories published across 10 platforms  
0 negative stories published

#### **Press releases distributed and picked up:**

<b>Positive new stories published (to 11<sup>th</sup> May)</b>		<b>Negative new stories</b>	
Local media	6	Local media	0
Website/Social Media	14		
<b>TOTAL</b>	<b>20</b>		<b>0</b>

Positive media highlights include:

- Comfort Pebbles – published by Bridlington Echo, Viking FM, Yorkshire Coast Radio, BBC Radio Humberside and That’s TV Humber  
<https://www.yorkshirecoastradio.com/news/local-news/3106010/comfort-pebbles-to-be-sent-to-whitby-hospital/>

Electronic Prescribing – published by UK Authority and Digital Health UK  
<https://www.digitalhealth.net/2020/06/humber-teaching-nhs-ft-dxc-lorenzo/>

- **Website**

	<b>Target</b>	<b>Performance over period</b>
Bounce Rate	50%	65%
Social Referrals	12%  (a 10% increase in 2019 position)	5%

- **Social media**

	<b>Target</b>	<b>Performance over period</b>
Engagement Rate	4%	4%
Reach	+50,000 p/m	116787
Link Clicks	1500 p/m	7398

We have used our social media platforms to post positive and supportive content and to celebrate staff and volunteers. Highlights include: Sharing a post from an 89 year old Maister Lodge patient who beat COVID and celebrating the nominations and winner at the Hull York Medical School Teaching Awards. The stories that we share from our services have been some of the most popular posts over the last month. The content that we have created for our news pages has been viewed over 4300 times.

### **Internal Communications**

#### **Stop, Think, Social Distance**

Our creative campaign to reinforce the basics of social distancing has now been installed across Trust sites.

#### **Annual Event Planning**

The team are planning digitally delivered versions of our Annual Members Meeting and Staff Awards.

We have consulted staff through the Health and Wellbeing Forum and met with staff governors to develop an approach to delivering the 2020 Staff Awards. A survey will be sent to all staff with options for them to feedback on so we can deliver a ceremony or approach that feels right at this time.

- **Intranet**

#### **Current performance**

The intranet has been a key part of our communications response.

	<b>Target</b>	<b>Performance over period</b>
Bounce Rate	40%	67.2%
Visits	+20% on 2019 average	118,151

## **5 Health Stars Update**

### **Health Stars Food Hampers**

Health Stars have been supplying fortnightly food hampers to both our Inpatient Units and Community & Primary Care Teams throughout the pandemic. As we head into the next stage of COVID19 and continue to adapt to the ongoing challenges we have all faced we are pleased to announce that the delivery of our Hampers has now come to an end. The feedback we have received over the weeks from the Hampers has been really positive.

### **Mental Health Awareness Week 2020**

Throughout Mental Health Awareness Week Health Stars shared pictures and stories of our teams and what their role is at the trust. The posts received great engagement on social media. The post engagements reached 10.9k which was a 634% increase. Health Stars had 119 new page likes.

### **Fundraising**

The Mighty Black And Whites (a supporters group for Hull FC) launched a Charity Shirt to raise funds for the two local NHS Charities – Health Stars and WISHH. The Charity Shirt was on sale for four weeks and sold 946 shirts in total, generating £9,460. The money raised will be split between the two charities 50/50.

Health Stars launched “Walk For Health Stars – John O’Groats to Lands’ End” on the 8<sup>th</sup> June 2020. Health Stars encouraged people to walk/jog/run any distance and submit their total. The goal was to collectively walk 1020 miles (John O’Groats to Lands’ End.) People can text ‘WALK4HS’ to 70085 and this will donate £5 to Health Stars. The idea behind it was to encourage people to keep exercising, create a sense of community and support wellbeing. They reached the target on 2<sup>nd</sup> July and even surpassed the target by 45 miles. Huge thank you to everyone that took part and supported Health Stars.

### **NHS Birthday & Thank You**

The NHS 72nd Birthday was celebrated on Sunday 5th July. The focus for the birthday this year is on saying thank you to the public for all their support throughout the pandemic.

Health Stars prepared a thank you video to share on social media. Thanks to all those who took part in the video. A thank you banner was also put up on the main road near Trust HQ thanks to the Mercure Hotel allowing us to use their fence.

Thank you cards and letters have been sent out to all donors who have supported Health Stars throughout the pandemic

**Michele Moran**  
**Chief Executive**  
**July 2020**

**Agenda Item 8**

Title & Date of Meeting:	Council of Governors Public Meeting – 16 July 2020			
Title of Report:	Council of Governors Effectiveness Review			
Author/s:	Name: Sharon Mays Title: Chair			
Recommendation:	To approve	✓	To receive & note	
	For information		To ratify	
Purpose of Paper:	To present the effectiveness review and to approve the Terms of Reference.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Appointments, Terms & Conditions Committee		Engaging with Members	
	Finance, Audit, Strategy and Quality Governor Group			
	Trust Board		Other (please detail)	
Key Issues within the report:	The Terms of Reference have been reviewed. A tracked version of the changes made is included in the report			

**Monitoring and assurance framework summary:**

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



## Council of Governors

### Annual Review of Effectiveness and Terms of Reference

1<sup>st</sup> April 2019 to 31<sup>st</sup> March 2020

The role of the Council of Governors is derived from Schedule 7 and other sections of the National Health Service Act 2006 as amended by the Health and Social Care Act 2012. This document should be read in conjunction with the Act and in conjunction with the Trust's Constitution.

#### 1. Executive Summary

*Chair to provide a brief written overview of the Council of Governors' work during the year and whether he/she believes that the Committee has operated effectively and added value*

The Council of Governors (CoG) has a forward looking annual work plan set each year that outlines mandatory and regular reports required for the meetings. The CoG meetings start with a patient story.

The minutes of CoG meetings clearly demonstrate debate and decision making.

During 2019/20 amongst other aspects of its work the CoG

- Approved extensions of terms of office for the Trust Chair and Senior Independent Director
- Approved the appointment of a new Non-Executive Director
- Approved the appointment of new external auditors
- Received a presentation on the audit from the Trust's external auditors
- Discussed Board/Governor knowledge and engagement visits

In addition to the formal CoG meetings that have been reviewed in this document, the work of the CoG is supplemented with the work of various governor groups and also bi-monthly governor development sessions. The development sessions provide dedicated time and focus to discuss more fully areas of interest, concern, updates and learning and also offer an opportunity to influence strategies and forward plans.

In March 2020 a global pandemic was declared. The governors have received regular briefings and updates from the Trust Chair and Chief Executive. In addition, a dedicated governor virtual session on covid 19 was held giving the opportunity for governors to ask questions and to hear from the Chief Executive and other Executive Directors. All governor groups and the CoG are now running in virtual form.

#### Delivery of functions

Functions within ToR	Evidence to support delivery Sample taken from the minutes	Any outstanding issues / action plans?
Statutory duties of the CoG	<ul style="list-style-type: none"><li>• Governor sub groups of Appointments T&amp;C</li><li>• Appointment of external Auditors</li><li>• Extension of terms of</li></ul>	

	office of Trust Chair and SID <ul style="list-style-type: none"> <li>• Appointment of new NED</li> </ul>	
Contribution to Strategy & Plans	<ul style="list-style-type: none"> <li>• Operating Plan</li> <li>• Performance reports</li> <li>• Finance reports</li> <li>• Health stars</li> <li>• PROUD</li> </ul>	
Representing Members and the Public	<ul style="list-style-type: none"> <li>• AMM</li> <li>• Governor elections</li> <li>• Governor engaging with members group</li> </ul>	

## 2. Attendance

The Council of Governors met on 4 occasions during 2019/20: 9<sup>th</sup> April, 11<sup>th</sup> July, 22<sup>nd</sup> October 2019 and 16<sup>th</sup> January 2020. The Council of Governors is to meet at least five times in each financial year and one of these will be an Annual Members' Meeting (AMM).

Members:	No of meetings attended
The composition of the membership is set out in Annex 7 of the constitution:	
Trust Chair	4/4
Minimum 6 public governors	
• Eric Bennett	4/4
• John Cunnington	4/4
• Christopher Duggleby	4/4
• Robert Hunt	2/4
• Huw Jones (Lead Governor)	3/4
• Ros Jump	3/4
• Sam Muzaffar	3/4
• Mike Oxtoby <b>resigned October 19</b>	2/3
• Doff Pollard	3/4
• Fiona Sanders	4/4
• Stephen Christian	1/4
• Suzanne Milan <b>resigned Oct 19</b>	1/4
Minimum 1 staff governor	
• Mandy Dawley,	4/4
• Craig Enderby,	4/4
• Anne Gorman,	4/4
• Jack Hudson	4/4
• Sam Grey	3/4
Minimum 1 appointed governor	1/4

<ul style="list-style-type: none"> <li>• Elaine Aird (ERYC representation ended May 2019)</li> <li>• Jacquie White</li> <li>• Gwen Lunn</li> <li>• Paul McCourt</li> </ul>	1/1 2/4 3/4 1/4
<i>See appendix for breakdown of attendance</i>	

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

There have been good contributions from those who attended throughout the year.

In addition, throughout the year the Chief Executive has attended each meeting and there has been good representation from Non Executives Directors and Executive Directors.

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

No recommendations for change.

**3. Quoracy**

The Constitution states that no business shall be transacted at a meeting unless at least one third of the voting Governors are present and that of those governors present, public governors must be in the majority, at least 6 must be public Governors, 1 must be a Staff Governor and 1 must be an appointed Governor.

Excluding the AMM the CoG was quorate on 3 of 4 occasions. The January 2020 meeting did not have an appointed governor present.

**4. Reporting / Groups or Committees**

- Which groups report to the Council of Governors? *(these should be clearly identified on the schematic on your ToR).*
- Appointments, Terms and Conditions Committee
- Finance, Quality, Workforce Audit and Strategy Group
- Engaging with Members Group

Has the CoG approved the Terms of Reference for each of these groups?

Yes [ ] No [~~x~~ ]

- Appointments Terms and Conditions Committee - On the agenda for the July 2020 CoG meeting
- Finance, Quality, Workforce, Audit and Strategy Group  
The ToR need to be reviewed and will be presented to the group at the next meeting and then to CoG for approval.
- Engaging with Members group –The ToR are being developed and will be presented to the group in August and then to CoG for approval.

Are ToR annual reviews for each reporting group on your Council of Governor's workplan to approve?

Yes [ ] No [ x ]

They will be added to the work plan.

Has the Council of Governors received sufficient assurance that its reporting groups or committees are operating effectively? Have the reports and minutes received from the reporting group provided the required level of assurance? Yes [ x ] No [ ]

Has Council of Governors requested / received an annual assurance report or effectiveness review from each of the reporting groups for 2019/20?

Yes [ ] No [ x ]

- The annual reviews for the Appointments Terms and Conditions Committee and the Finance Quality Audit and Strategy Group are new for this year and on the agenda for the July 2020 CoG meeting.

They will also be added to the work plan.

## 5. Conduct of meetings

*Chair to consider the following questions*

- *Was a workplan agreed at the start of the year and have meetings and agendas been appropriately scheduled to meet the work plan?*

On the agenda for the July 2020 CoG meeting..

- *Are the reports and papers presented of a high quality and prepared in time for issue 5 working days ahead of the meeting?*

Yes

- *Is the quality and timeliness of the minutes satisfactory?*

Yes

- *Is an action log maintained and are actions clearly recorded, assigned to individuals with timelines and followed through?*

Yes

## 6. Review of Terms of Reference

*Chair to summarise any recommended changes to the council of governors terms of reference in light of the annual evaluation.*

The CoG ToR were last approved in January 2019. ToR are on the agenda for the July 2020 CoG meeting.

Please attach a full copy of your ToR for approval as part of the Council of Governors effectiveness review.

**8. Workplan for 2020/21**

Has a CoG workplan for the year ahead, 2020/21 been prepared?

Yes [ x ] No [ ] *If no, when will it be presented to your committee?* \_\_\_\_\_

A Workplan for the CoG is in place and is on the agenda for the July 2020 CoG meeting

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

a) The sub groups of the CoG need to formally report into the CoG as they perform duties that support the CoG. Reports are currently provided via governor updates and the format of this reporting will be reviewed with the group Chairs.

b) The Terms of Reference for any group working to the CoG must be approved by the CoG and remain in date. These should be added to the CoG workplan so that forward planning can allow timely review and approval.

c) Administration of the sub groups to be considered further.

- The Appointments Terms and Conditions Committee is administered by the Trust Secretary

The Finance, Audit & Strategy/ Workforce & Quality Governor Group will be administered by the Membership Officer

The Engaging with Members Group meetings will be administered by the Membership Officer

d) All terms of reference should have the boxes completed at the end of the document ie date agreed, date CoG approved and next review date.

e) The Trust Secretary to inform the Trust Chair at the start of the CoG meetings if the meeting is not quorate and for this to be recorded clearly in the minutes

f) A schematic of any sub groups reporting to the CoG should be included at the end of the ToR.

g) To develop a ToR for the Engaging with Members Group. These are being developed and will be presented to the group in August and then to CoG for approval.

## Summary of attendance at COG 2019-2020

	9 April 2019	11 July 2019	22 Oct 2019	16 Jan 2020
Trust Chair	Sharon Mays	Sharon May	Sharon Mays,	Sharon Mays, Chair
Minimum 6 public governors	<ol style="list-style-type: none"> <li>1. Eric Bennett,</li> <li>2. John Cunnington</li> <li>3. Christopher Duggleby</li> <li>4. Robert Hunt</li> <li>5. Huw Jones</li> <li>6. Ros Jump,</li> <li>7. Sam Muzaffar</li> <li>8. Mike Oxtoby,</li> <li>9. Doff Pollard,</li> <li>10. Fiona Sanders,</li> </ol>	<ol style="list-style-type: none"> <li>1. Eric Bennett,</li> <li>2. Stephen Christian,</li> <li>3. John Cunnington,</li> <li>4. Christopher Duggleby,</li> <li>5. Robert Hunt,</li> <li>6. Ros Jump,</li> <li>7. Suzanne Milan,</li> <li>8. Mike Oxtoby,</li> <li>9. Fiona Sanders,</li> </ol>	<ol style="list-style-type: none"> <li>1. Eric Bennett,</li> <li>2. John Cunnington,</li> <li>3. Christopher Duggleby,</li> <li>4. Huw Jones, Lead Governor (by telephone)</li> <li>5. Ros Jump,</li> <li>6. Sam Muzaffar,</li> <li>7. Doff Pollard,</li> <li>8. Fiona Sanders,</li> </ol>	<ol style="list-style-type: none"> <li>1. Eric Bennett,</li> <li>2. John Cunnington,</li> <li>3. Sam Muzaffar,</li> <li>4. Doff Pollard</li> <li>5. Fiona Sanders,</li> <li>6. Christopher Duggleby,</li> <li>7. Huw Jones, Lead Governor</li> </ol>
Minimum 1 staff governor	Mandy Dawley, Craig Enderby, Anne Gorman, Jack Hudson,	Mandy Dawley, Craig Enderby, Anne Gorman, Jack Hudson,	Mandy Dawley, Craig Enderby, Anne Gorman, Sam Grey,	Craig Enderby, Anne Gorman, Jack Hudson, Mandy Dawley,
Minimum 1 appointed governor	Elaine Aird, Appointed Governor, East Riding of Yorkshire Council  Jacquie White, Appointed Governor, University of Hull  Gwen Lunn, Appointed Governor, Hull City Council	Gwen Lunn, Appointed Governor, Hull City Council  Paul McCourt, Appointed Governor, Humberside Fire & Rescue	Gwen Lunn, Appointed Governor, Hull City Council  Jacquie White, Appointed Governor, University of Hull	No appt gov present
	CEO	CEO	CEO	CEO
	5 NEDs	3 NEDS	3 NEDS	5 NEDS
	3 Execs	4 Execs	2 Execs	2 Execs

## Terms of Reference

### Council of Governors

<b>Authority</b>	The full meeting of the Council of Governors and its Appointment, Terms and Conditions Committee are the bodies in which Governors have official standing. All other forums are advisory.
<b>Role / Purpose</b>	The role of the Council of Governors is derived from Schedule 7 and other sections of the National Health Service Act 2006 as amended by the Health and Social Care Act 2012. This document should be read in conjunction with the Act and in conjunction with the Trust's Constitution
<b>Duties</b>	<p><b>The Statutory Duties of the Council of Governors</b></p> <ul style="list-style-type: none"> <li>• To hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors</li> <li>• To represent the interests of Trust members and the interests of the public</li> <li>• Approve the procedures for the appointment and where necessary for the removal of the Chair of the Board of Directors and Non-Executive Directors on the recommendation of the Governor Appointments, Terms and Conditions Committee.</li> <li>• Approve the appointment or removal of the Chair of the Board of Directors on the recommendation of the Governor Appointments, Terms and Conditions Committee.</li> <li>• Approve the appointment or removal of a Non-Executive Director on the recommendation of the Governor Appointments, Terms and Conditions Committee</li> <li>• Approve the procedures for the appraisal of the Chair of the Board of Directors and Non-Executive Directors on the recommendation of the Governor Appointments, Terms and Conditions Committee</li> <li>• Approve changes to the remuneration, allowances and other terms of office for the Chair and other Non-Executive Directors on the recommendation of the Governor Appointments, Terms and Conditions Committee</li> <li>• Approve or where appropriate decline to approve the appointment of a proposed candidate as Chief Executive recommended by the Non-Executive Directors.</li> <li>• Approve the criteria for appointing, re-appointing or removing the auditor.</li> <li>• Approve or where appropriate, decline to approve, the appointment or re-appointment and the terms of engagement of the auditor on the recommendation of the Audit Committee.</li> <li>• Jointly approve with the Board of Directors amendments to the Constitution</li> <li>• Approve the appointment and, if appropriate, the removal of the lead governor.</li> <li>• Approve the removal from office of a Governor in accordance with procedure set out in the Constitution</li> </ul>

	<ul style="list-style-type: none"> <li>• Approve jointly with the Board of Directors the procedure for the resolution of disputes and concerns between the Board of Directors and the Council of Governors.</li> <li>• To approve or not approve increases to the proposed amount of income derived from the provision of goods and services other than for the purpose of the NHS in England where such an increase is greater than 5% of the total income of the Trust.</li> <li>• To approve any proposed application for a merger, acquisition, separation or dissolution (in accordance with the provisions of the 2006 Act)</li> <li>• Receive and comment on the Annual Report and Accounts (including Quality Account).</li> <li>• To notify the independent regulator, NHSI (the organisation that incorporates Monitor, the statutory entity that remains the regulator of NHS foundation trusts) via the lead Governor, if the Council of Governors is concerned that the Trust is at risk of breaching its licence if these concerns cannot be resolved at the local level.</li> <li>• To receive a report on compliance with the Fit and Proper Person Requirement for Non-Executive Directors</li> </ul> <p><b>Contribution to Strategy and Plans</b></p> <ul style="list-style-type: none"> <li>• Approve the Membership Plan</li> <li>• Contribute to members and other stakeholders understanding of the work of the Trust in line with engagement and communication strategies</li> <li>• Seek the views of stakeholders including members and the public and feedback relevant information to the Board of Directors or to individual managers within the Trust as appropriate</li> <li>• Give a view to the Board of Directors of the Trust’s annual business planning arrangements for each financial year for the purpose of the preparation of the annual plan</li> <li>• Contribute to and influence the Strategic Plan</li> </ul> <p><b>Representing Members and the Public</b></p> <ul style="list-style-type: none"> <li>• To represent the constituency or the organisation elected or appointed to serve</li> <li>• Contribute to members and other stakeholders’ understanding of the work of the Trust by feeding back and seeking the views of the relevant member constituencies and stakeholder organisations who appoint governors.</li> <li>• Act as ambassadors in order to raise the profile of the Trust’s work with the public and other stakeholders</li> <li>• Promote membership of the Trust and contribute to opportunities to recruit members in accordance with the Membership Strategy.</li> <li>• Attend a minimum of 2 events per year that facilitate contact between members, the public and Governors to promote Governor accountability.</li> <li>• Report to members each year on the performance of the Council of Governors</li> </ul>
<b>Membership</b>	<p>The composition of the membership of the Council of Governors is set out in the Constitution. The Chair of the Board of Directors is the Chair of the Council of Governors and presides over the meetings of the Council of Governors. In the absence of the Chair the Senior Independent Director will take the Chair’s role.</p>

<b>Quorum</b>	<p>The quorum for Council of Governors meetings is set out in the Constitution.</p> <p>No business shall be transacted at a meeting unless at least one third of the voting Governors are present and that of those governors present, public governors must be in the majority, at least</p> <ul style="list-style-type: none"> <li>• 6 must be public Governors</li> <li>• 1 must be a Staff Governor</li> <li>• 1 must be an appointed Governor</li> </ul>
<b>Chair</b>	Chair of the Trust
<b>Frequency</b>	The Council of Governors will meet at least 5 times a year (including the Annual Members Meeting)
<b>Agenda and Papers</b>	An agenda for each meeting, together with relevant papers, will be forwarded to members to arrive not less than 5 working days before the meeting
<b>Minutes and Reporting</b>	Minutes of the meetings will be circulated to all members of the Council of Governors as soon as reasonably practical. The target date for issue is 20 working days from the date of the meeting.
<b>Monitoring</b>	A review of attendance and effectiveness will be undertaken annually.
<b>Approval Date</b>	16 <sup>th</sup> July 2020 tbc
<b>Review Date</b>	July 2021

**COUNCIL OF GOVERNORS REPORTING STRUCTURE**

**Council of Governors**

**Appointments, Terms and  
Conditions Committee**

**Finance, Quality, Workforce  
Audit and Strategy Group**

**Engaging with Members  
Governor Group**



**Terms of Reference**

**Council of Governors**

<b>Authority</b>	The full meeting of the Council of Governors and its Appointment, Terms and Conditions Committee are the bodies in which Governors have official standing. All other forums are advisory.
<b>Role / Purpose</b>	The role of the Council of Governors is derived from Schedule 7 and other sections of the National Health Service Act 2006 as amended by the Health and Social Care Act 2012. This document should be read in conjunction with the Act and in conjunction with the Trust's Constitution
<b>Duties</b>	<p><b>The Statutory Duties of the Council of Governors</b></p> <ul style="list-style-type: none"> <li>• To hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors</li> <li>• To represent the interests of Trust members and the interests of the public</li> <li>• Approve the procedures for the appointment and where necessary for the removal of the <b>ChairmanChair</b> of the Board of Directors and Non-Executive Directors on the recommendation of the Governor Appointments, Terms and Conditions Committee.</li> <li>• Approve the appointment or removal of the <b>ChairmanChair</b> of the Board of Directors on the recommendation of the Governor Appointments, Terms and Conditions Committee.</li> <li>• Approve the appointment or removal of a Non-Executive Director on the recommendation of the Governor Appointments, Terms and Conditions Committee</li> <li>• Approve the procedures for the appraisal of the <b>ChairmanChair</b> of the Board of Directors and Non-Executive Directors on the recommendation of the Governor Appointments, Terms and Conditions Committee</li> <li>• Approve changes to the remuneration, allowances and other terms of office for the <b>ChairmanChair</b> and other Non-Executive Directors on the recommendation of the Governor Appointments, Terms and Conditions Committee</li> <li>• Approve or where appropriate decline to approve the appointment of a proposed candidate as Chief Executive recommended by the Non-Executive Directors.</li> </ul>



- Approve the criteria for appointing, re-appointing or removing the auditor.
- Approve or where appropriate, decline to approve, the appointment or re-appointment and the terms of engagement of the auditor on the recommendation of the Audit Committee.
- Jointly approve with the Board of Directors amendments to the Constitution
- Approve the appointment and, if appropriate, the removal of the lead governor.
- Approve the removal from office of a Governor in accordance with procedure set out in the Constitution
- Approve jointly with the Board of Directors the procedure for the resolution of disputes and concerns between the Board of Directors and the Council of Governors.
- To approve or not approve increases to the proposed amount of income derived from the provision of goods and services other than for the purpose of the NHS in England where such an increase is greater than 5% of the total income of the Trust.
- To approve any proposed application for a merger, acquisition, separation or dissolution (in accordance with the provisions of the 2006 Act)
- Receive and comment on the Annual Report and Accounts (including Quality Account).
- To notify the independent regulator, NHSI (the organisation that incorporates Monitor, the statutory entity that remains the regulator of NHS foundation trusts) via the lead Governor, if the Council of Governors is concerned that the Trust is at risk of breaching its licence if these concerns cannot be resolved at the local level.
- To receive a report on compliance with the Fit and Proper Person Requirement for Non-Executive Directors

#### **Contribution to Strategy and Plans**

- Approve the Membership [Engagement Strategy Plan](#)
- Contribute to members and other stakeholders understanding of the work of the Trust in line with engagement and communication strategies
- Seek the views of stakeholders including members and the public and feedback relevant information to the Board of Directors or to individual managers within the Trust as appropriate
- Give a view to the Board of Directors of the Trust's annual business

	<p>planning arrangements for each financial year for the purpose of the preparation of the annual plan</p> <ul style="list-style-type: none"> <li>• Contribute to and influence the Strategic Plan</li> </ul> <p><b>Representing Members and the Public</b></p> <ul style="list-style-type: none"> <li>• To represent the constituency or the organisation elected or appointed to serve</li> <li>• Contribute to members and other stakeholders' understanding of the work of the Trust by feeding back and seeking the views of the relevant member constituencies and stakeholder organisations who appoint governors.</li> <li>• Act as ambassadors in order to raise the profile of the Trust's work with the public and other stakeholders</li> <li>• Promote membership of the Trust and contribute to opportunities to recruit members in accordance with the Membership Strategy.</li> <li>• Attend a minimum of 2 events per year that facilitate contact between members, the public and Governors to promote Governor accountability.</li> <li>• Report to members each year on the performance of the Council of Governors</li> </ul>
<b>Membership</b>	<p>The composition of the membership of the Council of Governors is set out in the Constitution. The <b>ChairmanChair</b> of the Board of Directors is the <b>ChairmanChair</b> of the Council of Governors and presides over the meetings of the Council of Governors. In the absence of the <b>ChairmanChair</b> the Senior Independent Director will take the <b>ChairmanChair</b>'s role.</p>
<b>Quorum</b>	<p>The quorum for Council of Governors meetings is set out in the Constitution.</p> <p>No business shall be transacted at a meeting unless at least one third of the voting Governors are present and that of those governors present, public governors must be in the majority, at least</p> <ul style="list-style-type: none"> <li>• 6 must be public Governors</li> <li>• 1 must be a Staff Governor</li> <li>• 1 must be an appointed Governor</li> </ul>
<b>Chair</b>	<b>ChairmanChair</b> of the Trust
<b>Frequency</b>	The Council of Governors will meet at least 5 times a year (including the Annual Members Meeting)
<b>Agenda and Papers</b>	An agenda for each meeting, together with relevant papers, will be forwarded to members to arrive not less than 5 working days before the meeting

<b>Minutes and Reporting</b>	Minutes of the meetings will be circulated to all members of the Council of Governors as soon as reasonably practical. The target date for issue is 20 working days from the date of the meeting.
<b>Monitoring</b>	A review of attendance and effectiveness will be undertaken annually.
<b>Approval Date</b>	<del>17<sup>th</sup> January 2019</del> <u>16<sup>th</sup> July 2020 tbc</u>
<b>Review Date</b>	<del>January 2020</del> <u>July 2021</u>

**COUNCIL OF GOVERNORS REPORTING STRUCTURE**

**Council of Governors**

**Appointments, Terms and  
Conditions Committee**

**Finance,  
Quality, Workforce Audit  
and Strategy Group**

**Engaging with Members  
Governor Group**



**Agenda Item 9**

Title & Date of Meeting:	Council of Governors Public Meeting – 16 July 2020			
Title of Report:	Governor Groups Effectiveness Reviews			
Author/s:	Sam Muzaffar, Chair Appointments, Terms & Conditions Committee Huw LL. Jones, Chair Finance, Quality, Workforce Audit and Strategy Group			
Recommendation:	To approve	✓	To receive & note	✓
	For information		To ratify	
Purpose of Paper:	To present the effectiveness reviews undertaken for the Appointments, Terms & Conditions Committee and the Finance, Quality, Workforce Audit and Strategy Group			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Appointments, Terms & Conditions Committee	11.6.20	Engaging with Members	
	Finance, Audit, Strategy and Quality Governor Group			
	Trust Board			
			Other (please detail) Effectiveness Reviews	✓
Key Issues within the report:	To approve the Terms of Reference for the Appointments Terms and Conditions Committee. A tracked changes version is also included			

**Monitoring and assurance framework summary:**

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

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

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

### **Annual Review of Committee Effectiveness and Terms of Reference**

**1<sup>st</sup> April 2019 to 31<sup>st</sup> March 2020**

The purpose of the Committee is to advise the Council of Governors and make recommendations on the appointment and terms of service of the Trust Chair and Non-Executive Directors and appointment of the Chief Executive.

#### **1. Executive Summary**

*Chair to provide a brief written overview of the Committee's work during the year and whether he/she believes that the Committee has operated effectively and added value*

The Committee met 3 times during 2019/20.

During 2019/20 amongst other aspects of our work the Committee:-

- Discussed and agreed to recommend to the Council of Governors an extension of the term of office of the Trust Chair
- Discussed and agreed to recommend to the Council of Governors an extension of the term of office of the Senior Independent Director
- Agreed the recruitment process for appointing a new Non-Executive Director
- Members of the Committee were involved in interviewing for a new Non-Executive Director and following the recruitment process made a recommendation to the Council of Governors for the appointment of a new Non-Executive Director.
- Reviewed the process for appraisals of the Trust Chair and the Non-Executive Directors
- Members of the Committee were involved in carrying out the appraisals of the Trust Chair and the Non- Executive Directors
- The Chair of the Committee provides a report to the Council of Governors after each meeting

The Committee is chaired by a public governor and is supported by the Trust Chair, Senior Independent Director and Director of Workforce and Organisational Development.

Sam Muzaffar, Chair of the Committee and public governor.

#### **2. Delivery of functions delegated by Council of Governors**

<b>Functions within ToR</b>	<b>Evidence to support delivery</b>	<b>Outstanding issues / action plan</b>
<ul style="list-style-type: none"><li>• Nominations and Appointments</li><li>• Terms and Conditions including Remuneration</li></ul>	NED Appraisal process NED Recruitment NED and Trust Chair Reappointment Terms of Office	

### 3. Attendance

The Appointments, Terms and Conditions Committee met on 3 occasions during 2019/20: 4<sup>th</sup> April, 2<sup>nd</sup> July 2019 and 2<sup>nd</sup> March 2020.

Members:	No of meetings attended
<u>Public Governors</u>	
Sam Muzaffar	2/3
Ros Jump	2/3
Suzanne Milan (resigned Oct 2019)	1/3
Fiona Sanders	2/3
Eric Bennett	2/3
John Cunnington	1/3
<i>No other public governors attended any meetings</i>	
Trust Chair	3/3
Senior Independent Director	3/3
Director of Workforce & Organisational Development	3/3

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

Membership of the Committee is regularly reviewed and is predominantly made up of public governors. There were good contributions from members throughout the year.

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

There are no recommendations for change.

### 4. Quoracy

The Committee was quorate on all 3 occasions

### 5. Reporting / Groups or Committees

Not applicable.

### 6. Conduct of meetings

*Governor Chair and Trust Board lead to consider the following questions*

- *Was a workplan agreed at the start of the year and have meetings and agendas been appropriately scheduled to meet the work plan?*

The Committee has a work plan and this is reviewed annually.

- *Are the reports and papers presented of a high quality and prepared in time for issue 5 working days ahead of the meeting?*

Yes

- *Is the quality and timeliness of the minutes satisfactory?*

Yes

- *Is an action log maintained and are actions clearly recorded, assigned to individuals with timelines and followed through?*

Yes

## **7. Review of Terms of Reference**

*Governor Chair and Trust Board lead to summarise any recommended changes to the Committee's terms of reference in light of the annual evaluation.*

The Committee has reviewed its terms of reference and a full copy (and track change version showing the changes) are attached for approval by the Council of Governors.

## **8. Workplan for 2020/21**

Has a workplan for the year ahead, 2020/21 been prepared?

Yes [  ] No [  ]

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

*If any, please summarise in bullet point format below*

## Attendance

Quorum	4 April 2019	2 July 2019	2 March 2020
2 public governors	1. Sam Muzaffar, 2. Ros Jump, 3. Suzanne Milan, 4. Fiona Sanders, 5. Eric Bennett,	1. Ros Jump 2. John Cunningham	1. Sam Muzaffar 2. Eric Bennett 3. Fiona Sanders
Trust Chair <i>or</i> SID	Sharon Mays  Peter Baren	Sharon Mays  Peter Baren	Sharon Mays  Peter Baren
Director WF&OD	Steve McGowan	Steve McGowan	Steve McGowan

## Terms of Reference

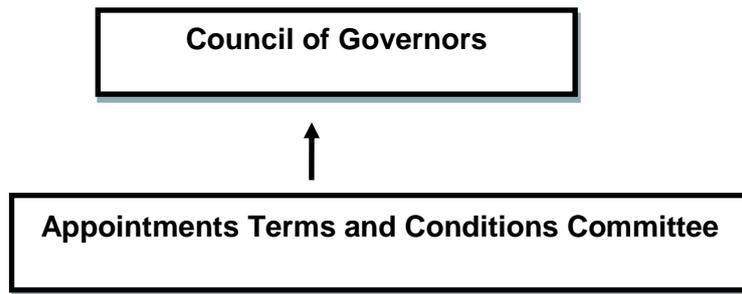
### Appointments, Terms and Conditions Committee

<p><b>Authority</b></p>	<p>The Council of Governors Appointments, Terms and Conditions Committee is constituted as a standing Committee of the Council of Governors.</p> <p>The Committee is authorised by the Council of Governors to carry out its duties and to make recommendations to the full Council of Governors for approval.</p> <p>The Committee is authorised by the Council of Governors, subject to funding approval by the Board of Directors, to request professional advice and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its function.</p> <p>The Committee is also authorised to request such internal information as is necessary and expedient to the fulfilment of its functions.</p>
<p><b>Role / Purpose</b></p>	<p>The purpose of the committee is to advise the Council of Governors and make recommendations on the appointment and terms of service of the Chair and Non-Executive Directors and appointment of the Chief Executive.</p>
<p><b>Duties</b></p>	<p>The Committee is responsible for advising and/or making recommendations to the Council of Governors relating to:</p> <p><b><u>Nominations and Appointments:</u></b></p> <ul style="list-style-type: none"> <li>• For each appointment of a Non Executive Director and the Chair, prepare a description of the role and capabilities and expected time commitment required</li> <li>• Identify and nominate suitable candidates to fill vacant posts within the Committee’s remit for appointment by the Council of Governors</li> <li>• Periodically review the balance of skills, knowledge, qualifications, experience and diversity of the Non-Executive Directors and the Chair , having regard to the views of the Board of Directors and relevant guidance on Board composition</li> <li>• Ensure compliance with the requirements of Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 5: Fit and Proper Persons Requirement. The Committee will receive an annual report on Chair and Non Executive Director Compliance</li> <li>• Evaluate the performance of the Chair and Non-Executive Directors</li> <li>• Give consideration to succession planning for Non-Executive Directors and the Chair, taking into account the challenges and opportunities facing the Trust and the skills and expertise needed</li> </ul>

	<p>on the Board of Directors in the future</p> <ul style="list-style-type: none"> <li>• Advise the Council of Governors in regard to any matters relating to the removal of office of a Non-Executive Director or the Chair</li> <li>• The committee will receive reports from the Chair and Director of Workforce &amp; OD to support deliberations and to enable it to fulfil its duties</li> </ul> <p><b><u>Terms and Conditions including Remuneration:</u></b></p> <ul style="list-style-type: none"> <li>• In accordance with all relevant laws and regulations, recommend to the Council of Governors the remuneration and allowances and the other terms and conditions of office of the Chair and other Non-Executive Directors</li> <li>• Take into account appropriate benchmarking and market testing ensuring that increases are not made where Trust or individual performance do not justify them</li> <li>• In adhering to all relevant laws and regulations and NHS E/I guidance establish levels of remuneration which are sufficient to attract, retain and motivate Chairs and Non- Executive Directors of the quality and with the skills and experience required to lead the Trust successfully, without paying more than is necessary for this purpose, and at a level which is affordable to the Trust</li> <li>• Receive and evaluate reports about the performance of individual Non- Executive Directors and the Chair , review and agree the process for the next year</li> <li>• Recommend to the Council of Governors a remuneration and terms of service policy for Non-Executive Directors and the Chair , taking into account the views of the Trust Chair (except in respect of his/her own remuneration and terms of service), the Chief Executive and any external advisers</li> <li>• Review annually the time commitment requirement for Non-Executive Directors and the Chair</li> <li>• Oversee other related arrangements for Non-Executive Directors and the Chair</li> <li>• The committee will receive reports from the Chair and Director of Workforce &amp; Organisational Development to support the role of the committee and enable it to fulfil its duties</li> </ul>
<p><b>Membership</b></p>	<p>The Committee will be chaired by a public Governor supported by the Trust Chair.</p> <ul style="list-style-type: none"> <li>• The membership of the Committee shall consist of <ul style="list-style-type: none"> <li>○ 4 Public Governors,</li> <li>○ the Chair and</li> <li>○ the Senior Independent Director</li> <li>○ the Director of Workforce and Organisational Development</li> </ul> </li> <li>• If the number of Governors who express an interest on serving on the Committee is higher than the number of places available, membership will be discussed with a recommendation made to the</li> </ul>

	<p>Council of Governors</p> <ul style="list-style-type: none"> <li>• Any member of the Committee who has not attended 3 meetings and has not sent their apologies and provided a reasonable explanation, may be asked to step down from the Committee</li> <li>• Only members of the Committee have the right to attend Committee meetings</li> <li>• Other persons may be invited by the Committee to attend a meeting so as to assist in deliberations.</li> </ul>
<b>Quorum</b>	The quorum necessary for the transaction of business shall be 2 Public Governors and/or the Chair or Senior Independent Director
<b>Chair</b>	<p>The Committee will be chaired by a public governor supported by the Trust Chair.</p> <p>The chair of the Committee will be appointed annually.</p>
<b>Frequency</b>	The Committee shall meet as and when required to discharge its business and fulfil its cycle of business, but at least on two occasions in each financial year.
<b>Agenda and Papers</b>	An agenda for each meeting, together with relevant papers, will be forwarded to members to arrive 5 days before the meeting.
<b>Minutes and Reporting</b>	<p>Formal minutes shall be taken of all Committee meetings and an update provided to the Council of Governors at a general Council of Governors meeting.</p> <p>The Committee shall receive and agree a description of work of the Committee, its policies and all Non Executive Director and the Chair emoluments in order that these are accurately reported in the required format in the Trust's annual report.</p>
<b>Monitoring</b>	<p>The Committee shall review annually its collective performance and attendance</p> <p>The Terms of Reference of the Committee shall be reviewed by the Council of Governors at least annually</p>
<b>Agreed by Appts, T &amp; C Committee</b>	
<b>Approved by CoG</b>	
<b>Review Date</b>	March 2021

## Appointments Terms and Conditions Committee Reporting Structure



**Terms of Reference**

**Appointments, Terms and Conditions Committee**

<b>Authority</b>	<p>The Council of Governors Appointments, Terms and Conditions Committee is constituted as a standing Committee of the Council of Governors.</p> <p>The Committee is authorised by the Council of Governors to carry out its duties and to make recommendations to the full Council of Governors for approval.</p> <p>The Committee is authorised by the Council of Governors, subject to funding approval by the Board of Directors, to request professional advice and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its function.</p> <p>The Committee is also authorised to request such internal information as is necessary and expedient to the fulfilment of its functions.</p>
<b>Role / Purpose</b>	<p>The purpose of the committee is to advise the Council of Governors and make recommendations on the appointment and terms of service of the Chair <del>man</del> and Non-Executive Directors and appointment of the Chief Executive.</p> <p><del>The Committee will report formally to the Council of Governors on its proceedings after each meeting on all matters within its duties and responsibilities. DUPLICATED /COVERED IN 'MINUTES AND REPORTING' SECTION BELOW</del></p>
<b>Duties</b>	<p>The Committee is responsible for advising and/or making recommendations to the Council of Governors relating to:</p> <p><b><u>Nominations and Appointments:</u></b></p> <ul style="list-style-type: none"> <li>• For each appointment of a Non Executive Director <del>and the Chair</del>, prepare a description of the role and capabilities and expected time commitment required</li> <li>• Identify and nominate suitable candidates to fill vacant posts within the Committee's remit for appointment by the Council of Governors</li> <li>• <del>Ensure that proposed Non-Executive Director's other significant commitments are disclosed to the Council of Governors before appointment and that any changes to their commitments are reported to the Council of Governors as they arise</del></li> <li>• <del>Ensure that on appointment Non-Executive Directors receive a formal letter of appointment setting out clearly what is expected of them in terms of time commitment, Committee service and involvement outside Board of Director meetings</del></li> <li>• Periodically review the balance of skills, knowledge, qualifications, experience and diversity of the Non-Executive Directors <del>and the Chair</del>, having regard to the views of the Board of Directors and relevant</li> </ul>

	<p>guidance on Board composition</p> <ul style="list-style-type: none"> <li>• Ensure compliance with the requirements of Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 5: Fit and Proper Persons Requirement. The Committee will receive an annual report on Chair<del>man</del> and Non Executive Director Compliance</li> <li>• Evaluate the performance of the Chair<del>man</del> and Non-Executive Directors</li> <li>• Give consideration to succession planning for Non-Executive Directors <del>and, including</del> the Chair<del>man</del>, taking into account the challenges and opportunities facing the Trust and the skills and expertise needed on the Board of Directors in the future</li> <li>• <del>Make recommendations to the Council of Governors on the membership of Governor Committees as appropriate, in consultation with the Chairs of these Committees including reviewing attendance, participation and contributions of members of those Committees.</del></li> <li>• Advise the Council of Governors in regard to any matters relating to the removal of office of a Non-Executive Director <del>or the Chair</del></li> <li>• <u>The committee will receive reports from the Chair<del>man</del> and Director of Workforce &amp; OD to support deliberations and to enable it to fulfil its duties</u></li> </ul> <p><b><u>Terms and Conditions including Remuneration:</u></b></p> <ul style="list-style-type: none"> <li>• In accordance with all relevant laws and regulations, recommend to the Council of Governors the remuneration and allowances and the other terms and conditions of office of the Chair<del>man</del> and other Non-Executive Directors</li> <li>• Take into account appropriate benchmarking and market testing ensuring that increases are not made where Trust or individual performance do not justify them</li> <li>• In adhering to all relevant laws and regulations <u>and NHS E/I guidance</u> establish levels of remuneration which <u>are</u> sufficient to attract, retain and motivate <u>Chairs and</u> Non- Executive Directors of the quality and with the skills and experience required to lead the Trust successfully, without paying more than is necessary for this purpose, and at a level which is affordable to the Trust</li> <li>• Receive and evaluate reports about the performance of individual Non-Executive Directors <u>and the Chair</u>, review and agree the process for the next year</li> <li>• Recommend to the Council of Governors a remuneration and terms of service policy for Non-Executive Directors <u>and the Chair</u>, taking into account the views of the Trust Chair<del>man</del> (except in respect of his/her own remuneration and terms of service), the Chief Executive and any external advisers</li> <li>• <del>Comply with the Fit and Proper and Proper Person requirement for Directors</del></li> <li>• Review annually the time commitment requirement for Non-Executive Directors <u>and the Chair</u></li> <li>• Oversee other related arrangements for Non-Executive Directors <u>and the Chair</u></li> <li>• <u>The committee will receive reports from the Chair<del>man</del> and Director of Workforce &amp; Organisational Development to support the role of the committee and enable it to fulfil its duties</u></li> </ul>
<b>Membership</b>	The Committee will be chaired by a <u>public</u> Governor supported by the Trust

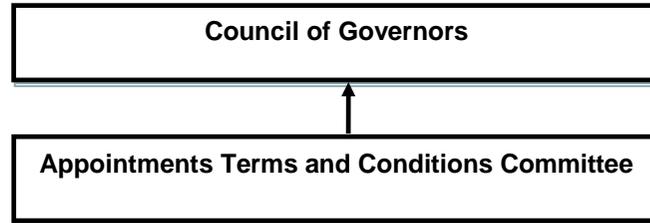
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	<p>Chairman.</p> <ul style="list-style-type: none"> <li>• The membership of the Committee shall consist of <ul style="list-style-type: none"> <li>○ 4 Public Governors,</li> <li>○ the Chairman and</li> <li>○ the Senior Independent Director</li> <li>○ <u>the Director of Workforce and Organisational Development</u></li> </ul> </li> <li>• If the number of Governors who express an interest on serving on the Committee is higher than the number of places available, membership will be discussed <del>at the Governor Forum</del> with a recommendation made to the Council of Governors</li> <li>• Any member of the Committee who has not attended 3 meetings and has not sent their apologies and provided a reasonable explanation, may be asked to step down from the Committee</li> <li>• Only members of the Committee have the right to attend Committee meetings</li> <li>• <del>At the invitation of the Committee, meetings may be attended by the Director of Human Resources.</del></li> <li>• Other persons may be invited by the Committee to attend a meeting so as to assist in deliberations.</li> </ul>
<p><b>Quorum</b></p>	<p>The quorum necessary for the transaction of business shall be 2 Public Governors <u>and/or the Chair or Senior Independent Director.</u></p>
<p><b>Chair</b></p>	<p>The Committee will be chaired by a public governor supported by the Trust Chairman.</p> <p>The <u>Chair</u> of the Committee will be appointed annually.</p>
<p><b>Frequency</b></p>	<p>The Committee shall meet as and when required to discharge its business and fulfil its cycle of business, but at least on <del>four</del><u>two</u> occasions in each financial year.</p>
<p><b>Agenda and Papers</b></p>	<p>An agenda for each meeting, together with relevant papers, will be forwarded to members to arrive 5 days before the meeting.</p>
<p><b>Minutes and Reporting</b></p>	<p>Formal minutes shall be taken of all Committee meetings and an update provided to the Council of Governors at a general Council of Governors meeting.</p> <p>The Committee shall receive and agree a description of work of the Committee, its policies and all Non Executive Director <u>and the Chair</u> emoluments in order that these are accurately reported in the required format in the Trust's annual report.</p>
<p><b>Monitoring</b></p>	<p><del>The Committee shall review annually its collective performance and attendance</del></p> <p>The Committee will, in conjunction with the Chairman, Senior Independent Director and Human Resources Department, consider proposals for the evaluation of the Council of Governors and Governor appraisals and make appropriate recommendations to the Council of Governors.</p>

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	The Terms of Reference of the Committee shall be reviewed by the Council of Governors at least annually
<b>Approval Date</b>	<del>13 March 2018</del> <u>March 2020</u>
<b>Review Date</b>	March <del>2019</del> <u>2021</u>

**Appointments Terms and Conditions Committee Reporting Structure**



**Finance, Quality, Workforce Audit and Strategy Group**

**Annual Review of Committee Effectiveness and Terms of Reference  
1<sup>st</sup> April 2019 to 31<sup>st</sup> March 2020**

The purpose of the committee is

**1. Executive Summary**

The group has had an effective year exploring the subject areas the Group previously covered (Finance, Audit and Strategy) and introduced Quality and Workforce as new areas. In undertaking its role the Group led the process leading to the recommendation of the appointment of external auditors to the Council of Governors and provided challenge and support to the Operational planning process as well as working through Topic based Assurance reports with Non-Executive Directors, Executive Directors and other senior staff.

The Committee is usually chaired by a public governor supported by the Non-Executive Directors

**2. Delivery of functions**

Functions within ToR	Evidence to support delivery	Outstanding issues / action plan
<ul style="list-style-type: none"> <li>• External audit arrangements and to make recommendations to the Council of Governors on the appointment, retention or removal of the Trust's auditors</li> <li>• In relation to the Trust's auditors, the Group will present to the Council of Governors the procurement process that has been followed and the results of the procurement process and recommendations.</li> <li>• Strategy and Planning systems, structures and documents providing feedback to the management team</li> <li>• Quality systems providing feedback based on Board Assurance Reports</li> </ul>	<p>Evidence within the minutes of the meetings</p>	

**3. Attendance**

The Group met on 3 occasions – 25<sup>th</sup> June, 9<sup>th</sup> October and 18<sup>th</sup> December 2019. The meeting scheduled for 26<sup>th</sup> March 2020 was cancelled due to Covid.

A summary of attendance is attached as appendix 1.

Members:	No of meetings attended
The membership of the Group shall consist of: <ul style="list-style-type: none"> <li>• The Chair of the Audit Committee or their deputy</li> <li>• A Non-Executive Director of the Finance &amp; Investment Committee</li> <li>• A Non-Executive Director of the Quality Committee</li> <li>• A Non-Executive Director of the Workforce Committee</li> <li>• The Director of Finance or their deputy</li> <li>• Up to Six Governors</li> </ul>	
Sam Muzaffer	3/3
Anne Gorman	3/3
Huw Jones	2/3
Gwen Lunn	2/3
Eric Bennett	2/3
Ros Jump	2/3
Sam Grey	1/3
Christopher Duggleby	1/3
Fiona Saunders	1/3
Francis Patton *	2/3
Peter Baren *	1/3
Mike Cooke*	2/3
Peter Beckwith	2/3
* not required to attend every meeting	

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

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

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

Core membership is important and a regular group do attend and contribute however invitations need routinely to be issued to all Governors with a RSVP system

#### 4. Quoracy

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

- The Committee was quorate on 2 of 3 occasions. The December meeting was not attended by the Director of Finance or their deputy.

- On 2 occasions the chair of audit committee was not present but it has been assumed that the Non-Executive Director of the Finance & Investment Committee acted as deputy in these meetings.
- Where it was essential for quoracy through the appointment process of External Auditors there was a consistency of membership attendance and quoracy

## **5. Reporting / Groups or Committees**

Not applicable.

## **6. Conduct of meetings**

The group needs to ensure that papers are issued in line with good business practice 7 days prior to the meeting and although notes of the meeting are routinely produced the Chair produces those. Further administrative support would assist in the prompt circulation of notes for approval.

*Governor Chair and Trust Board lead to consider the following questions*

- *Was a workplan agreed at the start of the year and have meetings and agendas been appropriately scheduled to meet the work plan?* The workplan for the group was agreed and reflected in the scheduling of meetings through the year with an agenda that rotates between Finance and Audit at one meeting and Quality and Workforce at the alternative meeting. A special event to explore the Operating Plan was scheduled
- *Are the reports and papers presented of a high quality and prepared in time for issue 5 working days ahead of the meeting?* Papers for one meeting were not produced and circulated 5 working days prior to the meeting due to Covid-19 related absence. Support in this area would be welcomed. Papers for meetings are (for the regular meetings) the Assurance Reports and associated reports made to the Board of the FT and therefore of quality. Papers produced for the meeting to appoint the External Auditors were of high quality and produced to time.
- *Is the quality and timeliness of the minutes satisfactory?* The group is not a formal Committee and therefore formal minutes are not produced. Notes have been regularly produced and circulated with the agenda and papers. Notes have been produced usually by the Chair of the meeting. Support for note taking would be welcomed.
- *Is an action log maintained and are actions clearly recorded, assigned to individuals with timelines and followed through?* A formal paper identified as an action log is not produced as a separate piece of paper however the notes of meetings clearly identify action to be taken and by whom. Each meeting reviews actions due and records if they have been completed.

## 7. Review of Terms of Reference

The scope of the group as reflected in the ToR now need to formally include Workforce. This was introduced for a pilot period however should now be reflected fully.

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

## 8. Workplan for 2020/21

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

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

*If any, please summarise in bullet point format below*

- a) The ToR state membership will be a maximum of 6 governors but that other Governors may join the membership with the approval of the Chairman of the CoG. On 2 occasions seven governors were present. A core membership with regular attendance is essential with the technical nature of some agenda items however all Governors should be given the opportunity to attend.
- b) The ToR need to be reviewed and include reference to workforce and must be dated when agreed by the group, approved by the CoG and when the next review is and reflected on the groups workplan.
- c) Admin support requested in order to produce and circulate notes of meetings

Attendance summary

Quorum	25 <sup>th</sup> June 2019	9 <sup>th</sup> October 2019	18 <sup>th</sup> December 2019
4 members including: <ul style="list-style-type: none"> <li>• 2 Governors</li> <li>• the Audit Committee Chair (or their deputy)</li> <li>• the Director of Finance (or their deputy)</li> </ul>	Gwen Lunn Sam Muzaffer Huw Jones Eric Bennett Ros Jump Anne Gorman Sam Grey	Sam Muzaffer Gwen Lunn Anne Gorman	Sam Muzaffer Huw Jones Eric Bennett Ros Jump Christopher Duggleby Fiona Saunders Anne Gorman
Audit Committee Chair (or deputy)		Peter Baren	
Non Executive Director of the F&I Committee	Francis Patten		Francis Patten
Director of Finance (or deputy)	Peter Beckwith	Peter Beckwith	
Non-Executive Director of the Quality Committee	Mike Cooke		Mike Cook

**Terms of Reference**

**Finance, Audit, Strategy and Quality Governor Group**

<p><b>Authority</b></p>	<p>The Finance, Audit, Strategy and Quality Governor Group is established as a sub group of the Council of Governors.</p> <p>The group reports to the Council of Governors.</p>
<p><b>Role / Purpose</b></p>	<p>The Group provides a place to review the Trust's</p> <ul style="list-style-type: none"> <li>• External audit arrangements and to make recommendations to the Council of Governors on the appointment, retention or removal of the Trust's auditors</li> <li>• Strategy and Planning systems, structures and documents providing feedback to the management team</li> <li>• Quality systems providing feedback based on Board Assurance Reports</li> </ul> <p>In relation to the Trust's auditors, the Group will present to the Council of Governors the procurement process that has been followed and the results of the procurement process and recommendations.</p> <p>The Group may also be asked by the Council of Governors to consider aspects of the Trust's Financial Strategy as reported through the Board Assurance Reports.</p>
<p><b>Duties</b></p>	<p>The key responsibilities of the Group are to:</p> <ul style="list-style-type: none"> <li>• Review the arrangements for the provision of external audit services to the Trust;</li> <li>• Form a view on the effectiveness of the current external audit service based on objective performance criteria;</li> <li>• Determine the process and timing of any competitive tendering exercise and develop selection criteria for reviewing tender submissions;</li> <li>• Make recommendations to the Council of Governors on the auditor appointment;</li> <li>• Undertake any work in connection with the Trust's Financial Strategy commissioned by the Council of Governors;</li> <li>• Review the Board Assurance Reports for Finance, Audit and Quality providing feedback where appropriate to the Council of Governors and the management team of the Trust where appropriate.</li> <li>• Influence the strategic direction of the Trust so that it reflects the aspirations and needs of the constituent communities that governors reflect;</li> <li>• Appreciatively challenge the Trust to ensure that strategic plans accurately and fully reflect the agreed strategic direction of the Trust;</li> </ul>

	<ul style="list-style-type: none"> <li>• Appreciatively challenge the Trust to ensure that shorter run plans reflect and move the organisation in the directions set out in longer run plans;</li> <li>• Discuss upcoming business opportunities and the result of bids made to capture previous business opportunities;</li> <li>• Discuss and agree recommendations to be made to the Council on any private income exceeding 5% of the Trust’s total income;</li> <li>• Identify any questions and further issues to enable Governors to fulfil their functions of challenging and supporting the Trust’s work;</li> <li>• To receive updates for discussion from the lead director on business development and strategy issues;</li> <li>• Agree recommendations to be made to the Council on any matter arising from this group.</li> </ul>
<p><b>Membership</b></p>	<p>The membership of the Group shall consist of:</p> <ul style="list-style-type: none"> <li>• The Chair of the Audit Committee or their deputy</li> <li>• A Non Executive Director of the Finance &amp; Investment Committee</li> <li>• A Non Executive Director of the Quality Committee</li> <li>• The Director of Finance or their deputy</li> <li>• Up to Six Governors</li> </ul> <p>Other Governors may join the membership with the approval of the Chairman of the CoG.</p> <p>As the agenda for meetings will alter throughout the year to reflect different business priorities it is recognised that a NED with a specific area of interest not on the agenda for that meeting does not need to attend.</p>
<p><b>Quorum</b></p>	<p>The quorum necessary for the transaction of formal business shall be 4 members including:</p> <ul style="list-style-type: none"> <li>• 2 Governors</li> <li>• the Audit Committee Chair (or their deputy)</li> <li>• the Director of Finance (or their deputy)</li> </ul> <p>This relates to the formal requirements in respect of audit.</p>
<p><b>Chair</b></p>	<p>The Chairman of the Group shall be a Governor.</p>
<p><b>Frequency</b></p>	<p>The Governor Group shall meet as a minimum twice per year, but additional meetings may be convened if required.</p>
<p><b>Agenda and Papers</b></p>	<p>The agenda will be agreed with the Chair of the Group. The agenda and supporting papers will be circulated to members no later than 5 working days prior to the</p>



	<p>meeting.</p> <p>Main topics for discussion on the agenda will alter through the year so that governors will have the opportunity to review and comment on each element of the subject matter for the meeting.</p>
<b>Minutes and Reporting</b>	<p>Minutes shall be taken of the meeting including recording the names of those present and in attendance. A record will be kept of any matters arising and matters to be carried forward</p> <p>A summary of the Group meetings will be prepared by the Group's Chair and submitted to the next Council of Governors meeting.</p>
<b>Monitoring</b>	<p>A review of attendance and effectiveness will be undertaken annually.</p>
<b>Date Agreed</b>	
<b>Date CoG Approved</b>	
<b>Review Date</b>	

**Agenda Item 10**

Title & Date of Meeting:	Council of Governors Public Meeting – 16 July 2020			
Title of Report:	Council of Governors Workplan			
Author/s:	Name: Sharon Mays Title: Chair			
Recommendation:	To approve	✓	To receive & note	
	For information		To ratify	
Purpose of Paper:	To present the updated workplan to the Council of Governors for approval			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Appointments, Terms & Conditions Committee		Engaging with Members	
	Finance, Audit, Strategy and Quality Governor Group			
	Trust Board			
			Other (please detail)	
Key Issues within the report:	Contained within the report			

**Monitoring and assurance framework summary:**

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







**Agenda Item 11**

Title & Date of Meeting:	Council of Governors Public Meeting – 16 July 2020			
Title of Report:	Governor Development Session Notes 16 June 2020			
Author/s:	Name: Sharon Mays Title: Chair			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	The notes from the Governor Development session held on 16 June were presented for information			
Governance:		Date	Engaging with Members	Date
	Appointments, Terms & Conditions Committee			
	Finance, Audit, Strategy and Quality Governor Group			
	Trust Board			
			Other (please detail) Specific report	✓
Key Issues within the report:	Any issues identified within the notes			

**Monitoring and assurance framework summary:**

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



**Council of Governors Development Day**

**Notes from virtual session held on 16 June 2020 by Microsoft Teams**

**Present:** Sharon Mays  
 Mandy Dawley  
 Tim Durkin  
 Anne Gorman  
 Sam Grey  
 Huw Jones  
 Ros jump  
 Gwen Lunn  
 Doff Pollard  
 Fiona Sanders  
 Helena Spencer

**Apologies** Andy Barber  
 Eric Bennett  
 John Cunnington  
 Stephen Christian  
 Craig Enderby  
 Ian Graves  
 Paul McCourt  
 Sam Muzaffar  
 Jacqui White

**Board Members**

Peter Baren  
 Mike Cooke  
 Francis Patton  
 Dean Royles  
 Mike Smith  
 Michele Moran  
 Pete Beckwith  
 Hilary Gledhill

The Chair welcomed everyone to the virtual meeting to provide Governors with an update on Covid 19 and the actions the Trust has taken. The Chair apologised in advance that she would need to leave the meeting early and that Mr Baren would take over leading the meeting.

01/20	<p><b>COVID Updates</b></p> <p>The Chief Executive explained that the aim of the session was to keep Governors updated on the actions that have been taken and continue to be taken during the Covid 19 restrictions. Twelve weeks ago the emergency planning process was implemented. The Trust implemented Gold, Silver and Bronze command structures. Prior to this time the issue of personal protective equipment (PPE) had been reviewed which put the organisation in a good place.</p> <p>A significant number of guidance and publications were issued in the first few weeks which was disseminated accordingly through the Trust. Throughout all of the pandemic, staff have been fantastic in their response and in the way they have taken forward new ways of working and continued to provide excellent care to our patients and carers.</p> <p>The IT department has been hard at work, taking forward digital platforms to enable staff to</p>
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continue working remotely and were able to mobilise plans and equipment with a few weeks. The slide pack circulated shows what has changes since the start of the pandemic.

The Trust has been supporting staff both emotionally, mentally and physically, 24/7 access to psychological services and access to the Shiny Mind app. Food hampers were delivered to in patient units to ensure there was access to food products when they were unavailable at the start of the pandemic. Pamper and review packs were provided following donations from local companies. Staff morale has been and continues to be high, however close monitoring is taking place to ensure that staff do take annual leave and breaks to protect their wellbeing.

No services were stopped during the pandemic and units remained open including Inspire Unit.

Skype for Business was enabled for all staff, however this will be phased out as Microsoft Teams is the preferred platform for meetings.

Mill View was identified as a Covid 19 wards for patients. This was ideal as it is on the same site as the Acute Hospitals Infection Control team who agreed to assist should it be required. The Hull and East Riding areas have not been as hard hit with the virus as much as other areas of the country. Staff sickness remains steady with relatively low numbers of staff self isolating or shielding.

A significant amount of work was undertaken by the Communications Team in keeping staff updated. "Ask the Exec" was also established which allows information to be shared with staff and an opportunity for them to ask questions through a virtual platform.

Recruitment continues and the Trust was lucky to have eight people return from retirement as a result of the national scheme.

Work continued in the community for Scarborough and Whitby areas. Different ways of working have been implemented including use of PPE and GPs working remotely.

Work is being undertaken in all premises to make them social distant safe. In Trust HQ this is more difficult, but a one way system has been implemented, a screen installed at reception, hand sanitiser is available and posters promoting back to basics and Stop Think Social Distance have been put up on walls. All rooms are being assessed to see how many people can safely use them when they start to return to work. The Chief Executive pointed out that although there will be some normality, the Trust is also assessing whether everyone needs to return back to work in a base as the successful role out of remote working has benefits for both staff and the organisation.

The care of young people and what is happening with them given the changes in education that have been implemented was raised and how this may affect staff over the summer holidays. At the start of the pandemic support for hotel accommodation and child care was provided by the organisation. With the lifting of restrictions, this support is starting to reduce. A piece of work in the restore and recovery phase is how young people and anxious parents can be supported going forward. There have been no reported cases of a young person ending their life locally, but there has been an increase in suicides in young people nationally. Dependent on the way in which schools start to return to some normality, may mean the organisation considers the way staff may be affected and need specific support. Some schools have home schooling support, but not all

### **Operational Matters**

Mrs Gledhill reiterated the amount of work that has been done in the last three months has been significant. Staff have been fantastic and have risen to the challenge and embraced new ways of working in a relatively short space of time. The issue of PPE has been huge, ensuring it is used correctly and in accordance with guidance. The Trust created two satellite storage facilities in Whitby and Malton and a main facility at the Humber Centre for PPE all with 24/7 access. As this has progressed there is now an App for ordering to make it easier for staff.

The organisation will never run out of PPE thanks to the PUSH system. In the beginning, PPE supplies were bought from wherever they were available including DIY stores and donations from construction firms which were provided free. There has been lots of guidance issued in relation to PPE and relevant policies have been reviewed and amended as required.

The infection control rapid response team was created using registered nurses across the Trust to train others. The teams included paramedics who helped to cover all areas in mental health and learning disability services around physical health care of Covid 19 patients. Darley Ward in the Humber Centre was identified for any Covid 19 positive patients.

In terms of training all has been done via virtual platforms with exception of De-escalation Management (DMI) which has to be done face to face wearing PPE. Risk assessments have been undertaken to ensure all the necessary safety precautions have been taken.

### **Testing**

Testing for staff displaying symptoms was provided via Hull University teaching Hospital. The test, track and trace system has now been implemented. If a staff member tests positive the Occupational Health team will go through a set of questions to determine who they have been in contact with over the previous 48 hours. The appropriate measures are then taken dependent on the outcome.

Antibody testing is starting to see who may have had Covid 19. The outcome of these tests could put pressure on staffing in the Trust due to the number of staff who may be identified as having to self isolate.

The Back to Basics poster has gone down well both in the Trust and it has also been adopted nationally. It was thought this was a key message to help keep staff safe. Social distancing posters have been placed in key areas throughout the organisation. The advice around washing uniforms was thought to be very helpful.

An Ethics Committee has also been established which has also looked at the Resuscitation policy.

### **Restore and Recovery**

The Trust made links with Italy early on in the pandemic to learn from their issues. Research is also being conducted around the different phases, PTSD, bereavement and anxiety about children going back to school.

Staff have embraced the changes made to enable service delivery including the use of Skype initially, which is gradually being migrated to Microsoft Teams. Some services will need to return to face to face contact and others will continue with the new ways of working.

In terms of finances, the planning framework changed from April in that it was suspended and all NHS organisations were put onto block contracts. This meant that the Trust received block income for April to July, however this has now been extended to October. Claims have been made for additional expenditure identified as a result of Covid 19 and systems and processes are in place to capture this.

Ms Jump asked about elderly people who are in lockdown and how finances would help with this. Mr Beckwith reported that new planning guidance is expected in July which will determine the way things are done going forward. However it is anticipated that the next phase will be more acute hospital focused as they start to return to a level of normal ways of working.

Another peak of Covid 19 cases is being planned for. With this will come more mental health issues including isolation and isolation of the elderly related cases as people become anxious about going out. No new funding for this work has been identified.

IAPT productivity has increased and more people are being seen using digital platforms. Mrs

	<p>Gorman queried whether this was due to better attendance levels of clinicians' capacity to see more people. The Chief Executive explained that a lot of work has been done on IAPT pre Covid 19. Some remote consultations may take the same time as an appointment.</p> <p>Mrs Gorman noted there had been a lot of changes in the working environments during Covid 19 and that staff have had to adapt. Regular communications have been provided to staff to keep them updated. It is time to try and restore things that have been put on hold and to identify any processes that have not been missed and perhaps are no longer needed. More is being done remotely and this needs to continue in recognised areas for example printing meeting papers as we do not want to revert back to the way things were for everything.</p> <p>Mrs Gorman thought the Ask the Exec sessions have been positively received and are accessible to all staff. As they have developed staff have started to ask questions which is good.</p> <p>Mrs Pollard commented that the patient participate group has not recently received any update on Whitby Hospital. Mr Beckwith explained that the North Yorks CCG has agreed a way forward with the programme. Work has started on the tower block and Abbey and memorial Wards have been reopened temporarily in case they are needed. However there will be a time when a decision is made around future requirements. Covid 19 safety work is taking place which has identified that a bed reduction from 16 – 14 will be required to allow safe working.</p> <p>Mrs Sanders asked how staff are being encouraged to take annual leave to ensure they do not become tired. The Chief Executive explained that the majority of staff are making sure they have breaks and leave. Stress, anxiety and sickness rates are being monitored. Mrs Gorman asked about the use of fans as some staff have reported they are unable to use them due to infection control issues. Concern was raised at the staff health and wellbeing meeting about PPE being hot and individuals needing a way of cooling down. Mrs Gledhill explained that a piece of work is taking place and risk assessments being conducted around the use of fans. With PPE it is easy to become dehydrated and staff are being reminded to stay hydrated.</p> <p>Mr Jones asked about the costs associated with Covid 19 and how this will be dealt with and affect future programmes of work. Mr Beckwith explained that before Covid 19 an operational plan was in place, but currently this is through block income and it is unclear how this will be affected until new guidance is issued.</p>
	<p><b>Any Other Business</b> No further business was raised.</p>
	<p><b>Date and Time of Next Meeting</b> Tuesday 8 September 2020 , 9.00am</p>

**Agenda Item 12**

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

**Monitoring and assurance framework summary:**

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

✓ Tick those that apply

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

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



**Trust Board Meeting – Public Meeting**  
**Minutes of the Trust Board Meeting held on Wednesday 27 November 2019 in the**  
**Conference Room, Trust Headquarters**

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

**In Attendance:** Mrs Michelle Hughes, Interim Head of Corporate Affairs  
Mrs Jenny Jones, Trust Secretary  
Mr Adam Dennis, Communications Officer  
Michael & Georgina (for item 190/19)  
Rob Howarth, Veterans Mental Health Practitioner (for item 190/19)  
Mr Oliver Sims, Corporate Risk Manager (for items 201/20, 205/19 & 206/19)  
Huw Jones, Public Governor  
1 Member of the public

**Apologies:** None

187/19 **Declarations of Interest**  
Any further changes to declarations should be notified to the Trust Secretary. The Chair requested that if any other items on the agenda presented anyone with a potential conflict of interest, they declare their interests and remove themselves from the meeting for that item.

188/19 **Minutes of the Meeting held on 30 October 2019**  
The minutes of the meeting held on 30 October 2019 were agreed as a correct record.

189/19 **Matters Arising and Actions Log**  
The actions list was discussed.

**148/19 (a) & (b) Patient Story – Co-Production in the Development of the Peer Support Worker Role**

It was agreed that these items would be merged into a single action and an update brought to the January meeting. Work is taking place through the steering group during this time.

**183/19 Guardian of Safe Working Annual Report**

Dr Byrne explained that the British Medical Association (BMA) had no issues with the quarterly report going through the Workforce and Organisational

Development Committee. A response was still awaited from NHS Employers. The Chair emphasised that if a non positive response is received the reporting arrangements to the Board would need to be reviewed.

190/19 **Michael and Georgina's Story**

Michael and Georgina attended the Board to share their story which was of a veteran's experience of living with Post Traumatic Stress Disorder (PTSD) and his wife's experience of living with someone with the condition.

Michael shared some of the traumas he endured whilst serving in the armed forces and how these had affected both him and his family. The Board heard from Georgina the impact this had on her and the family and how she had dealt with it.

The Board thanked both of them for sharing their experiences with them and asked if there was anything that they thought could be improved. From Georgina's perspective it was about including families from the start of any treatment, so they can understand the problems that their loved one is facing. Michael wanted services to continue working together and not in isolation so that there were no boundaries as mental illness did not have any boundaries. Both also felt there should be more information in GPs surgeries especially those that are near a military base, about mental illness as there appeared to be lots of posters about flu and infections, but hardly anything on mental health. Mrs Parkinson, Chief Operating Officer, thanked Georgina for her suggestion adding that this was something that can be taken forward.

The Chair thanked Michael and Georgina for sharing their stories with the Board.

191/19 **Chair's Report**

The Chair explained that it has been a busy month and provided an update in relation to the work she has undertaken since the last meeting. This included:-

- Attendance at the HSJ Awards where the Trust won the Mental Health Provider of the Year award. The Chair thanked Board members for their contributions in getting the Trust to this point. The Chief Executive explained that the award is for all staff and in recognition pin badges and a thank you card will be going out to every staff member. The Chair and Chief Executive thanked staff for this success.
- Attendance at the Armistice Day Service that took place on 11 November at the Trust Headquarters. The Chair thanked Dr Byrne, Medical Director and his team for organising the event. A poppy wreath was laid in the courtyard as a mark of respect.
- Attendance at various meetings for the Humber Coast and Vale (HCV) Accelerator Programme. The Chair reported she has attended three full day events over the last two weeks.
- Agreement to meet with the Chair of York and hold a joint visit in Scarborough to visit services and links to community services.
- Presenting at a regional Care Quality Commission (CQC) inspectors event

- Meetings with the Chair of NAVIGO and the Chair and Chief Executive of MIND (with the Chief Executive).
- Attendance at the patient experience and Quality Improvement (QI) national leads visit. The team liked the Trust's approach and will be looking to use some of the work nationally.

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

192/19

**Chief Executive's Report**

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

Time has been spent working with Approved Mental Health Practitioners (AMHPs) and Social Workers and seeing the challenges the face on a day to day basis.

Annual Members Meeting – comparison of the attendance at this year's annual members meeting compared with last year has been undertaken. The public members are still low so this will be the focus of future discussions with the communications team.

Purdah - A period of Purdah commenced on 6 November and runs until on or after 13 December 2019.

Executive Management Team Terms of Reference – the terms of reference have been reviewed and a new process for the meetings adopted following consultation at time outs.

100% Attendance Letters - over 700 letters to staff are in the process of being signed for those who have achieved 100% attendance between 1 September 2018 and 31 August 2019.

Health Service Journal (HSJ) Winners – a full communications programme has been developed which includes a year long journey for the trophy across the organisation as the award is for the whole organisation.

Policies – the Probation Policy was ratified by the Board.

Mr McGowan provided an update on pension issues. He explained that letters have been received giving an indication that the Centre will finance any pensions impact for clinicians for this tax year. It is hoped this will encourage clinicians to take on extra clinics or hours. A Frequently Asked Questions (FAQ) document has been put on the intranet, however only a few consultants have raised any issues so far. Mr Royles urged caution around any future liabilities that the Trust may incur and any future impact on the Trust's finances.

Professor Cooke thanked the Chief Executive for her leadership resulting in the HSJ award for the Trust. He felt that there have been a number of events recently which have showcased the work of the organising including, Celebrating Partnership in Mental Health Conference, Medical engagement conference, QI visit, staff awards and the Barclays Ball to raise funds for the Impact Appeal. He also felt it would be

beneficial for the Board to see the HSJ film that was produced.

The Director of Nursing update included the commissioning of an additional module to the Datix system to produce patient safety dashboards. Mrs Gledhill explained that this will be a bespoke module tailored to the Trust's requirements and will allow reports to be generated that can be used at team levels. It is expected this will be in place early in quarter 4.

Mr Baren commented that there has been a significant improvement in the quality of communications coming through the organisation recently and congratulated the team for this. However he felt that the quality of the website was lagging behind and that information was out of date. Mrs Hughes, Interim Head of Corporate Affairs explained that a scoping exercise of both the internet and the intranet had been undertaken. There would be a cost element to upgrading the website and this was currently being worked through. An update will be included in the December Board pack which will be circulated by e mail.

Mr Patton asked about winter planning and winter pressures and how this will be impacting on GPs in terms of opening hours and demand. Mrs Parkinson explained that primary care is an integral part of the winter planning and winter pressures approach with an increased focus year on year. There is a plan which supports work across the systems.

The Chair congratulated the Workforce team for their nominations in the National Centre for Diversity Grand Awards.

The Barclays Ball was attended by the Chair, Professor Cooke and Mr McGowan recently where a significant amount of money was raised for the Impact Appeal.

**Resolved:** The report, verbal updates and ratified policy were noted. An update on the website work will be included in the December Board pack which will be circulated by e mail. Action MH

193/19

### **Performance Report**

Mr Beckwith, Director of Finance, presented the report which showed the majority of indicators are within normal variation, the exceptions being waiting times and PADR.

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

Mr Royles asked about mandatory training and whether the target of 85% was for all training or an average. It was confirmed that this is a target for all training with the exception of Information Governance which is 95%. A more detailed report was presented to the Workforce and Organisational Development (OD) Committee which included details of the Basic Life Support (BLS) and Patient and Team Safety (PATS) training. Both of these sessions are delivered face to face and the level of vacancies in teams is having an impact on attendance. For BLS there is also some staff who require a higher level of training and therefore would not need to complete the basic levels and this is being looked at.

An analysis of sickness, maternity and vacancies was presented at the Committee meeting that showed that one in five people are off work which is

adding to the pressures and stress for those staff who are working. Mr Patton confirmed that at the Workforce and OD Committee meeting there was a lengthy discussion about vacancies as this is the biggest risk to the Trust. Mr Royles agreed and asked whether there should be some investment in international recruitment. Mr McGowan said this question has been asked of the Divisions asking them to identify innovative and creative ways to address the recruitment issues. All options are open for discussion and the outcomes will come to the Executive Management Team (EMT) then back to the Committee. In terms of the Sustainable Transformation Partnership (STP) this is also being reviewed and links into the STP Workforce Group are being developed.

Mr Patton congratulated the teams on the improvement for occupied bed days with the quality dashboard showing improvement in this area. Sickness levels were not as healthy with only one areas showing a green. Professor Cooke agreed and an understanding of why this is required. Mrs Parkinson explained that a different approach has been introduced to raising issues around accountability and performance across the Divisions. A new accountability framework has been launched and the first meeting of the accountability reviews has been held. The framework mirrors the NHS Single Oversight Framework and identifies areas for improvement. Sickness absence, workforce and key performance indicators (KPIs) are a focus of this work. Professor Cooke understood there are specific variations but felt the Board needed to see a specific plan on vacancies. If certain posts are being created details on whether these are apprenticeships or how people will be retained us needed. The Workforce & OD Committee has to understand the outcomes of the summit held earlier this month. Mr McGowan confirmed that the outputs from the summit will be presented in a report by Mrs Parkinson which will go to EMT and to the Workforce & OD Committee.

Mr Baren noted there had been a reduction in the performance of Malton Hospital in month, but congratulated Whitby Hospital on its improved scores. In particular slips, trips and falls were at nil which he felt could be an error. Mrs Gledhill visited Malton recently to meet with the senior team. She found that slips, trips and falls are not being reported and there is also an issue of overfilling registered nurses on night shifts which was inherited. A Human Resources process is being undertaken to move this to a more flexible way of working. Agency staff have been secured to assist services during the high sickness period. Mrs Parkinson reported a change in the ward manager with support being offered to implement the changes required.

Mr Patton referred to the Friends and Family Test data asking if there was any update on the GP practices where the figures fluctuated. Dr Byrne said that with the increased pressures that GPs are under, patients' views change according to whether they have access to a GP.

The improvement in Care Programme Approach (CPA) compliance was noted and it was confirmed that the variation in the Improving Access to Psychological Therapies (IAPT) was usual. The Chief Executive suggested that in the next report an update be included on the changes to the trajectories within the front sheet of the Performance Report.

Mr Patton asked if the slippage in appraisals compliance was acceptable as there had been a discussion at the Workforce & OD Committee. The Chief Executive reported that EMT have also discussed this matter and will pick up

again.

Professor Cooke referred to Child and Adolescent Mental Health (CAMHS) waiting times explaining that at a recent conference he had spoken to colleagues from North Lincs who have managed to retain their waiting lists are around eight weeks which was impressive and he suggested making contact with them to see how they achieved this. Mrs Parkinson confirmed that she would take this forward.

The Chair had a query on out of area placements which was not explained within the report. She asked that the response be shared outside the meeting.

**Resolved:** The report and verbal updates were noted  
**An update on the changes to the IAPT trajectories to be included on the front sheet of the next Performance Report. Action LP**  
**Out of area placements response to be shared outside the meeting Action PBec**

194/19 **Finance Report**

The report presented by Mr Beckwith showed the financial position for the Trust as at the 31st October 2019 (Month 7). He reported:-

- An operational deficit position of £0.023m was recorded to the 31<sup>st</sup> October 2019.
- Expenditure for clinical services was lower than budgeted by £1.273m.
- Expenditure for Corporate Services was £0.264m lower than budget.
- A BRS Risk Provision of £1.903m was included in the reported position.
- Cash balance at the end of October 2019 was £12.463m (Underlying Government Banking Service Cash position was £12.184m)
- Capital Spend as at the end of October was £6.394m.

The Chair referred to appendix one asking about the net tangible assets. It was clarified that this was to do with the Local Health Care Record Exemplar (LHCRE) project.

**Resolved:** The report was noted.

195/19 **Mental Health Legislation Committee Assurance Report**

Mr Smith presented the executive summary of discussions held at the meeting held on 24 October 2019 highlighting the work being done on section 136 and the liberty protections. There were no issues to escalate to the Board.

**Resolved:** The report was noted.

196/19 **Finance and Investment Committee Assurance Report**

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

- Month seven performance and focus on key areas including the Primary Care recovery plan.
- Forecast delivery of the NHS1 control total at yearend.
- Resubmission of a financial plan that is consistent with its financial improvement trajectories.
- Work undertaken on the Operational and Corporate Services Budget

Reduction Strategy (BRS) for 2020/21 to 2022/23.

- Assurance on the Procurement strategy.
- the Committees sign off of the Travel and Expenses Policy and the Trust's Data Quality Policy
- IFRS 16 update

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

197/19 **Workforce & Organisational Development Assurance Report**

An executive summary of discussions held at the meeting held on 20 November 2019 was presented by Mr Patton. Highlights included:-

- Information from the Workforce Insight Report.
- Update on the Workforce Summit and Leadership forum and the Committee's request for a clear action plan.
- Ongoing assurance from the Freedom to Speak up Guardian
- Assurance gained from the Guardian of Safe Working report.
- Review of the Board Assurance Framework (BAF).
- Approved the submission of the Gender Pay Gap report

The Committee was also satisfied with the process and work for Freedom to Speak Up

**Resolved:** The report was noted.

198/19 **Audit Committee Assurance Report**

Mr Baren presented the executive summary of discussions held at the meeting held on 5 November 2019. He explained that the Committee had discussed a number of areas including:-

- The risks associated with the delay in opening the Child and Adolescent Mental Health Services (CAMHS) unit
- A deep dive into primary care and community services risks. Concern was raised around scrutiny of the risks and the Executive Management Team was asked to review this.
- The new external auditors Mazars attended and contributed to the meeting.
- Improvement is being seen on the follow up actions from internal audits with the new process working well

**Resolved:** The report was noted

199/19 **Charitable Funds Committee Assurance Report & 10 September 2019 Minutes**

The report was presented by Professor Cooke and included details of the meeting held on 12 November 2019. The minutes from 10 September 2019, were provided for information. The Board's attention was drawn to the following areas:-

- The Committee approval for the artwork at the Child and Adolescent Mental Health Services (CAMHS) Inpatient Unit (£30k artwork) subject to approval by the CAMHS executive board with specialist input.
- Revised Terms of Reference were considered with minor revisions to

membership. It was clarified that the Non-Executives and Executives are the core membership, and that one of each has to be in attendance in order to be quorate. Inclusion of Director of Workforce & OD and Marketing and Communications Manager as attendees.

- A review of purchases from charitable funds for equipment in relation to the impact appeal was requested. The Committee have asked for a stock take to be undertaken.
- 360 Accountants attended to present the annual accounts
- Discussed preparations for the Barclays Bank Ball

It was noted that the revised terms of reference will need to come to a future Board meeting for ratification.

**Resolved:** The report was noted

200/19

### **Charitable Funds Accounts**

The purpose of this paper is for the Trust Board to approve the annual accounts for the year ended 31 March 2019. The unaudited accounts included:

- Trustee's Annual Report 2018/19
- Independent Examiners Report
- Annual Accounts 2018/19

The accounts were reviewed and recommended for approval by the Charitable Funds Committee at its meeting on 12 November 2019.

The Chair clarified that the Trustees are the voting Board members. She referred to the delegated limits included in the accounts which she felt were inaccurate. However, Mr Beckwith clarified that the charity is still subject to the Trust's Standing Financial Instructions (SFIs) and procurement rules. It was agreed this would be made clearer in the accounts. Mrs Hughes proposed a further amendment to the Standing Orders, Standing Financial Instructions and Scheme of Delegation when presented later on the agenda to make this point more explicit.

Mr Royles recalled there was some guidance issued about Trustees and funds as a number of organisations have charities as independent organisations. It was explained that the contract with Smile gives the required independence for the Trust.

**Resolved:** The Board approved the accounts subject to the addition of wording around the charity being required to comply with the procurement rules and Trust SFIs.

201/19

### **Risk Management Strategy Update**

Mr Sims presented the report which provided an update on the work that has been undertaken.

An annual review has been completed for the Risk Management Strategy and minor updates have been made to reflect organisational changes which have occurred since the last strategy review approved by the Board in November 2018. The review was the final review of 2016-2019 Risk Management strategy, with the new strategy for 2020-2023 commencing development in Q4 2019/20.

**Resolved:** The Board approved the minor updates to the 2016-2019 Risk Management Strategy.

202/19 **Healthcare Worker Flu Vaccination Self Assessment 2019/20**

The report provides details of the self-assessment information undertaken in relation to the published NHS England and NHS Improvement best practice management checklist on flu vaccinations for healthcare workers

The annual vaccination of healthcare workers in Humber Teaching NHS Foundation Trust (the Trust) against influenza is key in protecting our patients, staff and their families. In September 2019 NHS England and NHS Improvement wrote to all trusts requesting information on the trust plans to ensure that all of our frontline staff are offered the flu vaccination and request information in relation to how the Trust will achieve the highest possible level of vaccine cover this winter. The current flu uptake is at 55% for the organisation.

**Resolved:** The Board endorsed the flu vaccination programme for 2019/20 and associated NHS England NHS Improvement flu vaccination best practice management checklist self-assessment.

203/19 **Review of Standing Orders, Scheme of Delegation and Standing Financial Instructions**

An annual review was undertaken by the Head of Corporate Affairs, Trust Secretary and Director of Finance. Suggested areas for amendment were detailed in the report. One additional change is to Deputy Directors that will be amended to General Managers.

Mr Beckwith explained that the delegated limits change had been discussed at the Finance and Investment Committee and also included leases.

One further change was proposed following discussion regarding charitable funds earlier - page 60 'Expenditure on Charitable and Endowment Funds' to explicitly state in that box that anything over £5,000 is subject to procurement rules and budgetary delegation set out above and elsewhere in the SFIs.

**Resolved:** Subject to inclusion of the additional change, the Board approved the changes to the document

204/19 **Annual Declarations**

The Trust is required to make annual declarations after the financial year end. A summary of the annual declarations required to be made by the Trust, including evidence of how the Trust meets these declarations and to provide assurance that the views of Governors have been taken into consideration was presented. Details of declaration and comments/evidence were included within the report.

The Chair had already discussed with Mr Beckwith regarding some inconsistencies in the report which will be amended. It will come back to the Board in May as part of the annual papers.

**Resolved:** Subject to inclusion of the changes identified, the Trust approved the annual declarations.

205/19 **Board Assurance Framework**

The report provided the Board with the Quarter 3 2019/20 version of the Board Assurance Framework (BAF) allowing for the monitoring of progress against the Trust's six strategic goals.

Changes from Quarter 2 2019-20 to Quarter 3 2019-20 included:-

Strategic Goal 2 – Enhancing prevention, wellbeing and recovery - Overall rating remains at amber for Quarter 3 2019/20 position. Risk LDC31 has been reduced and is no longer managed through the Trust-wide risk register.

Strategic Goal 4 – Developing and effective and empowered workforce – the overall rating has been reduced to yellow for quarter 3 2019/20 position reflecting the assurance linked to the strategic goal. The project risk CAMHS-C2 has been closed and is no longer managed through the Trust-wide risk register or aligned to this section of the framework.

Professor Cooke confirmed there was a good debate at the Workforce & Organisational Development (OD) Committee about the risk ratings. He felt an explanation is needed on the actual vacancies and the narrative updated to include details of how this is being tackled. Mr Sims will include this on future front sheets. Mr Patton confirmed that assurance was gained by the Committee following its review. The Chief Executive said that incentives have been offered for recruiting and comparative data would be useful. Mr Patton commented that he receives more comparable data from this organisation than from any of the others he has dealings with.

Mr Baren asked why strategic goal six had moved from amber to green. The Chief Executive explained that often the Trust is too critical of itself and with the work of partnerships, the conference, system leadership and the work that the Head of Patient Carer and Engagement is undertaken it was felt that this risk could be reduced as there is sufficient evidence to show.

**Resolved:** The report was noted.  
An explanation on the actual vacancies and updated narrative to be included on future front sheets. Action OS

206/19 **Risk Register**

The report provided an update of Trust-wide risk register (15+ risks) including the detail of any additional or closed risks since last reported to Trust Board in September 2019.

There are currently 6 risks held on the Trust-wide Risk Register and two risks closed/ de-escalated. There are currently 201 risks held across the Trust's Division, Directorate and project risk registers which was an overall increase of 21 risks from the 178 reported to Trust Board in September.

An increase was reported in the primary care and community services risks due to an improved process being established and identification of new risks. Mr Sims reported that there was nothing of significance within the risks and they are all being controlled and managed accordingly.

**Resolved:** The report was noted

207/19 **Any Other Business**

**Report Front Sheets**

The Chief Executive explained that after feedback the revisions to the front sheet have been well received by Board members, in particular the section where the sheet demonstrates where the paper has been previously. It will now be rolled out for use across the Trust from January 2020.

208/19 **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.

209/19 **Date and Time of Next Meeting**

Wednesday 29 January 2020, 9.30am in the Conference Room, Trust Headquarters

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

**Trust Board Meeting – Public Meeting**  
**Minutes of the Trust Board Meeting held on Wednesday 29 January 2020 in the**  
**Conference Room, Trust Headquarters**

**Present:**

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

**In Attendance:**

- Mrs Michelle Hughes, Interim Head of Corporate Affairs
- Mrs Jenny Jones, Trust Secretary
- Mr Adam Dennis, Communications Officer
- Ms Jennie Bradley, Business Development Consultant, Quality Health (for item 04/20)
- Mrs Mandy Dawley, Head of Patient and Carer Experience and Engagement (for item 04/20)
- Mrs Patti Boden, Senior Nurse
- 2 Members of the public

**Apologies:** None

- 01/20     **Declarations of Interest**  
Any further changes to declarations should be notified to the Trust Secretary. The Chair requested that if any other items on the agenda presented anyone with a potential conflict of interest, they declare their interests and remove themselves from the meeting for that item.
- 02/20     **Minutes of the Meeting held on 27 November 2019**  
The minutes of the meeting held on 27 November 2019 were agreed as a correct record with the following amendments:-
- 192/19 – Chief Executive Report**  
The 10th para. 3rd line was amended to read “.....showcased the work of the organisation including ....”
- 193/19 Performance Report**  
The penultimate paragraph was amended to read “...whether these are apprenticeships or how people will be retained is needed.”
- 03/20     **Matters Arising and Actions Log**  
The actions list was discussed.

04/20

### **2019 Community Mental Health Survey**

Ms Jennie Bradley, Business Development Consultant from Quality Health attended to present the results from the survey. The survey is a mandatory annual national survey organised by the Care Quality Commission (CQC) and delivered on behalf of the CQC by Quality Health. Ms Bradley provided details of the Trust's results in comparison to the national data. Four new questions relating to treatment history, medication purpose and side effects and views on the quality of care were included in the survey and five questions around care and services, information on medicines and NHS Therapies were removed.

The survey results were based on a random sample of 822 with a respondent rate of 247 (30%). The survey period was 1 September to 30 September 2018. Professor Cooke felt the true results would be seen if they were triangulated with other data from the Friends and Family Test for example. He commented that there is heavy reliance on the Community Mental Health Teams (CMHTs) and the Trust does not have a large number of inpatient beds. It was noted that there is a national pilot to reshape CMHTs which may be able to be used. Professor Cooke asked if the organisation is struggling to appoint some qualified staff, whether the use of Pharmacists and peer support workers could be considered in order to maintain focus in some areas. He was informed that this is happening.

The Chief Executive felt this was a solid report which was very similar to the last year's report. Maintaining the results in light of the growing demand and capacity teams are facing is commendable. The organisation continues to look at community teams and how they are working including looking to appoint more Pharmacists who are more qualified around the pharmacology things.

Mrs Parkinson, Chief Operating Officer, said the approach taken with the survey is for teams to own it and the results to ensure that changes happened. As a consequence a session at the Senior Leadership Forum was hosted by the CMHT. Pharmacists and Pharmacy Technicians are in the plans with further recruitment planned into CMHTs. A presentation was given to the Board last year on Peer Support Workers and by April 2020, twelve will have been recruited and other areas are looking at this role. The workers will have a training plan as part of that role which is being embraced by community teams. Actions to support training will have a bespoke service which is already embedded with the teams in Hull. Sustainable Transformation Partnership (STP) funding is agreed to roll out Peer Support Workers further.

Professor Cooke was pleased to see improvement being made, but recognised that with the survey results showing some decline in areas, some services need further improvement. Dr Byrne commented that this was a solid report and acknowledged that the Trust is ambitious and wants to do more. It is important to take into context the focus there has been over the last year in terms of physical health which is important to people with mortality groups. Things are not going to change overnight and the cultural attitude takes time to change. It is about the information and what are the right things to focus on this year. Last year was the first time that teams have taken ownership of their data at a senior leadership level. There are now over 100 real staff champions to ensure that more patients provide feedback. Professor Cooke recognised the work that has been done to promote patients becoming more involved.

The Chair agreed that this was a good debate to have and personally felt the

results showed a good solid performance with some areas requiring improvement. Mrs Dawley, Head of Patient and Carer Experience and Engagement explained that CMHTs were involved in a workshop late last year which included service users. A number of actions were agreed and plans completed. Actions were assigned to individuals to take back to their teams for discussion. Quarterly updates will be provided through the strengthened governance processes. Staff champions for patient experience are attending a session to develop their role and to see what they are doing. A template is being developed for each team to identify their top three priorities for delivering patient experience. The Friends and Family Test (FFT) is a “must do” on the action list as it is undertaken, but it could be done better.

A number of the Trust’s East Riding GP Practices are going onto MJOG which is a text based patient feedback system allowing quick and easy communication with practices. At present from the two Hull GP Practices approximately 300 responses are received a month and it is expected this will increase significantly with the additions. The Patient Experience team are going into inpatient units and completing surveys with patients and having conversations to get the feel for how it is on the unit. Once the process is embedded the staff champions will become involved in the process.

The Chair thanked Mrs Dawley for progressing the work that is being undertaken and looked forward to reading about the journey in the assurance reports to the Board from the Quality Committee.

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

05/20

### **Chair’s Report**

The Chair explained that it has been a busy month and provided an update in relation to the work she has undertaken since the last meeting. This included:-

- Continuing with visits including working with Health Stars in Whitby and Malton to look at developing connections with the community and future fund raising opportunities
- Christmas visits which included delivering the prizes for the best dressed Christmas tree competition. The Chair thanked Board members for their generous donations.
- Team visits to the Perinatal Service and to Townend Court. There is a lot of positive and fantastic work taking place
- Attending the NHS Minster Carol Service and the Trust carol service
- Attending various sub Committees of the Board as part of the annual programme and seeing the strengthened governance processes in place
- Attending the NHS Leaders meeting at the end of last year. This was a good event to provide information on the forthcoming legislation changes
- Three new Governors start on 1 February 2020. Mr Mike Oxtoby, Service User and Carer public Governor has resigned. The Chair on behalf of the Board and the Council of Governors thanked Mr Oxtoby for his support and contribution to the Trust.  
Meetings with appointed Governors continue to take place developing relationships  
and driving good practice across the organisation.

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

06/20

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

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

#### **Around the Trust**

Visits to a number of teams in the Adult inpatient areas and School Nurses. Teams report that demand continues to exceed expectations and trajectories. The Trust is working closely with commissioners to take this forward.

#### **Healthcare Financial Management Association (HFMA) Yorkshire and Humber Conference**

The outcome of the awards is awaited with the Trust shortlisted for 2 awards for Finance Team of the Year, and Iain Omand shortlisted for Finance Professional of the year. Well done to everyone for the recognition.

#### **Child and Adolescent Mental Health Services (CAMHS) – Inspire Opening**

The opening of Inspire was a great success. Visitors were impressed by the build, design and the services that are offered and how unclinical the environment is.

Mrs Parkinson reported that at the open day complimentary comments were received about the environment and the clinical model. Other provider organisations were interested in the clinical model and how they may be able to use it. Connections with the community services gives focus and ensures that community pathways are working well. Staff team training that was undertaken before the opening prepared them well and they are a very positive and motivated team. Two locum consultants have been recruited. The unit is following a phased plan for admissions and has had admissions.

The Chair congratulated all involved in the opening. It was also clear from the involvement of Health Stars the difference that the fundraising had made to the unit. Mrs Parkinson agreed stating that without this additional fundraising, items would not have been provided which will make a difference to young people.

#### **Greatix**

Greatix is now in place which looks at patient safety in a different way and concentrating on what went well.

#### **Shadow Secretary Higher Education and Further Education**

Emma Hardy MP is now the Shadow Secretary Higher Education and Further Education. Emma was a teacher prior to being an MP.

#### **New Year Honours**

Diana Johnson MP received a DBE (Dame Commander) in the 2020 New Year Honours.

#### **New Guidance**

New guidance has been published which extends the legal rights to Budgets which links to the NHS Plan.

#### **East Riding & Hull Provider Alliance**

The Integrated Care Partnership is now known as the Integrated Care Alliance and is progressing well. Good governance processes are in place to help reduce

duplication of meetings.

The Integrated Care Service (ICS) will go live in April 2020. It is clear that ICS will have oversight of all organisations in the Humber Coast and Vale (HCV) which now includes Hambleton, Richmondshire and Whitby. However organisations within the HCV will keep their own sovereignty. The structure is being established and clinical lead posts to lead clinical engagement will be advertised. The Chief Executive suggested that at the next Board Time Out that a session on progress and how the Trust contributes to the ICS is held before the go live date. Assemblies will be set up for lay members and Non Executive Directors.

### **Brexit**

Mr Beckwith, Director of Finance, reported that the exit date is 31 January with the final implementation date being 31 December 2020. No further meetings are planned, however in late summer meeting are likely to be arranged to discuss deal preparations.

### **Coronavirus**

Mrs Gledhill, Director of Nursing, reported that the Trust is following guidance from Public Health England which has been circulated to staff. All preparations have been made within the organisation including identification of isolation rooms if required. Visits will be made to all GP surgeries and Minor Injuries Units (MIUs) to check that the information has been received and that they are aware of actions to be taken. Work is ongoing to review Personal Protective Equipment (PPE) supplies to check there are sufficient quantities.

### **Flu**

The Trust is at 73% uptake which is higher than last year which is positive. The peer vaccinators programme worked well. Dr Byrne thanked the Communications team for their targeted campaign which helped to increase uptake.

### **Approved Clinician Development Day**

Mr Patton was pleased to see this initiative and asked for further information. Dr Byrne will circulate the information to Board members.

### **Strategic Goals Refresh Monitoring Framework**

The Chair explained that agreement has been reached that when the Executive Management Team (EMT) has signed off the work it will come to the Board before it starts working through the Sub Committees.

### **Self Neglect, Neglect and Self Harm**

Professor Cooke congratulated Mrs Gledhill and the team on the work they have done in these areas.

### **Website**

Mr Baren noted the changes made to the website. Given the presentation on the CMHT survey received, he asked if there was any potential for signposting to information via the website and whether this has been considered in the development plans. Mrs Hughes, Interim Head of Corporate Affairs, confirmed that the front page of the website has been changed updated and initial signposting has been improved but the website is on an old platform and will need investment to ensure it is fit for purpose. As part of the plans to develop

this, the team have been liaising with the Head of Patient and Carer Experience and Engagement and linking with groups to with a view to ensuring it provides information that can be accessed in a way that is accessible to all. When funding has been identified the plan in place will be taken forward.

### **Policy Ratification**

The Self Neglect, Neglect and Hoarding Policy was ratified by the Board.

**Resolved:** The report, verbal updates and ratified policy were noted. Session to be provided at the next Board Time Out on progress and how the Trust contributes to the ICS to be held before the go live date. Action MM Dr Byrne to circulate information on the Approved Clinician Day to Board members Action JB

### 07/20 **Publications and Highlights Report**

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

Dr Byrne informed the Board that NHS Complaints report has been through the Executive Management Team (EMT) and will be going through the Quality and Patient Safety (QPAS) group and the Quality Committee.

**Resolved:** The report was noted.

### 08/20 **Performance Report**

Mr Beckwith, Director of Finance, presented the report which showed the majority of indicators were within normal variation, the exceptions being waiting times, improving Access to Psychological Therapies (IAPT) (6 weeks) and Appraisals. The Trust remains segmented under the Single Oversight Framework within segment 2, 'targeted support in relation to finance and use of resources', which is consistent with the Trust's approved Financial Plan.

Mr Baren referred to the Quality Dashboard which covered inpatient units. He asked if there are any future plans to replicate this for community teams. Mrs Gledhill reported that a dashboard already exists for some services and additional teams are being added. The Executive Management Team (EMT) is currently reviewing the dashboard. The Chief Executive explained that the robustness of the dashboard data is being tested prior to inclusion in the Performance Report. The content of the Performance Report is being considered at a future EMT time out to ensure it does not get too unwieldy.

In relation to under 18 admissions to adult units, Mr Baren asked what the table referred to on page 24. Mr Beckwith will review and circulate an updated table outside the meeting. Mr Baren queried whether there would still be under 18 admissions to an adult unit with the opening of the new Inspire unit. Mrs Parkinson explained that due to the phased opening it might not be possible to meet the demand currently. Lessons learned from other units around quality and safety have shown that a phased opening is beneficial. However there is no guarantee that out of area placements for young people would be eradicated. There is the inpatient Child and Adolescent Mental Health (CAMHS) team who try to prevent unnecessary admissions. The Chief Executive said that before Christmas there was a young person who had to be put onto an adult ward, however the inpatient team were able to stay with the young person on the ward and when the unit opened they were transferred.

Mr Patton noted the good trends for the Care Programme Approach and that the trajectory is on track. He commented on return to treatment (RTT) which continues to deteriorate asking if there were reasons for this. Mrs Parkinson reported that this is due to incomplete episodes where service users started, but did not complete treatment.

The CAMHS waiting times are improving and a reduction in CAMHS core services is being seen. In December a further cohort of 150 children and young people service users came through via Hull University Teaching Hospitals with inherited waiting times. Additional capacity has been agreed and is in place. It is expected that this will be the last cohort and a reduction should start to be seen. The Chair thanked Mrs Parkinson for the additional narrative asking that in future reports for this type of information to be included.

In terms of Improved Access to Psychological Therapies (IAPT) Mr Patton noted that there has been a steady decline over recent months. The Board was informed that some services have been transferred in and some pathways have waiting times. Initially the organisation wanted to separate out IAPT and primary care, but the reporting system does not allow this so it is being done manually. Plans are in place to address issues rapidly. Professor Cooke commented that this is a critical service to GPs and asked if communication could be made with them to explain the delays. Mrs Parkinson confirmed this is already happening through the practices and the Primary Care Networks (PCNs) and there is support from the Clinical Commissioning Group (CCG).

Mandatory training was showing an improved position, however appraisal compliance has reduced and Mr Patton asked if this is being addressed. Mr McGowan, Director of Workforce & Organisational Development, explained that Accountability Reviews are taking place in the next few weeks and he will be asking about the plans to improve performance quickly as part of the reviews. Staff are rewarded for completing their appraisal, mandatory training and having the flu vaccination and they will be reminded of this.

Mr Smith referred to the Friends and Family test noting that if there are problems with appointments, this may be reflected in feedback which ultimately will affect the variances. Dr Byrne explained that each practice produces an annual report and comparisons can be made with each practice. MJOG is a new system that is being introduced where it is hoped that the increase in patient feedback will increase the variances. This is an area of challenge in primary care and community data and there are fluctuations which is also affecting at national and regional levels due to capacity and demand. Action plans are in place to improve this position. It was confirmed that data can be triangulated using the practice data, complaints and PALS and waiting list information. The Friends and Family Test is beneficial but does have weaknesses. The Head of Patient and Carer Experience and Engagement has been asked to work with practices, via the Quality and Patient Safety group (QPAS) and Quality Committee, to review and benchmark practices.

Professor Cooke recognised the good work that is being done on workforce, noting that vacancies have stabilised, but that the work needs to continue to keep the momentum going.

He commented that there are over 700 people waiting over 12 months in adult and paediatric ASD. He felt that if the paediatric side could be resolved the Trust

could build up its reputation and become the centre of excellence it is working towards. The Chair said there was agreement previously to include more trajectories in this area. Mrs Parkinson confirmed these are updated monthly and can be circulated to the Board.

Mrs Gledhill pointed out that on the Quality Dashboard, Malton Hospital is showing 0% for Basic Life Support (BLS). She explained this was due to a cohort of Health Care Assistants who were due training. The Resuscitation Officer has now completed the training with them and the updated compliance is at 45%. The Chair noted that the indicators for Malton in most areas are below compliance. Mrs Gledhill confirmed that a significant amount of work is underway at Malton Hospital to improve the position and action plans are in place. The compliance issues will also be raised at the Accountability Reviews. Agency staff are also being used to help with the recruitment problems.

**Resolved:** The report and verbal updates were noted  
An updated table re under 18 admissions to be circulated outside the meeting.

**Action PBec**  
ASD trajectories to be circulated to the Board **Action LP**

09/20

### **Finance Report**

The report presented by Mr Beckwith showed the financial position for the Trust as at the 31<sup>st</sup> December 2019 (Month 9).

- An operational deficit position of £0.266m was recorded to the 31<sup>st</sup> December 2019.
- Expenditure for clinical services was lower than budgeted by £1.788m.
- Expenditure for Corporate Services was £0.108m lower than budget.
- A BRS Risk Provision of £1.244m was included in the reported position.
- Cash balance at the end of December 2019 was £11.740m (Underlying Government Banking Service Cash position was £11.298m)
- Capital Spend as at the end of December was £7.864m
- At Month 9 the Trust has breached its agency ceiling.

The ceiling for agency spend has been reached due to some locums converting to agency. There is also the impact of the new CAMHS unit medical staffing to be added, NHS Improvement is aware of the situation. Professor Cooke asked what the impact will be on the financial control total if this position continues or worsens. Mr Beckwith explained that the use of resources score would be impacted and the Trust could potentially reduce to a 3.

Mr Patton noted that in month Corporate Services had performed negatively. Mr Baren referred to the GBS Bank Balance table asking if more money is expected for CAMHS. He was informed this related to the VAT issue and potential reclaim of it.

Mr Royles asked about the capital programme spend and whether the Trust is on track for the budget. Mr Beckwith confirmed this is on track, noting there is pressure with the CAMHS unit.

**Resolved:** The report was noted.

10/20

### **Finance and Investment Committee Assurance Report**

Mr Patton presented the report which covered discussions held at the December

meeting including:-

- month eight performance and focus on key areas including the Primary Care recovery plan.
- forecast delivery of the NHSI control total at yearend.
- work undertaken on the Operational and Corporate Services Budget Reduction Strategy for 2020/21.

The Budget Reduction Strategy (BRS) has been updated. A report was received from the Capital Estates Group.

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

11/20

### **Quality Committee Assurance Report and 9 October 2019 Minutes**

An executive summary of discussions held at the meeting on 5 December 2019 was presented. The minutes of the meeting held on 9 October 2019 were also presented for information

Professor Cooke asked the Board if discussions around being a high reliability organisation needed to continue especially with the new innovations the Trust is introducing such as Greatix. It was agreed this would be a good topic for a future Board time out.

At the meeting policies were reviewed along with the Safeguarding and Research Strategies. A multi disciplinary presentation on the Adult Mental Health Clinical Model was received. It is important that the clinical model is used across the services with the right trajectories. The Committee would also like to see more service user involvement in the work.

Dr Byrne suggested that a Board session on Quality Improvement and Patient safety would be helpful as there has been a lot of work undertaken since the initial session a couple of years ago and it was timely to review this. The Chair supported this suggestion. The Chief Executive suggested it would be helpful before that session for Professor Cooke as Committee chair, herself and the Chair to meet

Mrs Gledhill reported that following the introduction of Greatix, four reports have been submitted which will be taken to the Clinical Risk Management Group (CRMG) for a winner to be selected.

**Resolved:** The report and minutes were noted  
High reliability organisations discussions to be continued at a future Board Time Out **Action JB**  
Quality Improvement and patient safety Board development session to be arranged **Action JB**  
Meeting to be arranged with Professor Cooke, Chief Executive and Chair prior to the Quality Improvement and patient safety development session **Action MM/SM**

12/20

### **Charitable Funds Committee Assurance Report and 12 November 2020 Minutes**

Details of the meeting held on 22 January 2020 and the minutes from 12 November 2019, were provided for information. Of particular note were:-

- the insight report including the 2020 event plan and suggested its launch

to encourage the Trustees and Board members to identify which event they would like to be involved with/take part in

- Reviewed and noted the wishes and agreed to develop these into the finance report
- Welcomed the re-opened Café and its partnership with Autism plus, with positive feedback received
- Review of the risk register

The Board noted the significant progress made with the Impact Appeal which has made a difference to young people and the unit. Health Stars are looking forward to coming to the Part III Board meeting to discuss their work. Acknowledgment has been made of the continuity issues with changes in the team. A flow chart is being produced to show the process for charitable funds.

Mr Smith attended the meeting as an observer and found it useful and informative. He also spent some time with the team as part of his other Non Executive Director role.

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

13/20 **Workforce & Organisational Development Assurance Report & 20 November 2019 Minutes**

An executive summary of discussions held at the meeting held on 22 January 2020 was presented by Mr Patton. Highlights included:-

- Information from the Workforce Insight Report.
- An update provided on the recruitment and retention summit and ensuing plans.
- Assurance gained on the actions taken on the must do actions appertaining to workforce from the Care Quality Commission (CQC) report.

Sickness continues to be an issue and other areas discussed included appraisals and statutory and mandatory training. Committee discussions took place around retiring, retire and return and the flexibility for people wanting to return to work. A presentation on the PROUD work was well received.

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

14/20 **Safer Staffing 6 Monthly Report**

The report outlined the outcomes of the review of safer staffing requirements across the in-patient units using the National Quality Board (NQB) guidance and NHS Improvement 'Developing Workforce Safeguards' reporting requirements which states the need for a comprehensive review of staffing at team level which is reported to the Board twice a year.

Overall the majority of units are maintaining adequate and safe fill rate requirements and performance. Review of establishments has confirmed that units are adequately resourced and minimum staffing levels are appropriate

Sickness and vacancies have increased across all areas and this is the major factor in lower fill rates and Care Hours per Patient Day (CHPPD). Mrs Gledhill explained that there is no benchmarking data for community hospitals. In terms of the table provided in Section five of the report Mrs Gledhill explained that the

previous data will be included in future reports. A verbal update of the previous figures was given.

Mr Royles referred to the actions and summary where there was reference to sickness noting that there will always be Human Resources issues but that the Trust should not be spending more on agency costs. He felt that the narrative in the results section did not convey a sense of urgency. Mrs Gledhill explained that this is a transactional piece of work resulting in a Board report. Herself and Mrs Parkinson meet regularly with Band 6 staff to go through the data in detail. It is difficult to capture all the actions at the meeting, but Mrs Gledhill will take the comments away and try to incorporate changes in the next report.

The report is scrutinised by the Quality Committee and Professor Cooke said there is reasonable assurance rather than strong assurance. However there is sound evidence there is a good connection between the Board and ward which there may not have been previously. Mr McGowan suggested that as the report has a focus on staffing that the Workforce Committee should receive the report. It was agreed that the Committee chairs would discuss with the relevant Executives and agree a way forward.

Dr Byrne thought that flow into units needed to be better understood given the care hours and staffing pressures. Mrs Parkinson said this has been previously discussed and an establishment review starting with mental health services is underway.

The Chair agreed with the comments made by Mr Royles around language used in the report. She also referred to the definition of reasonable evidence, sound evidence and what this meant. Mrs Gledhill will include the definition significance in future reports.

**Resolved:** The report was noted  
Quality and Workforce Committee chairs to discuss with Executives which  
Committee the report should go to **Action MC/FP**  
Definitions and significance of reasonable evidence and sound evidence to be  
included in future reports **Action HG**

15/20

### **Safeguarding Strategy 2019-2022**

The strategy is 'a continuing journey' promoting patients and staff at the forefront of the Trust's priorities to continuously improve the quality of safeguarding practice and enhance prevention and wellbeing. It will promote continued and strengthened partnership working with patients, staff and our safeguarding partners in line with national best practice and local need.

This is our first safeguarding strategy which encompasses both child and adults safeguarding reflecting our strategic aim of embedding 'think family' across all of our services. There are three Safeguarding Boards whose guidance the Trust follows. It is an incredibly busy area of work for the team.

Professor Cooke commented that the strategy is about safeguarding and if the organisation moves into more specialised areas different specific elements of safeguarding may be required.

The Chair noted that quarterly and annual reports are due to come to the Board

however this is currently not on the workplan. Mrs Gledhill confirmed that the quarterly reports will go through the Quality Committee with anything of importance included in the Chief Executive's report. An annual report will come to the Board and the workplan will be amended to reflect this.

**Resolved:** Subject to the amendment regarding reporting, the strategy was ratified by the Board.

**Annual report to the Board to be added to the workplan Action HG**

16/20

### **Draft Research Strategy**

The Chief Executive declared an interest in this item and did not take part in any discussions relating to finance as chair of the Yorkshire and Humber CRN.

The new Research Strategy identified three priorities which are aligned to the overall Trust strategy goals which are:

Priority 1: Research embedded as a core component of clinical services

Priority 2: Enhanced community involvement and awareness

Priority 3: Growing our strategic research presence and impact

The strategy sets out the associated objectives for each of the three priorities, as well as indicators for what success is expected to look like which were developed through extensive consultation with staff at various levels within the organisation.

The strategy looked forward to future years and the ambitions of the team. Mr Smith thought this was an excellent document that promoted research into patient care and it was pleasing to see the future aspirations.

Professor Cooke referred to the smart objectives that go well with staff and give a strategic presence. He congratulated the team on their work in encouraging people to get involved in research. Mr Royles felt it would be useful to have some measures around success suggesting these could be included in the performance report. He asked whether research is making a financial contribution to the Trust. Ms Hart explained that it makes a contribution to the overheads, but the aim is to have a neutral cost position. Dr Byrne explained that research is not a large income generator and some funds are small, but the benefit to patients is large. Professor Cooke explained that three years ago research was not measured apart from knowing the number of patients involved in trials and the number of people involved in studies. It was agreed to review this for future reports.

The Chair welcomed the smart objectives and ambitions within the strategy which will help to make a difference to peoples' lives.

**Resolved:** The Board approved the Strategy

17/20

### **Research & Development Report**

The report presented by Ms Hart provided assurance to the Board that work continues to enhance research in the Trust and ensuring the Trust's obligations in relation to the delivery of National Institute for Health Research (NIHR) Portfolio research and performance targets are met. She drew the Board's attention to the following areas:-

The Trust is the third highest recruiting performer out of twenty two in Yorkshire and Humber in relation to percentage against targets. It was noted that three years ago the numbers of patients in clinical trials and numbers of trials Humber patients were in started to be reported to Board. Work has also started in Bridlington to increase research opportunities as part of the Bridlington Health Town initiative due to a successful funding bid.

Successful Research Capability Funding from DHSC has allowed additional capacity for the research team. This was achieved by recruiting at least 500 people and is being used to support two clinicians working with academic colleagues on research grants  
Implementation of the PINCER safety tool in all but one of the Trust's GP practices.

Mr Baren queried about the end date of 2033 for the FIP-MO study asking if this was correct and why this was so far away. Ms Hart will review and the information will be circulated around the Board

**Resolved:** The report was noted  
Details of the query around the FIP-MO study to be circulated to Board members  
**Action JB**

18/20 **NHS Pensions Letter**  
The Chief Executive presented the report for information explaining that this was issued prior to the elections. The letter is being sent out to relevant staff at the request of NHS England/Improvement.

The Board noted that although the government has said it will under write any costs as a consequence of the change this was not mentioned in the letter. The letter is issued on the basis that the government will underwrite the costs.

**Resolved:** The report was noted with the comment on underwriting the costs

19/20 **Council of Governors Public Minutes 22 October 2019**  
The minutes of the meeting held on 22 October 2019 were presented for information.

**Resolved:** The minutes were noted

20/20 **Any Other Business**  
No other business was raised.

21/20 **Exclusion of Members of the Public from the Part II Meeting**  
It was **resolved** that members of the public would be excluded from the second part of the meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.

22/20 **Date and Time of Next Meeting**  
Wednesday 26 February 2020, 9.30am in the Conference Room, Trust Headquarters

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

**Trust Board Meeting – Public Meeting**  
**Minutes of the Trust Board Meeting held on Wednesday 26 February 2020 in the**  
**Conference Room, Trust Headquarters**

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

**In Attendance:** Mrs Michelle Hughes, Interim Head of Corporate Affairs  
Mrs Jenny Jones, Trust Secretary  
Ms Loren Hakeney, Communications Officer  
Mrs Mandy Dawley, Head of Patient and Carer Experience and  
Engagement (for item 26/20)  
Joan, Chair, Market Weighton Patient Participation Group (PPG)  
(for item 26/20)  
1 Member of the public  
Mr Tim Durkin, Public Governor

**Apologies:** None

23/20 **Declarations of Interest**

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

24/20 **Minutes of the Meeting held on 29 January 2020**

The minutes of the meeting held on 29 January 2020 were agreed as a correct record.

25/20 **Matters Arising and Actions Log**

The actions list was discussed.

26/20 **Patient Story - How the Market Weighton Patient Participation Group (PPG) Supports the Practice**

Joan attended to inform Board members of how the Market Weighton PPG supports the Practice. The Practice was the first to be acquired by the Trust as it expanded into Primary Care. She explained to the Board how she had become involved and described the work of the PPG and how this linked in to other groups. The PPG has its own Mission Statement and holds an Annual General Meeting (AGM).

PPG members are very active and spend time talking to patients and addressing their issues. They also try out things, for example the NHS App before encouraging patients to use them.

The Chair thanked Joan for everything she is involved with and the work that she did. Mr Baren asked about older patients and if they were able to use technology and access services easily. Joan explained that there are some older patients who do use the app and there is a wide age spread of members across the PPG. Not everyone in the community wants to use Apps or has access to the internet so the PPG has tried to ensure that telephone access and access through the surgery is available.

Professor Cooke asked if Joan had noticed improvement in the way that physical and mental health was dealt with as this is a big burden on Primary Care resources, and whether being part of the Trust has helped with this. Joan reported that Market Weighton is more aware of mental health and the difficult issues. The practice has a social prescriber who is well regarded. Mental health has become more prevalent around the veterans and carers work which helps to highlight the issues.

Joan had mentioned that in the PPG members there are 16 – 18 years old members which helps to highlight issues and to also gain their views on the changing world. Mr Patton asked whether there is representation for the 21 – 30 year olds. He was informed that that particular age range do not use the practice or services as much as they do not have as many health issues. Mothers with young children come into the surgery and often complain if they have to go to the urgent care centre in Beverley if there is no doctor to see them. Some 30 and 40 year olds still want to see a doctor whereas some of the older patients have accepted changes in the ways of working and know that they may not always see a doctor.

Dr Byrne was pleased to hear that the surgery is using its patient survey data now. He explained that this is available for all of the practices the Trust owns and they will be reviewed through the relevant governance processes.

Joan informed the Board that the practice physiotherapist attends the PPG meetings and this gives members confidence. Patients can see the physio rather than having to go to the doctor who sends them to the physio which is time saving and more beneficial to the patient. An objective of the PPG was around supporting patients to self manage their health and Mrs Parkinson asked if staff in the practice supported the PPG with this. Joan confirmed that they did. She explained there are a group of patients who have not been to a doctor in years and when they do they expect to be seen by a doctor. These patients are encouraged to see the pharmacist and the pharmacy is close by. There is representation on the PPG from the pharmacy too. Most recently there are concerns about the changes from the Clinical Commissioning Group (CCG) regarding prescriptions as they cannot be re-ordered from the pharmacy.

The Chief Executive thanked Joan for all the work that her and the PPG members are doing. She suggested that this work should be shared with other GP practices and their PPGs who may not be as mature as Market Weighton.

The Chair thanked Joan for attending.

27/20

### **Chair's Report**

The Chair explained that it has been a busy month and provided an update in relation to the work she has undertaken since the last meeting. This included:-

- Meeting with new governors on an individual basis and meetings with staff and public Governors with both meetings being well attended. Mrs Hughes is leading the work on membership and engagement with Governors. Mrs Hughes reported that the recent meeting was well attended and clear actions have been agreed to consolidate the work that was started last year.
- A joint Governor and Board members day was suggested by the Chief Executive and has been arranged for 9 June
- A visit to Townend Court with the Chair of the Local Medical Council (LMC)
- Spending a full day in Scarborough visiting the acute and community services with the chair of York NHS Trust. Staff in both areas are working incredibly hard and joint working is taking place across both organisations.
- Meeting with the Leader and Deputy Leader of East Riding Council with the Chief Executive
- Attending the Freedom to Speak Up Guardian quarterly meeting
- Presenting certificates with the Chief Executive at the quarterly staff awards for long service, retirees and employee of the month

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

28/20

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

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

#### **HSJ Filming**

The HSJ filming team visited to film staff to celebrate being provider of the year. The film has been published and a link will be sent to the Board.

#### **Humber Coast and Vale**

The Chief Executive has taken on the Humber Coast and Vale Lead for Learning Disabilities and Autism. Work is taking place to scope out what this means including the transforming care programme.

#### **Appointments**

A number of appointments have been made recently including:-

- Erica Daley appointed as Interim Chief Operating Officer - NHS Hull Clinical Commissioning Group (CCG)
- Paula South appointed as Interim Chief Operating Officer - East Riding of Yorkshire CCG (ERY CCG).
- Interviews for NHS E Locality Director will take place during this month.
- Ann Burrows from Public Health England is the Humber, Coast and Vale public health lead
- Yvonne Elliott has been appointed as Cancer Collaborative Managing Director

## **Humber, Coast and Vale Health and Care Partnership – Integrated Care System Accelerator Programme**

The Accelerator programme has been closed down. Further discussions will take place at the Board Time Out in March.

### **Communications**

The team are involved in a number of media campaigns including #Humber and the East Riding Shh.

### **Café**

The café run by Health Stars and Autism Plus has opened in the Trust Headquarters building.

Mr Smith referred to a meeting with Social Workers detailed in the report and asked if there was any discussion around Section 75 and the lack of Approved Mental Health Professionals (AMPHs) in Hull. The Chief Executive explained that she meets regularly with Social Workers who have started to feel part of the organisation and the work being done. There is still some work to do around data and how this can be demonstrated to the Board. The Section 75 agreement with Hull is being reviewed. Mr Smith felt there had been culture issues and struggles to recruit to posts. The Chief Executive explained that there has been some success in recruiting, but there are issues with the local authority and responses. It is a complex situation with a Hull contract which goes through the CCG and links into Better Care fund which is being unpicked at the moment.

### **Corona Virus**

Mrs Gledhill reported that weekly system calls take place to update on the situation. Initially information was being circulated from many areas and a central point has been established through the Infection Control team rather than through Emergency Planning. Testing of the processes has been undertaken as there were two patients who presented with symptoms. Both cases were found to be negative, but the learning from these cases will be taken forward. The Trust is prepared should any cases be identified. Piloting of community swabbing is taking place in London and it is likely that this will be rolled out further. An entry has also been included on the risk register for any potential cases.

### **Staff Survey**

Mr McGowan explained that a report was provided to the January part II meeting as the results were embargoed. The embargo has been lifted and communications have now been sent across the organisation to raise awareness of the results. The results give a more positive picture and presentations will be prepared for teams to use.

### **Research**

Professor Cooke congratulated the research team on securing Professor Avery as a speaker at the Research Conference in May. He would also like to hear more about the Population Health Management and links to the Local Health and Care Record Exemplar (LHCRE). Dr Byrne suggested he bring an update back in April on this.

In terms of the Recovery Strategy, Professor Cooke asked if there are a sufficient number of service users and carers involved. Mrs Parkinson said

some service users are engaged in the process and it was felt to be a good time for a refresh where maximum engagement will be pursued.

### **Pine View**

Mrs Parkinson informed the Board that Pine View (formerly known as Greentrees) will reopen shortly as a mental health low secure facility for males. Some identified service users will be transferred from the Humber Centre in line with the work that is being undertaken across the Humber Centre around the future secure services model. Staff were thanked for their work.

### **Technical Teaching Fellow**

The Chair commented that the secured funding for a Technical Teaching Fellow for the Medical Education team was good news. She also highlighted to the Board the new date for the Annual Members Meeting which is 17 September 2020.

The following policies were ratified by the Board:-

- Grievance Resolution Policy & Procedure
- Induction Policy
- Transitioning at Work Policy
- Equality & Diversity Policy

**Resolved:** The report, verbal updates and ratified policy were noted.  
**Update on the Population Health Management and links into LHCRE to be provided at the April meeting Action JB**

29/20

### **Publications and Highlights Report**

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

Professor Cooke referred to the NHS Long Term Plan to boost Apprenticeships report asking how many of the 100 apprenticeships were nurses. Mrs Gledhill responded that as far as she was aware there were none, but this is an area the Trust is pursuing. A plan is in place for the programme and following the HR summit held there are 45 staff wanting to take up the pathway to become a nurse. Work is ongoing to finalise this with the first intake in the next few months.

Mr Smith referred to Monitoring the Mental Health Act publication explaining that the Mental Health Legislation Committee concentrate on benchmarking in reduction restrictive interventions. He was pleased to see an executive summary of what good looks like.

Dr Byrne noted that the Care Quality Commission is using language based on human rights for inspections (FREDA- Fairness, Respect, Equality, Dignity and Autonomy). He felt it would be helpful for the Board to understand and recommended that Board members read the report.

**Resolved:** The report was noted.

30/20

### **Performance Report**

Mr Beckwith, Director of Finance, presented the report which showed the majority of indicators were within normal variation, the exceptions being Clinical

Supervision, Friends and Family Test (Involvement), Waiting Times, Improving Access to Psychological Therapies (IAPT) waiting times and Appraisals.

Discussions have taken place at the Executive Management Team around the safer staffing dashboard and how this can be taken forward. Mrs Gledhill reported that at recent meetings there have been concerns raised around Malton Hospital and compliance. She explained that the figures in the report are from December data and that to date appraisals are at 47%, training is at 78%, clinical supervision 63%, sickness has reduced to 6.49%, basic life support training is at 47% and immediate life support at 66% which gives a more positive picture.

It was noticed that Townend Court was flagging red in some areas. It was reported that this was to do with the way the rosters are recorded and work is taking place to match these with staffing and establishments.

It was noted that Inspire will be added to the dashboard from the next report.

Mr Smith referred to under 18 admissions to adult inpatient units asking with the opening of Inspire whether this would not happen in the future. Mrs Parkinson explained that there is a phased opening plan for admissions. When the unit is fully open there is the expectation that young people will not be admitted to adult beds, but there is no guarantee this can be eradicated. At the time when the young people were on the adult unit, they were supported by staff from Inspire on the unit as Inspire had not opened. Looking at what contributed to these admissions there is an ongoing situation where some young people present in crisis but it is not health related it is a social care issue with Looked After Children (LAC) placements breaking down which is a national issue. Challenges back to colleagues around admissions are being made and in the system that should be avoiding this crisis position.

The Chief Executive reminded Board members that the data is retrospective and a team was in place to support young people at that time. Admissions are being phased and structured to ensure that the team get used to the unit. Issues around social care placements breaking down need to be resolved and discussions are taking place from an Integrated Care Service (ICS)/Sustainable Transformation Partnership (STP) point of view.

Professor Cooke was pleased to see a reduction in the over 52 week waits and the improvement in clinical supervision. He suggested the quality of the supervision should start to be looked at. He suggested that a new indicator be added to the dashboard for three day discharge follow up. The Chief Executive agreed and explained that the Executive team will be reviewing the content of the performance report at their next time out and will bring some proposals to the Board for any changes to the report.

Mr Patton commented about referral to treatment waits asking when the report will be available from the Deputy Chief Operating Officer. Mrs Parkinson said that a report is due at the Quality Committee on 1 April. A dip in 6 and 18 week waits was noted by Mr Patton for Improving Access to Psychological Therapies (IAPT). The Chief Executive was also concerned about this from a system point of view. The Chair asked if the narrative could be updated to reflect the position. Mrs Parkinson said there is a plan for recovering this position. When the service was taken over there were some unexpected waiting lists, but it is hoped that the position will be recovered by the end of the quarter.

The Chair referred to the number of incidents for Child and Adolescent Mental Health Services (CAMHS) and asked if this was expected. Mrs Gledhill confirmed that these referred to self harm incidents and each incident is reviewed.

In response to a query from the Chair regarding 52 week waits for Autistic Spectrum Disorder (ASD) Mrs Parkinson reported that additional staff will be in place by the end of this month. The Chair asked for an update to be included in the next report.

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

31/20

### **Finance Report**

The report presented by Mr Beckwith showed the financial position for the Trust as at 31 January 2020 (Month 10)

- An operational deficit position of £0.061m was recorded to the 31<sup>st</sup> January 2020.
- Expenditure for clinical services was lower than budgeted by £1.662m.
- Expenditure for Corporate Services was £0.230m lower than budget.
- Cash balance at the end of January was £12.033m (Underlying Government Banking Service Cash position was £11.884m)
- Capital Spend as at the end of January was £9.581m

Mr Smith commented on the recorded underspend for mental health asking if the vacancies meant there were quality implications. It was noted that most of the vacancies would be covered by bank and agency staff. The Chief Executive said there was a detailed discussion at the Finance and Investment Committee about how the data is better used as there is low occupancy which is positive.

**Resolved:** The report was noted.

32/20

### **NHS Operational Planning Guidance 2020/2021**

The report provided an overview of the NHS Planning Guidance for 2020/21. The guidance has been used to inform the first working draft of the operational plan. NHSE/I issued the operational planning and contracting guidance for 2020/21 on the 30 January 2020. Key headlines and planning requirements to note were:

- Guidance introduces a 'system by default' concept.
- System control totals will continue to operate with 50% of the financial recovery fund (FRF) tied to system performance.
- Primary Care Networks are expected to continue to evolve.
- Additional funding has been allocated to CCG's to meet Mental Health Investment Standards.
- Providers are required to offer supplementary choice for patients who have waited 26 weeks.
- A review of historical debt and the cash regime are built into the guidance.
- Focus in digital and the benchmark of minimum levels of digital investment.

Mr Royles commented that the guidance focuses on key roles for the system about transformation and performance management and further exploration of this in terms of relationships and how we position ourselves within this would be

useful. The Chief Executive said there is more pressure on the ICS from oversight and management and having to attend regional and national performance management meetings. It is clear from NHS Improvement that there is still a move to an improvement focus rather than performance as the system would be managed by default.

Mr Beckwith explained that the guidance is about not reducing bed numbers and the impact on the organisation is yet to be determined as adding more beds on ward would create financial pressures.

The Chair asked about the timelines which fell between Board meetings. The Chief Executive said that this is an issue, but nothing would be signed up to without Board agreement at the March Board.

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

33/20

**Quality Committee Assurance Report and 9 October 2019 Minutes**

An executive summary of discussions held at the meeting on 5 February was presented with the minutes of the meeting held on 5 December 2019.

Of particular note was the National Confidential Inquiry into Suicide and Safety conference and the changes to Care Quality Commission (CQC) inspection approach following the Whorlton Hall review. The Quality report will, be presented at the April meeting.

Mrs Gledhill reported that zero events for 2020/21 are being reviewed and will come through the Executive Management Team and the Committee,

Dr Byrne noted there is a lot of work in the system around suicide and Hull City Council is producing a report. The Trust is looking at its Suicide Prevention Strategy which is due for a refresh. There is a piece of work to do around more training and continuation of what is already being done.

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

34/20

**Mental Health Legislation Committee Assurance Report**

The report provided an executive summary of discussions held at the meeting held on 06 February 2020. It was noted that the Mental Health Steering Group is to be refreshed and led by the clinical director to give more support to the Committee. The Committee welcomed the Care Programme Approach (CPA) research report that was presented and also looked at some case law which related to the relationship between patients with capacity and their human rights and section 63 of the Mental Health Act.

The issue of representation from Hull City Council was escalated to the Chief Executive.

**Resolved:** The report was noted.

**The issue of representation from Hull City Council at the Mental Health Legislation Committee meetings to be escalated by the Chief Executive. Action MM**

35/20

**Finance and Investment Committee Assurance Report**

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

- Quarter 2 performance for the NHS
- Recommendation to the Board for it to stop providing the detailed cash report to Board.
- The decision to hold a virtual meeting in March to review the 2020/21 capex plan.
- The committee's changes to the corporate risk register and strategic goal five.

There was good debate and challenge at the meeting. There were also discussions about income generation and strategy.

**Resolved:** The report and verbal updates were noted.  
The Board agreed to no longer received the cash report.

36/20

### **Audit Committee Assurance Report**

The report provided an executive summary of discussions held at the meeting held on 4 February 2020. Mr Baren drew the Board's attention to the following areas:-

Internal Audit Plan – only 9 of 26 reports have been received. The work needs to be expedited to enable completion. A clear message was given by the Committee to the Internal Auditors that this was not acceptable and that significant work was needed to bring the plan back on track. The lack of an internal audit plan for 2020/21 at the meeting was noted. A draft will be circulated by the end of March. Discussions around future internal audit provision are taking place. Dr Byrne informed the Board that during a recent audit in his directorate his staff had found the team to be helpful. In terms of follow up actions Mr Omand has been doing a significant amount of work to reduce the number of outstanding actions which has made a difference.

Mr Royles asked about the focus of internal audits. He was informed that the areas selected for audit tended to be where it was known there is an issue rather than areas where no issues have been identified. If the audit plan had been prepared it would have been appended to this report so Board members could see the areas that would be audited. When it is available it will be circulated.

Three internal audit reports were recommended to go to the Workforce Committee for discussion. The Chief Executive clarified that reports do go to the Executives for sign off and to the relevant committees if required.

Future meetings will, receive a draft of the upcoming quarter of the Board Assurance Framework to allow the Committee to comment before it goes to the Board.

A meeting was held with the External Auditors where expectations from both sides were discussed.

**Resolved:** The report was noted  
Internal Audit Plan for 2020/21 to be circulated to Board members when available **Action PBec**

37/20

### **Quality Accounts Local Indicators**

In order to provide patients and carers with the assurance that they are

receiving the very best quality of care, providers of NHS care are required to publish Quality Accounts each year. These are required by the Health Act (2009) and in the terms set out by the National Health Service (Quality Accounts) Regulations (2010).

The Board approved the local indicator 3-day follow-up following discharge as suggested by the Governors for external audit.

The Board were asked to select a minimum of 3 Quality Priorities (minimum of 1 from each quality domain). The Board discussed each area and agreed the following priorities:-

### **Patient and Care Experience and Involvement Domain**

Following discussion Board members were broadly supportive of this priority, but had some concerns around the practicalities of it. It was felt that by including service users in all recruitment could cause some delays in the process. Board members felt this was an area that should be worked towards and suggested a change of wording to:-

“To work towards embedding an approach to recruitment across all clinical services and senior clinical roles that involves patients, service users and carers in the recruitment process”. EMT will discuss and finalise the wording and circulate this to the Board.

In terms of the Clinical Effectiveness Domain, Board members had differing views and following discussion chose to take forward both of the suggested indicators which were:-

- Each clinical network will identify key NICE guidance where there are known gaps in compliance and have clear plans for addressing these gaps.
- Develop an inventory of skills that is specific to individual roles which clearly outlines essential training and assessment requirements. This will include the frequency and means of reviewing and refreshing competency

The Patient Safety Domain priorities suggested were:-

- To ensure that staff have access to support following an incident
- Ensure teams have access to patient safety data and we can demonstrate improvements based on the data.

Board members agreed for the priority relating to staff having access to support following an incident to be taken forward.

**Resolved:** The Board noted the report and approved the 3 day follow up following discharge indicator suggested by Governors.  
EMT to discuss the wording for the patient and Care Experience and Involvement Domain and circulate the final version to the Board **Action HG**

38/20 **Operational Plan 2020**

The first working draft of the Trust’s operational plan for 2020 was provided to Board members for comments. Mr Beckwith added that the plan has been produced based on the guidance received and discussed earlier in the meeting.

Board members welcomed an early version of the plan. Initial thoughts were that CAMHS leadership and pathways, LHCRE and public health were areas that needed including. Early thoughts around the campus model, mental health services provision, Community Mental Health Survey and workforce alignment were other areas for consideration. Mr Smith suggested that reducing restrictive interventions could be another area for inclusion

The Chair explained there will be further discussion at the Board Time Out next week, but asked that any comments be forwarded to Mr Beckwith beforehand for inclusion in the final version which will be brought March meeting.

**Resolved:** The Board note the working draft

39/20 **Items for Escalation**

The Chief Executive will take forward the issue of representation from Hull City Council at the Mental Health Legislation Committee.

40/20 **Any Other Business**

No other business was raised.

41/20 **Exclusion of Members of the Public from the Part II Meeting**

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

42/20 **Date and Time of Next Meeting**

Wednesday 25 March 2020, 9.30am in the Conservatory/Fitness Suite, Alfred Bean Hospital, Bridlington Road, Driffield, YO25 5JR

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

**Trust Board Meeting – Public Meeting**  
**Minutes of the Virtual Trust Board Meeting held on Wednesday 25 March 2020**  
**(joining by Skype or dial in)**

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

**In Attendance by skype or dial in):** Mrs Michelle Hughes, Interim Head of Corporate Affairs  
Mrs Jenny Jones, Trust Secretary  
Mr Adam Dennis, Communications Officer

**Apologies:** None

Due to the Government guidance for the Coronavirus, the Board meeting was held by Skype/dial in. All members of the Board took part in the virtual meeting.

43/20 **Declarations of Interest**  
Any further changes to declarations should be notified to the Trust Secretary. The Chair requested that if any other items on the agenda presented anyone with a potential conflict of interest, they declare their interests and remove themselves from the meeting for that item.

44/20 **Minutes of the Meeting held on 26 February 2020**  
The minutes of the meeting held on 26 February 2020 were agreed as a correct record.

45/20 **Matters Arising and Actions Log**  
The actions list was discussed.

Mr Smith asked if there was any outcome from action 28/20 where the Chief Executive was to raise Local Authority representation at the Mental Health Legislation Committee with the Chief Executive at Hull City Council's. The Chief Executive confirmed she had raised this and it will be taken forward. It will also be raised as part of the Section 75 discussions that are taking place.

**36/20 Audit Committee Assurance Report** – Mr Baren reported that the internal audit plan had been circulated. Any questions or queries should be directed to himself or Mr Beckwith. It was recognised that with the current situation this may need to be amended.

46/20

### **Chair's Report**

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

- Attendance at the Equality Diversity Inclusion event which included setting the staff
- priorities that have been chosen as well as the patient and carer priorities.
- Visit to Haven Allotment to see the joint working that is taking place with volunteers, staff and service users and seeing the impact from initiatives like this.
- All Governor meetings have been cancelled, however Governors were given the opportunity to comment on the Operational Plan by e mail.
- A call with local chairs was arranged. It was interesting with the current situation around Coronavirus being the main discussion topic in these unprecedented times. A Wats App group has been set up for chairs and NHS Providers.

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

47/20

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

Before presenting her usual report the Chief Executive thanked the Board for their support to the Executive in managing the Coronavirus pandemic. A full briefing would be provided in the Part II Board meeting but the CEO summarised that:

The Trust's business continuity plans had been enacted and an incident control room established with Bronze, Silver and Gold command in place.

Face to face meetings had been stood down across the Trust, including sub committees and a process of continued assurance throughout the pandemic will be discussed in Part II.

Staff were being encouraged and supported to follow the Governments advice and where possible working from home and a range of support mechanisms to enable this had been put in place and were being rolled out.

At this time, the focus of all staff communications is solely on Covid-19 with all other staff communications suspended.

The April Board will be provided with a further update.

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

- Time being spent in Whitby where the administration office moves were taking place and the Covid 19 pods were complete.
- Menopause Session- these were well received sessions and thanks to the HR team for arranging these.
- "The Hull we Want" Launch- this is good work which has been suspended due to the current Coronavirus situation, however the organisation will

- continue to be an active part of this
- Humber Coast and Vale (HCV) – this continues to progress however some work will be affected with the current situation. Official documentation is awaited, but HCV has been granted Integrated Care Service (ICS) status from 1 April 2020. This is positive for the area and shows there is confidence in the area from regional and national teams.

Mr Smith referred to the Multi-Agency Public Protection Arrangements (MAPPA) update asking if the Trust has any Diversion and Liaison Services as he has not seen any data at the Mental Health Legislation Committee around offending and referrals. It was agreed to note this as a future action around the data going to the Committee.

Professor Cooke commented that with the moves around discharge and lesser recalls back to Prison due to the current situation that MAPPA would have to be vigilant. Mrs Parkinson responded that these were good points to raise. She explained that Diversion and Liaison services are not provided by the Trust, but are commissioned for the area. MAPPA is considering what implications Covid 19 raises and the Trust will review these and decide the best course of action.

Professor Cooke referred to Pine View and Inspire asking if there is likely to be any criticism of moving patients into Pine View and Inspire due to the Covid 19 Government guidance. He did highlight that if a specific space was needed Inspire was recently opened and therefore was clean.

Mr Patton asked how the Regional Leadership Council of Yorkshire and the Humber Leadership Academy chair role fitted in with the NHS People Plan and the Trust. The Chief Executive explained that the People Plan is yet to be published and is likely to be deferred due to Covid 19.

In terms of the winter plan, Mr Patton asked how lessons learned will be taken forward

Mr Parkinson explained that under normal circumstances that anything learned would go through the normal operational arrangements. Pressures remain high although the Trust did fair better this year than in previous years. The usual arrangements for this time of year have been altered now because of Covid 19. Work will continue during this time and ways of working will continue to accelerate and shape the winter planning. Acute services will have limited capacity which will impact on the delivery of health services going forward.

It was confirmed that the Research Conference in May has been postponed until the Autumn.

Board members ratified the Social Media and Website policy mentioned in the report.

Mr Baren commented on the closure of the Whitby League of Friends and the transference of existing funds to be used for Whitby Hospital. He was informed that this was approximately £26k.

**Resolved:** The report, verbal updates were noted.  
The Social Media and Website policy was ratified  
Diversion and Liaison Services offending and referrals data to be reviewed for  
the Mental Health Legislation Committee. **Action JB/LP**

48/20 **Publications and Highlights Report**

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

Mr Smith raised the issue of changes to the Mental Health Act given the Covid 19 guidance. The Chief Executive confirmed that this is being addressed and part one received Royal Assent last week and part two is going through this week. Measures are being considered for doctors extension of powers. Only the Chief Medical Officer will be able to enact this.

**Resolved:** The report was noted.

49/20 **Performance Report**

Mr Beckwith, Director of Finance, presented the report which showed the majority of indicators were within normal variation, the exceptions being waiting times.

Malton Hospital performance has been raised at previous meetings and Mr Baren could see improvement in clinical supervision, but not with appraisals and mandatory training. Mrs Gledhill explained that this report is based on January figures and once she was made aware of the issues actions were put in place to address these. Improvement should be seen in future reports, however with the Covid 19 pandemic there will be a renewed focus. More real time data is needed around staff going forward. It was confirmed that Child and Adolescent Mental Health Services data will be in the February report.

Professor Cooke referred to agency costs which are high. He commented that this is likely to continue given the current position and if retirees return to work as the Government has appealed. He asked if the Trust can afford the costs and what the impact may be. The Chief Executive said that pre Covid 19 recruitment and retention plans were progressing well. Post Covid 19 will be a different conversation and staff will be in a different position which may have both benefits and disadvantages as staff are going through things which they never have before. Mr Beckwith said that financially pre Covid 19 the costs are accounted for and afterwards the Trust should be reimbursed for any costs. Mr McGowan said EMT has taken a decision that the work around recruitment should not reduce as the Trust cannot afford to lose 6- 9 months of this work.

Mr Patton commented that Care Programme Approach (CPA) reviews are going in the wrong direction. Mrs Parkinson explained that these are completed as the report narrative described and it has been a key area of focus for the organisation. Recently significant improvement has been made with the West Hull Community Mental Health Team (CMHT) which had no patients waiting for allocation. No reduction in CPA is anticipated, but the future are CPA is part of the scope of our CMHT transformation and the national programme that we are a pilot site for.

In terms of sickness Mr Patton suggested separating out sickness as a result of Covid 19 from other sickness. Mr McGowan supported this suggestion which will

be taken forward.

The Chair asked about referral to treatment waiting times as the over 52 week waits were due to go to the Quality Committee in April for discussion. It was agreed to pick this up in the part II meeting.

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

50/20

### **Finance Report**

The report presented by Mr Beckwith showed the financial position for the Trust as at 29<sup>th</sup> February 2020 (Month 11)

- An operational deficit position of £0.367m was recorded to the end of February
- A BRS Risk Provision of £0.416m was included in the reported position.
- Cash balance at the end of January was £12.702m (Underlying Government Banking Service Cash position was £12.654m)  
Use of resources score remains at 2 which is on plan

Mr Patton asked about secure services which had reduced over the month. He was informed that this was in relation to enhanced packages of care and has been escalated to Mrs Parkinson and NHS Improvement.

Trade Debtors was showing a reduction and Mr Patton was informed this was due to winter monies and invoicing of Clinical Commissioning Groups. Deloitte have also been paid for the Local Health and Care Record Exemplar (LHCRE) invoice. Mr Baren asked about the billing for LHCRE and when this is due to start. Mr Beckwith said that next year the value case is accounted for in the revenue costs. Dr Byrne was due to bring an update to the April Board, but the programme has been postponed apart from the key work taking place with Yorkshire Ambulance Service (YAS). Most people have returned to their usual jobs to cover the current emergency. When this changes a report will be brought to the Board.

**Resolved:** The report was noted.

51/20

### **Committee Chair Report**

The report was presented by the Chair for information and identified the Non-Executive Directors who chair the Trust Board Sub Committees.

Mr Patton referred to the Committee Effectiveness Reviews and whether these would be postponed. Mrs Hughes explained that as the work was already in progress and some committees had started to look at these, these could be progressed remotely with committee members. This would also allow, post covid when meetings re-commence, for a focus on other areas. Mrs Hughes will contact Committee chairs to ascertain the position and progress this.

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

**Contact to be made with Committee chairs regarding progress with Effectiveness reviews. Action MH**

52/20

### **Workforce Committee Update Report**

The paper provided an update in respect to the Committee meeting due to be

held on 18 March 2020. The meeting was cancelled due to operational priorities in respect of Covid-19. However papers were e mailed prior to cancellation and the Chair of the Committee has spoken to the Director of Workforce in order to provide this update.

Mr McGowan explained that a Staff Survey presentation was due to be given at the meeting and to a subsequent time out. It was agreed to circulate the presentation to Board members in preparation for it being presented at the next Board Time Out

Professor Cooke provided a verbal update on Charitable Funds Committee reporting that he had reviewed the papers that were due to be circulated and assured by their content. Mr Beckwith added that due to the cancellation of the meeting, the operational plan item that was due to come to the Board had been deferred until business as usual is resumed.

Mr Smith asked if NHS Charities would be issuing any guidance during this period. The Chief Executive has asked Mr Barber to monitor this. In terms of funds, Mr Smith wondered how resources could be used to support staff and patients. Mr McGowan has produced a paper which asked Mr Barber to look at purchasing Ipads for patients and service users so they can contact family and friends as all visiting across the units has been stopped.

**Resolved:** The report and minutes were noted  
**Staff Survey presentation to be circulated to Board members Action SMcG**

53/20

#### **Operational Plan 2020/21**

The Operational Plan ('Plan') was developed for internal ownership as there is no requirement to submit an organisation operational planning narrative in 2020/2021. The plan has been discussed at both the Executive Management Team meeting and also the February Board meeting. Given the operational plan guidance has been suspended Mr Beckwith suggested that this came back to the Board in October when Covid 19 is less prevalent. The Chief Executive supported this as the plan will include targets which will not be achieved due to the current situation. The Chair agreed for the plan to be postponed until October and also suggested that it may be useful to develop it into an 18 month plan. The Chair asked that Mr Beckwith send an e mail to Governors to share the Board's view.

The Chair acknowledged, on behalf of the Board, the work that staff have done to complete the plan and asked that the Board's appreciation was passed onto those staff.

**Resolved:** The Board approved the plan.  
**E mail to be sent to Governors to inform them of the arrangements around the plan Action PBec**  
**Draft 18 month plan to come to the Board in October, subject to any guidance issued before then Action PBec**

54/20

#### **Staff Survey**

This paper provided details of the staff survey results for 2019 for the Board to note. The full draft Capita report was circulated prior to the meeting. As previously mentioned, a detailed presentation has been produced which will be

circulated and presented at a future Board Time Out meeting. The information will be sent to teams so that it can be reviewed in future months. The Board supported this action recognising that there may be limited progress due to other priorities.

Mr Beckwith asked, with Covid 19, whether a survey will be run this year. He was informed that no communication has been received as yet about this.

**Resolved:** The report was noted

55/20

**Board Assurance Framework**

The report showed Quarter 4 2019/20 of the Board Assurance Framework (BAF). Changes made since the last report were identified in the report.

Mr Baren asked about the new risk around fraud, bribery and corruption. Mr Beckwith explained that this has been included as a result of the self assessment work and not as a consequence of a specific risk.

**Resolved:** The report was noted

56/20

**Risk Register**

The report provided the Board with an update of Trust-wide risk register (15+ risks) since last reported to the Board in November 2019.

There are currently 6 risks held on the Trust-wide Risk Register which was last reviewed by the Executive Management Team on 16 March 2020.

Mrs Gledhill reported that the Covid 19 risk is reviewed daily and will start to be pulled through onto overarching risk registers. Dr Byrne commented that this risk will bring other challenges that may result in risks which will need to be reported.

Mr Royles noted that the workforce risk has reduced to 15 which in his view will either stay the same or get worse. He suggested that next time the register is reviewed that a reflection be taken on the ability to mitigate as he felt it lacked this at the moment. The risk can be mitigated but in reality staffing levels will get worse. The Chair suggested that when things return to normal that this is picked up through the Workforce and Organisational Development Committee when these risks are reviewed.

**Resolved:** The report was noted

**Workforce risks and mitigation to be discussed at the next Workforce & OD Committee Action SMcG**

57/20

**Items for Escalation**

No items were raised

58/20

**Any Other Business**

No other business was discussed

59/20

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

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

60/20

**Date and Time of Next Meeting**

Wednesday 29 April 2020, 9.30am by Skype/dial in

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

Chair

**Trust Board Meeting**  
**Minutes of the Trust Board Meeting held on Wednesday 29 April 2020**  
**(joining by Skype)**

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

**In Attendance by Skype):** Mrs Michelle Hughes, Interim Head of Corporate Affairs  
Mrs Jenny Jones, Trust Secretary  
Mr Adam Dennis, Communications Officer

**Apologies:** None

Due to the Government guidance for the Coronavirus, the Board meeting was held by Skype. All members of the Board took part in the virtual meeting however there was no access for members of the public. Board papers were available on the website and an opportunity provided for members of the public to ask questions via e mail.

61/20     **Declarations of Interest**  
The declarations were noted. Any further changes to declarations should be notified to the Trust Secretary. The Chair requested that if any items on the agenda presented anyone with a potential conflict of interest, they declare their interest and remove themselves from the meeting for that item.

62/20     **Minutes of the Meeting held 25 March 2020**  
The minutes of the meeting held on 25 March 2020 were agreed as a correct record with the following amendment:

**53/20 Operational Plan 2020/21**  
The Operational Plan was noted not approved. The minute will be amended to reflect this.

63/20     **Matters Arising and Actions Log**  
The actions list was discussed.

**52/20 Workforce Committee Update**  
Mr McGowan confirmed that the Staff Survey presentation had been circulated and this action could be closed.

**Staff Story - Working on the Front Line at Whitby Hospital**

The Board received a staff story submitted by staff at Whitby Hospital and their view of working on the front line during Covid 19. Dr Byrne explained that this was a good news story. The Chief Executive explained that there are some positive stories being received from staff and the intention is to put all of these into a book. Staff are in good spirits and from an operational point of view are doing really well.

The Chair commented that the story made her feel proud and emotional. It was good to see them at the Board.

Previously there have been morale issues at Whitby, however the way that staff have pulled together to focus on the Covid 19 situation is exemplary. Mrs Parkinson said there is an air of positivity and staff are proud of what they have achieved

Mr Baren asked if there are any patients with Covid 19 and if so how they are being segregated from other patients. Mrs Gledhill reported that the three Covid 19 patients are being isolated in cubicles. If this number increased they will be moved into the four bedded areas. She explained that barrier nursing is not unusual at Whitby Hospital and staff are used to having Personal Protective Equipment (PPE). The Infection Control Team is going around all teams to check that PPE is being used correctly. Occupancy has been low across Malton and Whitby throughout the Covid 19 outbreak with Whitby running around 50% across both wards.

Professor Cooke commented that this was a nice story and it was good to see the team pulling together. He had also seen that there had been a patient in their nineties who had recovered from the virus. Professor Cooke suggested that a letter be sent from the Board explaining that their story had been heard and that they are doing a fantastic job. The Chief Executive thought this was a good suggestion and will include this in Board Talk which is circulated. Across all services staff are doing a remarkable job and acknowledgement of this and the way services have been transformed will be included.

Mr Patton noted that the news stories are tending to focus on bad news rather than the good news stories, he asked if it was felt that staff are learning about being a team better. He felt there is a key message coming out from a leadership perspective and more should be taken from this. The Chief Executive agreed that the media are remaining with bad news stories which is not helping and why the idea of a good news stories book is being taken forward.

Mr Patton also suggested that consideration be given to changing the order of wording for the Stop Think Distance campaign for the acronym

Mrs Hughes explained that there had been a complete focus during Covid 19 on internal communications. However, in order not to lose the work that is routinely done, the team have now started to generate stories from interviews with staff in preparation for articles. Examples of some of the work undertaken included the website, work with volunteers and bereavement. There has been good collaboration and feedback from staff about the work. Post Covid 19, a booklet will be produced of good news stories. The team is also doing other things to help and support staff through for example the Health and Wellbeing hub, and Care Mail, a joint collaboration with the Service User and Carer team has

recently launched which allows people to receive a post card with a supportive message. Mr Dennis added that positive stories are being sent to the media, but it is not within the Trust's gift to ensure they are published but this does remain an area of focus for the Communications Team who continue to try and get the positive stories published.

Mr Patton suggested creating a "Wall of Appreciation" on the website where messages of appreciation to staff and partners could be posted. This idea was supported by the Board and will be taken forward by the team.

The Chief Executive commented that even if the media don't want to publish positive stories, interviews with staff will continue. The book of stories will be a legacy for staff and will include some corporate staff stories and suggested that Board members may also want to contribute. There has been some supportive press around the recruitment campaign at Whitby. Mr Patton said this was an example that could be added to the "Wall of Appreciation".

**Resolved:** The Board noted the story.  
**The Communications Team to take forward the suggestion to create a "Wall of Appreciation" Action MH**

65/20

#### **Chair's Report**

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

- Regular calls with the Lead Governor who is supportive and grateful for all that the Trust is doing.
- Work is taking place to re-introduce some of the Governor meetings virtually starting with the public and staff Governor meetings. The Engaging with members work is also continuing. The virtual platforms that can be used will be discussed with individual Governors and will be agreed dependent upon the access that Governor's have.
- Continuing to join calls with the National Mental Health Chairs and more locally with Humber Coast and Vale (HCV). Discussions are around PPE, testing and training however there is a move into the restore and recovery phase. An event has been arranged to discuss this further on 6 May involving Chairs and Chief Executives.

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

66/20

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

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

- The Café at Trust Headquarters run by Smile and Autism Plus was beginning to work well prior to Covid 19. It is hoped the momentum and support can be resumed when it reopens.
- As the Breast feeding Guardian, the Chief Executive was pleased to be part of the Unicef Gold Standard Reaccreditation. The organisation is the only Trusts to have reached this level of award. The Chief Executive thanked Pauline Dumble and her team for their work in achieving this award which also demonstrated partners in action work and the benefits

of working together for mothers and babies. Mr Patton congratulated the team on this achievement.

- Freedom to Speak Up work continues. Recruitment for a Deputy Freedom to Speak Up Guardian continues. A new case was reported last week to the team which is going through the usual processes.

Mr Patton said he had joined in the recent “Ask the Exec” session by Skype and was impressed at the level of engagement from staff. He asked how these new ways of working are being tracked and how they may become further embedded. The Chief Executive explained that as part of the restore and recovery phase, a review of what work has been stopped, paused and current work is being undertaken.

In addition transformation work is being brought forward with Mr Beckwith being the Senior Responsible Officer (SRO) for this work. Different ways of working introduced due to Covid and service transformation work that has taken place or will be brought forward for example 24/7 crisis lines, occupancy levels and use of digital platforms will be continued.

Mr Patton congratulated Health Stars for the work they are doing to support staff. He suggested this was another example of where something could be added to the “Wall of Appreciation”. As the planned Quiz in March was postponed, Mr Patton reported that he has access to a quiz site and could run a virtual quiz for all staff. This was seen as a good opportunity for staff and the Chief Executive will discuss further with Mr Patton.

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

67/20

### **Publications and Highlights Report**

The report provided an update on recent publications and policy with updates provided by the Lead Executives. It was noted that Covid 19 publications had not been included as there were so many.

Mr Baren asked referred to the guidance on the Disclosure Barring Scheme (DBS). He asked what success the Trust has had in relation to staff that have recently returned to work in the NHS. Mr McGowan reported that eight nurses have come back through the national Bringing Staff Back campaign all of whom have been placed in nursing roles. A significant number of applications for the bank for Health Care Assistants and admin roles have been received. It is hoped that these people will remain on the bank after the current situation ends.

Mrs Gledhill is writing to the individuals to thank them for coming back and supporting the NHS and the Trust. She hoped that these individuals would remain on the bank after this emergency phase is over.

**Resolved:** The report was noted.

68/20

### **Performance Report**

Mr Beckwith, Director of Finance, presented the report which showed the majority of indicators were within normal variation. The Trust’s Gold Command agreed that the Performance Report should continue to come to Trust Board, but given the current emergency planning situation no commentary was provided. Of particular highlight to the Board were:

- Data for clinical supervision is currently not being collected therefore the reporting for this indicator is until February 2020. Clinical supervision however continues to take place.
- For March 2020 the Friends and Family Test has reduced to 70%, this is influenced due to the fact that a higher percentage of responses are from a primary care setting, where responses are low.

Mrs Gledhill reported that clinical supervision was stood down in clinical areas for a month, but is now back up and running. Professor Cooke said this was good to see and helpful that this is being maintained in the current environment. He noted that Care Programme Approach (CPA) reviews were improving.

Dr Byrne explained that with regards to Friends and Family tests primary care feedback data will be explored fully in this year's 19/20 patient and carer user experience report including comparison between surgeries as well as improvement plans.

Professor Cooke congratulated the finance team on a successful year for 2019/20 which in his view, is the best the Trust has ever had.

Professor Cooke asked what the current sickness rate is and what the occupancy levels are in Inspire Inpatient Unit. Mrs Parkinson reported that as of yesterday Covid 19 related sickness was at 4.29% (121 people) and unrelated Covid 19 sickness was at 3.54% (101 people). Maternity leave is at 1.86%. The Trust's level has been stable for the last three weeks and is running between 9 & 10%. Inspire has nine service users admitted, five females and four males.

Professor Cooke asked if therapeutic services have been able to continue and whether there had been any issues with consultant availability. It was reported that sickness has been low with this team. Therapeutic services have been maintained and the consultants are locums and are dedicated and making a positive contribution to the team.

Mr Baren noted the improvement with Granville Court on the Safer Staffing dashboard. He asked if there are any particular risks with Covid 19 for this cohort of patients. Mrs Gledhill explained that the patients are vulnerable around infection control, A lot of work has been done with the team around PPE and care of these patients during the Covid 19 period.

Mr Patton said that from a performance and finance dashboard, the teams had done really well. He also noted the improvement Care Programme Approach (CPA) reviews over 12 months and seven day follow up.

Mr Patton expressed concern around the over 52 week waiters. He was informed there has been a rise in relation to over 52 week waits and in continuing health care and annual assessments in Scarborough and Ryedale. These are Covid 19 related, but when the data migrated there were issues with the annual review information. With Covid 19 the guidance was to support the acute hospitals discharges and due to staff issues the annual reviews were stopped mid March. These have now started to resume and an improvement should be seen in the next report.

In terms of Child and Adolescent Mental Health Services (CAMHS), and autism diagnosis, as schools have been closed it has not been possible to obtain the

information required to conclude a diagnosis from education. Referrals have dramatically reduced in Children's service during Covid 19. The restore and recovery stage is being planned as to how we address the anticipated surge in demand for children's mental health services going forward. Discussions are taking place with commissioners as the Trust does not want to be in the same position as it was pre Covid 19. Work is taking place to see if digital platforms can be used to support diagnosis and to increase the use of this and also to have additional capacity for when referrals start to emerge again.

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

69/20

### **Finance Report**

The report presented by Mr Beckwith showed the financial position for the Trust as at 31<sup>st</sup> March 2020 (Month 12). Since the report was produced there has been some movement reported in the financial position around claims for annual leave due to Covid 19 has been taken into account as part of the control total. £330k has also been received from the unallocated suspension fund. The Trust did not hit its control total, but delivered:-

- An operational surplus of £0.149m was recorded at the end of March 2020.
- The cash balance at the end of March was £15.108m (Underlying Government Banking Service Cash position was £14.820m)
- Capital Spend as at the end of March was £12.460m
- The Use of Resource Score at the end of the financial year was 2, consistent with plan

A virtual meeting was held to discuss the finance reports and the movements were discussed. The finance team was again thanked for its efforts. Mr Baren confirmed that it was a good meeting and the year end position was a credit to the team. He was pleased to see that the bank accrual had been reinstated.

Mr Smith noted the cash balance asking at what stage would consideration be given as to whether any would be used for further investment in the organisation. Mr Beckwith said further discussion and consideration would be given to potentially supporting the capital investment when the capital restrictions are lifted.

**Resolved:** The report was noted.

70/20

### **Committee Assurance through Covid 19**

Following a review of Committee workplans, the report provided an assurance update from Non Executive Director chairs of Board Sub Committees on the work of the following Committees during Covid-19

- Quality Committee
- Workforce & Organisational Development Committee
- Finance & Investment Committee
- Charitable Funds Committee
- Mental Health Legislation Committee
- Audit Committee

The Chair thanked the Committee chairs and Exec leads for their work in these areas.

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

71/20

**Covid 19 Update and Assurance Report**

The report provided a summary of governance from each Director during the Covid-19 pandemic. Mrs Hughes drew the Board's attention to Gold Command Governance and the various aspects to monitor and track Covid-19 governance including the establishment of an ethics assurance group, gold risk register and strategic decision making. The communications team have been at the centre of our response to ensure communications to all stakeholder groups are well managed and integrated. In addition, Mrs Hughes drew attention to the corporate governance section of the report which provided an assurance update on for other aspects of Board governance to provide assurance on the status

The Chief Executive felt this was a helpful report and thanked the Executive team for providing it. The transformation work and use of IT platforms that have been implemented at pace has been remarkable. Calls have been taking place with teams and staff morale remains high across all areas.

The Trust has coverage of PPE across all areas and is also supporting the local patch. Testing capacity is increasing and a back to basics campaign instigated. At a recent call with Claire Murdoch, the Trust was highlighted as an exemplar in this area for the posters that have been created to promote this.

Mrs Parkinson reported that Command arrangements are in place across the Trust together with the establishment of a second Manager On Call rota to support teams. Bronze command has now been stood down to three times a week. The decision to use Mill View Court and Lodge as the isolation unit was the right one. Regular check ins with all teams continues. Services are working remotely for non urgent areas and the IT team have been supportive. More platforms have been opened up for clinical services to use. Therapeutic approaches across some of the Community Mental Health Teams (CMHTs) have been established. Development of the surge planning is key. The Emergency Planning team is recording any changes made and this will feed into the work that is being done around what has changes, paused and should continue.

There is a high level of collaboration across teams and corporate services staff have been forthcoming in offering support. Staff feel proud of what they have achieved. Staff environments have been reviewed and facilities changed to accommodate PPE, and provide showers. The communication element has been key and teams appreciate being kept up to date and informed.

Testing has been in place for three weeks and was initially provided to the Trust through the acute hospitals at Hull Royal and York Hospital. There is a good process in place which is working effectively across the whole of the patch. A drive in facility was opened at the Humber Bridge at the weekend followed by another one in Poppleton. Provision for some mobile testing is taking place. Results of the tests are usually available within 24 hours which is helpful in terms of decision making around people returning to work.

In terms of PPE, there are three storage facilities across the Trust with the Humber Centre being the main area and facilities provided at Malton and Whitby. All have 24/7 access. Orders are not submitted, but provided through

the PUSH system. A procurement exercise for the running of this stock control room is being undertaken. Plans are being made for some portacabins to be located on the Humber Centre site as the current location of the storage facility is not sustainable

The Covid 19 rapid response team made up of registered nurses and paramedics is being moved into mainstream services.

The work that has been undertaken in relation to physical health has put the Trust in a good place with staff in mental health teams prepared to look after patients supported by the Covid 19 team. Clinical pathways are in a good position and have been reviewed and are on the Intranet under the Covid 19 section.

SIs and SEAs have continued and one SI has been declared and is being investigated by Dr Kate Yorke.

Mr Beckwith reported that the work around the changes that have been made in recent weeks is progressing with Business Development staff working with Divisions. A report will be provided to the Executive Management Team on the outcome of this.

The Chief Executive said the next phase is being looked ahead to. The system is working well and the willingness of staff to go above and beyond has been acknowledged. There is acceptance that Covid 19 will be around for some time and discussions will continue on how to continue to support staff health and well being, morale and resilience. Nothing has really been stopped from a service point of view, but planning needs to be in place for the potential surge that may come for mental health services. The Chief Executive is raising this issue at a national and regional level.

There has been a reported national reduction in people asking for CAMHS services due to the schools being closed. People are also anxious about attending hospitals due to the Covid 19 risk. Preparations are being made for the new patient services user that is going to come through due to pressures such as economic and financial and work with voluntary services is continuing.

Professor Cooke commended the Executives on their respond to the Covid 19 situation and the systems and processes in place which appear to be working well. He referred to section two of the report commenting that it was good to still have Clinical Risk Management Group meetings in place. He was really pleased with the work that has been done on the quality system over the last three years as the Trust is in a much better place with quality Improvement and rapid response. He commended the report which was full and comprehensive update.

Dr Byrne commented that everyone in the NHS is working hard at the moment and especially Trust staff who have stepped up. Hull and East Riding has had a lower number of cases than other areas, however he cautioned that there still may be further cases in the next 12 months. Whilst we are mindful of the broader NHS restore and recover plans, the Trust, in particular is not being complacent and would maintain a cautious approach going forward due to the risk of infections in our inpatient services remaining high. Dr Byrne also suggested it will be difficult to predict what services may be required going

forward.

Professor Cooke agreed and referred to SARs and other diseases that have been experienced in previous years which have long term effects. He felt that the stigma associated with mental health may have reduced and there may be a more proactive approach to well being, but he felt it may be difficult to predict.

The Chief Executive said that the developments and frameworks made over the last three years have been helpful in preparing the organisation to respond as quickly as it can. There will be economical and financial repercussions due to unemployment which will have an effect on people's mental health. The increase in demand due to Covid 19 will be great in her view, and higher than the predicted 29%. This needs to be high on the agenda with all networks and the Chief Executive is raising it at all levels. Updates are being provided to MPs on work that is being undertaken and public health teams in the local authority have been asked to do some modelling. Research is being reviewed and links have been made into Italy to see if there is any learning or information that can help.

Dr Byrne suggested that commissioners will need to review and reflect on their approach to IAPT services as services will be more in demand and different ways of dealing with them may be needed.

Mr Patton thought there will be an increase over a period of time as there is likely to be mass unemployment and small businesses closing. Some larger businesses may come out of this as they will be able to absorb financial losses. The Chief Executive said this is being discussed at all levels. It is also anticipated there will be a surge for children's services once schools go back.

Dr Byrne asked if there was a possibility that the Trust's positive financial position would be sought at other levels to assist in other areas. M Beckwith said that if this happened a double entry would need to be made in the accounts and if cash was taken there would be a consequence elsewhere in the system.

Mr Baren asked if there were any staff that were being under utilised due to the effect of Covid 19. He was informed that Estates staff are unable to progress some of their work, but they have been working to support other areas such as supplies and supporting voluntary services.

The Chair thanked the Executives for an informative report.

**Resolved:** The report was noted

72/20

**Emergency Preparedness Resilience and Response (EPRR) Annual Report**

The annual report was presented by Mrs Parkinson and provided assurance that the Trust has met its EPRR duties and obligations as set out in the Health and Social Care Act (2012) as a responder during the period 1<sup>st</sup> April 2019 to 31<sup>st</sup> March 2020. The report also included an overview of EPRR activities and sets out EPRR priorities for 2020/21.

The report has been approved by the Executive Management Team (EMT) and It was noted that Mr Smith who is the Non Executive Director lead has seen the report. Mr Smith suggested that although the report mainly covered the period before Covid 19 came into effect, he suggested that some narrative be included

to reflect that social distancing had not yet come into force and that this shaped the approach to the Covid 19 response. It was agreed this would be included.

It was also noted that the Joint Decision Making training planned for 6 April was cancelled due to Covid 19 and a new date is yet to be set.

Dr Byrne commented that previously Emergency Planning preparedness had been around a building burning down as this was felt to be the biggest risk. With the current pandemic he suggested that looking forward this was perhaps the biggest risk and may need to be reflected in future planning/training. Mr Smith agreed suggesting that another area may be a cyber attack, given the renewed reliance on digital platforms.. He queried whether the Decision Making training could be provided remotely. Mrs Parkinson did not think this would be possible as Yorkshire Ambulance Service (YAS) have other priorities at this time. A date will be arranged as soon as is possible.

Mr Smith referred to an e mail that had been received from Paul McCourt from Humberside Fire and Rescue who is also a Trust Governor. In the letter he thanked everyone for all the efforts and positive contributions from the Trust and the staff involved in the Local Resilience Forum calls. The letter has been shared with all involved.

The Chief Executive circulated a slide pack with information which shows how planning is taking place around restore and recovery looking at all trusts and what work has been stood down. Non elective services aim to get back up and running and the system will also be looking to do this. A system approach to health and wellbeing including mental health has been agreed. The Humber Coast and Vale (HCV) has a key role in this for mental health and a meeting is happening at this moment to look at restore and recovery across the patch. The Chief Executive is the lead for the mental health programme work including learning disabilities and is looking at how this work can be done differently to add benefit.

The reaction around post traumatic incidents and how resilience is gained is being looked using the Manchester bombing incident and the resilience centre that was set up. Data from a national, regional and local perspective is being reviewed to see what therapeutic models may be needed going forward. These would include social care, economy and others. As a consequence it has been agreed to develop a post that will report into the Mental Health programme to plan through some of this work and to also link into the Trust's work. The Integrated Care Service (ICS) is working well with partners in the system to look at supporting mental health for this long term process for services.

**Resolved:** The report was noted  
Narrative to reflect social distancing and Covid 19 to be added to the report  
Action LP

73/20

### **Report on the Use of the Trust Seal**

In line with the Trust Standing Orders (8.3.1) a report of all sealings is made to the Trust Board on an annual basis.

Over the period 1 April 2019 – 31 March 2020, the Trust Seal has been used ten times and further details were included in the report.

**Resolved:** The Board noted the report

74/20 **Items for Escalation**  
No items were raised

75/20 **Any Other Business**  
No other business was discussed

76/20 **Exclusion of Members of the Public from the Part II Meeting**  
It was **resolved** that members of the public would be excluded from the second part of the meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.

77/20 **Date and Time of Next Meeting**  
Wednesday 20 May 2020, 9.30am by Skype

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

**Trust Board Meeting**  
**Minutes of the Trust Board Meeting held on Wednesday 20 May 2020**  
**(joining by Skype)**

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

**In Attendance by Skype):** Mrs Michelle Hughes, Interim Head of Corporate Affairs  
Mrs Jenny Jones, Trust Secretary  
Mr Adam Dennis, Communications Officer  
Mrs Mandy Dawley, Head of Patient Carer Engagement and Experience (for item 81/20)  
Ms Sam Hamby, Nurse Practitioner (for item 81/20))  
Ms Lucy Roberts, Physiotherapist, (for item 81/20)  
Andy, Patient, (for item 81/20)

**Apologies:** None

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

78/20     **Declarations of Interest**  
The declarations were noted. Any further changes to declarations should be notified to the Trust Secretary. The Chair requested that if any items on the agenda presented anyone with a potential conflict of interest, they declare their interest and remove themselves from the meeting for that item.

79/20     **Minutes of the Meeting held 29 April 2020**  
The minutes of the meeting held on 29 April 2020 were agreed as a correct record.

80/20     **Matters Arising and Actions Log**  
The actions list was discussed.

**11/20(a) & 11/20(b) Quality Committee Assurance Report and 9 October 2019 Minutes**

The June Board Time Out has been cancelled and actions will be carried forward to the rearranged October date.

### **56/20 Risk Register**

It was confirmed that discussion had taken place at the Workforce and Organisational Development Committee and the action could be closed.

81/20

### **Patient Story – The Use of Video Consultations in Primary Care by Skype**

This month's story provided an insight from both a clinical and patient perspective of using video consultations in a primary care setting. The Chair welcomed Sam Hamby, Lucy Roberts and Andy, a patient from the Market Weighton GP practice, to share their experiences of using video consultations.

Andy explained that he had used the video consultation service when he had an issue with his eye. He was unable to go into the practice as he is shielding due to the Covid 19 situation. On first use of the app it took time to work out that there was a text box that needed to be ticked allowing access to the phone before further progression could take place. This box was the same colour as the background and was difficult to see. In terms of the consultation, Andy was pleased to be able to get a quick diagnosis for his condition. He recognised that even before Covid 19, GPs were over stretched and it was often difficult to get an appointment. He felt this was a handy tool to have and be able to access.

This was a new way of working for the practice at this time and Sam has found that generally people do find it easy to set up and the video provides a face to face environment and a way of showing the health professional what the problem is. For musculo-skeletal problems, it provides a way of demonstrating exercises to patients to help ease their condition, it also allows the patient to show the level of movement they may have in a particular area.

A doctor at the practice has used the video consultation with elderly patients in the presence of a carer to find out a general state of well being. With the lockdown some patients are unwilling to come into the practice and the video consultation has been useful for triaging purposes. These type of consultations can help prevent an hospital admission of visit or support the need for admission.

Lucy is a first contract physiotherapist and training to be an advanced practitioner. In her experience patients like the app and she has completed a number of consultations as part of the assessment tool. She finds that a telephone call to the patient first helps to get the history and background and also to introduce the app. Using video consultations is something she would like to continue using in the future.

Andy felt that when there is a return to some normality there will be pressure to claw back expenditure as much as possible and he feared for the loss of practices like Market Weighton. He felt the app was good, but would not be a way that some people would want to use.

Mr Royles thanked everyone for sharing their experiences. He explained that video consultations have been in development for some years and have been progressed quicker due to Covid 19. He asked if there is any research looking at outcomes as this would be a good opportunity to collate this. Dr Byrne said this is commercially supplied to over 100, 000 patients in some parts of the country.

It is regulated by the Care Quality Commission (CQC) and received an outstanding rating and has been looked at for the NHS for a few years. It is not a panacea for everyone and there may be an increase in health inequalities for some. It is safe to use and guidance is still evolving. The key issue is how we retrain to become digitally enabled to provide the consultations.

The Chief Executive said that from a mental health point of view there are pockets of learning taking place around the country particularly for Improving Access to Psychological Therapies (IAPT). Some data is available showing that more consultations are taking place via video than there previously were. There is specialist research about the mental health aspect which is due out in the next few months. Mrs Parkinson reported that some of this work has been in place for some time. Some changes have been made in the way services are delivered. It is important that the opportunity is taken to ensure service users and the community are engaging with this and that the principles of co production continues. Patient experience and involvement is critical in order to connect this to service plans that have started to be consulted on as part of the next phase of the process.

Market Weighton is a state of the art practice and these tools will allow more capacity and the ability to take forward digital platforms perhaps for a seven day a week service in the future. Andy agreed that the practice has a fantastic building but felt that what was offered when it was being built has yet to emerge, such as chiropodist, minor surgery. There are lots of empty rooms and the car park does not get used. From a resident point of view the proposed usage has not come to fruition. The Chair suggested that the patient group at Market Weighton may be a good forum to raise this issue and thanked Andy for raising it.

From a clinical perspective, Sam video consultations require some training and an increase of skills. You cannot see a patient face to face but by telephoning them first and discussing the use of video it's a useful environment. However the consultations often take just as long as an appointment as a consequence of the phone call and the consultation.

Mr Patton asked if the tool is useful for potential screening as certain people are reluctant to attend GPs. It was thought this would be a good use, but as mentioned an initial telephone call is used to determine whether a video consultation is appropriate.

Connection issues can sometimes be an issue and Mr Beckwith explained that we are dependent on the network which is work is happening to try and improve this.

Dr Byrne asked Board members to consider downloading the NHS App on their phones to look at how this worked.

The Chair and Chief Executive thanked Sam, Lucy and Andy for joining the meeting to share their experiences.

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

82/20

### **Chair's Report**

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

- Freedom to Speak Up – virtual meeting held with the Chief Executive, Mr Baren and the Freedom to Speak Up Guardian. The Trust is advertising for two Deputy Guardians and the interview panel will include the Chief Executive, Mr Baren and a staff Governor.
- Governor Meetings – public and staff Governor meetings have been held virtually and appeared to go well.
- Humber Coast and Vale (HCV) / Integrated Care Service (ICS) – continue to join in virtual meetings with other chairs. A workshop is being held on 3 June to discuss system development.

The Chair thanked all the volunteers and Governors who are volunteering. There are more volunteers than ever and they are actively engaging and helping patients and their families during this period.

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

83/20

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

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

**Freedom to Speak Up** - The Chief Executive reiterated the comments from the Chair and explained that regular communications are taking place to ensure that staff know how to contact the Guardian during these difficult times.

**Around the Trust** – the Chief Executive continues to have calls with teams through Skype or Microsoft Teams including corporate services. The feedback is that people are maximising the use of IT platforms to make contact with their teams and that it is an easier way to keep in contact. Staff morale remains high.

**Research** - Humber has now officially started data collection for our first national Covid 19 study (known as CCP) and we have heard that our GP practices will be sites for the PRINCIPLE study (drug trial). The Chief Executive thanked the team for their work in this area.

**Elective Convulsive Therapy (ECT) Accreditation** - Miranda House our mental health response service and assessment unit, situated in Hull provides ECT. The service has recently been accredited for their ECT service by the Royal College of Psychiatrists' Combined Committee for Accreditation, following their submission in December 2019. This also brings with it an important commendation in Patient Experience for both the service and Humber Teaching NHS Foundation Trust. Congratulations were extended to the team from the Board.

**Humber Coast and Vale (HCV)** - HCV has been successful in the application to become an Integrated Care System (ICS) which indicates confidence in the area and its leaders. A lot of time is being spent on Covid 19 and testing and going into a new phase of restore and recovery. There continues to be support to services in the system including care homes and a link to social care and health care system through the ICS. There are concerns around health inequalities and

work is continuing with public health address this.

**External Governance Review** – NHSI guidance ‘developmental reviews of leadership and governance using the well-led framework’ says Trusts should carry out an external review of their governance every 3 years. However, in keeping with the Single Oversight Framework NHSI use to identify the level of support providers need, they provide extra flexibility based on individual circumstances. This means they can agree longer timeframes for review up to a maximum of five years on a ‘comply or explain’ basis.

An external governance review was last undertaken in May 2017 and we have until May 2022 to undertake an external governance review. We have previously agreed to extend the 3 year period based on our CQC Well Led rating of Good in 2018 and given our latest 2019 inspection rating where we retained our Well Led rating of Good there is continued flexibility to agree when to do this within the period up to May 2022. The Chief Executive suggested that this review is postponed until 2021 given the impact of Covid-19 may need to be reflected in agreeing the timing of the next full assessment. The Board will be kept updated as to when it will be most appropriate to engage an external auditor to undertake this work.

Professor Cooke thanked the Chief Executive for a comprehensive report and for her leadership during this unprecedented time. He supported the proposal to postpone the governance review as there is now a more effective regime to review quality with effectiveness reviews of sub committees and sufficient evidence to support governance processes.

The “Back to Basics” campaign referred to in the report is very clear and Professor Cooke extended his congratulations to the team for creating this. He also thought the communications around the International Nurses Day and Appreciation Wall is best practice. He also congratulated all the volunteers and Health Stars team for their activity in the community to support staff. The Chief Executive agreed that the Communications team have been fantastic during this time in continuing to provide information to staff.

Mr Patton endorsed the comments made by Professor Cooke and reported there had been other areas of good practice such as virtual meetings including services by the Chaplain which need to be taken forward in the future. Mr Patton noted the community hub work redesign that is taking place and it was good news that aspirant nurses are staying with the Trust. He asked who had been successfully appointed as the Programme Lead. Mr Beckwith reported that Melanie Bradbury who has worked in commissioning at Hull Clinical Commissioning Group (CCG) will commence in post on 11 June 2020.

It was noted that the Care Programme was suspended by NHS England and work is underway to restart this. It is due in shadow form from October and information is starting to come through

Mr Baren noted the process for Clinical Excellence Awards which are usually awarded for being innovative and given on merit. If this is to be shared equally he asked how this would inspire clinicians to go the extra mile going forward. The Chief Executive suggested a report to the Board in the future would be helpful on this matter. Dr Byrne added that the decision came from NHS England and the British Medical Association (BMA). Guidance is awaited which

will then be taken through the Local Negotiating Committee (LNC ) and the Workforce and Organisational Development Committee. A report will then be prepared for the Board.

Mrs Gledhill drew the Board's attention to the Safeguarding inspection detailed in her section of the report. She explained that this would give the Board assurance on what the Trust is doing. It was noted that around the country domestic abuse online cases has increased by 350% and calls to the support line by 54%. A 50% increase has also been reported for multi-agency support. The local figures do not reflect this position which is concerning so further awareness promotion is being progressed.

The Chair thanked everyone for their updates and extended her congratulations to Mr Rickles on his invitation to join the HCV ICS Management Team to provide Digital leadership.

The Board approved the proposal to undertake the external governance review in 2021

**Resolved:** The report and verbal updates were noted.  
**Clinical Excellence Awards Report to come to a future Board meeting Action JB**

84/20 **Publications and Highlights Report**

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

**Resolved:** The report was noted.

85/20 **Performance Report**

Mr Beckwith, Director of Finance, presented the report. Due to Covid 19 commentary has been removed from the report but an update provided for those indicators that have fallen outside of the normal variation range. These were:-

**IAPT** - The significant drop in the 6 week access target during April related to the impact of Covid-19 and an increased Did Not Attend (DNA) rate along with the changed reporting requirement from NHS Digital. For a period of several years NHS England have allowed a pause to the clock for patients who Did Not Attend,(DNA) from April 1st this is no longer allowable which will be reflected in achieving this target.

**Vacancies** - the increase partly related to the new operational budgets for 2020/21 which are reflective of planned growth in services as reflected in the Trust's workforce plan, with funded establishment increasing by 78.9 wte. The number of staff in post reduced by 4.2 in month.

For future reports vacancies will be reported as a % of funded establishment with two separate reports, one for Nursing and Establishment and one for other posts

**Cash in Bank** increased to £28.834m as a result of the current response to COVID and the receipt of Block income for May being received in April.

Mrs Gledhill informed the Board there was an error in the Safer Staffing dashboard figures for sickness which all showed 0%. This section has now been

updated with the latest figures which show all teams have more sickness than last month with the exception of Inspire unit. The public papers will be updated with the revised report. The Chair asked that the figures are circulated to Board members outside the meeting.

Mr Baren congratulated the performance team on providing the report during this time. He noted that occupancy for Inspire unit was at 159%. He also the clinical hours per patient per day for Ouse and Pine View which seemed to be low. In terms of Inspire unit the occupancy level was based on four beds which has now increased to nine beds. The report has been updated now. Pine View has been at 50% occupancy since it opened and this needs to be reflected in the dashboard going forward. The query regarding clinical hours per patient per day will be reviewed and circulated outside the meeting.

Professor Cooke commented about waiting times noting the use of technical platforms for Improving Access to Psychological Therapies (IAPT). He asked whether we are looking to see if there is productivity gain that could be used to help with the Child and Adolescent Mental Health Services (CAMHS) waiting lists.

Mrs Parkinson explained that some of the non urgent activity was stood down in April and very little which has contributed to the waiting times. There were already plans to expand the IT platform for IAPT and Silver Cloud has been introduced with increased access which should support continuing work around access and waiting times for IAPT Activity in this area has not been stood down due to the impact Covid 19 could have on this cohort of patients. An increased in non attendance was seen during this time which is now improving.

For CAMHS waiting times is a significant factor in terms of the autism diagnosis which is already using a digital platform and looking at support to expand the use of this and planning what we can deliver ourselves. Improvement plans are in place to change some of the pathways. School closures have had an impact on waiting times and there is an expectation that demand will increase in all services, although there has been some reduction in referrals.

Professor Cooke suggested that when it is possible to look at the efficacy of interaction and the quality for the IAPT service as this type of contact does not necessarily work for everyone. He also suggested a new trajectory for post Covid 19 to understand the expectation in the future and having a performance indicator to show whether or not it is working well. The Chair had a similar discussion with Staff Governors and suggested Mrs Parkinson discuss with Mr Enderby (Staff Governor). Professor Cooke also noted the slight increase in recruitment vacancies recognising this was an area that we need to keep focus on.

Mr Patton highlighted other areas of improvement including Care Programme Approach seven day discharge, training and surveys. He noted that clinical supervision had reduced due to Covid 19. The Chief Executive said work has been done in this area and suggested that the Quality Committee undertakes a deep dive as staff are working in different environments and different ways. Mrs Gledhill will take this forward with Professor Cooke.

Mr Royles observations were similar to others that have been raised. In his view whether or not there has been an improvement or deterioration in performance

there is a good set of indicators that reflect all the hard work that is being done by managers and staff at a time of challenge.

Mr Smith asked for clarification around the cash figure which was provided. Mr Beckwith explained that due to the income architecture of the NHS, the cash position is expected to reduce at some point due to pre payments received. Dr Byrne asked when it was expected that a base line position would be known. Guidance is awaited however a slow reduction is anticipated as there is a tapered recovery of cash that has been put into the system.

**Resolved:** The report and verbal updates were noted  
Revised dashboard sickness figures to be circulated to Board members **Action**  
**HG**  
Clinical hours per patient per day figures to be reviewed and circulated outside  
the meeting **Action LP/PBec**  
Quality Committee to undertake a deep dive around clinical supervision **Action**  
**HG**

86/20

### **Finance Report**

The report presented by Mr Beckwith showed the financial position for the Trust as at 30<sup>th</sup> April 2020 (Month 1).

- The Trust recorded an operational break-even position at the end of April 2020.
- Within the reported position is Month 1 covid expenditure claim of £0.539m, details of which are included in the report.
- Cash balance at the end of April was £25.8m, which is inclusive of the May Block payment of £9.8m.
- A BRS provision of £0.485m is included in the reported position.

Mr Baren asked if based on the block arrangements whether anything is expected on a monthly basis regarding income. Mr Beckwith explained that the details are being unpicked at the moment. £600k was for Covid 19 and was not budgeted for. The detail of this will be taken to the Finance and Investment Committee. Planning guidance is expected in the coming weeks that may inform what this will look like.

The Chief Executive said discussions are taking place nationally and regionally around Mental Health Investment Standard (MHIS) funding and where this sits and what this means in relation to the mental health component.

The Chair queried the over budget position and was informed this was predominantly due to Covid 19 spend.

**Resolved:** The report was noted.

87/20

### **Mental Health Legislation Committee Assurance Report**

The report provided an executive summary of discussions held at the Skype meeting held on 7 May 2020 (due to Covid 19).

Mr Smith explained that the Terms of Reference have been reviewed and updated with changes made to membership to include Dr Fofie and safeguarding representation.

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

88/20 **Workforce & Organisational Development Committee Assurance Report & 22 January 2020 Minutes**

Mr Royles presented the report following the meeting of the Committee on 13 May. The minutes of the meeting held on 22 January were provided for information. At the meeting there was discussion about recruitment and retention and turnover and whether the mitigating actions are appropriate. The Committee has asked the Executive Management Team (EMT) to look at this in the context of future plans. There is lots of good activity taking place with recruiting of staff and consideration is needed as to what the investment plan may look like to make inroads in the future. Mr McGowan felt it was a good meeting that was held by Skype

**Resolved:** The report was noted

89/20 **Covid 19 Response – Summary Update**

This report provided an overview of the ongoing arrangements and continuing work taking place in the Trust and with partner organisations to manage the Covid- 19 emergency. An update on the Trust's Emergency Preparedness, Resilience and Response (EPRR) and command arrangements in place to respond to the Covid- 19 emergency was also included.

Emergency planning arrangements have been reviewed and the frequency of sit rep meetings has been reduced. Work continues on the Business Continuity Plans and the staffing position has improved. All essential and core services have been maintained through Covid 19. Some reduction has been seen in demand across some services including CAMHS during March and April, however an increase is now being seen. Mental health services are also starting to see an increase in activity.

Patient and staff testing continues to be an area of focus and all inpatients are being tested in line with national guidance, on admission and on transfer between other units. Staff testing continues to be provided by Hull University Teaching Hospital and York Hospital.

PPE supplies remain in a good position and work is continuing with additional resource to maintain this. There remains a focus on staff health and wellbeing with awareness for staff in the high risk groups, phase two plans and transformation plans that need to remain in place. There is anticipation of a rise in demand for mental health services and a national focus around health support into the care home sector working across Scarborough, Ryedale and Whitby where changes have already been made in services.

Mrs Parkinson acknowledged how fantastic staff have been in stepping up and supporting changes that needed to be made at pace especially the collaboration between clinical and corporate staff which has been amazing.

The Chief Executive reported that it is a moving position and thanked Mrs Parkinson for her leadership of this area. Work is taking place with care homes to increase local resilience and plans from North Yorkshire and York and the Humber are starting to be worked through to see what support may be needed. The Trust has been clear that working from home should continue for an indefinite period of time until a safer environment can be provided. Mr

McGowan is working on a policy and work taking place to look at Trust Headquarters in relation to guidance on social distancing.

Resilience hubs are being looked at and how support can be provided to the population in keeping transports, supermarkets etc safe going forward.

An MP forum was held recently with the main topic being around children and young people, CAMHS not just the mental health and wellbeing of children and young people, but also around going to school.

Mrs Parkinson reported that the highest number of patients at any one time who had tested positive for Covid 19 was 19 two weeks ago which has reduced now to four. For staff the position is stabilising around 4.5 – 5% and not all staff have tested positive but are self isolating due to family members. Mr McGowan confirmed that 18 staff are off work with Covid 19 related illness and 103 staff are self isolating.

Mr Patton appreciated the comprehensive report and the verbal updates provided. In relation to testing he asked what the position is for care homes in the Integrated Care Service (ICS). He was informed there is access to testing and there are drive through facilities at the Humber Bridge and in Poppleton. Some remote testing is also available at various points. Testing for health and social care groups is being reported regularly and there are some capacity issues from time to time across the system. The Chief Executive clarified that this is around capacity to do the test and get the results and work is taking place to see how the capacity of laboratories can be increased. Mr Phil Mettam, Chief Executive has the lead for contact, track and trace and Dido Harding is the National lead.

Mr Patton referred to the working in Divisions asking if there were any successes to come out of this work. Mrs Parkinson said the use of digital in the transformation plans which has been achieved at pace, video consultation for the Learning Disability services which is benefitting from more frequent contact, more activity and more productivity. Mr Patton said at some point the quality of the virtual working will need to be reviewed to see what the impact has been, the same with working from home measures. Mr McGowan explained that support is being given to people working from home around the physical aspects, ensuring they are meeting Display Screen Equipment regulations for example.

Clinical environments are being reviewed to ensure social distancing and PPE requirements are being met. Work is being done by estates and facilities to look at room layouts in Trust HQ and other sites. Guidance has been issued around working safely which is going through the Health and Safety Committee and Silver Operations for the clinical environment to identify what needs to be done.

With regards to the national ethical framework, Mr Patton assumed that this has been cross referenced with the Trust's own Committee. Professor Cooke is involved with this Committee and the principles coming through are similar, but it will be reviewed

Mr Beckwith asked if the long term requirements are for Nightingale at Harrogate are known or whether there are plans to stand this down. The Chief Executive said no decision has yet been made however it may remain in case there is a second peak. The lease has been extended and it could perhaps be used to

clear any back log

**Resolved:** The report was noted

90/20

### **Quality Accounts**

Mrs Gledhill presented the final report explaining that the Trust has received feedback from Hull & East Riding CCG, Healthwatch East Riding and Hull, but no other responses have yet been received. Governors will also be asked for their views for inclusion following ratification from Board.

The requirement for external audit was stood down due to COVID-19. The revised submission date due to COVID is no later than 15 December 2020; we have however chosen to progress with the usual timescales due to the report being ready for the Board to review.

The Chair clarified what is expected from the Board given there are some statements that have not been received, that the Council of Governors has not yet had the opportunity to comment and also the Head of Internal Audit Opinion is yet to be considered. Mr Beckwith confirmed that the Head of Internal Audit Opinion was received at yesterday's Audit Committee meeting and gave "Good" assurance,

Mrs Gledhill suggested bring a paper back to the next meeting to show the additional information that has been received

Professor Cooke said in his view this is the strongest report yet and it has been completed within the original timescales. He suggested adding a comment to reflect that the report was completed during Covid 19. The progress in the quality account and quality shines throughout the document and is something the organisation should be proud of. The Quality Committee has reviewed the report and recommended to the Board that it is approved subject to the final amendments required.

Mr Patton agreed it is an excellent report and a good use of pictures and poignant patient stories. He felt that the report should be celebrated as it is a remarkable achievement.

The Chair agreed it was an excellent document and was presented well. It showed how much work has been done over the year and the comments from stakeholders are strong. It was agreed that the report would be sent to Governors for their comments, update the section around the Head of Internal Audit Opinion and an update for the Board to be included in the Chief Executive report next month detailing the changes that have been made.

**Resolved:** The Board approved the Quality Account subject to inclusion of comments from Governors, stakeholders and around the Head of Internal Audit Opinion,

**An update to be included in the Chief Executive report next month detailing the changes that have been made. Action HG**

91/20

### **Committee Effectiveness Reviews 2019/20**

All Board Sub Committees have undertaken an effectiveness review and these were presented to the Board with their terms of reference.

### **Quality Committee**

Professor Cooke reported that the Committee met six times during the year. Good work was seen on patient safety including the Patient Safety Strategy. The Terms of Reference have been reviewed and were recommended for approval by the Committee. The Board approved the Terms of Reference

### **Charitable Funds Committee**

Professor Cooke noted that the highlight of the year was the £302k fundraising campaign for the Inspire Unit. The new staff within the Health Stars team have created an energy and are involved in supporting staff during Covid 19. Mr Beckwith felt the changes made to restricted funds had helped to move the charity forward. The Terms of reference were approved by the Board.

### **Remuneration and Nomination Committee**

The Chair presented the review and the Terms of Reference which were approved by the Board.

### **Mental Health Legislation Committee**

Mr Smith reported that Ms Laura Sheriff from the Care Quality Commission is invited to each meeting and has attended in the past. The Committee will be reviewing the audit work if feels would be helpful to undertake. Dr Byrne noted the cross over between the Quality Committee and Audit Committee which had been useful. The Terms of Reference were approved.

### **Audit Committee**

Mr Baren highlighted the process for following up on internal audit recommendations as a success thanks to the support from the Executives. The Committee was involved in the appointment of the external auditors. Information Governance reporting is now established in the Committee. The work plan for 20/21 has been agreed.

Mr Patton highlighted recently some areas for discussion on the Terms of Reference relating to the Board Assurance Framework and the Committee's oversight of this. This will be discussed at the June meeting to ensure the requirements are being met. Within the role and purpose there was reference to "4 refers"; it was agreed at the meeting that this would be removed as it was not required.

Mr Beckwith thanked Mr Omand for his work on the recommendations follow up which has been an area of change in the last year. The Head of Internal Audit Opinion gave "Good" assurance and the self review toolkit was submitted this month.

Dr Byrne commented that this was the only Committee not to have senior clinical representation and wondered if this was required. Mr Baren explained that the Terms of Reference are specific around the Audit Committee Hand book and there is a deep five into the risk register at each meeting with representation from clinical Divisions.

The Board approved the Terms of Reference noting the amendment that will be made

### **Finance and Investment Committee**

Mr Patton presented the effectiveness review and the Terms of Reference

commenting that the success of the Committee is reflected in the financial position of the Trust. The frequency of the meeting was changed to bi-monthly during the year.

### **Workforce & Organisational Development Committee**

Mr Patton presented the report as the previous chair. The Committee continues to develop and Mr Royles took over as chair recently. There is a strong focus on recruitment and vacancies. The Terms of reference were approved

### **Trust Board**

Professor Cooke noted an improved attendance on this year which helped with decision making. He commented that the Trust is a different organisation and can now look towards development. The Terms of Reference were approved by the Board.

Mr McGowan suggested that a topic for a development session could be around potential changes to reduce paper for some of the governance processes and work differently as Covid 19 has shown how this can work.

Mrs Hughes explained that following approval a consistency check will be made to ensure that the Terms of Reference documents are in the same format, but will not change any of the content.

**Resolved:** The effectiveness reviews were noted and the Terms of Reference for all Sub Committees and the Trust Board approved

92/20

### **Refreshed Strategic Document**

The document was first agreed in March and set out the Trust's strategic response to the pandemic. The document has been refreshed and reflects our ongoing approach to Covid-19 and includes an additional section on 'Restore and Recover'.

The Chief Executive explained that we remain at level four and some of the emergency planning response has been stepped down. Professor Cooke felt it would be good to list the changes that have been made during this period as part of the organisation's development. The Chair agreed this would be useful going forward.

**Resolved:** The Board noted the refreshed document.

93/20

### **Items for Escalation**

No items were raised

94/20

### **Any Other Business**

No other business was discussed. The Chair thanked any members of the public who had joined the live stream and to Mr Rickles for arranging this.

95/20

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

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

96/20

**Date and Time of Next Meeting**

Wednesday 24 June 2020, 9.30am by Skype

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

**Agenda Item 13**

Title & Date of Meeting:	Council of Governors Public Meeting – 24 June 2020			
Title of Report:	Fit and Proper Persons Regulation (FPPR) and Trust Compliance 2019/2020			
Author/s:	Sharon Mays Chair			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires all trusts to ensure that all executive and non-executive director posts (or anyone performing similar or equivalent functions) are filled by people that meet the requirements of the FPPR. The definition of directors includes those in permanent, interim or associate roles, irrespective of their voting rights at Board meetings.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Appointments, Terms & Conditions Committee	20.6.20	Engaging with Members	
	Finance, Audit, Strategy and Quality Governor Group		Other (please detail)	
	Trust Board	24.6.20		
Key Issues within the report:	The Council of Governors is asked to note the Trust's compliance with the Fit and Proper Person Regulation and the continuation of the process in place.			

**Monitoring and assurance framework summary:**

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

## **Fit and Proper Persons Regulation (FPPR) and Trust Compliance 2019/2020**

### **Introduction**

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires all trusts to ensure that all executive and non-executive director posts (or anyone performing similar or equivalent functions) are filled by people that meet the requirements of the FPPR. The definition of directors includes those in permanent, interim or associate roles, irrespective of their voting rights at Board meetings. These regulations were introduced in November 2014 and the fundamental standards came into force in April 2015.

The regulations (Section 1, Paragraph 5, or 'Regulation 5' as CQC refers to them in its guidance) place a duty on trusts to ensure that their directors, as defined above, are compliant with the FPPR. The regulations stipulate that trusts must not appoint or have in place an executive or a non-executive director unless they meet the standards set out in this chapter. While it is the trust's duty to ensure that they have fit and proper directors in post, CQC has the power to take enforcement action against the trust if it considers that the trust has not complied with the requirements of the FPPR. This may come about if concerns are raised to CQC about an individual or during the annual well-led review of the appropriate procedures

According to the regulations trusts must not appoint a person to an executive or non-executive director level post unless, as stated in Paragraph 5 (3), they meet the following criteria:

- are of good character
- have the necessary qualifications, competence, skills and experience
- are able to perform the work that they are employed for after reasonable adjustments are made
- have not been responsible for, privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity
- can supply information as set out in Schedule 3 of the Regulations

In January 2018, the Care Quality Commission (CQC) published updated guidance in relation to the Fit and Proper Person Regulation. The guidance places ultimate responsibility on the Chair to discharge the requirements placed on the Trust. The Chair must assure themselves that new applicants and post holders meet the fitness checks and do not meet any of the unfit criteria. The Chair will be notified by the CQC of any non-compliance with FPPR and holds responsibility for making any decisions regarding action that needs to be taken. In response to the review guidance from NHS Providers was published for providers with suggestions and the Trust's process reviewed.

### **Trust Position**

The Trust has a robust system, managed by the Trust Secretary, to ensure the FPPR declarations are made and any identified issues are escalated.

For new appointments, this is an essential component of the recruitment process managed by workforce and organisational development as part of employment checks and declarations. As part of the appointments process and the governors role in that, there is an action to consider the most recent Fit and Proper Person declaration”

Reports which outlined how the Trust would meet the requirements of the Fit and Proper Persons standard have been provided to the Board/Council of Governors previously. A process and flow chart was developed in relation to the checks that the Trust must carry out and has been reviewed.

There are likely to be changes following recommendations from the Kark Review - a review of the FPPR to examine the standards set for the redeployment and re-employment of senior managers in the health and adult social care sectors. However details on implementation are yet to be published. Two of the seven recommendations have already been accepted and will be incorporated into Trust processes with any other recommendations as updated guidance is issued. These are in relation to:-

- All Directors should meet specified standards of competence to sit on the Board of any health providing organisation
- A central database should be created holding relevant information about qualifications and history about each Director (including Non Executive Directors)

### **Compliance**

Annual declarations were requested and provided by all Board members for 2019/20 and there was an annual declaration of ongoing compliance. A review of the disqualified directors and the insolvency service register was undertaken. There is a documented process for the fit and proper person's requirement that includes clear procedures and checks for new applicants.

The current process has worked well during the appointments of several executive and non-executive appointments and there have been no issues with any aspect of the fit and proper persons regulation. An additional check of the Removed Charity Trustees Register was undertaken with no anomalies found. Following the publication of new guidance last year from the Kark Review it is anticipated that further changes may be required to the process and guidance is awaited.

### **Recommendation**

The Council of Governors is asked to note the Trust's compliance with the Fit and Proper Person Regulation and the continuation of the process in place.

**Agenda Item 14**

Title & Date of Meeting:	Council of Governors 16 July 2020			
Title of Report:	Trust Constitution - proposals for amendment			
Author/s:	Name: Michelle Hughes                      Jenny Jones Title: Head of Corporate Affairs    Trust Secretary			
Recommendation:	To approve	x	To receive & note	
	For information		To ratify	
Purpose of Paper:	To present proposals to changes to the Constitution.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	/
Key Issues within the report:  <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	A review has been undertaken to ensure the constitution remains appropriate and meets the needs of the organisation.			
	The key changes are to annex 1 - a clarification of the description of public constituencies and a proposal for the appointed governor terms of office to be flexed.			

**Monitoring and assurance framework summary:**

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



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

# Humber Constitution

## 1. Introduction

The Constitution was reviewed in 2017 and approved by the Council of Governors (CoG) on 20<sup>th</sup> July 2017. A review has been undertaken to ensure the constitution remains appropriate and meets the needs of the organisation.

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

## 2. Proposals

### a) Annex 1

A clarification of the description of the areas covered within the public constituencies – *blue italic font indicates addition or change*:

Name of Areas within the Constituency	Area
East Riding of Yorkshire	The electoral wards of East Riding of Yorkshire
Hull	The electoral wards of Hull
Wider Yorkshire and Humber Area	The electoral wards of <i>Yorkshire and Humber (excluding those electoral wards covered by the other areas of the Public Constituency)</i>
Whitby	The electoral ward of Whitby and surrounding areas

### b) Annex 3

Description of service user and carer constituency updated

Name of Constituency	Description of individuals eligible to become members
Service User and Carer	<i>An individual who has attended any of the Trust's services as a patient or a carer in the 3 years preceding the date of their application to become a member of the trust and who lives in one of the Public Constituencies shown in Annex 1.</i>

### **c) Appointed Governors Terms of Office**

Appointed Governors are appointed by their organisation. At present the Constitution states that appointed Governors may hold office for up to 3 years and be eligible to serve two consecutive terms of office or a maximum of six years.

If an appointed governor had completed two consecutive the appointing organisation may consider a specific individual as being the most appropriate person to continue to represent their organisation. The proposal is to provide flexibility in the Constitution to allow this.

The proposal is that section 14 of the Constitution be amended to say:

14.4.2 An Appointed Governor shall be eligible for re-appointment at the end of his/her term, but, *subject to paragraph 14.4.3 below*, shall serve no more than 2 consecutive terms of office or a maximum of 6 years.

14.4.3 *Where an appointing organisation considers that an individual who would not otherwise be eligible for appointment as an Appointed Governor because of the restriction in paragraph 14.4.2 above remains the most appropriate person to represent the organisation, it may seek the approval of the Chairman and the Chief Executive to appointing the individual to serve a further term or terms of office.*

### **d) Elections**

An election campaign is planned for governor seats available at the next election. An internal action plan, managed by the Trust Secretary working with the Membership Officer has been produced. The plan aims to generate interest through a variety of means for all seats and includes a focussed membership drive for young people to increase our membership in this area and to encourage young people to stand for governor positions to reflect the growing voice of service users and carers on our Council of Governors.

### **e) Recommendation and Next Steps**

- To approve the changes detailed above in order for it to be presented to the July Trust Board.
- Subject to approval at the Council of Governors on 16<sup>th</sup> July and the Trust Board on 29<sup>th</sup> July 2020 the changes will become effective immediately.
- To note elections are due to commence in October 2020 and plans in place to promote these.

July 2020

**Agenda Item 15**

Title & Date of Meeting:	Council of Governors Public Meeting– 16 <sup>th</sup> July 2020																							
Title of Report:	Performance Report - Month 2 (May)																							
Author/s:	Name: Peter Beckwith Title: Director of Finance																							
Recommendation:	To approve		To receive & note	✓																				
	For information		To ratify																					
Purpose of Paper:	<p>This purpose of this report is to inform the Council of Governors on the current levels of performance as at the end of May 2020.</p> <p>The report is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits presented in graphical format.</p>																							
<b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i>	<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Appointments, Terms &amp; Conditions Committee</td> <td></td> <td>Engaging with Members Group</td> <td></td> </tr> <tr> <td>Finance, Audit, Strategy and Quality Governor Group</td> <td></td> <td>Other (please detail)</td> <td>Quarterly report to Council</td> </tr> <tr> <td>Trust Board</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Date		Date	Appointments, Terms & Conditions Committee		Engaging with Members Group		Finance, Audit, Strategy and Quality Governor Group		Other (please detail)	Quarterly report to Council	Trust Board							
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Trust Board																								
<b>Key Issues within the report:</b>  <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<p>The report is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits presented in graphical format.</p> <p>Commentary for those indicators that have fallen outside of the normal variation range is included below.</p> <p><b>Safer Staffing Dashboard</b> - The safer staffing dashboard reflects the period for April 20 when the Trust was responding to COVID Pandemic surge. Collating centrally of the clinical supervision data was suspended for this period hence some teams are showing as a nil return however some teams did still report their position. It must also be noted that again due to the pandemic we maintained a low bed occupancy across many of the Trust in patient units. The low fill rates, although flagging red in some cases are reflective of the low bed occupancy.</p> <p><b>Complaints</b> – During the Covid period and until the 1<sup>st</sup> of July all formal complaint responses were placed on hold in line with national directives. All new incoming complaints are reviewed by the Medical Director and where possible complaints are actioned under our PAL's process.</p>																							



	<p>Formal complaints have now been opened and we have written for consent where applicable and, or, are emailing all the complainants to inform them that we are reopening formal complaints investigations. Updated timescales have been provided as to when responses should be expected.</p> <p><b>Friends and Family Test (FFT)</b> – Owing to the small number of FFT forms that were received during Covid we saw a dip in our involvement score below the lower control limit, however, it still remains above target.</p> <p><b>Waiting Times</b> - In common with the National picture, the Trust's performance on waiting lists has been affected by t by the impact of change in services as a result of the response to the COVID19 pandemic. Referrals have also seen a significant increase in recent weeks and are expected to continue to rise in the medium term.</p> <p>Whilst this has impacted on all services it has been particularly noticeable in CAMHS areas. Each service is developing plans as part of the Trust's Continuity of Operations and Sustainability Plan (Phase 3) to address the waiting list position.</p> <p><b>Delayed Transfers of Care</b> - The reduced availability of care home beds as a result of COVID and the focus on expediting discharge from HUHT has caused an increase in the number of DTOC in our services. We are working with our partners in HCV to improve the position.</p>
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**Monitoring and assurance framework summary:**

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



Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	



Financial Year  
2020-21

# INTEGRATED BOARD REPORT

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

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



Reporting Month:  
May-20

Caring, Learning and Growing

Chief Executive: Michele Moran  
Prepared by: Business Intelligence Team



# Humber Teaching NHS Foundation Trust Integrated Board Report

For the period ending: **May 2020**

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

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

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

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

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

**May 2020**

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

# PI RETURN FORM 2020-21

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **May 2020**

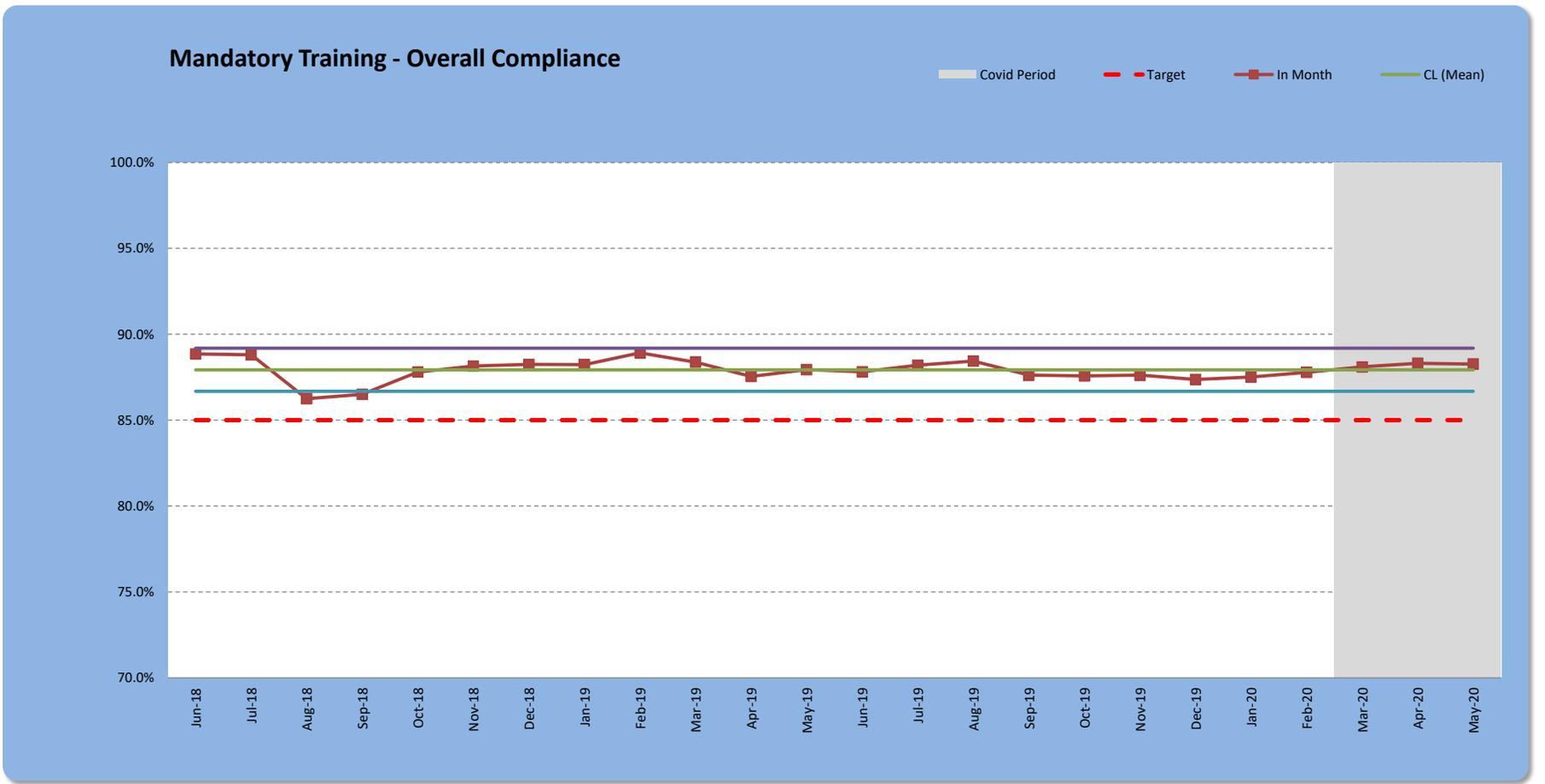
Indicator Title	Description/Rationale	Executive Lead
Mandatory Training	A percentage compliance based on an overall target of 85% for all mandatory and statutory courses	Steve McGowan

KPI Type
WL 5

**Narrative**

Above Target, no change from the previous month.

Target: 85%  
 Amber: 75%  
 Current month stands at 88.3%



# PI RETURN FORM 2020-21

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **May 2020**

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

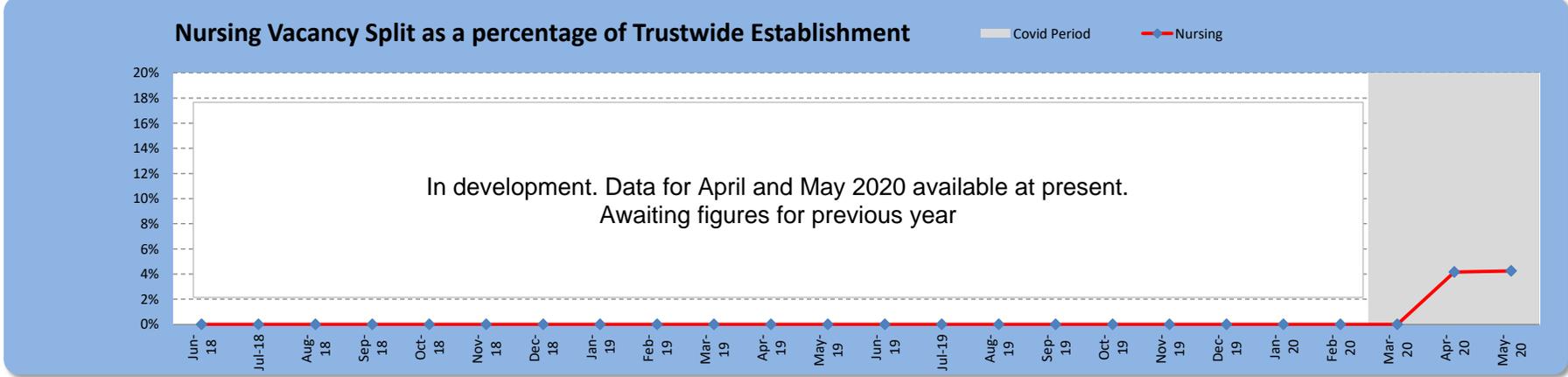
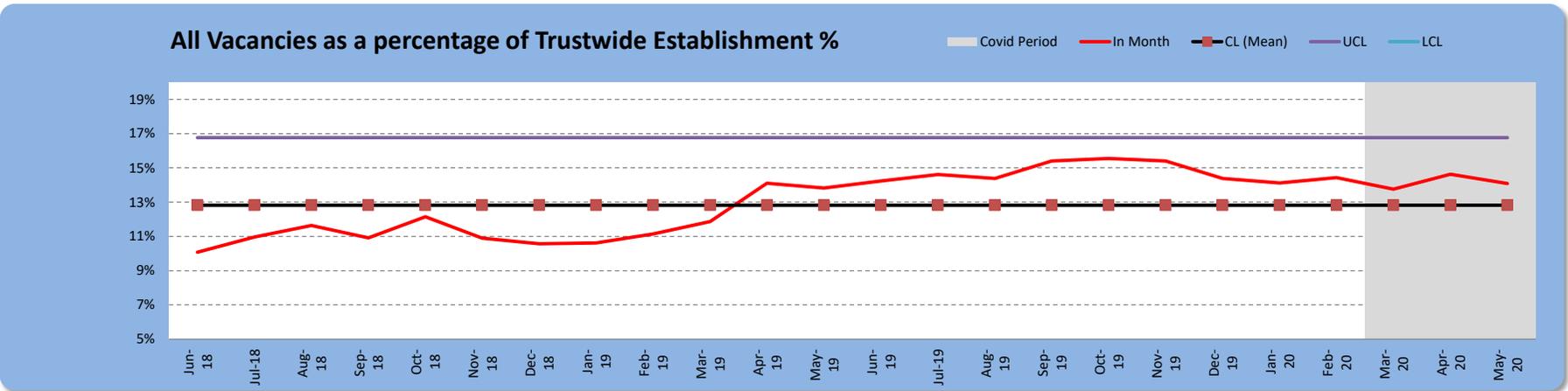
KPI Type
WL 2 VAC

**Narrative**

Now shown as a percentage of vacancies against total establishment.

Nursing Vacancy rate added in May-20. Previous years data to follow once developed.

Current month stands at 14.1%



# PI RETURN FORM 2020-21

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **May 2020**

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

**Narrative**

Within Control Limits.

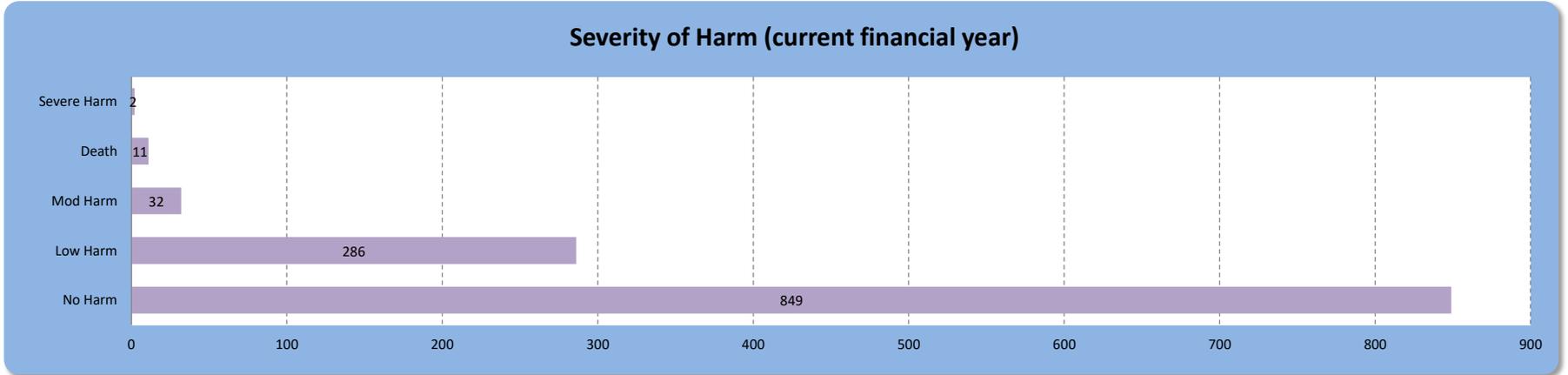
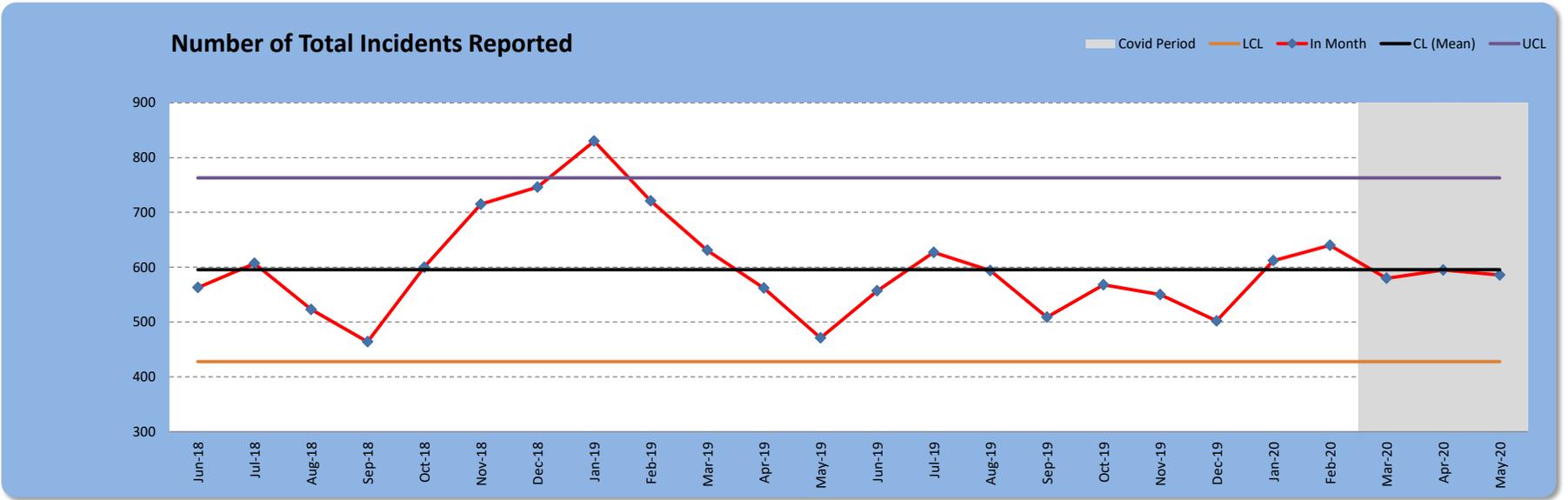
Reduction of 10 when compared to the previous month.

Added Severity of Harm current fiscal year chart.

UCL: 763  
LCL: 428

Current month stands at 586

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



# PI RETURN FORM 2020-21

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **May 2020**

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

KPI Type
WL 9a

**Narrative**

Greyed out area on chart signifies Covid19 period.

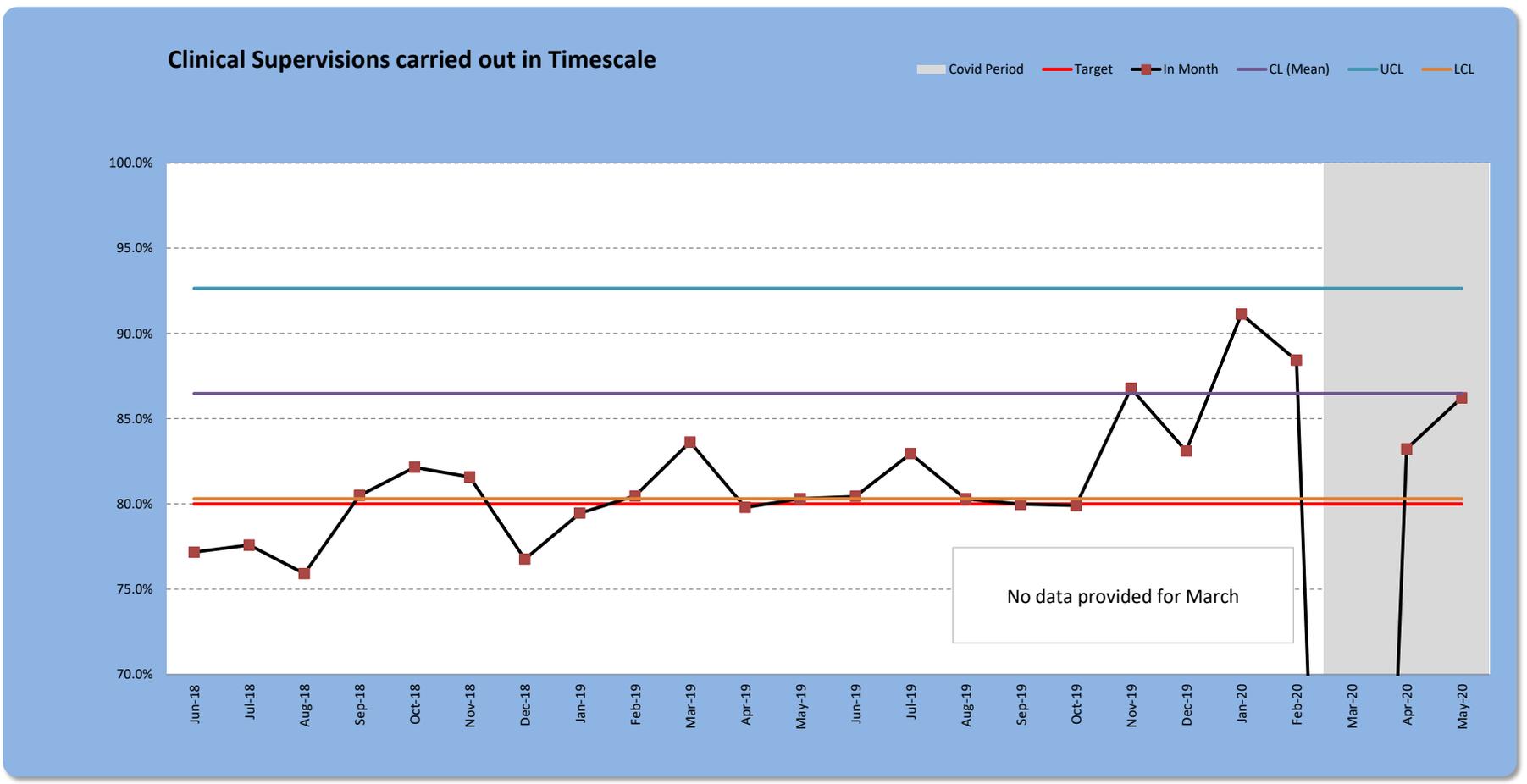
Performance remains above target for May.

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

Target: 80%

Amber: 75%

Current month stands at 86.2%



# HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING QUALITY DASHBOARD

## Staffing and Quality Indicators

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



Shown one month in arrears

Speciality	Units					Bank/Agency Hours				Average Safer Staffing Fill Rates				QUALITY INDICATORS (Year to Date)				High Level Indicators					Indicator Totals		
	Ward	Speciality	WTE	OBDs (inc leave)	CHPPD Hours (Nurse)	Bank % Filled	Improvement	Agency % Filled	Improvement	Day		Night		Staffing Incidents (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ party upheld)	Failed S17 Leave	STAFF QUALITY INDICATORS					Mar-20	Apr-20	
										Registered	Un Registered	Registered	Un Registered					Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	Sickness Levels (clinical)			WTE Vacancies (RNs only)
Adult MH	Avondale	Adult MH Assessment	34.6	61%	22.26	19.3%	↑	0.0%	→	79%	74%	104%	109%	0	2	0	0	69.0%	92.8%	91.7%	100.0%	4.6%	2.2	1	2
	New Bridges	Adult MH Treatment (M)	43.0	85%	10.14	9.8%	↑	7.9%	↑	83%	103%	96%	104%	0	0	0	0	No Ret	97.8%	92.3%	100.0%	5.6%	2.0	1	2
	Westlands	Adult MH Treatment (F)	36.2	82%	9.94	29.9%	↓	10.2%	↓	71%	97%	94%	112%	0	3	0	0	50.0%	91.9%	88.9%	90.5%	3.1%	5.0	1	2
	Mill View Court	Adult MH Treatment	36.6	17%	24.79	21.6%	↓	0.0%	→	82%	77%	87%	79%	0	3	0	0	100.0%	93.0%	90.0%	93.8%	5.3%	5.8	1	1
	Hawthorne Court	Adult MH Rehabilitation	21.6	78%	8.68	33.0%	↓	0.0%	→	62%	73%	86%	114%	0	0	0	0	82.4%	87.8%	77.8%	92.9%	19.4%	0.2	3	3
OP MH	PICU	Adult MH Acute Intensive	31.7	84%	26.71	42.3%	↓	10.9%	↑	80%	195%	92%	161%	1	23	0	0	96.6%	88.0%	100.0%	100.0%	20.1%	8.6	2	1
	Maister Lodge	Older People Dementia	37.4	49%	24.32	18.0%	↑	0.0%	→	53%	109%	110%	97%	0	10	0	0	100.0%	90.9%	81.8%	96.3%	11.4%	0.0	2	2
Specialist	Mill View Lodge	Older People Treatment	24.7	25%	31.26	17.4%	↑	0.0%	→	74%	72%	84%	87%	0	0	0	0	100.0%	94.1%	90.0%	92.9%	7.5%	2.4	2	3
	Pine View	Forensic Medium Secure	27.2	50%	11.37	10.9%	↑	0.0%	→	89%	75%	50%	103%	0	0	0	0	96.2%	86.0%	100.0%	83.3%	3.0%	1.0	4	3
	Derwent	Forensic Low Secure	25.2	100%	11.00	24.7%	↑	6.1%	↓	98%	76%	62%	100%	0	0	0	0	84.4%	95.1%	100.0%	88.2%	1.9%	1.4	2	1
	Ouse	Forensic Low Secure	24.2	93%	8.00	20.9%	↑	4.2%	↓	87%	87%	70%	102%	0	0	0	0	96.2%	98.4%	100.0%	94.4%	1.9%	2.4	3	1
	Swale	Personality Disorder Medium Secure	23.9	63%	14.33	51.2%	↑	0.0%	↑	90%	92%	62%	133%	0	1	0	0	91.3%	91.5%	88.9%	100.0%	2.5%	1.0	0	1
Child & LD	Ullswater	Learning Disability Medium Secure	36.2	67%	17.56	43.8%	↑	0.0%	→	92%	112%	73%	85%	0	1	0	0	95.5%	95.9%	90.0%	100.0%	5.9%	1.0	2	2
	Townend Court	Learning Disability	39.8	47%	26.43	29.6%	↓	0.0%	→	53%	90%	50%	128%	0	2	0	0	81.3%	94.6%	75.0%	100.0%	4.0%	3.1	4	2
	Inspire	CAMHS	43.9	46%	23.39	5.9%	↓	0.0%	→	40%	54%	77%	30%	0	1	0	0	No Ret	91.4%	88.9%	100.0%	10.8%	3.0	2	5
CH	Granville Court	Learning Disability Nursing Treatment Physical Health	56.6	Not Avail	n/a	25.7%	↑	0.0%	↑	95%	89%	103%	97%	0	0	0	n/a	No Ret	89.0%	100.0%	87.8%	5.9%	1.4	2	2
	Whitby Hospital	Community Hospital Physical Health	48.8	42%	10.20	0.0%	↑	0.0%	→	80%	60%	47%	65%	0	0	0	n/a	91.4%	93.0%	78.9%	70.0%	23.8%	0.0	3	4
	Malton Hospital	Community Hospital	26.8	42%	13.46	Not on eRoster	→	Not on eRoster	→	86%	98%	107%	132%	0	0	0	n/a	85.2%	78.0%	78.6%	42.9%	15.8%	3.8	3	2

### Exception Reporting and Operational Commentary

During these unprecedented times it has been agreed by Gold Command to suspend any commentary/narrative in the Integrated Board Report for March. This will be reviewed in the coming months.

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

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

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

### Registered Nurse Vacancy Rates

Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	May-20
13.40%	12.50%	14.30%	17.10%	16.80%	18.60%	16.11%	15.70%	15.00%	13.10%	13.90%

### Slips Trips and Falls

	4	5	6	7	8	9	10	11	12	1	2	3	YTD
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Maister Lodge	7	4	0	0	0	0	0	0	0	0	0	0	11
Mill View Lodge	1	0	0	0	0	0	0	0	0	0	0	0	1
Whitby	1	9	0	0	0	0	0	0	0	0	0	0	10
Malton	4	1	0	0	0	0	0	0	0	0	0	0	5

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

# PI RETURN FORM 2020-21

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **May 2020**

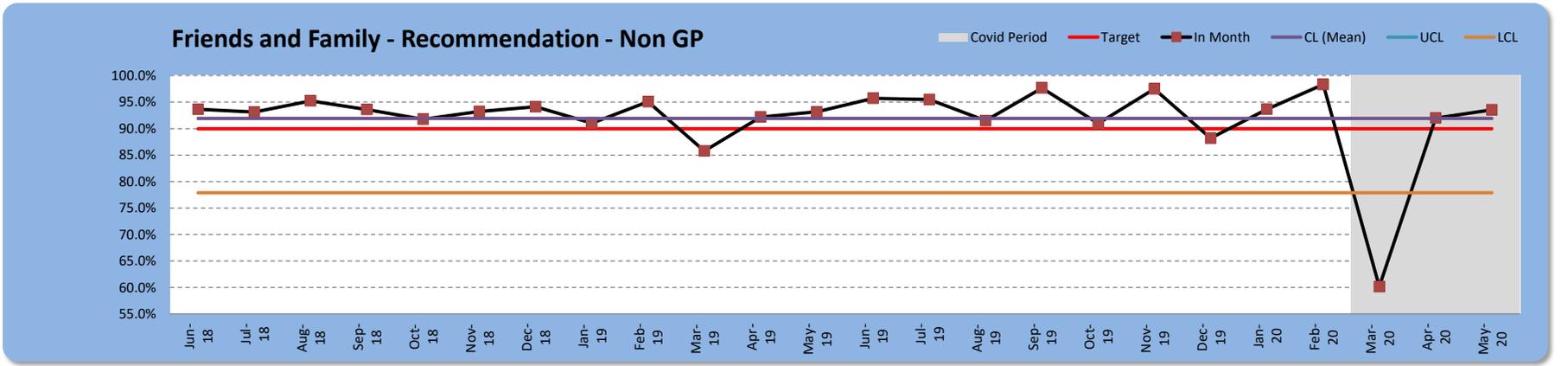
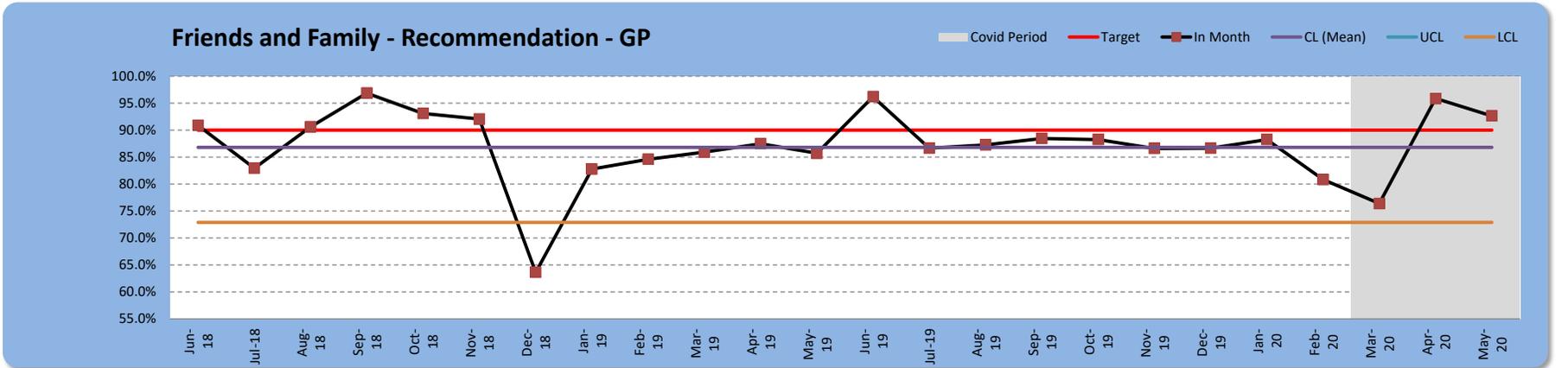
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Friends and Family Test	Results of the overall surveys completed where patients would recommend the Trust 's services to their family and friends	John Byrne	FFT %

**Narrative**

Split between GP and the rest has been included in this months report.

Target: 90%  
Amber: 80%

Current month stands at 92.7%



# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2020**

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

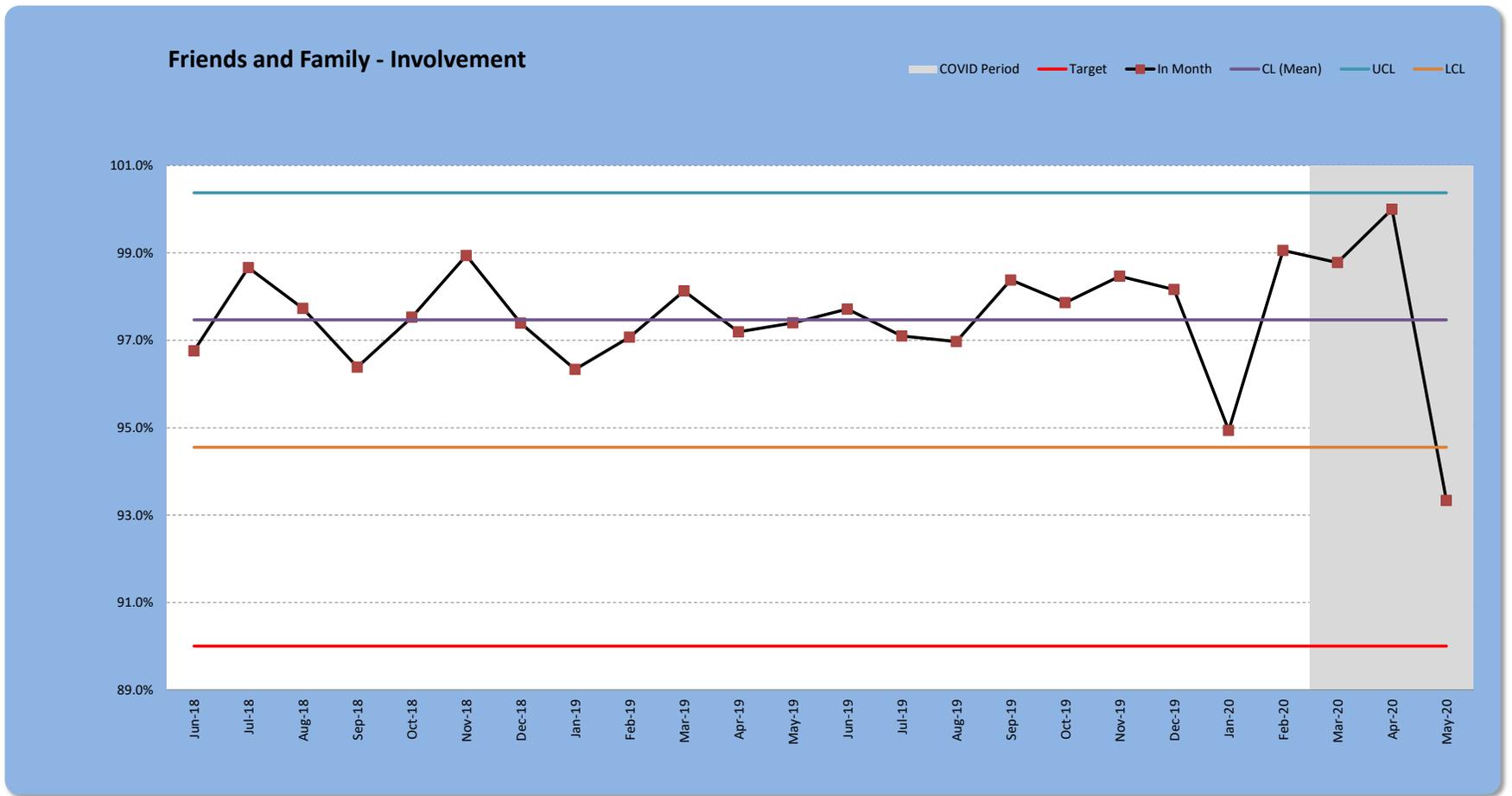
KPI Type
CA 3c %

**Narrative**

In month target achieved. But May performance is below the Lower Control Limit and will be monitored moving forward.

Target: 90%  
Amber: 80%

Current month stands at 93.3%



# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2020**

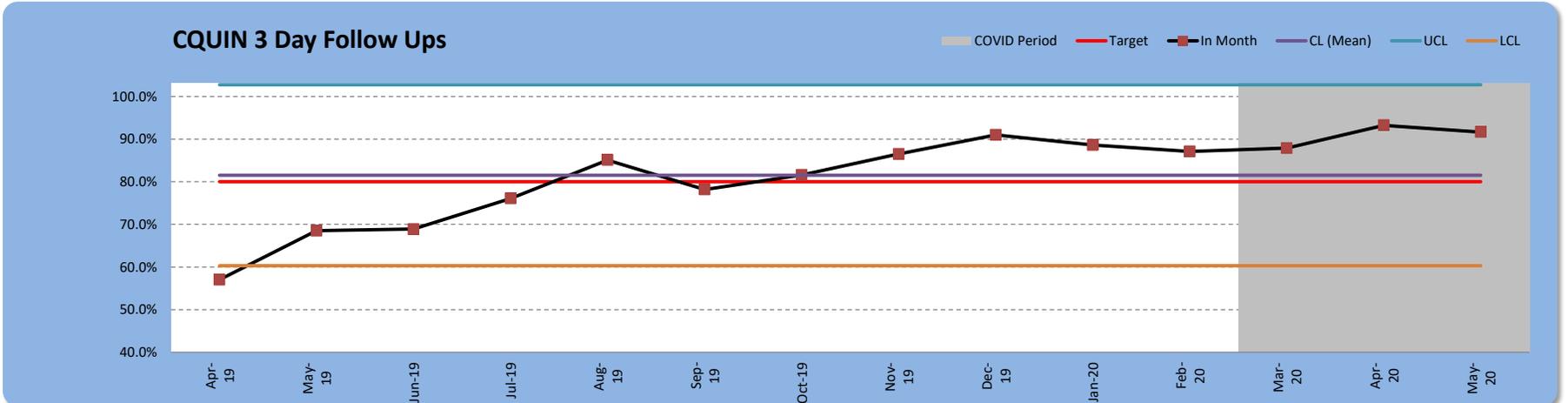
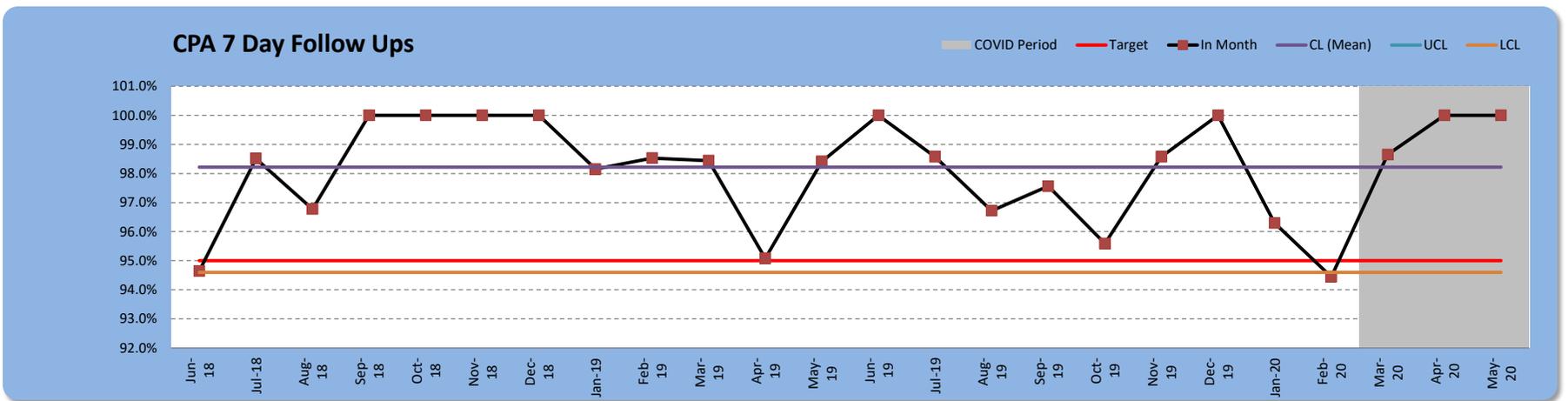
Indicator Title	Description/Rationale	Executive Lead	KPI Type
CPA 7 Day Follow Ups	This indicator measures the percentage of patients who were on CPA and had a follow up within seven days of discharge	Lynn Parkinson	OP 12

**Narrative**

Above Target. All follow up's complete in the reporting period.

3 day follow chart has been introduced from May-20.

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



# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2020**

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

KPI Type
OP 7

**Narrative**

Performance remains consistent with recent months.

Target: 95%  
Amber: 85%

Current month stands at 96.7%



# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2020**

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

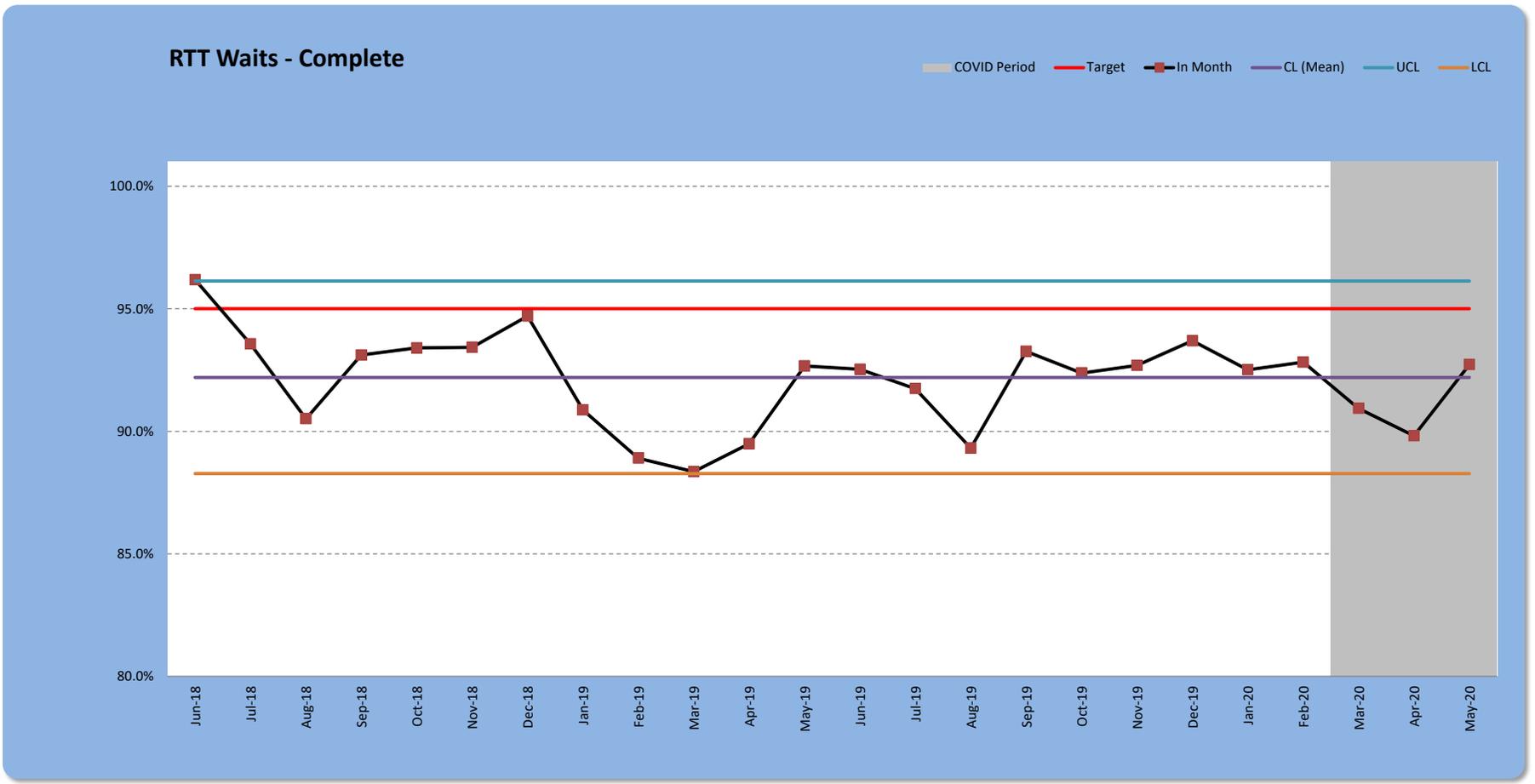
KPI Type
OP 20

**Narrative**

Increase of 2.9% when compared to the previous month.

Target: 95%  
Amber: 85%

Current month stands at 92.7%



# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2020**

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

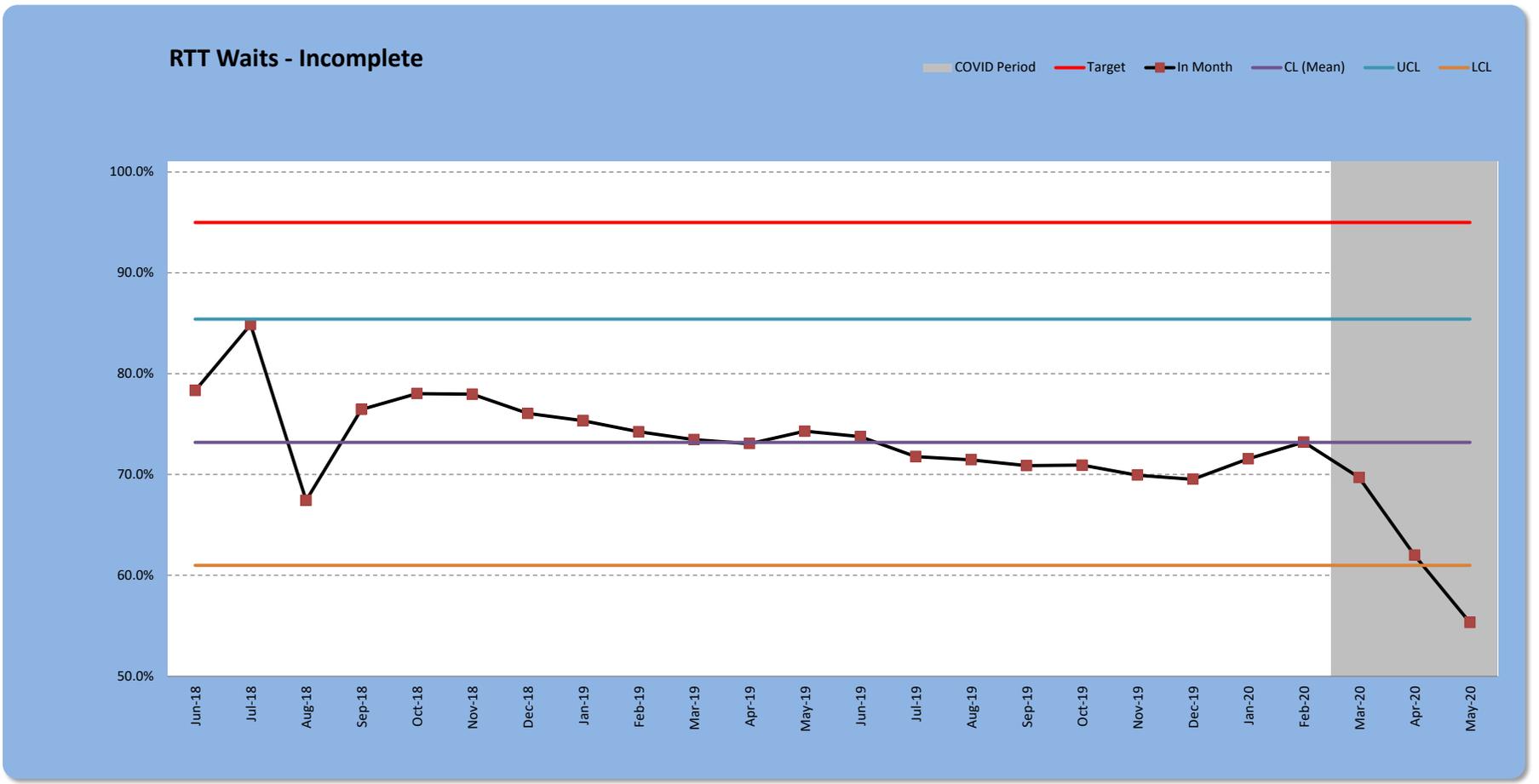
KPI Type
OP 21

**Narrative**

Reduction of 6.7% when compared to the previous month.

Target: 95%  
Amber: 85%

Current month stands at 55.3%



# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2020**

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

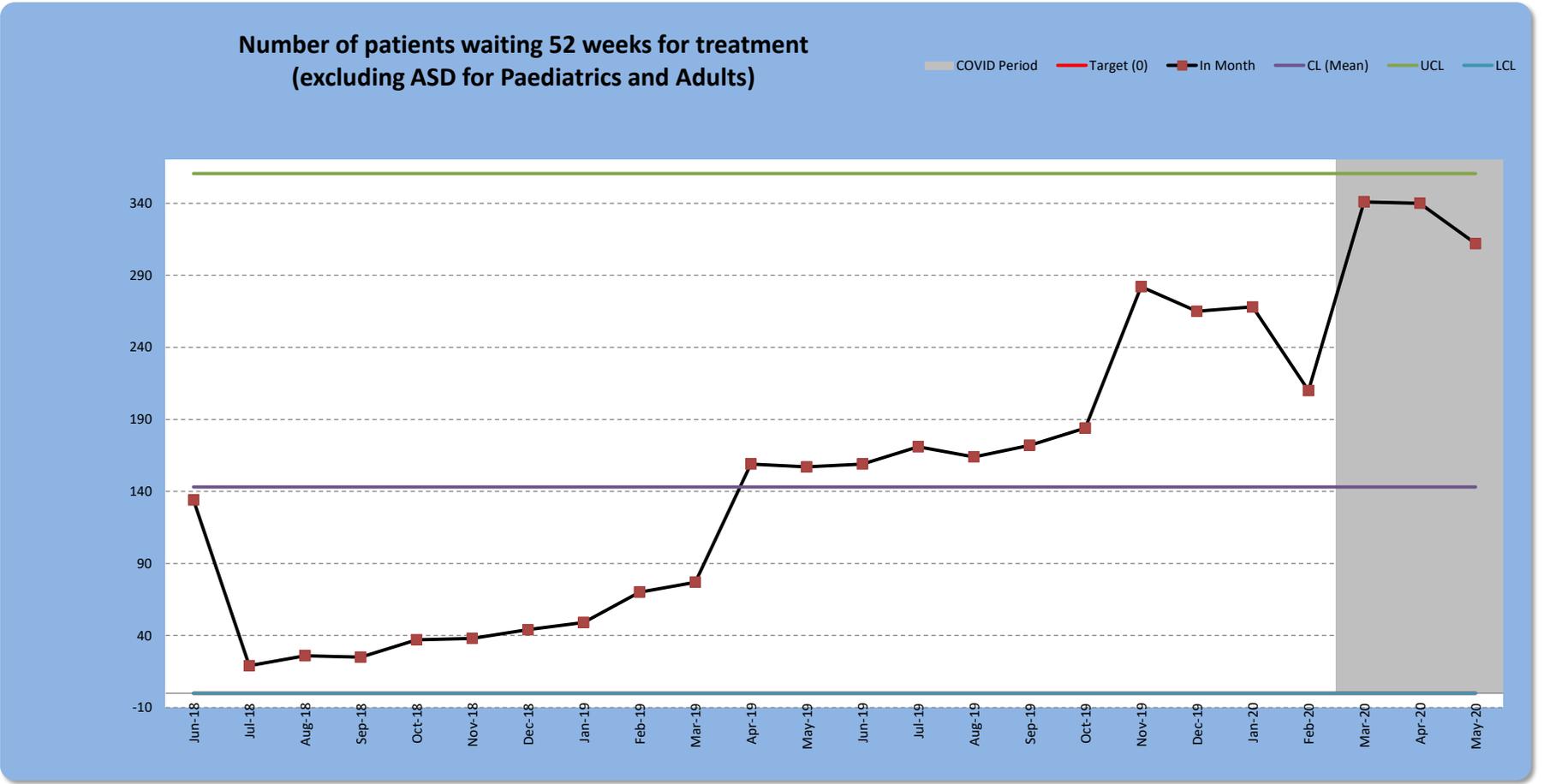
KPI Type
OP 22x

**Narrative**

Reduction of 28 when compared to the previous month.

Target: 0  
Amber: 0

Current month stands at 312



# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2020**

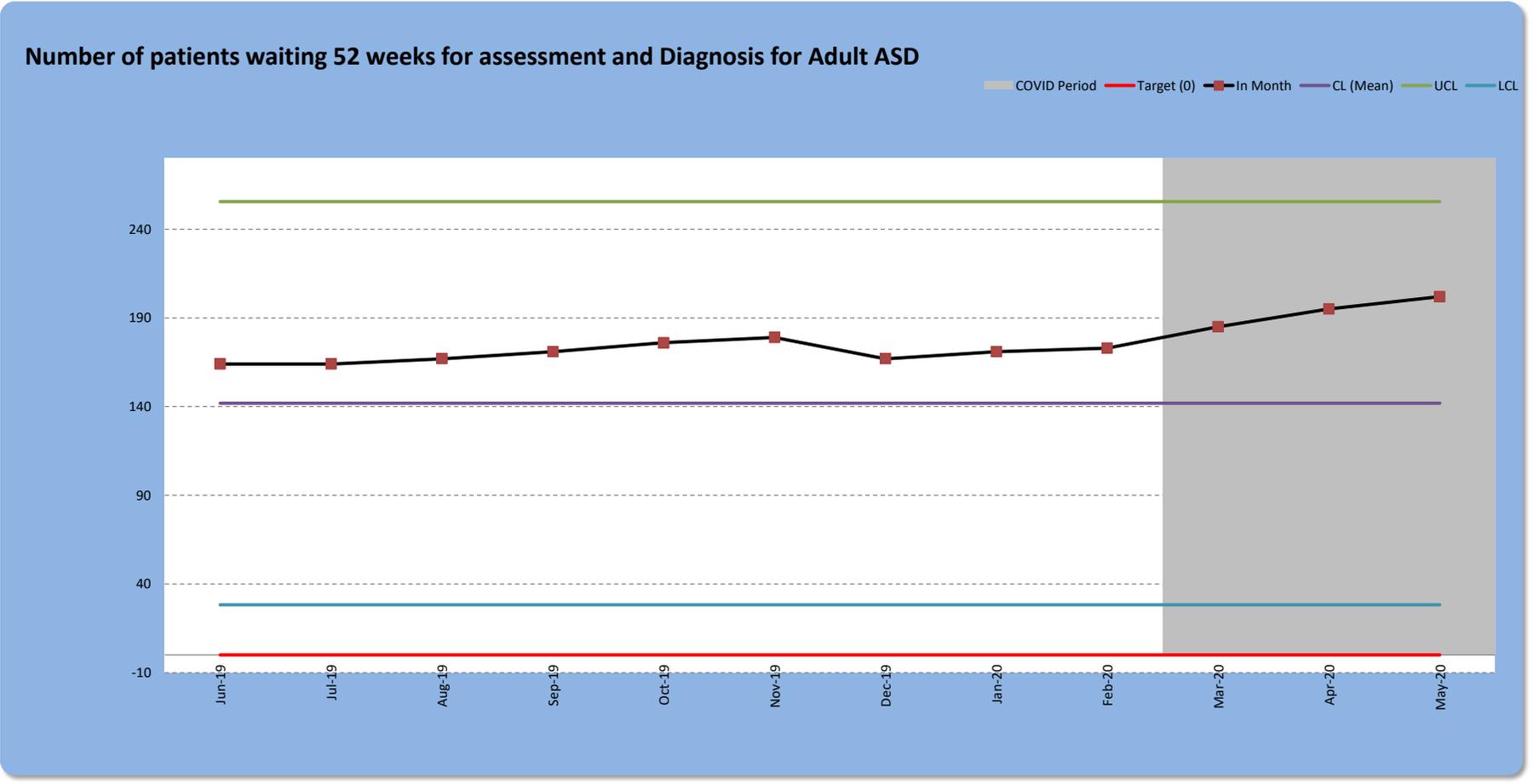
Indicator Title	Description/Rationale	Executive Lead
52 Week Waits - Adult ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Adult and have been waiting more than 52 weeks	Lynn Parkinson

KPI Type
OP 22u

**Narrative**

Increased by 7 when compared on the previous reporting period.

Target: 0  
 Amber: 0  
 Current month stands at 202



# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2020**

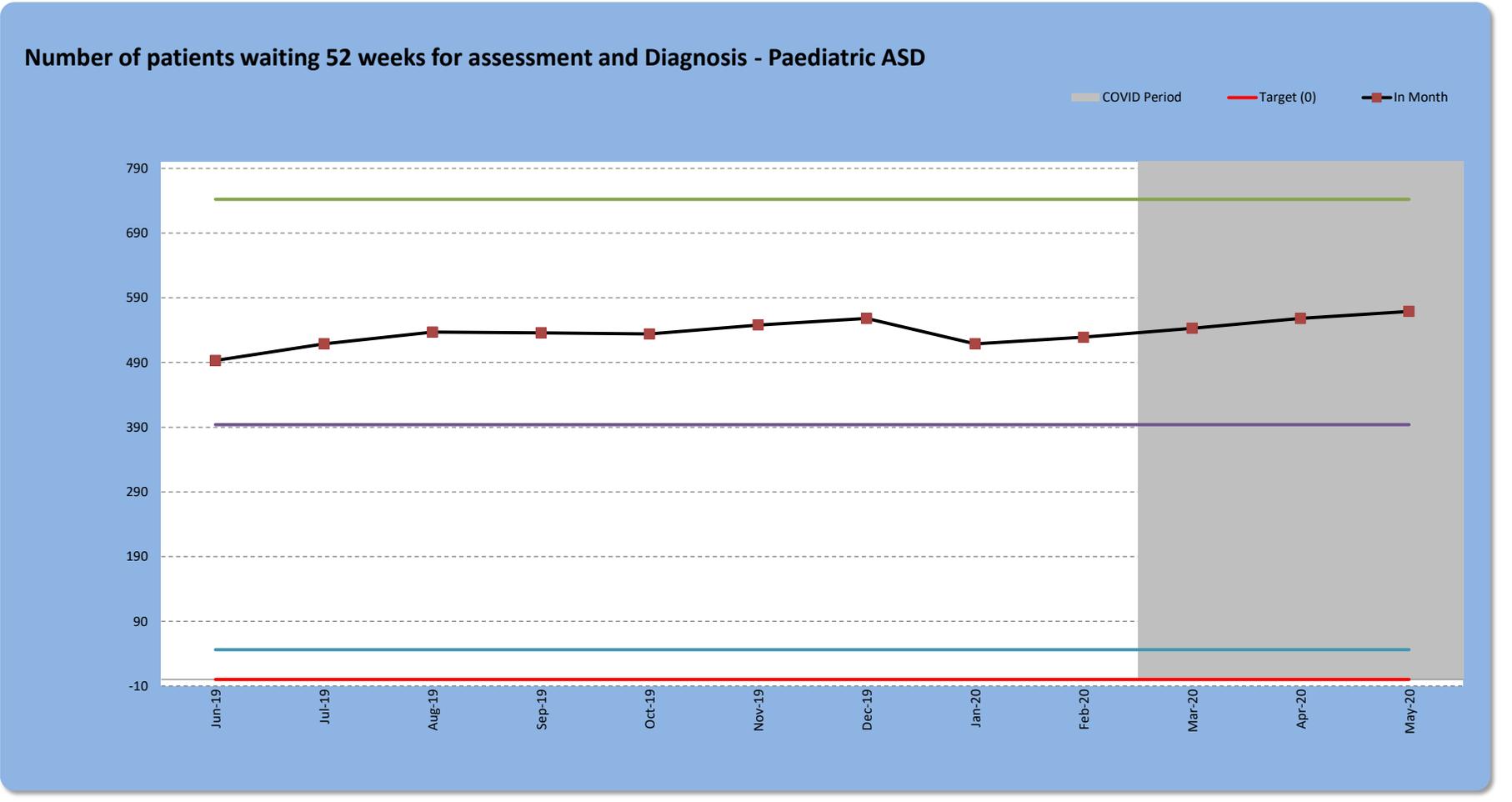
Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - Paediatric ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Children and have been waiting more than 52 weeks	Lynn Parkinson	OP 22s

**Narrative**

Increase of 11 when compared to the previous reporting period.

Target: 0  
Amber: 0

Current month stands at 569



# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2020**

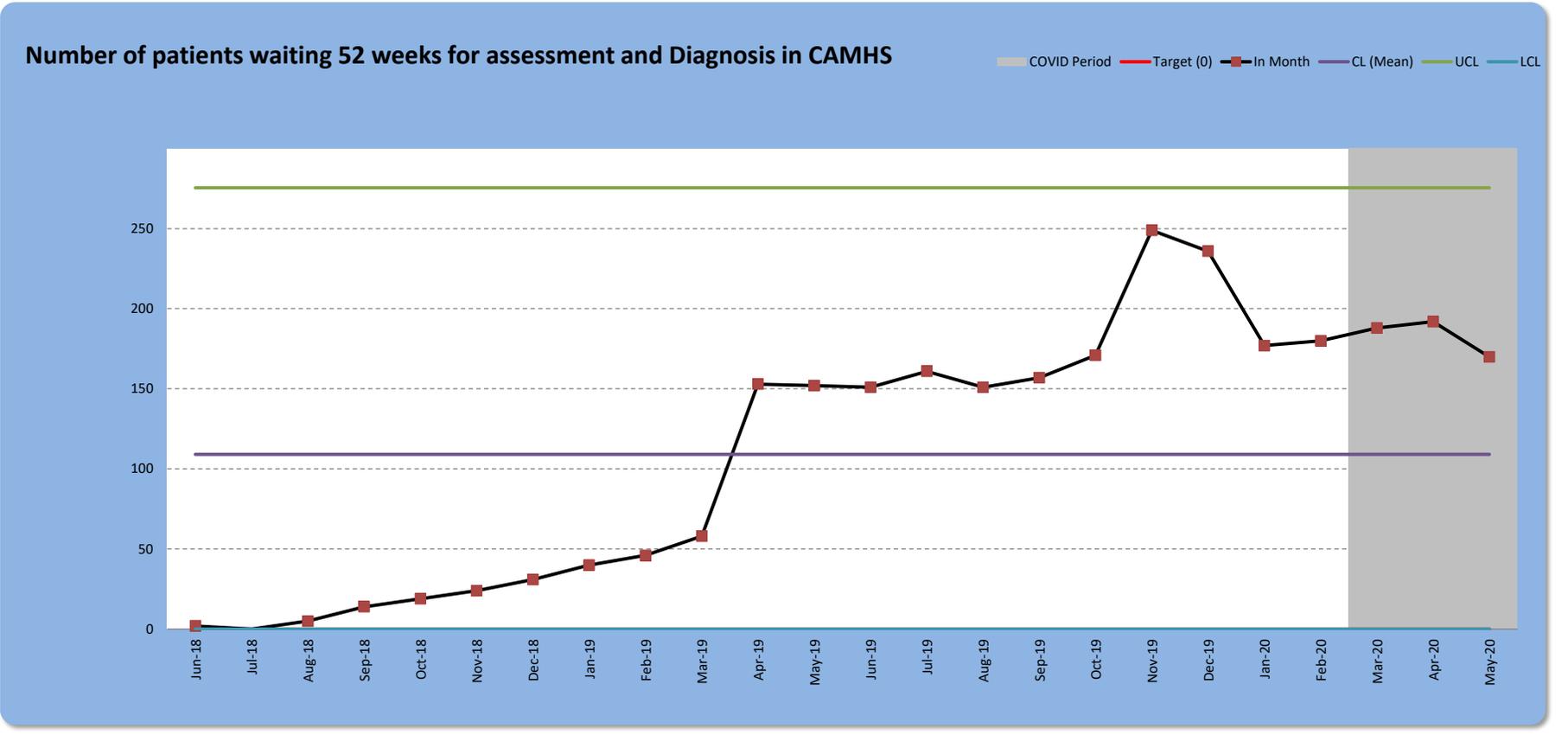
Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks (excluding paediatric ASD)	Lynn Parkinson	OP 22j

**Narrative**

Reduced by 22 when compared to the previous month.

Target: 0  
Amber: 0

Current month stands at 170



# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2020**

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**

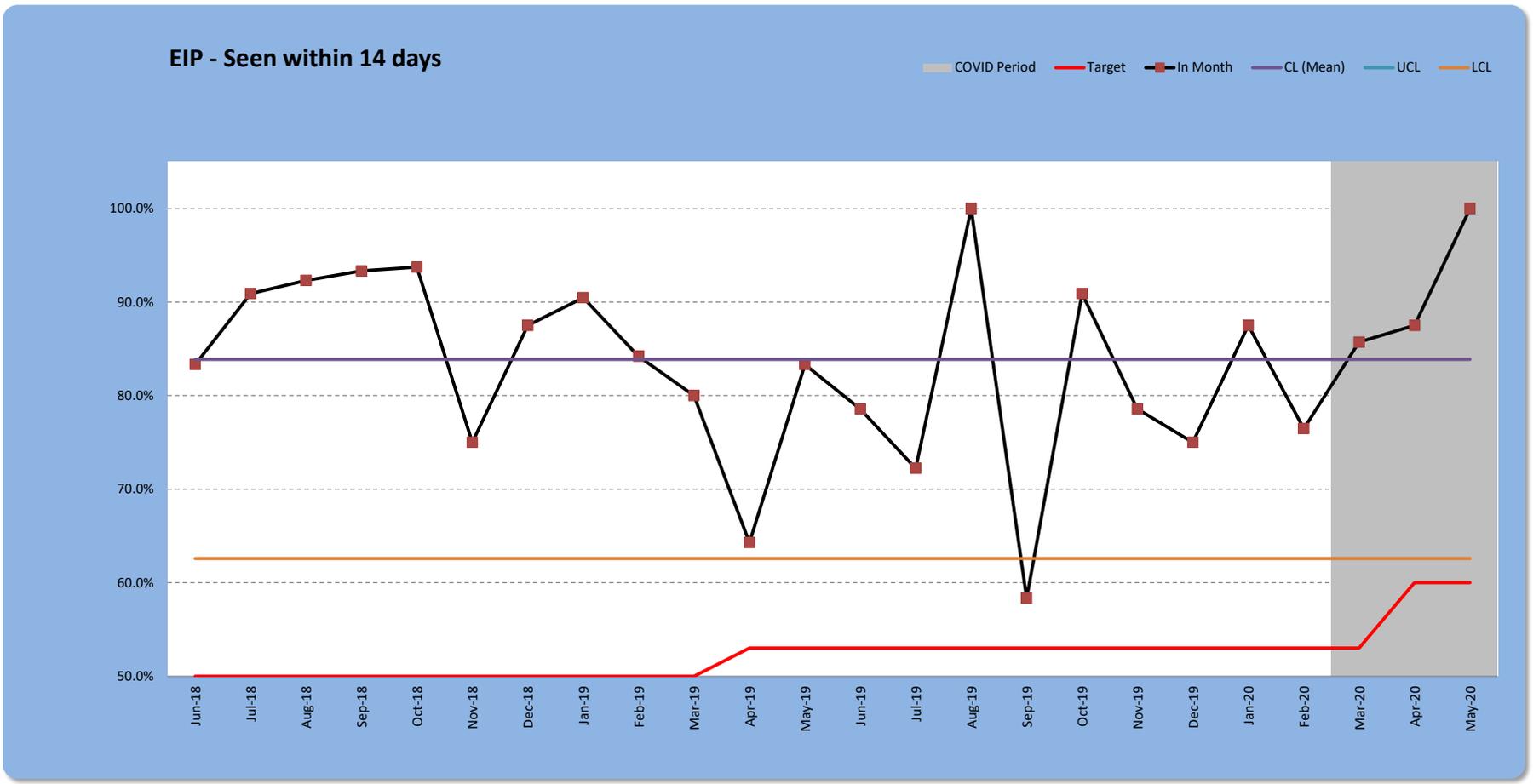
Increase of 12.5% when compared to the previous month.

Target has increased to 60% in 2020/21.

Target: 56%

Amber: 51%

Current month stands at 100.0%



# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2020**

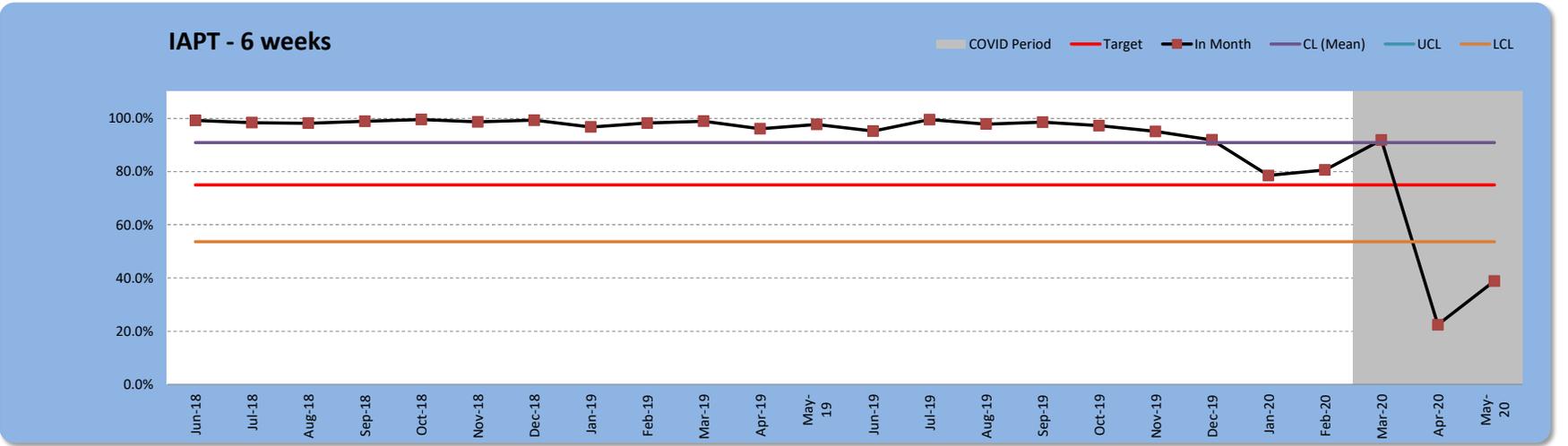
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Improved Access to Psychological Therapies	Two graphs to show percentage of patients who were seen within 6 weeks and 18 weeks of referral	Lynn Parkinson	OP 10a

**Narrative**

Performance has increased by 16.5% but remains well below the target of 75%

Target: 75%  
Amber: 70%

Current month: 38.9%

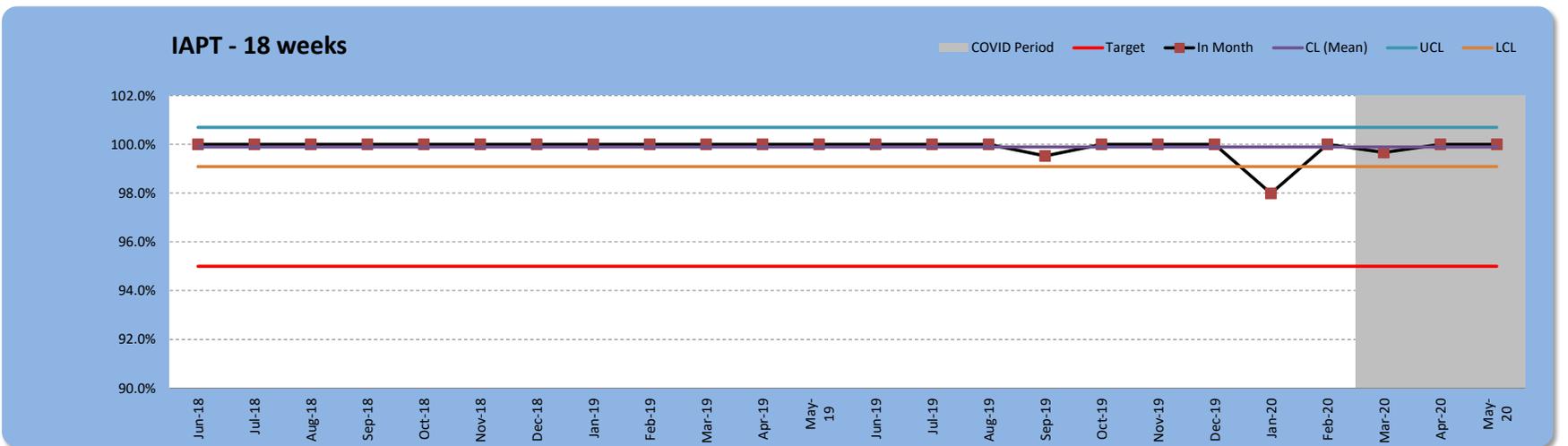


**Narrative**

100% Achievement in May 2020.

Target: 95%  
Amber: 85%

Current month: 100.0%



# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2020**

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

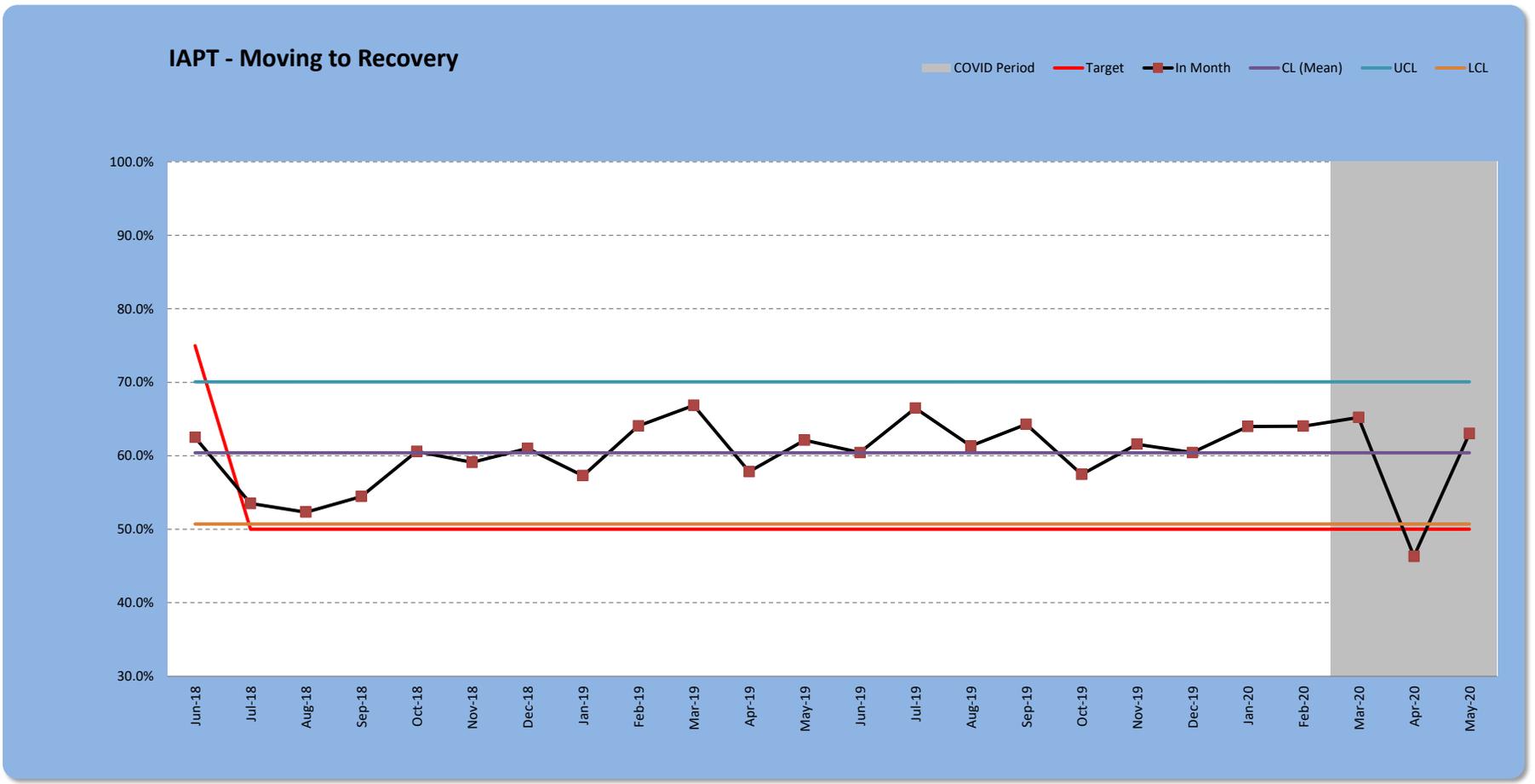
KPI Type
OP 11

**Narrative**

Performance has increased by 16.7% when compared to the previous month.

Target: 50%  
Amber: 45%

Current month stands at 63.0%



# PI RETURN FORM 2020-21

## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **May 2020**

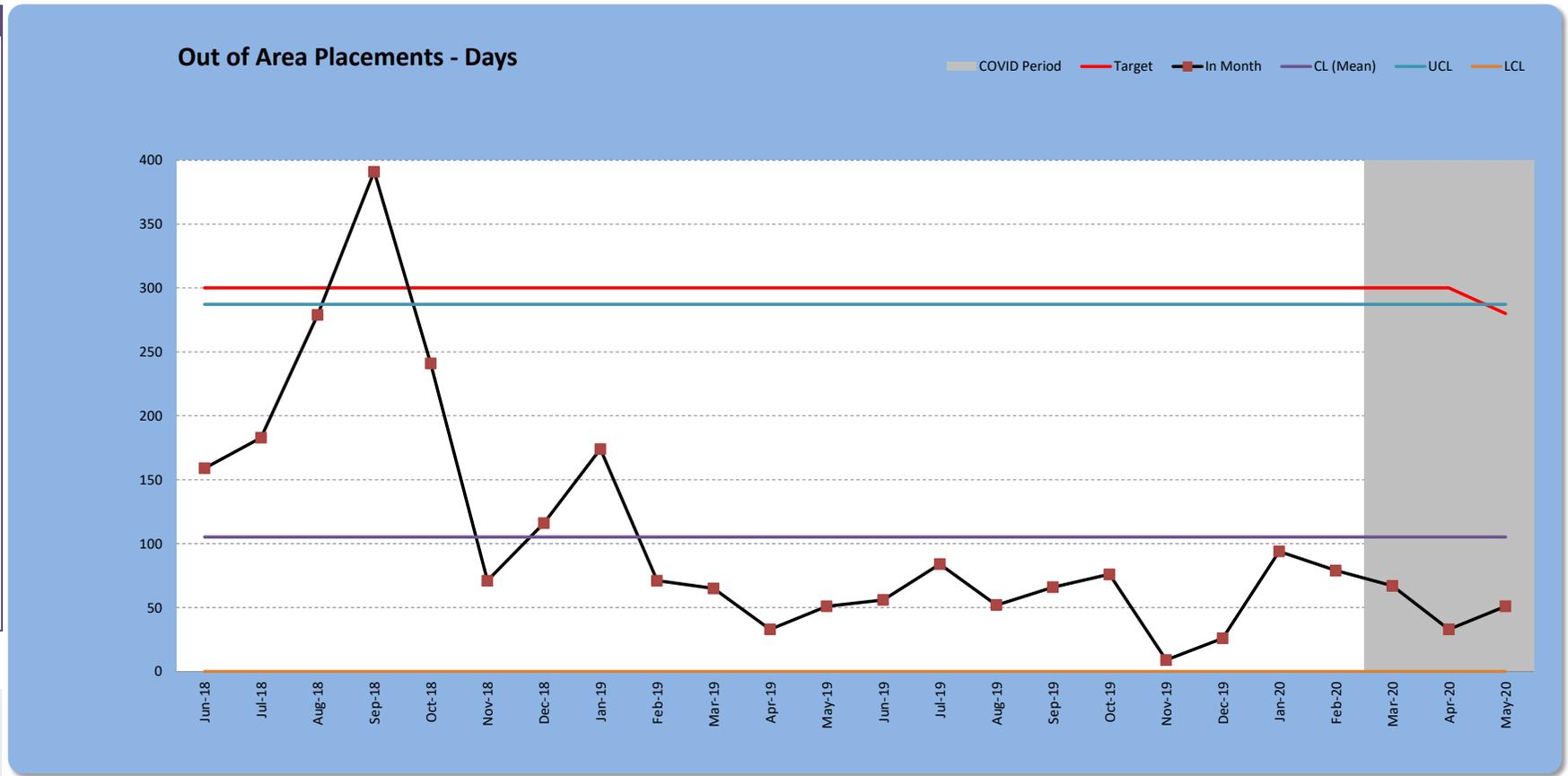
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Out of Area Placements	Number of days that Trust patients were placed in out of area wards	Lynn Parkinson	ST 4b

**Narrative**

Out of area days have increased by 18 but remains well below the trajectory set.

Target: 280  
Amber:

Current month stands at 51



# PI RETURN FORM 2020-21

## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **May 2020**

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

KPI Type
OP 14

**Narrative**

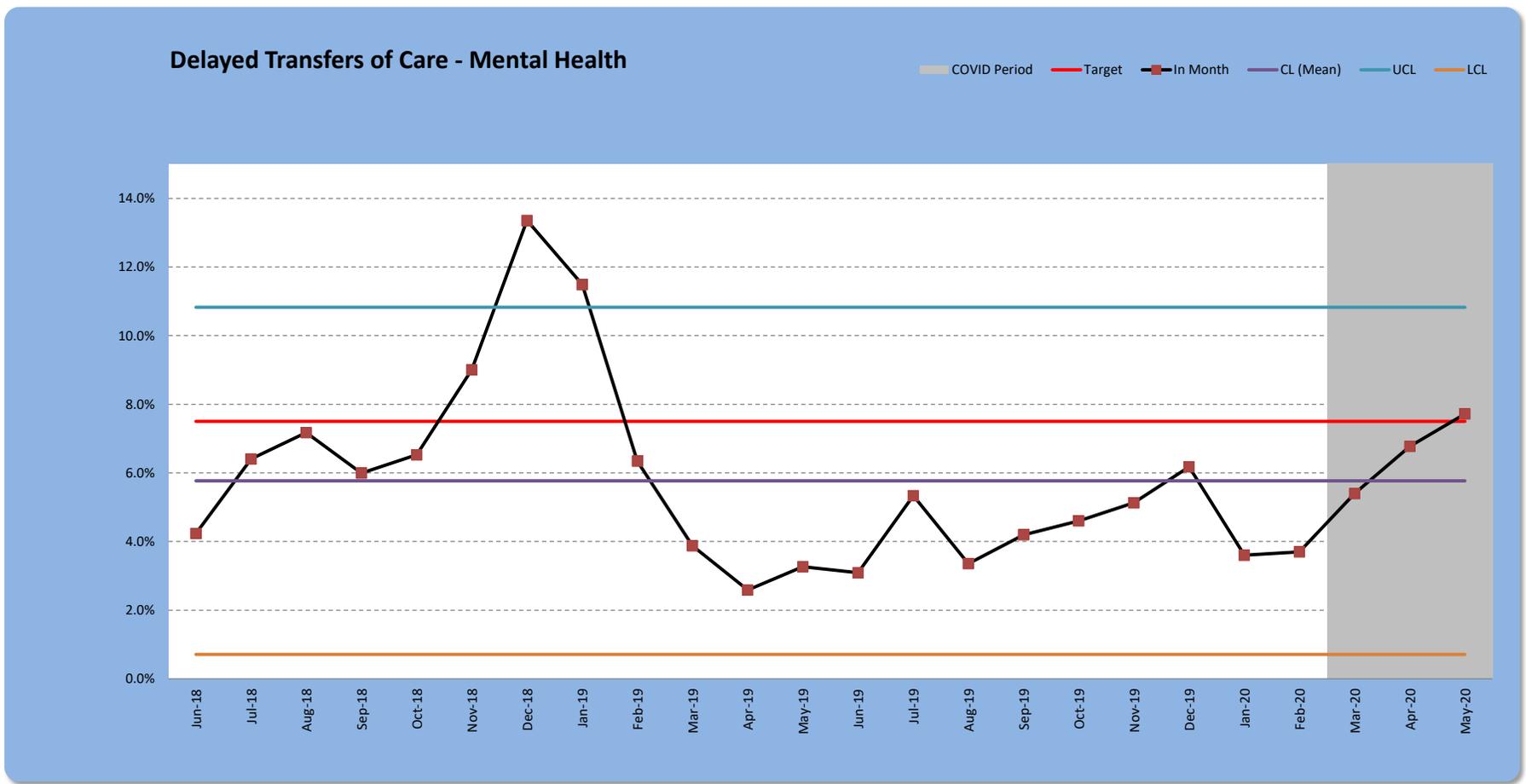
Increase of 0.9% when compared to the previous month.

DTOC rate is now above the target by 0.2%, reporting at 7.7% for May-20.

Target: 7.5%

Amber: 7.0%

Current month stands at 7.7%



# PI RETURN FORM 2020-21

## Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **May 2020**

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**

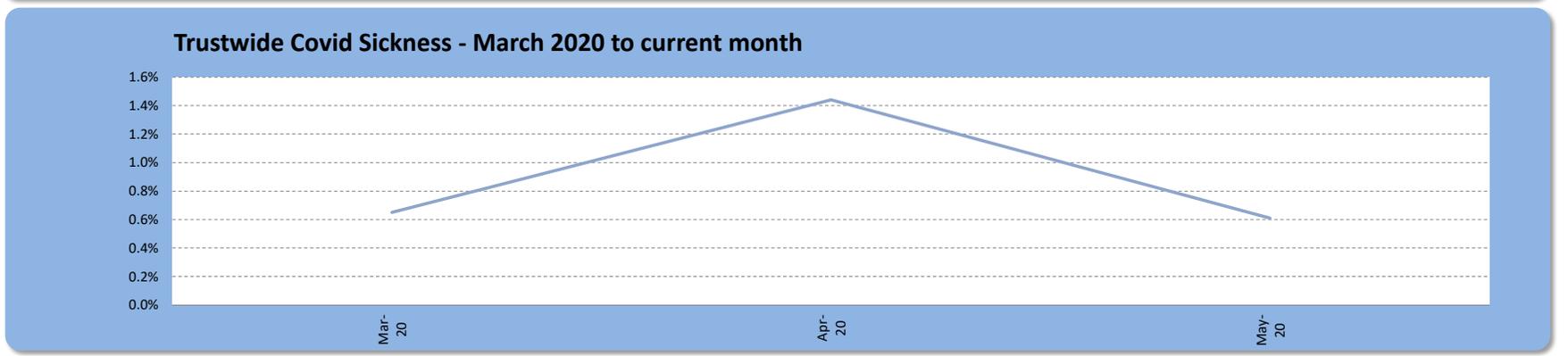
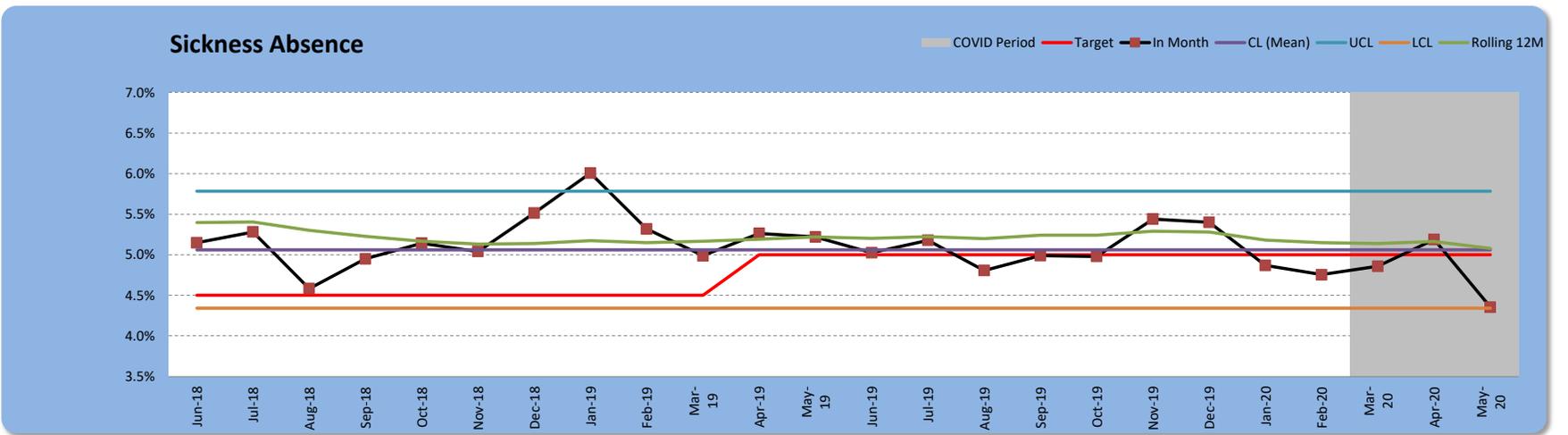
Introduction of COVID-19 related sickness/Absence.

Provisional Sickness/Absence Rate for May-20 is 4.4%. Final position for Apr-20 was 5.2%

Target: 5.0%

Amber: 5.2%

Current month  
4.4%



# PI RETURN FORM 2020-21

## Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **May 2020**

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

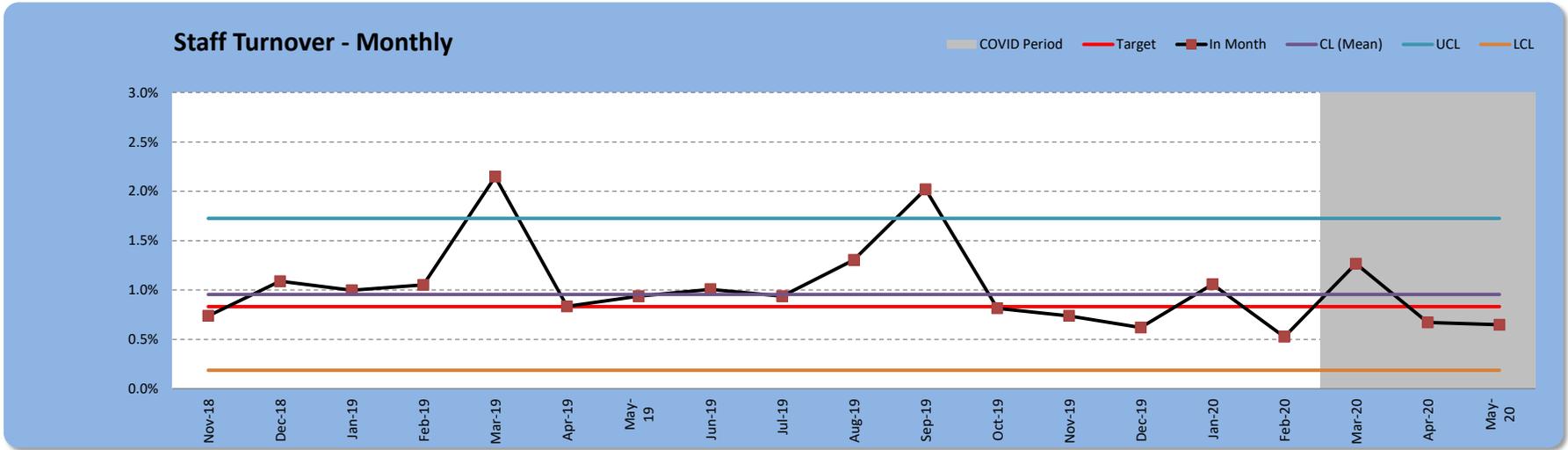
**Narrative**

Within target

Target: 0.83%

Amber: 0.70%

Current month stands at 0.6%



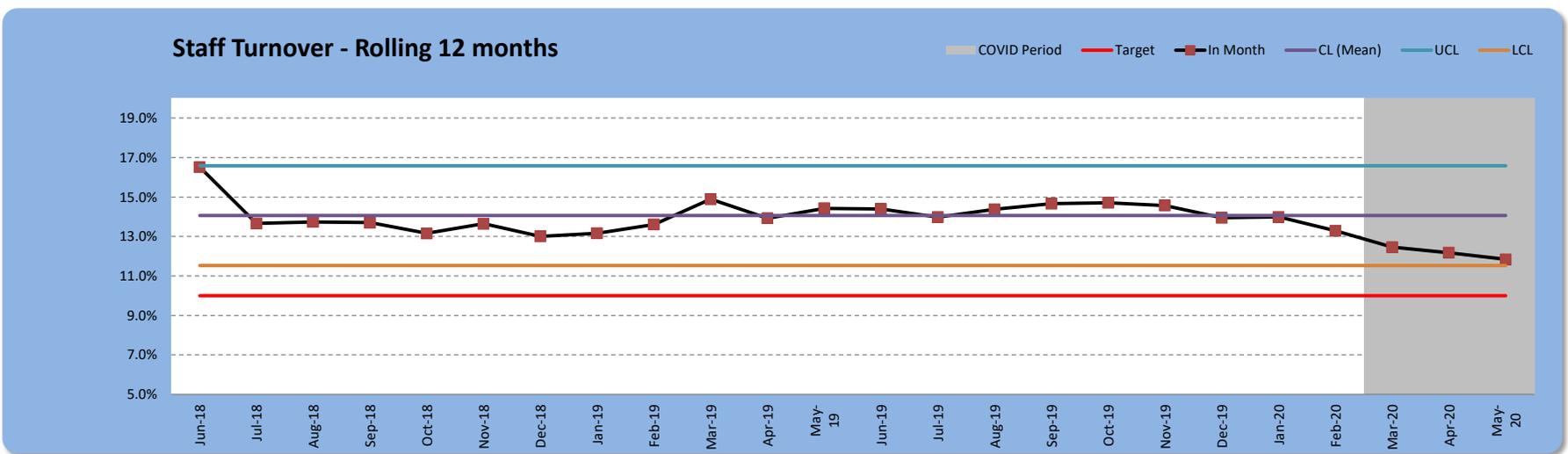
**Narrative**

Exceeds Target

Target: 10%

Amber: 9%

Current month stands at 11.8%



# PI RETURN FORM 2020-21

## Goal 5 : Maximising an Efficient and Sustainable Organisation

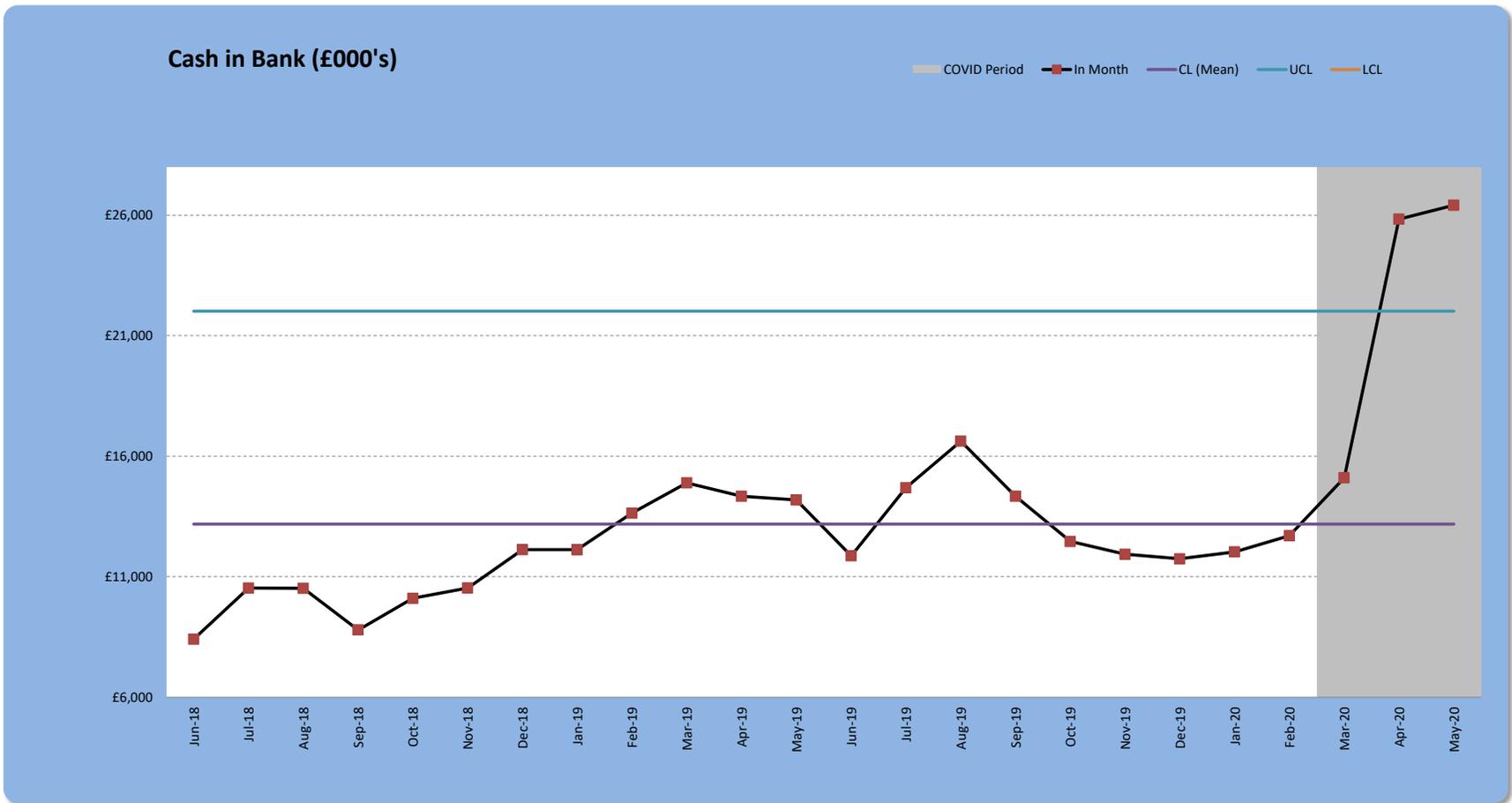
For the period ending: **May 2020**

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

**Narrative**

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

Current month stands at £26,413 ,000



# PI RETURN FORM 2020-21

## Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **May 2020**

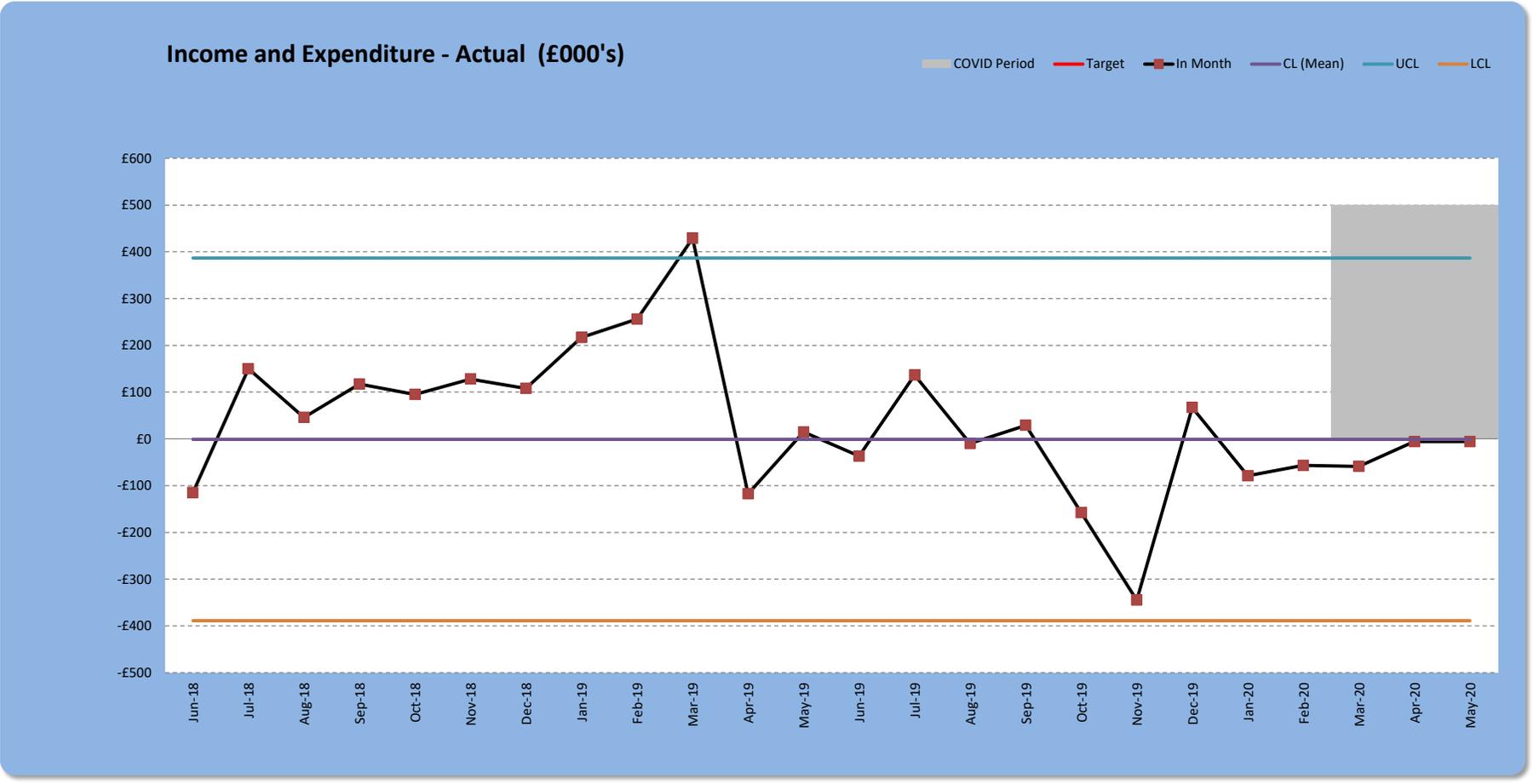
Indicator Title	Description/Rationale	Executive Lead
Income and Expenditure (£000's)	Review of the Income versus Expenditure (£000's) by month	Peter Beckwith

KPI Type
F 4b

**Narrative**

Remains within the control limits

Target:  
Amber:  
Current month stands at -£6 ,000



# PI RETURN FORM 2020-21

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

For the period ending: **May 2020**

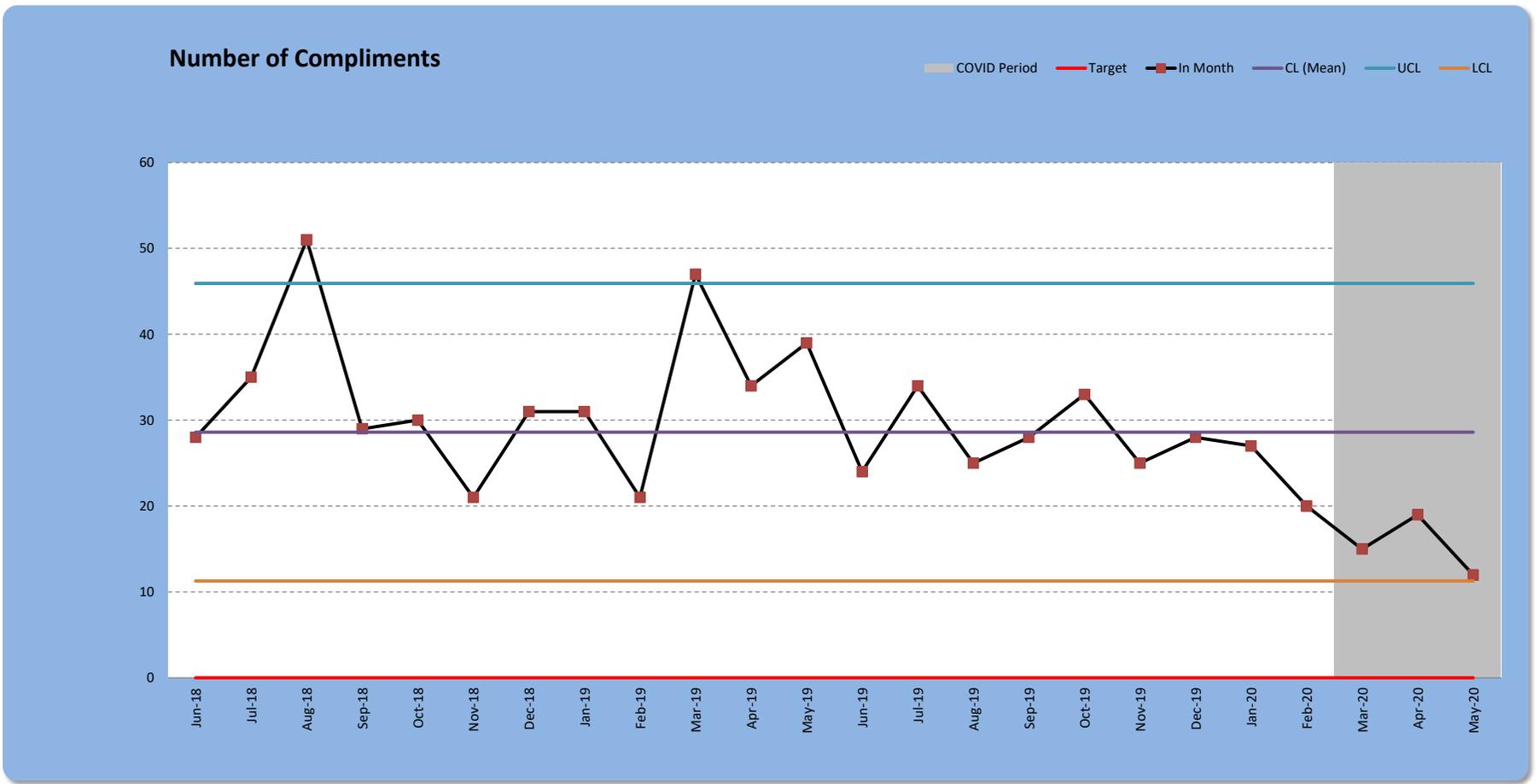
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Compliments	Chart showing the number of compliments received into the Trust	John Byrne	IQ 7

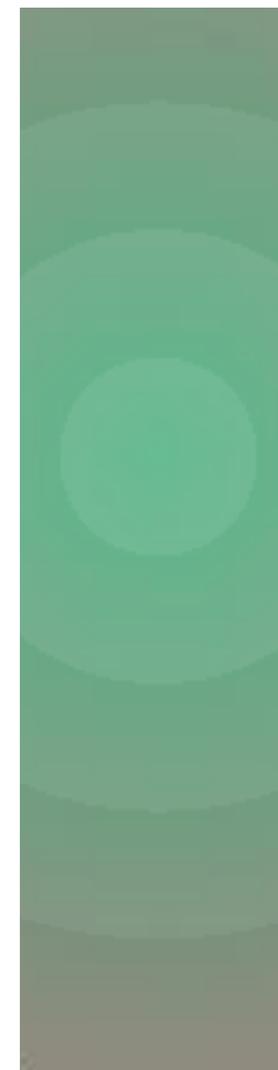
**Narrative**

within control limits

Target: 0  
Amber: 0

Current month stands at 12





Executive Team:

Chief Executive: Michele Moran

Chairman: Sharon Mays

Chief Operating Officer: Lynn Parkinson

Director of Finance: Peter Beckwith

Director of Workforce and Organisational Development: Steve McGowan

Medical Director: John Byrne

Director of Nursing: Hilary Gledhill

Issue Date: 16/06/2020



**Agenda Item: 16**

Title & Date of Meeting:	Council of Governors Public Meeting – 16 <sup>th</sup> July 2020			
Title of Report:	Finance Update Report (May 2020)			
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:	<p>This purpose of this report is to provide the Council of Governors with a summary of financial performance for the Trust for the 6 month period December 2019 to May 2020.</p> <p>This is to allow the Governors to be informed of the Trusts Financial Position and to enable any areas of clarification to be sought.</p>			
Governance		Date		Date
	Appointments, Terms & Conditions Committee		Engaging with Members Group	
	Finance, Audit, Strategy and Quality Governor Group		Other (please detail)	Quarterly report to Council
	Trust Board			
Key Issues within the report:	<ul style="list-style-type: none"> <li>The Trust ended the 2019/20 financial year with a operational surplus of £0.050m, consistent with its revised NHSI Target.</li> <li>For 2020/21 Operation planning has been suspended.</li> <li>As at the end of May 2020, the Trust had recorded a operational breakeven position.</li> <li>Cost in relation to the COVID pandemic for Months 1 and 2 total £1.754m.</li> <li>The Cash Balance at the end of May 2019 was £26.4m.</li> </ul>			

**Monitoring and assurance framework summary:**

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



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



# Council of Governors Finance Update Report (May 2020)

## 1. Introduction and Purpose

This purpose of this report is to provide the Council of Governors with a summary of financial performance for the Trust for the 6 month period December 2019 to May 2020.

## 2. Performance 2019/20

The table below summarises the reported income and expenditure position for the Trust to the end of 2019/20 (*reported figures are cumulative*).

**Table 1: Reported I&E Position 2019/20**

	December 2019 £000	January 2020 £000	February 2020 £000	March 2020 £000
Trust Income	79,377	88,417	97,680	112,619
<i>Less: Expenditure</i>	76,932	85,678	94,742	109,164
<b>EBITDA</b>	<b>2,445</b>	<b>2,739</b>	<b>2,938</b>	<b>3,455</b>
Finance Items	3,739	4,269	4,681	5,289
Sustainability Funding (Income)	(872)	(1,029)	(1,185)	(1,676)
<b>Operational Surplus/(Deficit)</b>	<b>(422)</b>	<b>(501)</b>	<b>(558)</b>	<b>(158)</b>
Exclude: Donated Asset Depn	(156)	(173)	(191)	(208)
<b>Net Position Surplus/(Deficit)</b>	<b>(266)</b>	<b>(328)</b>	<b>(367)</b>	<b>50</b>
<b>EBITDA</b>	<b>3.1%</b>	<b>3.1%</b>	<b>3.0%</b>	<b>3.1%</b>
<b>Deficit (-)/Surplus %</b>	<b>-0.3%</b>	<b>-0.4%</b>	<b>-0.4%</b>	<b>0.0%</b>

As at the end of the financial year 2019/20 the Trust reported a year to date surplus of £0.050m (after donated asset depreciation has been excluded). The position achieved was consistent with the revised targets agreed with NHSI improvement and represents a favourable variance against the Trusts Planned deficit.

Figures reported above exclude year end 'technical' adjustments for Local Government pension scheme valuations and impairment both of which do not count against the Trusts Control total but appear in the Trusts accounts.



The table below demonstrate the movement from planned deficit to final outturn

**Table 2: Plan to Outturn storyboard**

	£000
Planned Deficit	(350)
Additional MH Funding Received	457
Bonus FRF Funding	333
Annual Leave accrual	(390)
<b>Final Surplus</b>	<b>50</b>

The Trust final use of resources score for 2018/19 was a 2.

### 3. Performance 2020/21

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

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

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

**Table 2: Reported I&E Position 2019/20**

	April 2020 £000	May 2020 £000
Trust Income	13,301	22,979
<i>Less: Expenditure</i>	12,433	21,776
<b>EBITDA</b>	<b>868</b>	<b>1,203</b>
Finance Items	468	951
Sustainability Funding (Income)	(79)	(158)
BRS Contingency	485	422
<b>Operational Surplus/(Deficit)</b>	<b>(6)</b>	<b>(12)</b>
Exclude: Donated Asset Depn	(6)	(12)
<b>Net Position Surplus/(Deficit)</b>	<b>-</b>	<b>-</b>
<b>EBITDA</b>	<b>6.5%</b>	<b>5.2%</b>
<b>Deficit (-%)/Surplus %</b>	<b>0.0%</b>	<b>0.0%</b>



The Trust has recorded an operational breakeven position upto the end of May 2019, this is consistent with the ask from our regulators.

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

The Majority of variance are impacted by additional covid expenditure, a process has been developed to adjust for this based on claims to NHSI to enable the underlying financial performance to be assessed going forward.

#### 4 COVID Expenditure

At the end of May 2020 the Trust recorded £1.754m of covid related expenditure (*including top up*), details of which are summarised below, a claim has been submitted to recover this expenditure.

**Table 3: COVID Claim analysis**

COVID 19 Claim	April £m	May £m	Total £m
Pay Costs	0.258	0.414	0.671
Non Pay Costs	0.281	0.303	0.583
Income Top Up	0.100	0.399	0.499
<b>Total Costs in Position</b>	<b>0.638</b>	<b>1.115</b>	<b>1.754</b>

The claim for month 1 has been approved and paid, the month 2 claim has been signed off by the regional team and should be reimbursed in June.

#### 5. Cash

The cash balance at 31<sup>st</sup> May 2020 was £26.413m, cash balances across the reporting period are summarised below:

**Table 4: Cash Balances**

	December 2019 £000	January 2020 £000	February 2020 £000	March 2020 £000	April 2020 £000	May 2020 £000
Government Banking Service	11,688	11,903	12,474	14,820	25,654	26,139
Nat West	28	110	204	244	130	250
Petty Cash	24	20	24	44	50	24
<b>Net Position</b>	<b>11,740</b>	<b>12,033</b>	<b>12,702</b>	<b>15,108</b>	<b>25,834</b>	<b>26,413</b>

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

The underlying cash position sits at circa £15m



## **6. Recommendations**

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



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

	20/21 Net Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
<b>Income</b>							
Trust Income	118,623	9,936	9,658	(278)	19,771	20,381	610
Clinical Income	17,734	1,631	1,220	(411)	3,110	2,598	(512)
<b>Total Income</b>	<b>136,357</b>	<b>11,567</b>	<b>10,878</b>	<b>(689)</b>	<b>22,881</b>	<b>22,979</b>	<b>98</b>
<b>Expenditure</b>							
<b>Clinical Services</b>							
Children's & Learning Disability	28,900	2,257	2,479	(223)	4,550	4,674	(124)
Community & Primary Care	29,350	2,564	2,653	(89)	5,025	5,232	(208)
Mental Health	42,995	3,547	3,407	140	7,209	6,908	301
Secure Services	9,668	759	936	(177)	1,525	1,788	(263)
	<b>108,914</b>	<b>9,127</b>	<b>9,476</b>	<b>(349)</b>	<b>18,309</b>	<b>18,600</b>	<b>(292)</b>
<b>Corporate Services</b>							
Chief Executive	1,958	212	204	8	334	344	(10)
Chief Operating Officer	6,327	540	613	(73)	1,042	1,197	(155)
Finance	9,574	716	750	(34)	1,640	1,745	(105)
HR	2,775	227	219	9	498	487	11
Director of Nursing	2,080	167	152	15	401	387	15
Medical	1,723	142	130	11	290	285	5
Finance Technical items (including Reserves)	1,707	142	(1,003)	1,145	285	(1,259)	1,554
	<b>26,145</b>	<b>2,147</b>	<b>1,066</b>	<b>1,080</b>	<b>4,489</b>	<b>3,176</b>	<b>1,314</b>
<b>Total Expenditure</b>	<b>135,059</b>	<b>11,274</b>	<b>10,542</b>	<b>732</b>	<b>22,798</b>	<b>21,776</b>	<b>1,022</b>
<b>EBITDA</b>	<b>1,298</b>	<b>293</b>	<b>336</b>	<b>42</b>	<b>82</b>	<b>1,203</b>	<b>1,121</b>
Depreciation	2,942	245	253	(8)	490	507	(16)
Interest	148	12	29	(16)	25	43	(18)
PDC Dividends Payable	2,341	195	195	0	390	389	1
PSF Funding	(951)	(79)	(79)	(0)	(159)	(158)	(1)
<b>Operational Position</b>	<b>(3,182)</b>	<b>(80)</b>	<b>(62)</b>	<b>18</b>	<b>(664)</b>	<b>423</b>	<b>1,087</b>
BRS	(3,182)	(635)	(62)	(573)	(665)	423	(1,088)
<b>Operating Total</b>	<b>(0)</b>	<b>555</b>	<b>(0)</b>	<b>(555)</b>	<b>0</b>	<b>0</b>	<b>(0)</b>
<i>Excluded from Control Total</i>							
Donated Depreciation	220	18	6	12	37	12	25
<b>Ledger Position</b>	<b>(220)</b>	<b>536</b>	<b>(6)</b>	<b>(543)</b>	<b>(36)</b>	<b>(12)</b>	<b>24</b>
EBITDA %	1.1%	3.0%	3.5%		0.4%	5.9%	
Surplus %	-2.7%	-0.8%	-0.6%		-3.4%	2.1%	

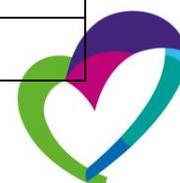


**Agenda Item 17**

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

**Monitoring and assurance framework summary:**

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



## **Feedback from Governor Groups and Governor Activity**

### **Appointments, Terms and Conditions Committee - 11 June 2020**

The last meeting took place on 11 June 2020 which was attended by the Trust's Chair, the Senior Independent Director, the Director of Workforce and OD and a few of Public Governors. The minutes of the meeting on 2 March 20220 were approved and matters arising were considered. The modified Terms of Reference were then discussed and deemed satisfactory. The Annual Work Plan was also looked at and the Committee felt that it was appropriate. The attendance of the members of this Committee at the meetings was also noted.

The matters relating to the re-appointment of Non-Executive Directors and their appraisals were also discussed. It was agreed that these re-appointments should be carried out in a way that the continuation of the responsibilities should not be disturbed as far as possible.

It was anticipated that these appraisals would start in early July and the Governors should be asked to give their comments about these candidates (these comments would be compiled anonymously).

It was agreed that the work of this Committee was an important aspect in helping the Trust run it legally and effectively.

### **Finance, Audit Strategy and Quality & Workforce Gov Group 25 June 2020**

The Meeting focused on Quality, The Workforce and Mental Health legislation. Quality – We were provided with a very positive summary, overall, we were very assured by the work being done in the trust. Clearly staff are now feeling it is safe to report any issues. The Quality accounts are the best yet. Workforce – the management style is changing and we are going to embrace what works well. Credit should go to staff as it's been business as usual amidst the turmoil of Covid. Legislation – we can make it work for us, not against us. Those present all agreed it had been a really informative and positive meeting.

### **Ros Jump 7/7/2020**

#### **Engaging with Members Governor Group**

The Engaging with Members Governor Group met in February and due to covid the next meeting was delayed and held on 6<sup>th</sup> July. At the February meeting the group started to consolidate the work that has taken place previously and a number of actions were agreed.

Discussion areas included:

- a review of engagement methods and opportunities for public governors to engage with members.
- consideration of current materials available for members.
- what we know about our members and the need to identify any under-represented groups.
- opportunities for governors to engage with their public constituents.

The group agreed a refresh of the membership leaflet was required and this has been progressed and includes information on why to become a member. The narrative from the leaflet is to be made into a poster and at a later date into a pull up banner that can be taken to various events.

A survey of our members was agreed to try to identify key interests of members in order to understand their reasons for becoming a member and for the group to consider ways of

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engaging with them further. In addition there was recognition of the high cost of contacting a large number of members who could only be contacted by post and the survey will seek to encourage members to provide an email address. The survey will go out to all members in the August Edition of Humber People.

An action plan is in place to deliver the agreed actions.

The next meeting is to be held in August and a Terms of Reference will be developed for the group to agree prior to presentation to the CoG for approval.

### **Governor Activity**

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



## Governor's Activity Report

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

**Name: Mandy Dawley**

**Months: January 20 to June 20**

<b>Governor Visits</b>
<b>Service Area Interests Activity</b>
<b>Regional Governor Meetings</b>
<b>Governor meetings – i.e PLACE inspections, membership recruitment events, Board/Governor meeting etc</b> <ul style="list-style-type: none"><li>• Staff Governor Meeting: 12<sup>th</sup> February 2020</li><li>• Staff Governor Meeting: 14<sup>th</sup> May 2020</li><li>• Council of Governor Meeting: 16<sup>th</sup> January 2020</li><li>• Governor Development Day: 11<sup>th</sup> February 2020</li><li>• Governor Development Day: 16<sup>th</sup> June 2020</li><li>•</li></ul>
<b>Other</b>

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