

**Council of Governors  
Public Meeting – Thursday 14 July 2022**

For a virtual meeting to be held at 2.30pm by Microsoft Teams

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

		Lead	Action	Report Format
<b>Standing Items</b>				
1.	Apologies for Absence	CF	To note	verbal
2.	Declarations of Interest	CF	To receive & note	√
3.	Minutes of the Meeting held on 14 April 2022	CF	To receive & approve	√
4.	Actions Log and Matters Arising	CF	To receive & discuss	√
5.	Patient Story -New Beginnings – Abbie’s Story	CF	To receive & note	√
6.	Chair’s Report	CF	To note	verbal
7.	Chief Executive’s Report	MM	To receive & note	√
8.	Chairs of Trust Board Sub Committees’ Report	NEDs	To note	verbal
<b>Governor Issues</b>				
9.	Governor Development Proposals	CF	To receive & approve	√
10.	Appointments, Terms and Conditions Committee Effectiveness Review	SC	To receive & approve	√
11.	Governor Groups Feedback	CF	To receive & note	√
12.	Responses to Governor Questions – no questions received	CF	To note	verbal
<b>Performance &amp; Delivery</b>				
13.	Performance Update	PBec	To receive & note	√
14.	Finance Report	PBec	To receive & note	√
<b>Corporate</b>				
15.	Fit and Proper Persons Compliance Report	CF	To receive & note	√
16.	Public Trust Board Minutes – March, April & May 2022	CF	To receive & note	√
17.	Any Other Business			
18.	<b>Date, Time and Venue of Next Meeting</b> Thursday 13 October 2022, 2.00pm, by Microsoft Teams			

**Agenda Item 2**

Title & Date of Meeting:	Council of Governors Public Meeting – 14 July 2022		
Title of Report:	Declarations of Interest		
Author/s:	Caroline Flint Trust Chair		
Recommendation:	To approve		To receive & note <input checked="" type="checkbox"/>
	For information		To ratify
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	To provide the Council of Governors with an updated list of declarations. Declarations made by Governors are included on the publicly available register.		
<b>Key Issues within the report:</b>			
<b>Matters of Concern or Key Risks to Escalate:</b> • No matters to escalate	<b>Key Actions Commissioned/Work Underway:</b> • N/A		
<b>Positive Assurances to Provide:</b> • Governor declarations updated	<b>Decisions Made:</b> • N/A		
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 <input checked="" type="checkbox"/>
	Trust Board		

**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	
<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

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

### Governors' Declaration of Interests

Constituency	Governor	Interests Declared
<b>Elected – Hull Public</b>	Patrick Hargreaves	<ul style="list-style-type: none"> <li>• None</li> </ul>
	Helena Spencer	<ul style="list-style-type: none"> <li>• Member of the University of Hull Faculty of Business Law &amp; Politics Ethics Committee.</li> </ul>
	Brian Swallow	To be confirmed
	Vacant	
<b>Elected – East Riding Public</b>	John Cunnington	<ul style="list-style-type: none"> <li>• None</li> </ul>
	Ruth Marsden	To be confirmed
	Anthony Douglas	<ul style="list-style-type: none"> <li>• Membership of the Labour Party</li> </ul>
	Sue Cooper	<ul style="list-style-type: none"> <li>• Membership as a retired Nurse of the Royal College of Nursing</li> </ul>
	Soraya Hutchinson	<ul style="list-style-type: none"> <li>• Lead Volunteer</li> </ul>
<b>Elected – Wider Yorkshire &amp; Humber Public</b>	Tim Durkin	<ul style="list-style-type: none"> <li>• Member of Hull and East Yorkshire Mind</li> <li>• Member of (National) Mind</li> <li>• Associate Hospital Manager (AHM) for the Trust</li> </ul>
<b>Elected Whitby</b>	Doff Pollard	<ul style="list-style-type: none"> <li>• Cleveland Ironstone Mining Museum - reg charity</li> <li>• Trustee of Charity - Action with Communities in Rural England (ACRE)</li> <li>• Volunteer - Captain Cook Memorial Museum and Skinningrove Bonfire Committee, Whitby Disability Action Group</li> <li>• Member of Whitby Group Practice PPG</li> <li>• Volunteer with Humber Teaching NHS Foundation Trust</li> </ul>
<b>Service User and Carer</b>	Anthony Houfe	To be confirmed
	Marilyn Foster	<ul style="list-style-type: none"> <li>• Member of Patient and Carer Forum (Trust)</li> <li>• Quality and Improvement Strategy Member (Trust)</li> </ul>
<b>Elected - Staff</b>	Craig Enderby (clinical)	<ul style="list-style-type: none"> <li>• None</li> </ul>
	William Taylor (clinical)	To be confirmed
	Tom Nicklin (non clinical)	To be confirmed
	Sharon Nobbs (non clinical)	<ul style="list-style-type: none"> <li>• None</li> </ul>
	Joanne Gardner (non clinical)	To be confirmed
<b>Appointed</b>	Cllr Chambers	<ul style="list-style-type: none"> <li>• None</li> </ul>

	(Hull City Council)	
	Cllr Julie Abraham East Riding of Yorkshire Council	To be confirmed
	Jacque White Hull University	<ul style="list-style-type: none"> <li>• Reader and Mental Health Strategy Lead, Faculty of Health Sciences and Student Services, University of Hull</li> </ul> <p>My role includes research and education/knowledge exchange projects commissioned by health care providers and commissioners, local authorities, and the pharmaceutical industry. Details of my projects and outputs can be accessed from <a href="https://www.hull.ac.uk/staff-directory/jacque-white">https://www.hull.ac.uk/staff-directory/jacque-white</a></p> <ul style="list-style-type: none"> <li>• I represent the University on the Oversight and Delivery Group for the HCV Partnership Mental Health, Learning Disability and Autism Collaborative Programme</li> <li>• I am a member of <ul style="list-style-type: none"> <li>• Mental Health Nurse Academics UK,</li> <li>• the RCN</li> <li>• the Labour Party</li> <li>• A Trustee of The Warren Youth Centre, Hull.</li> </ul> </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>
	Humberside Fire & Rescue Steve Duffield	<ul style="list-style-type: none"> <li>• To be confirmed</li> </ul>
	Jenny Bristow, Humberside Police	<ul style="list-style-type: none"> <li>• None</li> </ul>

### Agenda Item 3

#### **Minutes of the Council of Governors Public Meeting held on Thursday 14 April 2022 via Microsoft Teams**

**Present:**

Rt Hon Caroline Flint, Chair  
Michele Moran, Chief Executive  
Jenny Bristow, Appointed Governor Humberside Police  
Sue Cooper, East Riding Public Governor  
John Cunnington, East Riding Public Governor  
Tony Douglas, East Riding Public Governor  
Tim Durkin, Wider Yorkshire & Humber Public Governor  
Craig Enderby, Staff Governor  
Sharon Nobbs, Staff Governor  
Tom Nicklin, Staff Governor  
Doff Pollard, Whitby Public Governor/ Lead Governor  
Jacquie White, Appointed Governor, University of Hull

**In Attendance:**

Francis Patton, Non-Executive Director/SID  
Dean Royles, Non-Executive Director  
Mike Smith, Non-Executive Director  
Hanif Malik, Associate Non-Executive Director  
Stuart McKinnon-Evans, Non-Executive Director  
Peter Beckwith, Director of Finance  
Lynn Parkinson, Chief Operating Officer  
Steve McGowan, Director of Workforce & Organisational Development  
Jenny Jones, Trust Secretary  
Katie Colrein, Membership Officer  
Loren Hakeney, Communications Officer  
Bethia Dennis, Engagement Lead Children's Services (for item 17/22)  
Charlie, Young Person (for item 17/22)

**Apologies:**

Andy Barber, Appointed Governor, Smile Foundation  
Patrick Hargreaves, Hull Public Governor  
Soraya Hutchinson, East Riding Public Governor  
Gwen Lunn, Appointed Governor, Hull City Council  
Ruth Marsden, East Riding Public Governor  
Helena Spencer, Hull Public Governor  
Nigel Wilkinson, Appointed Governor East Riding of Yorkshire Council

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

The meeting was not quorate. Governors who were not present at the meeting will be sent any items requiring approval for their views.

## Post Meeting Note

Following the meeting an e mail was sent to those Governors who were not present asking for approval for the required items. Responses were received from Public Governors Helena Spencer and Soraya Hutchinson which fulfilled the quoracy requirements. Additional approval was also received from Andy Barber and Jenny Bristow

14/22	<p><b>Declarations of Interest</b></p> <p>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.</p>
15/22	<p><b>Minutes of the Meeting held on 13 January 2022</b></p> <p>The minutes of the meeting held on 13 January were agreed as a correct record.</p>
16/22	<p><b>Matters Arising and Actions Log</b></p> <p>The action log was noted.</p> <p><b>Staffing &amp; CAMHS</b></p> <p>Tim Durkin referred to staffing in CAMHS and asked if the consultant has started work. The Chief Operating Officer, Lynn Parkinson confirmed that the consultant had started and the PICU beds on Inspire have opened. Staffing has been increased and progress is being made.</p> <p><b>East Riding Improving Access to Psychological Therapies (IAPT)</b></p> <p>Craig Enderby noted that the performance report still referred to East Riding IAPT as mentioned in the action (08/22(a)). Pete Beckwith apologised for the error as the narrative had not been amended and will be done for future reports.</p>
17/22	<p><b>Patient Story - Humber Youth Action Group – Making a Difference</b></p> <p>Bethia Dennis attended to talk about the work of the Hull Youth Action Group. A video made by members of the group was played.</p> <p>Bethia explained that HYAG is for young people aged 11 – 25 in the Hull and East Riding areas. The group meets once a month virtually and to date 22 young people are registered. The meeting gives them an opportunity to have people come and talk to them and to give feedback and their views. It is important that young people from the community with diverse needs have this opportunity as they have lived experiences of mental health, neurodiversity and can benefit from engaging. It also helps to build confidence and self-esteem.</p> <p>Charlie, an active member of the group joined the meeting. He is 14 and from the Hull area and has recently completed work experience in the Trust. Charlie told Governors what he had been doing while on work experience which included spending time with the Health Trainers where he talked to fishermen in Whitby. Other areas included the Estates Team and the SMASH team where he created a leaflet for school years 6 &amp; 7 transition which can be a difficult time for young people. As part of the group Charlie has also taken part in interviews. Sharon Nobbs asked Charlie how his friends had responded to his interest in the group. Charlie explained that some were really interested and others not so much. Tom Nicklin asked what benefits Charlie had seen from becoming involved. Charlie said the work experience had been interesting and given him a flavour of what work is done. It had been good to help people with smoking and weight management and he had seen how much people struggled in these areas.</p> <p>Hanif Malik asked what other support Charlie felt was needed to keep young people involved. Charlie said that by having more knowledge around the different support in place and the different platforms that are available. Hanif also asked Bethia about retaining the interest of young people and keeping them involved and how she found this. Bethia explained that many of the young people have interests outside of the group including pressures of school and</p>

	<p>college. She is grateful that they spare the time to come to the group and tries to make it as flexible as possible so they can attend. The group is made as enjoyable as possible to encourage young people to want to attend. The plan is for Bethia to visit schools and youth groups so she can share the work of the group.</p> <p>John Cunnington asked if Charlie had developed diplomacy skills to talk to some of the people while he was on work experience. Charlie said that some people were more open to listening to advice than others. He had seen that in some cases a different approach was needed and used this when talking to people.</p> <p>The Chair thanked Charlie for attending and for sharing his experiences with the Council of Governors. She felt that there may be other applications from young people for work experience opportunities. Members of the HYAG group were thanked for making the video that was shared with the Council of Governors.</p>
18/22	<p><b>Chair’s Report</b> The Chair provided a verbal update on her recent activities.</p> <p><b>Governor Elections</b> Nominations for the current elections are closing on 21 April 2022. Feedback from Governors on future publicising to maximise the uptake for future elections had been taken on board and other ideas are welcome.</p> <p><b>Council of Governors News</b></p> <ul style="list-style-type: none"> <li>• Paul McCourt the appointed Governor for Humberside Fire and Rescue has taken up a new job in London. We are awaiting confirmation of a replacement representative.</li> <li>• Jean Hart, Service User and Carer Governor has resigned due to her other commitments. Jean continues to volunteer with the Patient and Carer Experience team.</li> <li>• The Chair thanked Paul and Jean for their contribution and support to the Council of Governors and wished them well for the future.</li> <li>• New Governors have been in post since 1 February and an induction session was held. As part of the session Trust staff, NEDs and Governors were invited to talk about their roles. The Chair thanked everyone for their time and involvement in this session which was well received.</li> <li>• Training modules are available for volunteers and for Governors to take up.</li> <li>• A small working group has been established to look at meetings/forums, engagement with NEDs and support for Governors. The outcomes of this will feed into a future Governor Development session.</li> <li>• The next Governor Development session is taking place on 26 April and will include a session on how the Trust identifies and manages risk.</li> <li>• Non-Executive Director recruitment continues with the stakeholder groups to be held on 19 April and interviews</li> </ul> <p><b>Resolved:</b> <u>The verbal updates were noted</u></p>
19/22	<p><b>Chief Executive’s Report</b> The Chief Executive presented her report which gave an update on the local issues. The Council’s attention was drawn to:</p> <ul style="list-style-type: none"> <li>• Visits &amp; team calls continue around the organisation. The “Meet Michele” sessions are proving popular and will remain online calls as they are well attended.</li> <li>• National Head of Patient Experience Awards– Well done to Mandy Dawley who once again received national acclaim for her work at the NHSE/I Heads of Patient experience Network awards. Congratulations Mandy!</li> </ul>

- Lateral Flow Tests – guidance has been updated and visitors no longer have to take a lateral flow test before coming to a unit. Staff will continue to take bi-weekly tests and front facing staff can obtain free tests from the Government website.
- Staff Health and Wellbeing discussions continue especially with the challenges faced with utility costs and fuel. Mileage rates have been reviewed accordingly. For hard-to-reach Band 5 nurses (which is a national issue), a Golden Hello initiative is being offered. The extra annual leave day as a thank you continues this year and staff will receive an extra £5 in their pay for Easter.
- The Chief Executive's challenge this year will be a virtual bike ride around Trust locations on 23 June. Money raised goes into Health Stars and the staff health and wellbeing fund.

Operational pressures remain high with staff absence pressures however no business continuity plans have been activated across services. There is a fluctuating position with Covid positive patients and currently there are seven in mental health and community, and Granville Court. The Trust remains at Opel 3 due to demand pressures and staff related absences through Covid and non-related Covid. Some system pressures are impacting on the Trust from the Local Authority and the private market with support for discharges for those service users who require supported accommodation in Learning Disabilities and Looked After Children. Close working with partners continues to try and address these national issues. Primary Care is also seeing a high level of demand.

Infection control requirements are in place and staff continue to test twice a week. The focus remains on staff health and wellbeing which will be kept high on the agenda.

Jacque White commented that discussions have been held previously around access to telephone crisis lines which is commissioned with Mind and whether anything else is needed or more interventions to help with service pressures. She asked how Governors can understand the situation when looking at Trust data. Lynn Parkinson explained that the focus is always on operational priorities. Service users do receive services in a timely way and as quickly as possible. Services are impacted by the overall system position and some services are not able to be delivered for example Memory Assessment service as part of the diagnosis pathway is through the Acute hospital.

There is 24/7 access for the crisis line and improvement is being seen. There were pressures in early January when the Hull & East Riding Mind had vacancies, but these have been recruited to. There is a live dashboard available to Mrs Parkinson which shows the data. Some of the service users access the second crisis support and are getting service quicker. Service users presenting in their GP practice are also being responded to more quickly.

Tim Durkin expressed his thanks to the Executive team and staff for their work over a relentless couple of years. The Trust is being shown nationally as one of the most improved and a message needs to be sent to staff that Governors appreciate the pressures and the work that teams have been doing. Especially as it is not known when these pressures will reduce. It was suggested that a message could be put across the website banner thanking staff from the Governors

Sue Cooper asked if the crisis phone lines were available to anyone or whether it was people who had used the service before and needed support. Lynn Parkinson commented that anyone who had used the service before should have a crisis plan in place identifying who they needed to contact. However, if they needed help, they can call the 24/7 crisis line and they will be signposted to the help they need.

Lynn Parkinson reported that the Neurodiversity service was launched in March across Hull & East Riding to work with both children and young people with ASD and ADHD with some

	<p>degree of learning disability. This new service is working with education and local authority partners to provide integrated service. Listening to children and families the service was previously fragmented and although the service is still bedding in, the early signs are positive. It is expected that the services will have a transformational impact on waiting times going forward, and work will continue on waiting time initiatives until they are reduced.</p> <p>Tim Durkin asked if there are two teams in Hull &amp; East Riding or just one combined team. It was confirmed it was one team. He was interested to know under the new scheme where discussions take place with a person being referred for support and wondered if management of calls and crisis calls should be included in the performance report or a separate report. He felt it was vital that the information is seen at an early stage. Mrs Parkinson explained that it is monitored, and data is available across all the services. Over 52-week waiters are a key focus and data is included in the performance report however she will take the suggestion back to EMT.</p> <p><b><u>Resolved:</u></b> <u>The report and verbal updates were noted.</u>  <u>Suggestion made that a message could be put across the website banner thanking staff from the Governors <b>Action MM/MH</b></u>  <u>Mrs Parkinson to feedback to EMT views of Mr Durkin around crisis calls <b>Action LP</b></u></p>
20/22	<p><b>Council of Governors Effectiveness Review and Terms of Reference</b></p> <p>The effectiveness review for 2021/2022 and updated Terms of Reference were presented. It was noted that the Lead Governor should read Doff Pollard and not Sue Cooper and this will be amended.</p> <p>Craig Enderby attended the January meeting, and this will be reflected in the attendance figures.</p> <p><b><u>Resolved:</u></b> <u>Subject to the changes identified, the effectiveness review and the Terms of Reference were approved</u></p>
21/22	<p><b>Well Led Review</b></p> <p>A presentation was given by the Chief Executive on the outcome of the Well Led review. It was noted that the Board have not yet received the presentation and any comments from received from today will be incorporated.</p> <p>The Chief Executive explained the process for the review. Based on the Key Lines of Enquiry (KLOE's), of the eight areas looked at, the Trust scored achieved five Green and three amber/green ratings. Recommendations were made for six areas with KLOE's apart from 7 &amp; 8.</p> <p>KLOE 1 – recommendations were made around Non-Executive Director recruitment are underway and succession planning. The report acknowledged that have this in place, but it needed making clearer and a template has been developed</p> <p>It was recommended that quality and safety visits should be reintroduced as face-to-face withing infection control guidance. Suggestion made to have NEDs assigned to a geographical patch to build a relationship and then to rotate.</p> <p>KLOE 2 – a recommendation was made around the terms of reference for the Collaborative Committee around membership and this is being taken forward.</p> <p>KLOE 3 – recommendations were made in relation to the Freedom to Speak Up Guardian resources. The use of ambassadors is being progressed and there is a lead NED – Dean Royles. A follow up process will also be put into place to check that staff who have raised a concern have not suffered any detriment and are feeling ok.</p>

	<p>Quality of appraisals was an area of note. Appraisal take up is high and going forward samples will be taken to check the quality of appraisals.</p> <p>The review also suggested that Staff networks should have a Board level sponsor and a Chair to support the running and effectiveness of the networks.</p> <p>KLOE 4 – a recommendation was made to change action logs to being red, amber, green (RAG) rated. The Trust has pushed back on this as sometimes definitions are misinterpreted. Updates will be made to the existing actions logs to ensure they meet requirements.</p> <p>NEDs chair the Board Sub-Committees, and a recommendation was made for them to annually attend some of the groups that report into the Committees. The numbers of NEDs on Sub Committees will also be considered. A new template will be used for Board assurance to ensure the key themes are covered.</p> <p>KLOE 5 – some recommendations were made around the Risk Register in relation to adding the date the initial risk was recorded and that due to actions taken the scores should reflect this. The title of the IBR will be amended to Performance Report as there is a separate finance report that goes to the Board.</p> <p>KLOE 6 – recommendations were made around the expansion of narrative in the performance report and the data quality assurance indicators.</p> <p>Doff Pollard said the Board should be congratulated on this report and the organisation should be pleased with the outcome. Well done to all involved.</p> <p>John Cunnington asked about the findings of the report and how these align with the staff survey. The Chief Executive said there are some similarities for example around data analysis but nothing that is contradictory. Staff feel that they can raise concerns through the FTSU route and numbers over the last two years have reduced. The Executive team compare both this and the Staff Survey to cross reference the results.</p> <p>Tony Douglas asked where the most improvement has been made since the last review. The Chief Executive said it was across all of the review. The last report demonstrated lack of risk management, risk awareness, lack of governance. There was one Committee that looked after everything. Significant changes have been made across the board and will see if we can send out the executive summary from the last report so comparison can be seen. The slides presented today will be circulated to Governors. Any comments to be sent back to Katie Colrein please.</p> <p><b><u>Resolved:</u></b> The presentation was noted.  <b><u>Executive summary of the last Well Led Review to be sent to Governors Action MM</u></b></p>
22/22	<p><b>2021 NHS National Staff Survey Results</b></p> <p>The report provided the detail of the Trust scores in the NHS National Staff Survey 2021, with comparisons to wider NHS scores. The Trust achieved a response rate of 44.1% overall which represented 1,304 responses from a sample of 2,958. The median response rate for all Mental Health and Learning Disabilities Trusts, was 51%.</p> <p>Steve McGowan highlighted the following areas from the report:</p> <p>Staff survey has changed this year. Some grouped under the NHS Peoples’ Promise and categories are different and don’t get the benchmarking data and there are new questions too. If there is no comparative score it’s because it is a new question.</p> <p>1% higher response rate than last year. Doing all that we can to increase this, and Hotel Services had a significant increase in their response rate this year. No areas of significant</p>

concern.

Going back some years we were the bottom of the pack and real progress has been made to get to this position. Some of the data links back to these early scores.

People's Promise 1 – overall 7.5 – better place to work than NHS Trust average. Number of questions made up this score and were included in the report. The trust was 5<sup>th</sup> most improved Mental Health Trust for being a place to work. Really important for recruitment and retaining staff. Some areas where action is needed but a lot of positive scores compared to the rest of the NHS.

People's Promise 2 – positive results in this area. Significantly better than NHS around recognition, pay appreciating each other and feeling valued.

People's Promise 3 – the organisation scored higher than the NHS average with 7. Marginally decreased on FTSU but others show the progress being made around unsafe clinical practice increased by 21% since 2017. Still some work to do around this but is going in the right direction.

Staff knowing about their responsibilities, some new roles may be taking time to embed and monitoring this.

Peoples' Promise 4 – the score was better than the NHS. As of the end of March 22 there were 70 more nurses working in the Trust than in the last 3 years. It is a national issue and challenging and staff do feel the effect of not having those staff.

Tony Douglas referred to the harassment and bullying asking if there was a percentage for this. He was informed that from the survey on 50 occurrences who said experienced and reported it across all of the 1400 people who completed the survey. Will be working through the details of this. Burn out was another area raised, but the organisation is still better than the NHS average despite staff being through Covid. Work has been done to support them with staff Health and Wellbeing which continues, MSK fast track for physio and other interventions to support staff.

People's Promise 5 – All positive scores in this always learning question. Have culture of having an appraisal need to understand the quality of these appraisals and training events put on for staff and managers. Sue Cooper felt this was an excellent score and was pleased to hear about the sampling of paperwork to check on the quality.

People's Promise 6 – working flexibly – ahead of the NHS score on this question. Important about offering flexibility for shifts, family friendly etc. Always more we can do.

People's Promise 7 – only one were below the benchmark group but still above the NHS score. Shared objectives and team effectiveness are increasing. Manager scores are more positive suggesting that staff feel that managers are leading well. Still more work to do around working as teams.

Staff engagement and morale data was included and reflected what staff have been through. Some scores that may need to be worked on but shows how NHS is feeling. 9 questions notably decreased and will be worked through.

Tom Nicklin noted the positive results for staff survey does this reflect in seeing positive Friends and Family tests for patients and carers. Mandy Dawley does the comparisons across those area. Looking at different data sets and suggested the real value is when teams get their own levels. Not done this work yet but will take place in next few weeks.

John Cunnington felt it was a good report and asked if an action plan will be prepared and presented to the Council of Governors. Try not to have a Staff Survey action plan, there is the overall Workforce Plan and People Delivery plan rather than having a separate action plan.

	<p>Results of the staff survey are fed back to teams and will be publicised through briefings and each team will have individual plans and they go to the Workforce &amp; OD Committee to present these plans to see if any other support is needed. Staff Governors can share the results and talk to staff about them too. Looked forward to a report later in the year advising on progress</p> <p>Sharon Nobbs related to the 78% completion rate noting that it was only 22% for corporate staff and she asked if there was any reason for this low uptake. It was confirmed that this number is a percentage of the total and 300 staff are corporate and 1,000 are front line. Overall response rates are good, and there is always room for improvement.</p> <p>The Chair suggested that any future updates could come to a Governor Development session if required to allow more discussion time.</p> <p><b><u>Resolved:</u></b> The report and verbal updates were noted</p>
23/22	<p><b>Public Trust Board Minutes November 2021, January &amp; February 2022</b> The minutes of the public Board meetings for November, January and February were provided for information.</p> <p><b><u>Resolved:</u></b> The minutes were noted.</p>
24/22	<p><b>Performance Update</b> Mr Beckwith presented the performance as at the end of February 2022. Information was provided on the areas which had fallen outside the normal variation range. Additional detail was provided on waiting times. The safer staffing information related to January data when there as a high level of sickness. Positive movement has been seen on out of area beds.</p> <p>A review of the performance report is being undertaken to take account of feedback from the Well Led Review and evolution of the report</p> <p><b><u>Resolved:</u></b> The report and verbal updates were noted.</p>
25/22	<p><b>Finance Report</b> The report provided the Council of Governors with a summary of financial performance for the Trust for the period</p> <ul style="list-style-type: none"> <li>• Block income payments continue to be received and the Trust has been set a break even target for the full financial year</li> <li>• As at the end of February 2022, the Trust recorded an overall operating surplus of £0.106m which is in line with the Trusts planning target.</li> <li>• Within the reported position at Month 11 is Covid expenditure of £4.431m and income top up of £2.438m.</li> <li>• The Cash Balance at the end of February 2022 was £35.967m.</li> </ul> <p>Tim Durkin asked about the underspend in mental health services as there was no detail in the report for the reasons for this as details were provided for other services. Pete Beckwith explained that mental health services is an area that has had the most significant growth in investment through the Mental Health Investment Standard (MHIS) and service development through national funding. As a Trust we always fully fund them in the plan from the start of the financial year. There are pressure points in mental health particularly around agency locums and we have built resources into the financial plans to support this. Pete Beckwith confirmed that as part of the planning process for 2021/22 the Trust were able to fully fund vacancies from the start of the financial year, noting that as these were new post underspend have built up whilst recruitment takes place, and the level of underspend has reduced month on month.</p>

The Chief Executive explained that each service gets standard money for service provision. Some are at the right level, and some are under. Mental health has had MHIS funding to grow services which is what differentiates it from other services whilst Children and Young People and Primary Care specifically have not had this.

From the Safer Staffing dashboard pressures, it can be seen there are pressures in mental health due to staffing increased observations levels, use of agency staff or locum staff and we have doubled the staff for Easter. Because of the way it is funded in relationship to services there is a lot more headroom in mental health services whereas pressures caused by the same things in other services do not have this buffer and therefore it creates overspends. In the Children and Young People's service there is more acuity and more patients that are on intensive observations, so we flex the staffing budget dependent on the acuity, and this is increasing in Children's and Young Peoples and Learning Disability services at the moment. From a finance point of view in Primary Care we make clinical decisions but don't stop the service to maintain an underspend it is the way it is paid for and the way money utilised. We do ask staff to over recruit if they can for example if their budget says they can have 10 but they can recruit 12 they do so.

Tony Douglas asked about the ICS contribution and whether this is expected to grow in the next financial year. Pete Beckwith said that what should happen is that CCG who will become the ICS receive a running cost allocation and that is what should be available to fund the ICS/ICB. This would be the expectation. At the moment because the ICB is operating in shadow form it should get a running cost allocation that went to commissioners previously.

**Resolved:** The report was noted.

26/22

#### **Annual Declarations 2021/22**

As a foundation Trust annual declarations are required to be made by the Trust with evidence of how the Trust meets these declarations ensuring the views of Governors are taken into consideration. The Council of Governors discussed the following annual declarations being presented to Trust Board for approval, based on the evidence included in this report.:

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

The report has been to the Executive Management Team and Board for comments and is presented for approval to the Council. It was noted that an internal audit review is currently underway to check that process are in place as are required.

Doff Pollard referred to training for Governors which is an area being discussed at Development sessions to ensure that Governors have the right training for the role. John Cunnington commented that he felt that being given a presentation was not the best way to help Governors. The Chair explained that as a result of comments made, a small working group has been established to look at this and to give individuals the opportunity to feed into this. The outcome will feed into the Development session. Training that is available for volunteers has been made available to Governors for example. Some IT issues have been raised and these are being progressed.

	<p>Sue Cooper agreed with the comments made. Training is not just about getting to meetings but as additional events and it would be helpful to know if there is a budget to pay for these. Pete Beckwith confirmed there is a training budget that sits under the Chief Executive and if the Chair felt there was some resource needed for appropriate Governor training, this could be discussed with the Chief Executive.</p> <p><b><u>Resolved:</u></b> <u>Those Governors present approved the annual declarations which will be submitted to the Board for approval.</u></p>
27/22	<p><b>Engaging with Members Effectiveness Review and Terms of Reference</b> The effectiveness review for 2021/2022 and updated Terms of Reference for the Engaging with Members group were presented. Attendance at the meeting was a problem and a recommendation made to amend the Terms of Reference for a quoracy change and reference was made to the use of digital technology. The quorum has been amended to four elected public Governors and one staff Governor. A workplan has been produced for the coming year.</p> <p><b><u>Resolved:</u></b> <u>The effectiveness review and terms of reference were approved</u></p>
28/22	<p><b>Governor Groups Feedback</b> The report provided updates from Governor groups that have taken place since the last meeting.</p> <p><b>Appointments, Terms and Conditions Committee</b> Sue Cooper, Chair reported that the Audit Chair and Senior Independent Director were appointed.</p> <p>Helena Spencer has kindly offered to be deputy Chair for the Committee</p> <p>The Chair's appraisal has been undertaken in conjunction with the SID. Appraisals for Non-Executive Directors are taking place on 4 May and Governors will have an opportunity to give their views.</p> <p>Interviews for the Non-Executive Director post are taking place on 221 April 2022.</p> <p><b>Engaging with Members Group</b> Doff Pollard reported that she attended a free Governors' training session about working with members and will be sharing the slides with other Governors. She also went on an NHS Provider Training event. The group continues to discuss member engagement and future opportunities.</p> <p><b><u>Resolved:</u></b> <u>The report and verbal updates were noted.</u></p>
29/22	<p><b>Responses to Governor Questions</b> No questions had been raised since the last meeting.</p> <p><b><u>Resolved:</u></b> <u>The verbal updates were noted.</u></p>
30/22	<p><b>Any Other Business</b></p> <p><b>Governor Elections</b> John Cunnington suggested that future campaigns should be advertised with Parish Councils to see if they can help with including information in newsletters or other information they send out. Sue Cooper explained that this has been discussed before and that it was key that there is consistency in any information that is being used and why the Trust Communications Team should be involved. These suggestions will be considered for future elections.</p>

	<p>Bethia Dennis mentioned in the patient story that she will be going into schools, and it was suggested this could be another way to help with membership.</p> <p><b>Governor Development Session 26 April 2022</b>  The session is hoped to take place in person for those who are available. Details will follow regarding the venue.</p>
31/22	<p><b>Date and Time of Next Meeting</b>  Thursday 14 July 2022, 2.00pm by Microsoft Teams</p>

Signed..... Date  
Chair

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

Summary of actions from April 2022 meeting and update report on earlier actions due for delivery in July 2022						
<i>Rows greyed out indicate action closed and update provided here</i>						
Date of Meeting	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
14.4.22	19/22(a)	Chief Executive's Report	Suggestion made that a message could be put across the website banner thanking staff from Governors	Chief Executive/Head of Corporate Affairs	May 2022	A thank you to staff from Governors has been included in a Global e mail on 18 May 2022
14.4.22	19/22(b)	Chief Executive's Report	Mrs Parkinson to feedback to EMT views of Mr Durkin around crisis calls	Chief Operating Officer	June 2022	Discussed at EMT
14.4.22	21/22	Well Led Review	Executive summary of the last Well Led Review (2016) to be sent to Governors	Chief Executive	May 2022	E mailed to Governors 16.5.22
Outstanding Actions arising from previous Council meetings for feedback to a later meeting						
A copy of the full action log recording actions reported back to the Council and confirmed as completed/closed is available from the Trust Secretary						

**Agenda Item 5**

Title & Date of Meeting:	Council of Governors Public Meeting– 14 <sup>th</sup> July 2022			
Title of Report:	Abbie's Story – New Beginnings			
Author/s:	Abbie-Leigh, Volunteer/ Service User Emily Magowan – Clinical Psychologist (Supporting Clinician)			
Recommendation:	To approve		To receive & note	
	For information		To ratify	
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	To inform the Council of Governors on the positive impacts on wellbeing from volunteering and involvement in Trust activities.			
Key Issues within the report:				
<b>Matters of Concern or Key Risks to Escalate:</b>		<b>Key Actions Commissioned/Work Underway:</b>		
<ul style="list-style-type: none"> <li>No matters to escalate</li> </ul>		<ul style="list-style-type: none"> <li>N/A</li> </ul>		
<b>Positive Assurances to Provide:</b>		<b>Decisions Made:</b>		
<ul style="list-style-type: none"> <li>To highlight the positive impacts on wellbeing from volunteering and involvement in Trust activities.</li> </ul>		<ul style="list-style-type: none"> <li>N/A</li> </ul>		
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			

**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 7**

Title & Date of Meeting:	Council of Governors Public Meeting – 14 July 2022			
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: <i>Please make any decisions required of Board clear in this section:</i>	To provide the Board with an update on local, regional and national issues.			
Key Issues within the report:				
<b>Matters of Concern or Key Risks to Escalate:</b>  • Nil	<b>Key Actions Commissioned/Work Underway:</b> • N/A			
<b>Positive Assurances to Provide:</b>  • Awards and menopause friendly employer accreditation • Memorandum of Understanding with East Riding Council • Work on developing the zero events.	<b>Decisions Made:</b> • N/A			
<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) Quarterly report to Council	✓
	Trust Board			

**Monitoring and assurance framework summary:**

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

## Chief Executive's Report

### **1 Around the Trust**

#### **1.1 Chief Executive's Challenge**

On Friday, Chief Executive, Michele Moran completed an 84-mile virtual cycle route on raising over £6,000 for our Trust charity Health Stars.

Despite a quick emergency venue change at 6am due to an unexpected leak in the Lecture Theatre the Trust and Health Stars teams were able to create a new set up outside the building and after cycling for almost 10 hours Michele and the team completed the 84 mile challenge!

The virtual cycle route started at Inspire CAMHS Inpatient unit Hull, continuing to visit each of the Trusts Inpatient mental health units, before finishing virtually at Whitby Hospital.

Michele was joined by Paul Warwick, Modern Matron Inspire, Enrique Moreno, Foundation Pharmacist, Richard Murfitt, Senior Administration assistant Newbridges. Steve Roberts, Environmental and Waste Manager. Gary Jennison, Health Trainer for Staff and Volunteers and Mandy Dawley, Assistant Director of Patient and Carer Experience and Engagement, and the Trust Chair Caroline Flint

An additional bike was provided allowing a 'drop in' cycle for Executives, Sponsors or Visitors to also participate in the challenge.

#### **1.2 Menopause Friendly Employer**

I am delighted to say that the Independent Panel has confirmed that Humber is now an Independently Accredited Menopause Friendly Employer. We will look to see if we can include the logo within our branding and also mention this status as part of our recruitment campaigns and will plan our events for World Menopause Day in October.

#### **1.3 Awards**

Our Finance team have again been shortlisted for the HFMA (Yorkshire and Humber) close partnering and collaboration award. Well done the team!

#### **1.4 Parliamentary Awards Regional Winners**

The Acute Community Services team from Humber were nominated by Emma Hardy for their work with older patients who present with acute and complex mental health needs. The service responded to an increase in demand for services for older people during the pandemic. They aim to reduce the need for inpatient admissions by providing an effective and safe alternative to inpatient care.

Jodi Roper, Child Psychological Wellbeing Practitioner, was nominated by Graham Stuart for her response to the unprecedented pressures and challenges of working clinically for the last two years. Her positive working attitude, commitment and solution-oriented thinking were highlighted as well as the impact she has made on her patients and colleagues.

All regional winners will be invited to the national awards ceremony, which will be held on 6 July in Westminster, a day after the NHS's 74th birthday. Great news and very well done against strong competition.

#### **1.5 Student Nursing Times Shortlisting**

West Hull CMHT has been shortlisted by the student Nursing Times for student community

placement of the year. This is a fantastic achievement for a team that experienced so many difficulties about 4 years ago.

This just shows what a strong and supportive leadership team can do in our submission we described them as a “team that was like a phoenix rising from the ashes”. This has also been evidenced by 3<sup>rd</sup> year student nurses keen to get posts within the team and also in the continual positive evaluations we are seeing.

### **1.6 White Ribbon**

I along with others signed up to the White Ribbon commitment to never excuse or remain silent about male violence against women champions

### **1.7 Place Links**

As places develop it is import that we play a major part in the work and priorities of each place therefore we now have named key staff members linking into each place. These are :

- North Yorkshire – Chris Rooke
- York – Liz Bowman
- East Riding – Sarah Clinch
- Hull – Jon Duckles
- North Lincolnshire and North East Lincolnshire - Suze Elmore

### **1.8 Memorandum of Understanding for Adult Mental Health Services East Riding of Yorkshire**

Since 2002, East Riding of Yorkshire Council has delivered its adult community mental health service provision in partnership with the Trust and initially this was under a S75 formal arrangement. In January 2021 the Council approached the Trust outlining the requirement for a review of the current operational model and a new partnership arrangement to be introduced, we agreed that this would be underpinned by a new Memorandum of Understanding (MOU). The council and the Trust already considered this partnership very positively and the value it brought as a service delivery model to the outcomes for the people it supports. Changes in legislation and organisational drivers have impacted on the delivery of this service e.g. the Care Act 2014 and more recently the Council’s adult social care change programme and the national redesign and transformation of Community Mental Health Teams. A programme of work commenced with joint executive sponsorship between the Trust and the council with the drive towards implementing a new ‘whole system approach’ to the delivery of adult mental health care. Wider stakeholders and staff working in the service engaged with this programme which has led to improved clarity about how social workers, social care and community mental health teams work together. New professional lead roles for social workers have been introduced to strengthen the delivery of the requirements in the Care Act. The MOU sets out some key principles and has now been finalised and agreed by the executive management team. These key principles are it:

- ensures that residents of ER receive a coordinated community mental health service delivered by the Local Authority and the NHS and in partnership with other relevant agencies. This is to work towards achieving the person’s independence and/or recovery by the provision of support from Community Mental Health Teams staffed by both Local authority and the Trust drawing on appropriate service delivery from other relevant services.
- promotes co-production with individuals and forums to the ongoing delivery and development of Adult Mental Health service provision in the East Riding. This is aimed at continuous service improvement for people who use mental health services based on their feedback and experiences of using the services.
- leads, support and contributes to the system wide mental health Transformation Agenda to ensure that vulnerable people receive a legally compliant and appropriate service.
- provides robust, evidenced performance management (statistical and qualitative) to meet the needs of both organisations

## **2 Around the Integrated Care System (ICS)**

### **2.1 Humber & North Yorkshire Senior Responsible Officer**

Humber and North Yorkshire has a new Senior Responsible Officer (SRO) for its workforce programme. Jason Stamp will be taking on the position which was previously held by Steve Russell until earlier this year.

## **3 National News**

### **3.1 Mental Health Act Proposals**

As stated previously the Queen's Speech noted that proposals to overhaul the Mental Health Act 1983 will be considered by Parliament over the next year. It will produce a draft bill designed to reduce the number of detentions, tackle longstanding racial disparities in the use of compulsory powers and end the detention of people on the sole grounds of them being autistic or having learning disabilities.

The draft bill is welcomed but we need to ensure funding for mental health services follows due to ever growing need and demand for services.

Key areas:

The Bill is nearly complete – currently 50 clauses and 3 schedules.

- It will be published by **early July** along with explanatory notes and an Impact Assessment
- It will be subject to pre-legislative scrutiny in Parliament – with a committee expected to review the Bill and report in **late autumn**
- The Government plans to respond quickly to this report, amend the Bill in line with its recommendations, and introduce next year
- Royal Assent is achievable within 2023.
- Commencement (i.e. the law starting to take effect) will take place starting mid 2024/25, and will run to 2030/31

#### **Detention criteria – therapeutic benefit and risk**

- Learning Disability and autism – restricting the use of the Act
- Responsible clinician – hospital nomination
- Treatment – consent, refusal and second opinions
- Community Treatment Orders
- Nominated Person

#### **Detention periods, tribunal application periods and automatic referrals**

- Conditional discharge with deprivations of liberty
- Transfers from prison to hospital – 28 day limit
- Independent Mental Health Advocates – extension of provision
- Information about how to make complaints
- S117 aftercare – tribunal power to recommend / clarification of ordinary residence

### **3.2 NHS Providers' Chief Executive**

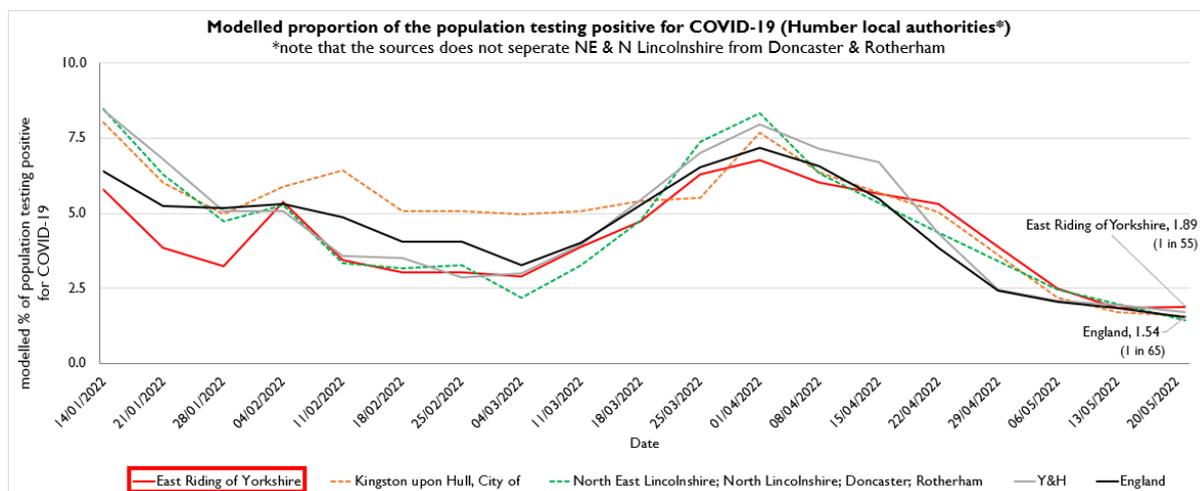
Chris Hopson has been announced as NHS England's new Chief Strategy Officer.

## 4 Covid-19 Update – June 2022

This update provides an overview of the ongoing arrangements and continuing work in place in the Trust and with partner organisations to manage the ongoing Covid-19 emergency. NHS England and Improvement raised the national incident alert level from 3 to level 4 on 13<sup>th</sup> December in recognition of the impact of the Omicron variant on the NHS of both supporting the increase in the vaccination programme and preparing for a potentially significant increase in Covid-19 cases. On 19<sup>th</sup> May 2022 the national incident level was reclassified to a Level 3 (regional incident) this was due to community and hospital case numbers declining and the success of the winter and spring vaccination programmes.

As of the 7<sup>th</sup> June 2022, the cases of Covid-19 for Yorkshire and the Humber are:

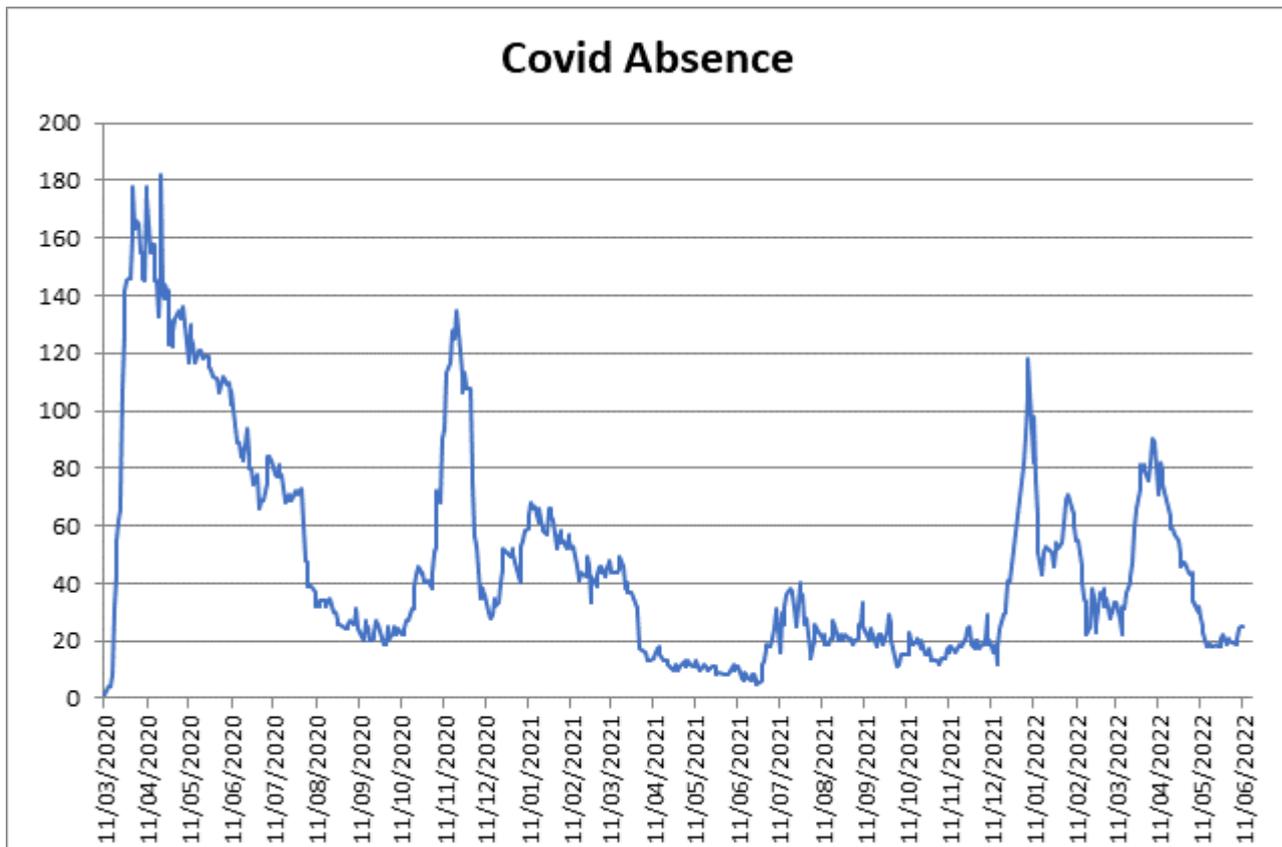
### Humber ONS infection survey sub-regional estimate, Yorkshire and Humber: 7th June 2022



As of 7<sup>th</sup> June, the 7-day rate per 100,000 population for Scarborough is 73.6, for Ryedale is 74.0 and Hambleton is 69.9. The overall 7- day rate for North Yorkshire is 73.3

As of 7<sup>th</sup> June 2022, there have been 1,869 hospital deaths due to COVID-19 across the Humber area. This includes 1,214 deaths registered by HUTH, 625 deaths registered by NLAG, 27 deaths registered by CHCP (East Riding Community Hospital) and 3 deaths registered by HTFT. York Teaching Hospitals NHS Trust recorded 959 deaths over the same period.

The Trust has recorded a peak of 2 cases of a Covid-19 positive inpatient since the last report, this has reduced to zero cases currently.



Staff sickness absence related to Covid has decreased in the last month to between 18 and 25 cases daily in May and early June. When combined with non-covid related sickness the overall absence position is currently at 7.29%.

The Trust's emergency planning command arrangements were stood down on 31<sup>st</sup> January 2022. A gold command rota has been instigated over the recent bank holiday weekends due to ongoing high system pressures rather than an increase in Trust pressures. Twice weekly Sitrep reporting remains in place to monitor the ongoing impact of the pandemic on our services. The command arrangements will remain under close monitoring and will be stood up again as necessary. System emergency planning arrangements have remained in place. The Covid- 19 task group chaired by the Deputy Chief Operating Officer continues to meet to ensure that any changed requirement in relation to Covid are responded to and addressed.

Operational service pressures remained high in some areas in May and early June due to the ongoing position related to staff absence. The highest pressures were seen in our community services in Scarborough, Ryedale and Whitby due to ongoing high demand from the acute hospitals for discharges to be supported along with ongoing high demand for primary care. The Trusts overall operational pressures remained reduced in the last month with escalation levels (OPEL) being 2 (moderate pressure) predominantly.

Child and Adolescent Mental Health (CAMHS) services are continuing to experience high demand for both community and inpatient services in line with the nationally anticipated surge due to the direct impact of the pandemic on children, young people and their families. Demand has continued to plateau during May and early June at a higher level than typical for this time of year, with presenting needs continuing to be of high levels of acuity and complexity. Break down of placements for young people in residential care continues to lead to urgent and crisis admissions to mental health and acute hospital beds. High demand for young people experiencing complex eating disorders has led to pressure on CAMHS beds locally and nationally leading to admissions to acute hospital beds. System and ICS work is ongoing to enhance provision to support out of hospital care for children and young people including those with eating disorders. Focus continues

on reducing waiting times in these services, particularly in relation to autism and attention deficit hyperactivity disorder diagnosis.

Nationally requirements are in place to eradicate the use of out of area mental health beds and our services are implementing plans to achieve this. Our out of area bed use is reducing. Our overall bed occupancy has remained high in May and early June with the pressures especially high for mental health, learning disability beds and our community beds at Malton and Whitby Hospitals, it has been between 79.6 – 86.8%.

System pressures have remained very high in North Yorkshire and York and in the Humber areas in May and early June for both health and social care, system command arrangements remain in place. Acute hospital partners in all parts of our area have reported pressures at OPEL 4 for periods of time during the last month. Local authorities have also seen their pressures remain very high due to staff availability and the national requirement that all patients who do not meet the criteria to reside in an acute hospital should be discharged. Ambulance services have continued to experience pressures and delays in handover times at acute hospitals resulting in decreased call response times. The combined impact of these pressures has seen system pressures reach overall OPEL 3. System work has focussed on reducing the number of patients in the acute hospitals who do not meet the criteria to reside to accommodate a rise in the number of patients requiring admission who are covid positive, to reduce ambulance handover times and to recover elective activity.

Ongoing work has been taking place by our recruitment team to increase the number of staff available to us on our bank, recruitment campaigns focussed on specific clinical areas e.g., CAMHS have had some success.

### **Testing, Infection Prevention and Control Requirements and Isolation Arrangements**

Updated guidance was received from NHS England/Improvement on 14<sup>th</sup> April “Next steps on IPC: Publication of revised UK Infection Prevention and Control (IPC) Guidance and an IPC Manual for England”. This revised guidance was implemented across the Trust supported by local risk assessments as appropriate. On 1<sup>st</sup> June 2022 NHS E/I wrote to Trusts describing that IPC guidance was continuing to evolve and setting out further changes following updates from the UK Health Security Agency (UKHSA). UKHSA has updated its UK IPC guidance with new COVID-19 pathogen-specific advice for health and care professionals. This advice should be read alongside the National Infection Prevention and Control Manual (NIPCM) for England. Any IPC measures beyond those contained in those publications is now a matter for local discretion. Updated guidance was therefore issued by the Trust.

### Visitors

- Visitors and individuals accompanying patients to outpatient appointments or the emergency department are not routinely required to wear a facemask unless this is a personal preference.
- In inpatient settings where patients are at high risk of infection due to immunosuppression, e.g., patients undergoing cancer treatment visitors may be asked to wear a facemask following a local risk assessment

### Staff Testing

There is currently no changes to the national guidance and all processes currently in place will remain. Frontline staff continue with twice weekly LFD screening and recording on the Trust intranet site. All patient facing staff should continue to test twice weekly when asymptomatic. LFD tests will continue to be available through the government portal.

## Patent Testing

Inpatients will continue with day 1, day 3 and once between day 5-7 COVID-19 screening requirements as per the Trust screening guidance in accordance with the national standard operating procedure.

## Covid-19 Vaccine

Our hospital vaccination hub remains stood down.

An Autumn vaccination programme has been announced as despite the known uncertainties, in the year ahead, winter will remain the season when the threat from Covid-19 is greatest both for individuals and for health communities. It is JCVI's interim view that:

- an autumn 2022 programme of vaccinations will be indicated for persons who are at higher risk of severe COVID-19; such as those of older age and in clinical risk groups
- precise details of an autumn programme cannot be laid down at this time
- this advice should be considered as interim and for the purposes of operational planning

We continue to encourage and support any of our staff who are not vaccinated to have the vaccine.

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

Our established robust systems to ensure that staff have access to the appropriate Personal Protective Equipment (PPE) remain in place. Stock continues to be received via a PUSH delivery system from the NHS Supply chain and SITREPS are used to determine the content and frequency of deliveries. Currently, the supplies of PPE remain at good levels.

## Staff Health and Wellbeing

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

Our staff have now experienced and worked through the pandemic for 26 months and in some areas service demand and operational pressures remain high, they are continuing to tell us that they are feeling fatigued. Staff continue to have access to a range of options for wellbeing support and the Trust continues enhance its offer of wellbeing resources via the "ShinyMind" app. The Humber Coast and Vale Resilience Hub to support frontline staff remains operational and providing an increased offer of psychological and emotional wellbeing support for our staff.

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

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

Support remains in place for our staff who are experiencing long covid and this has been developed further.

### **Covid-19 Clinical Advisory Group**

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

- Ensuring that our covid related changes and interventions do not increase restrictive practices.
- Ensuring that all areas are following national changed guidance as applicable.
- Maintaining focus on developing further use of digital clinical interventions.

### **Operational Planning - Recovery and Restore**

The **operational planning guidance for 2022/2023** was published on 24<sup>th</sup> December. It set out that the NHS's financial arrangements for 2022/23 will continue to support a system-based approach to planning and delivery and will align to the new ICS boundaries agreed during 2021/22. It asks systems to focus on the following priorities for 2022/23:

- Invest in workforce
- Respond to COVID-19 ever more effectively
- Deliver significantly more elective care to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards.
- Improve the responsiveness of urgent and emergency care (UEC) and build community care capacity
- Improve timely access to primary care
- Improve mental health services and services for people with a learning disability and/or autistic people
- Continue to develop our approach to population health management, prevent ill health and address health inequalities
- Exploit the potential of digital technologies to transform the delivery of care and patient outcomes
- Make the most effective use of our resources – moving back to and beyond pre pandemic levels of productivity when the context allows this.
- Establish ICBs and collaborative system working – working together with local authorities and other partners across their ICS to develop a five-year strategic plan for their system and places.

The Trust continues to effectively manage the impact of Covid-19 within its ongoing arrangements. The current continuing phase of delivery and planning is crucial to ensure that we can sustain our services supported with adequate capacity to manage the ongoing and anticipated increase in demand. The ICS Mental Health, Learning Disability and Autism collaborative continues to maintain focus on delivering the ambitions within the long term plan and particularly those areas with increased clinical challenges including CAMHS and Learning Disabilities.

Trusts have been asked to prepare for a public inquiry into the government's handling of the pandemic commencing in the spring of 2022 and the government have now announced the chair of the enquiry.

Staff health, wellbeing and engagement continues to be paramount to our successful ability to achieve our plans and continued focus will remain on this. The efforts our staff make to keep our patients, their colleagues and themselves safe remains exceedingly impressive and we continue to demonstrate our appreciation for that.

## **5 Director's Updates**

### **5.1 Chief Operating Officer Update**

#### **5.1.1 Redesigning Adult Inpatient Mental Health Services**

A detailed plan has been drawn up for the Pre-Consultation Business Case (PCBC) and an engagement lead has been appointed who will start with the Trust towards the end of June. The engagement lead will develop the relationships with partners and key groups as the PCBC progresses. The process to appoint a clinical transformation lead is also in progress.

#### **5.1.2 East Riding of Yorkshire (ERY) Integrated Specialist Public Health Nursing Service (ISPHNS)**

A project in Bridlington commenced in January 2021 to enable recovery from the impacts of the COVID-19 pandemic. The initiative was part of an East Yorkshire strategy to encourage local communities to protect, promote and support breastfeeding. The number of mothers currently breastfeeding in Bridlington was low in comparison to other areas in East Yorkshire. The aim of this project was to understand and remove some of the barriers towards breastfeeding. Its aims were to increase the number of mothers who felt that they could breastfeed for as long as they wished to and promote Bridlington as a breastfeeding friendly town. The efforts of all services has resulted in an increase in breastfeeding prevalence at 10 days and 6 weeks illustrating an increased linear trend towards breastfeeding in Bridlington. This project has received funding from ERY Council for another 12 months due to its positive impact on child health outcomes.

#### **5.1.3 Prison Mental Health Service**

The prison population are well documented as having complex health needs. They have higher than average mental health problems and typically experience past trauma. The offence committed by prisoners impacts on what type of setting they are detained in. Those in custody ('prisoners') are categorised and held in either closed conditions or open conditions, according to their risks and needs.

Category A prisoners are those that would pose the most threat to the public, the police or national security should they escape. Security conditions in category A prisons are designed to make escape impossible for these prisoners.

Category B prisoners do not need to be held in the highest security conditions but, the potential for escape should be made very difficult.

Category C prisoners cannot be trusted in open conditions but are considered to be prisoners who are unlikely to make a determined escape attempt.

Category D prisoners can be trusted in open conditions.

In our geography there is a Category A prison: HMP Full Sutton, a Category B prison: HMP Hull. Earlier this year the Trust worked in partnership with Tees Esk and Weir Valley NHS Trust (TEWV) to bid for mental health services for those in Humber and Hull prisons. HMP Humber is a category C Resettlement Prison for over 1000 adult males. HMP Hull is a category B prison holding around 900 males.

We were successful in the bid and are now working closely with TEWV on the implementation phase of work. This entails mapping the service delivery requirements including detail of caseloads and specific clinical needs: this will include ensuring that reception screening, medication rounds and transition plans can be delivered. Humber is focussing on the specialist mental health support with psychiatry, psychology and pathway work. Pathways will include utilising the Humber and North Yorkshire single point of access for referrals to inpatient forensic beds. Another strand of work is recruitment to the new posts, fortunately our forensic services are relatively well-staffed

and we have some of the specialisms already in post. Clinical staff specifically with experience with personality disorders and neurodiversity will be providing clinic sessions for the men in prison.

The main aim is to ensure a whole pathway approach for those within the prison system to enhance clinical care, patient experience and health outcomes. An evaluation is planned at the end first year of delivery of the new service model which will be focussed evidencing progress made in these areas.

#### **5.1.4 Hull 0-19 Service**

The Hull 0-19 public Health Nursing service has now successfully transferred from City Health Care Partnerships (CHCP) and initial transformation work is now started with an immediate focus on recruitment and the role of the team in safeguarding children. An introduction day for all staff who transferred was held on the 13<sup>th</sup> May supported by members of the Executive Management Team and the wider Trust service. Evaluation of the transfer process are very positive, with staff feeling welcomed to the organisation and positive about their new employment.

Work will continue throughout 2022 to modernise and transform this service alongside national commissioning guidance set out by the Office of Health Improvement and Disparities.

#### **5.1.5 East Riding Partnership (ERP) Addictions Service**

East Riding Partnership (ERP) Addictions Service became aware of unmet need to provide opioid substitution therapy (OST) to a hard-to-reach cohort of patients within the East Riding of Yorkshire. Intelligence networks evidenced a cohort of people accessing the needle exchange service or finding themselves in police custody, addicted to heroin and predominantly young men who had arrived in the UK to work but due to the pandemic, faced limited job opportunities and fell into poverty and substance misuse. This was particularly prevalent within the rural town of Goole. Engaging with these people and titrating them safely into OST has become the focus of the past 12 months.

Over the past 3 years, 92-94% of the needle exchange transactions at pharmacies by East Riding Service users who identified themselves 'White other' or 'Any other ethnic group' accessing the needle exchange service live in Goole. Within the town of Goole, there is a 9.9% Russian/Lithuanian/Latvian/Polish population (2022 data). ERPs aim was to ensure it reached a representative patient cohort from this population. The service currently has 5.8% representation under their care, an increase from a position of 0.72%. All of whom were new to treatment and needed to start OST within the past 12 months.

After notifying the local Healthwatch branch of the change in our patient demographics, a plan is in place to implement a patient survey to further understand the root cause of opioid dependency in this demographic after their arrival in the UK. This understanding will result in further targeted prevention initiatives. The patient survey has been reviewed by volunteers from Healthwatch's Read Right Group and built into an online survey by the Trusts Comms Team so that it can be translated into any of 100 languages.

The intention is to better understand from existing patients via analysis of the survey results, what can be done to attract others to our service and where/how/when there is a need to target our publicity campaigns to reach more from this minority population. It is widely recognised (RCGP, 2022) that only 50% of those accessing needle exchange schemes are known to drug services.

Alongside this, ERP has offered to support the Drug & Infections Scientists at UK Health & Security Agency to enable multi-lingual translation of the national Unlinked Anonymous Monitoring Survey (UAM) of People Who Inject Drugs. This will ensure that those who do not comprehend English can be included in their annual surveillance. This is particularly important given the greater incidence of Hepatitis C infection within the Eastern European population.

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

### **5.2.1 White Ribbon Accreditation – Ending Violence against Women. Progress Update**

HTNFT gained White Ribbon accreditation in October 2020 showcasing the commitment the Trust has to ending male violence against women. An action plan was required to be developed to obtain accreditation and we are now in our second year of delivery against the plan.

The second year workstream has focused on how we support employees of HTNFT, (one of the requirements of being accredited is that we become an employer of choice). This has involved development of posters for staff who may be experiencing domestic abuse or who may be concerned about their own behaviour. A staff leaflet has also been developed and cascaded to all team leads, service and division managers. In addition, there are patient posters to be displayed in all clinical areas. The posters are universal to North Yorkshire, East Riding and Hull so it is expected that visits to all clinical areas will see the designs in place. The work within the sexual safety group has focused on the development of a pathway to follow up any staff member who is subject to any sexual incident whilst at work. The uptake and effectiveness of this will inform the next iteration of the White Ribbon action plan.

In addition to the posters, manager guidance has been developed with the Human Resources Team to sit alongside the Domestic Abuse policy. A specific training module is being developed for all managers to access so they are confident in how human resource policies can assist support of staff affected by domestic abuse. This work reflects the recommendations within the 'Department of Health Responding to Domestic Abuse: a resource for health professionals' document in how health organisations respond to staff affected by domestic abuse.

Further work is underway looking at how service user feedback can inform the White Ribbon action plan. We will be using our existing Patient and carer Forums including the Youth Board to capture feedback.

In order to engage men and boys, there will also be a focus upon uptake of staff signing the white ribbon promise with a particular focus on encouraging uptake from junior doctors.

A total of 78 domestic abuse champions are working across the Trust, this is an increase from 47. Domestic abuse champions across the divisions are as follows

- Children and LD – 19
- Community and Primary Care – 17
- MH Planned – 16
- MH unplanned – 17
- Forensic services – 3
- Other - 9

It is important to ascertain the overall impact to the Trust since gaining White Ribbon Accreditation.

The data below reflects the comparison of the 2021/22 financial year to 2020/21 and 2019/2020, this continues to show an increase in calls to the duty safeguarding practitioner where domestic abuse has been identified as a concern. This shows how far we have come in changing the culture and raising awareness as part of our WR action plan.

Duty calls linked to domestic abuse			
Quarter	2019/2020 Financial year	2020/21 financial year	2021/22 financial year
Q1	No data	26	56
Q2	No data	34	48
Q3	26	54 (gained accreditation)	64
Q4	20	52	72

### **5.2.2 Zero Events 2022-23**

As part of the organisation's continued drive to minimise patient harm in line with the Trust's Patient Safety Strategy, focus is given to a number of key performance indicators called zero events on an annual basis.

Zero events are derived from themes arising from patient safety incidents, serious incident investigations, patient/carer feedback and audits with the aim of driving improvement in the quality of care in specific areas. Themes from incidents etc are reviewed by the Quality and Patient Safety Group (QPAS) and consideration is given to the areas where a zero event would, using quality improvement methodology, drive improvement.

The Executive Management Team have approved the new suite of zero events for 2022/23 as follows:

Zero event	Arising from	To commence	Data source	Links to
No failure to complete actions and submit for closure any patient safety alert within the stipulated timeframes.	CQC insight report Internal audit findings  Links to national and Trust Patient Safety Strategy	Quarter 1	CAS systems CQC insight report	<a href="#">National Patient Safety Strategy</a> Local systems are required to have 100% compliance declared for all Patient Safety Alerts  <a href="#">NHS England » Our National Patient Safety Alerts</a>
No avoidable incidents of harm associated with falls/no failure to recognise and manage the risk of falls as per Trust policy within mental health inpatient units	Theme arising from DATIX and IIRs regarding management of falls in Mental Health in patient units.  Links to Trust Falls Policy and Trust Patient Safety Strategy	Quarter 1	Datix/ Initial Incident Reviews (IIRs)	<a href="#">CG161</a>  <a href="#">Quality standards Falls in older people</a>  <a href="#">CQC KLOEs S2.5, S2.6</a>  <a href="#">CQC KLOEs S6.5</a>
No failure to complete an initial risk assessment at the first planned visit within the community nursing teams without clear documented rationale	Themes arising from IIR/PURL reviews and Record Keeping audits	Quarter 1	Record keeping audits	<a href="#">CQC KLOEs S2 and E1</a> <a href="#">Record Keeping   Royal College of Nursing (rcn.org.uk)</a>
No failure to undertake Venous Thromboembolism (VTE) assessment within the inpatient units	Poor compliance as identified on the VTE compliance reports and through a FOI request.  Links to Trust Patient Safety Strategy. NICE Guidance	Quarter 1	Record keeping audits triangulated with reports from S1 and Lorenzo	<a href="#">NHS England » NHS Standard Contract Particulars – Full Length</a> All inpatient Service Users undergoing risk assessment for VTE. Threshold 95%  <a href="#">NG158</a> and <a href="#">NG89</a>  <a href="#">CQC KLOEs S2.5 &amp; S2.6</a>  <a href="#">Regulation 12: Safe care and treatment   Care Quality Commission (cqc.org.uk)</a>
No incident of	Theme arising	Quarter 2	Datix	<a href="#">NCISH   The University of</a>

moderate harm or above were there has been a failure to consider a patient's mental capacity as per the Trust policy	from incidents. Safeguarding MCA audits.			<a href="#">Manchester</a> personalised risk management <a href="#">NG108</a> Decision making and mental capacity <a href="#">CQC KLOEs</a> E6.1, 6.3, 6.5 <a href="#">Regulation 9: Person-centred care   Care Quality Commission (cqc.org.uk)</a> capacity to consent
No failure to undertake a seclusion review as per the policy	Review of Datix Seclusion review audits  Links to compliance with MHA COP	Quarter 2	Datix Seclusion review audit where reviews have been missed.	<a href="#">CQC mental health brief guide 2 - seclusion rooms.pdf</a>  <a href="#">How CQC identifies and responds to closed cultures   Care Quality Commission</a>  <a href="#">CQC KLOEs</a> S1.2, S1.6, S1.7, C3
No failure to include families/carers in the care of patients due to lack of 'significant other' being included in the clinical records.	Theme from several SI and SEAs in 2021. Patient Survey findings  Difficulties arising from identifying next of kin when seeking to undertake duty of candour in relation to SEA/SIs.  Link to CQC closed cultures	Quarter 3	BI report of next of kin details within the clinical records (removal of the open referrals data)	<a href="https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-20-duty-candour">https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-20-duty-candour</a>  <a href="#">NCISH   The University of Manchester</a> Family involvement and personalised risk management  <a href="#">CQC KLOEs</a> C.2  <a href="#">How CQC identifies and responds to closed cultures   Care Quality Commission</a>

Zero events are monitored by QPAS and the Quality Committee. The annual report describing achievements against the zero events for 2021-22 will be submitted to the Committee in August with progress against the zero events for 2022-23 scheduled for review by the Committee during 2022-23.

### **5.3 Medical Director Updates**

#### **5.3.1 Medical Education**

Nominated for five HYMS Awards (ceremony 24<sup>th</sup> May 2022):

- Medical Education Team
- Jane Lloyd - Medical Education Team Programme Officer
- Dr Carolien Lino (nominated for x2 awards) – Medical Education GP Lead
- Dr Gabriel Michael

Several of our new Consultants have been approved as Trainers in the last few weeks and are allocated a Core Trainee for August 2022 which is very positive:

- Dr Sathya Vishwanath
- Dr Zeeshan Hashmani
- Dr Muzammil Hayat
- Dr Alex Khrypunov

Delivered 'Perceptions on Suicide' event, approx. 180 attendees, planned and facilitated by Dr Amelia Gledhill, Higher Trainee

Next Event: 20<sup>th</sup> May 2022 (fully subscribed)

- AM – Leadership Fundamentals for Clinicians
- PM – Applying Sports Psychology to Clinical Practice

Events in Planning:

- 21<sup>st</sup> and 28<sup>th</sup> September 2 day Motivational Interviewing Course (fully subscribed)
- 5<sup>th</sup> November – half day 'Chimp Management'
- 30<sup>th</sup> November – half day 'Neuropsychiatry' event

Two junior doctors were instrumental in the development of an 'International Medical Graduate' Handbook – this will be shared widely through HEE and all HR Departments – Dr Niranjani Gadgil and Dr Aya Qashta

A plan is in place to recruit to a Medical Education Nurse Lead post, full time, Band 7.

### **5.3.1 Quality Improvement**

To support the delivery of the QI Strategy, work is underway with members of the Patient and Carer Forums to review the communications plan including key messages and approach to promoting all the hard work. The group will also look at the development of the Staff QI leaflet to produce one suitable for PACE.

Following on from the success of the Junior Doctors Approach, two face to face training sessions - Let's Talk QI - will be run jointly with Clinical Audit at Trust HQ and Whitby Hospital followed by a drop in to discuss ideas and where to get started. If successful, these will be expanded to other sites across the Trust.

Following approval from NHSI&E, QSIR Practitioner will be scheduled as a blended approach from September with two days in the classroom and a further 5 half days via MS Teams.

Quarterly meetings have taken place with NLAG< HUFT and York to share learning and explore new ideas.

Fourth QI Week will take place 20-24 June 2022

## **5.4 Director of Workforce & Organisational Development Update**

### **5.4.1 BAME Aspirant Nurse Leadership programme for the North East & Yorkshire**

The programme below has been communicated out to our staff :-

The Unlocking Your Talent: BAME Aspirant Nurse Leadership programme is now available in our region. This programme is open to registered nurses & midwives currently at Band 5/6 who identify as BAME within the NEY region working in a healthcare setting and has been designed to support leadership and career development. The aims of the programme are to provide support for individuals to recognise and realise their leadership potential. As part of this, they will identify and work on a service improvement initiative which will provide the opportunities for the transfer of learning to real life benefitting the delegate, their organization and patients and their families.

### **5.4.2 Mentoring Scheme**

As part of the PROUD OD programme, Executive Management Team agreed a mentoring scheme for Trust staff to access. Communications and training for mentors takes place during June.

## **5.5 Director of Finance Update**

### **5.5.1 Cyber Security Updates**

There are two types of CareCert notifications,

**High priority notifications** cover the most serious cyber security threats, these notifications are sent to the IT Service desk with requirements for acknowledgement to NHS digital within 48 hours and remediation applied within 14 days.

Any high priority notifications that cannot be resolved within 14 days require a signed acceptance of the risk by the CEO and SIRO to be submitted to the NHS Digital portal.

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

The Trust is using new software to track that status of its digital estate, consequently new data is included in this section of the report.

In terms of CareCerts

- CareCERT notices issued during 2022: 100 (Inc. 18 in May)
- High Priority CareCERT notices Issued during 2022: 6 (Inc 1 issued in May)

#### ***May Data***

- CareCERT Notices with patch(s) NOT approved for deployment: 0
- CareCERT notices with patch(s) applied to all devices: 13
- CareCERT notices with devices still to check in to patch: 5

Workstations update:

- Total workstations detected 3,355 (2,902 are laptops)
- Workstations non seen in last 60 days (45)
- Workstations non seen in last 90 days (8)

There were no Distributed Denial of Service (DDoS) attacks against the Trusts internet connections during May 2022.

### **5.5.2 Digital Updates**

The Trusts upstream postal has been improved to view information from Hull University Hospital NHS Trust and we are also providing additional information to the Yorkshire & Humber Care Record.

The Yorkshire & Humber Care Record has received cyber essential accreditation.

Lee Rickles has joined an NHS England National team to achieve record sharing between the different shared care records and to implement the international patient summary. Lee is also a panel member at the NHS Confed expo discussing 'How UK healthcare organisations are accelerating innovation with the cloud' which is linked to the Trusts move of Lorenzo to the cloud.

The Trust has carried out soft market testing with suppliers for the Digital Aspirant Plus Innovator programme. The engagement event have included operational and digital staff with possible system suppliers. This information is being used to develop the options for the Digital Aspirant Plus Innovator outline business case, which will follow the Trusts established governance processes.

The Malton ward has successfully gone live with electronic prescribing and medicine management. This has been received very positively by the operational staff on the ward.

EMT have agreed to close the office 365 project as it has been successful implemented across the Trust

### **5.5.3 Blend and Thrive**

The tender for works to convert the new office building have been accepted and is awaiting formal sign off, costs reflect general economic conditions and the requirement to comply with infection prevention and control ventilation requirements.

Meeting rooms will be themed around the geographical areas that the Trust operates in and will be the subject of a competition open to all staff. A detailed communications plan has been developed for June and July in anticipation of the building work starting to keep staff informed on progress.

### **5.5.4 Healthcare Finance Management Awards**

The Trust has been shortlisted for the Close Partnering and Collaboration award in recognition of the work undertaken to establish the Lead Provider Collaborative. The awards ceremony takes place on Thursday 23<sup>rd</sup> June 2022.

### **5.5.5 Estates and Hotel Services Updates**

Contracts for the early enabling works at the Humber Centre (Gym and Shop) are due for completion on the 24<sup>th</sup> June 2022, sampling will take place prior to occupation. Works package to reconfigure the reception areas is currently out to tender with returns due July 2022. Staff Welling works continue to progress with 46 areas now complete

Recruitment to the estates structure is progressing well with a Mechanical Compliance post and Buildings Managers now recruited to.

Estates surveys have been issued to understand satisfaction levels with the service provided, the result will be reported internally once established and validated.

## **6 Communications Update**

### **Key Projects - External Communications**

#### **Awards Submissions**

Entering awards is an excellent way to put ourselves in the spotlight and to celebrate our success. It's also another opportunity to acknowledge the hard work and dedication of our team. The team supports the nomination process, ensuring they are of the highest possible quality and that staff have the support they need to complete the process.

This month we supported the submission of ten HSJ Awards nominations and have been successful in being shortlisted for an NHS Parliamentary Awards (embargoed until 13/06).

#### **Jubilee Weekend Celebrations**

We supported national NHS messaging around the celebration as well as marking 'Thank You Day' and Volunteers Week which fell over the same period. Our staff competition to create wall displays and enter a royal themed bake off created great content and engaged staff and patients with the event.

#### **Trust Strategy Launch**

The communications and strategy teams are working closely on a plan to launch our new five-year plan. This will include a blended in-person/online launch and a video created to share our ambitions with a diverse audience – including a version developed with and for young people.

#### **Event Support**

The team are working on the event coordination and promotion of two upcoming Trust events.

### **Whitby Thank you & Celebration Event – 3<sup>rd</sup> October**

A reception to mark the end of the official build process and thank stakeholders and volunteers for their support and participation in the project.

### **Miranda House 25 Years – 15<sup>th</sup> July**

A reception to commemorate 25 years since the site opened. The event will welcome staff old and new and include the burying of a time capsule in line with the official opening in 1997.

- **Trust Website Update**

	<b>Target</b>	<b>Performance over period</b>
Bounce Rate	50%	67%
Social Referrals	12%	3%
	(a 10% increase in 2019 position)	

- **Social media**

	<b>Target</b>	<b>Performance over period</b>
Engagement Rate	4%	2%
Reach	+50,000 p/m	70286
Link Clicks	1500 p/m	647

### **Public Relations and the Media**

- **Media Coverage**

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

We have worked closely with teams to develop stories that attract positive media attention and promote timely Trust and national key messages such as around Smoking Cessation and Carers Support.

<b>Positive new stories published</b>		<b>Negative new stories</b>	
Local media	5	Local media	1
Humber website	16		
<b>TOTAL</b>	<b>21</b>		<b>1</b>

- **Awareness Days**

In May and June so far we have worked with teams to mark a wide range of awareness days across our internal and external communications including;

- EDI Week

- Mental Health Awareness Week
- International Nurses Day
- Dementia Action Week
- Clinical Trials Day
- World No Tobacco Day
- Volunteers Week
- Carers Week

## Internal Communications

### **Covid-19 Guidance**

The team is supporting the circulation of updated infection and prevention control guidance on mask guidance and social distancing across our services.

### **New Office Accommodation**

A communications plan has been created to support the opening of the new Willerby offices in late summer. We are also supporting the designers to ensure the spaces bring to life our brand in action.

### **Poppulo – Internal Emails**

This month our Open Rates increased by 3.25%. Our click through rates held at twice the sector average.

	<b>Trust average engagement rates this month</b>	<b>Average Rates for Health Care Sector*</b>
Open Rate	65.5%	23.7%
Click Through Rates	6.5%	3.0%

\*According to Campaign Monitor's [2022 Email Marketing Benchmarks Report](#)

### **Intranet**

Our intranet platform has been visited 230,632 times between 3 May and 7 June 2022.

	<b>Target</b>	<b>Performance over period</b>
Bounce Rate	40%	58%
Visits	+20% on 2021 average	+6%

## **7 Health Stars Update**

### **Whitby Hospital Appeal**

Health Stars continue to fundraise for £42,735.22 to meet the fundraising appeal target for Whitby Hospital.

The team have submitted 3 grant applications this period and the details are listed below:

- Application Submitted Whitby Freemasons -£5,451.62
- Application Submitted Liz and Terry Bramall Foundation- up-to £32,000
- Application Submitted Screwfix Foundation- £4750.00

The fundraising bricks campaign is still live. Personalised bricks can be purchased at £20 each and these will be installed within the new dementia friendly garden, encasing the retaining wall to create a bespoke focal point within the grounds leaving a legacy for all to see.

You can sponsor a brick here: <https://healthstars.org.uk/community-services/fundraising-bricks/>

### **Wishes**

Health Stars have been working closely with a range of staff teams, and the Charity Executive lead this period, to help bring wishes to life through accessing Charitable funds.

An insight into some of our recent wishes granted can be seen below:

- Wall Murals for Avondale
- Printing of Chaplaincy Cards
- Garden Resources for Maistor Court
- Garden Resources for STaRS

A range of other wishes are currently being processed by the charity and we look forward to hearing more about the difference these have across our Trust.

You can submit your wish requests here: <https://healthstars.org.uk/submit-your-wish/>

**Michele Moran**  
**Chief Executive**  
**July 2022**

Title & Date of Meeting:		Council of Governors Public Meeting – 14 July 2022			
Title of Report:		Governor Development Support Report			
Author/s:		Rt Hon Caroline Flint Trust Chair			
Recommendation:		To approve	✓	To receive & note	
		For information		To ratify	
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>		<p>The Council of Governors are asked to approve the Governor Development Support Report and recommendations.</p> <p>This report is being brought to governors for approval and is the outcome of the work of the Governor Development Working Group, discussion at two Governor Development Days, with individual governors and Trust staff to identify support needs. An earlier draft paper with recommendations was also circulated to the Trust Board and Lead Governor for comments.</p>			
Key Issues within the report:					
<b>Matters of Concern or Key Risks to Escalate:</b> <ul style="list-style-type: none"> <li>Details of IT equipment provision is being finalised.</li> </ul>			<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>An action log has been produced and a number of recommendations have been initiated.</li> </ul>		
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>The 2022 External Well Led Review was positive about the Trust’s governance and assurance procedures and engagement of Governors.</li> <li>The work of the Governor Development Working Group was constructive and innovative. Recommendations benefitted from other discussions with individual governors and interested parties.</li> <li>The Action Log will come back to Council of Governors until all recommendations are met.</li> </ul>			<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>The Council of Governors are asked to discuss and approve the Governor Development Support Report and Recommendations</li> </ul>		
<b>Governance:</b> <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		Operational Delivery Group	

	Committee			
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Council report	✓

**Monitoring and assurance framework summary:**

<b>Links to Strategic Goals</b> <i>(please indicate which strategic goal/s this paper relates to)</i>				
√ <i>Tick those that apply</i>				
	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 Development Support Report**

**Rt Hon Caroline Flint, Trust Chair**

**5 July 2022**

### **PURPOSE**

The Council of Governors are asked to approve the Governor Development Support Report and the 19 recommendations in the report.

#### **A. Background**

Due to the pandemic the last few years have seen changes in which the Council of Governors operates. Meetings all went online, and service visits stopped. Despite this Governors have carried out their duties with the Trust's support and the recent Well Led Review of Governance positively reported on engagement with Governors and the quality of their governance and assurance role.

However, some Governors have found it difficult operating online and have missed the opportunity to get to know other Governors and learn more about the Trust through meeting in person. It has also affected getting to know NEDs and greater awareness of what they do. This was picked up in the recent Governors' input to NED appraisals. In addition, with a significant turnover of new people elected it seemed the right time for a refresh.

It was agreed to set up a Working Group to reflect on what Governors' needs are today in a changed working environment and how to support them in their role. NEDs too were keen to identify ways in which they could improve their contact with Governors.

The working group included myself, Doff Pollard; Sue Cooper; Michelle Hughes; Soraya Hutchinson; Sharon Nobbs; Francis Patton and Katie Colrein. The group reviewed digital support, meetings/events and visits. The working group's proposals were discussed and agreed at the Governor Development Day on the 26 April 2022 and an update discussion took place at the Governor Development on 14 June 2022. The recommendations were circulated to the Trust Board for comments too.

The areas discussed for improvement covered **Digital Support and Information; Meetings/Events and Visits**. The numbered recommendations under these subject headings are in the report and together at Appendix 1.

#### **B. Digital Support and Information**

For good and practical reasons, it is understood that meetings/events will continue to be a mixture of online and in person. Governors are required to have an NHS email to securely access papers and communications. But not every Governor has good access to IT equipment, internet connections and knowledge. Because they are using their own equipment it has proved difficult for the Trust's IT team to offer support.

Not all Governors need the same level of support but for some Public and PACE governors it has proved challenging, especially working with Microsoft Teams. It was agreed that loaning a Trust tablet would enable the IT team to set up the functions Governors need and deal with any ongoing support needs and problems. The Trust should find a way to resolve the identified IT problems, as Governors are an important part of our FT status, and we are asking them to work in a very different way than before the pandemic.

- 1. New and existing Governors complete an IT proforma to provide for digital requirements.**
- 2. A new Governor Induction Pack to include how to use Humber's IT systems and where to get help and a list of individual NEDS' Trust roles/responsibilities.**

3. **Public/PACE Governors should be loaned a tablet only for Humber Trust work and/or be able to access support from Humber's IT team as do NEDs.**
4. **Provide training on using Microsoft Teams for virtual meetings, tablet and Humber IT systems. Governor Soraya Hutchinson has agreed to support IT training by the Trust.**
5. **Printed copies of CoG and other papers to be provided on request.**
6. **Membership Officer Katie Colrein available for in person Governor support on Mondays by arrangement.**
7. **Email to Governors introducing NEDs and the areas/committees they cover after elections and when new NED starts.**

### **C. Meetings/Events**

Governors are volunteers, their time is limited so what they give needs to be mindful of that. Each meeting, forum, session must have a clear purpose – and as one member of the working group suggested we need to ask is it for doing something, providing assurance or development of understanding? **DAD** for short.

Governors want to meet in person again, have good notice of dates supported by an annual calendar.

It is recognised that a mixture of online and in person events is the new norm and there are different Governor views on the advantages and disadvantages of both.

8. **Create a forward Governor Calendar for 2022/23.**
9. **Governors to be asked to provide periods in the year when they are not available to help plan events.**

### **Council Of Governors (Assurance)**

Council of Governor meetings are quarterly, and it is the only meeting all Governors are required to attend. The working group felt agenda preparation needed to reflect what Governors want out of them. Papers and items should enable real time and forward-looking discussion alongside items for assurance and hearing from patients and staff. CoG meetings should provide for more engagement between Non- Executive Directors and Governors.

10. **Agenda items for discussion at Council of Governors' meetings to reflect more what information Governors need alongside governance and assurance items.**
11. **NED Committee Chair/ Champion to lead on agenda items supported by the EMT or appropriate lead.**
12. **CoG agenda to provide for feedback or focus on a particular issue from Chairs of Board committees.**

### **Trust Board (Assurance)**

Governors are not participants in Trust Board meetings but can watch via live streaming. However, Governors are provided with Trust Board papers including Board sub-committees' assurance reports providing evidence and data for Governors to read and seek more information if required. **No change proposed.**

### **Appointments, Terms and Conditions Committee (Doing; Assurance)**

The Appointments, Terms and Conditions Committee is required in statute and reports to the CoG on recruitment, remuneration and performance of NEDs and members take part in recruitment and appraisals. It was felt this was working well and **no change was proposed**.

### **Engaging with Members Governor Group (Doing)**

Governors have a key role in representing and engaging with Trust members and the public. The Engaging with Members Governor Group chaired by a Governor is contributing to a number of initiatives and **no change was proposed**.

### **Finance, Audit, Strategy, Quality, Workforce and Mental Health Legislation Governor Group (Assurance)**

Focussing on the work of the Board committees it has been split into two because of the volume of issues.

Finance and Audit

Quality, Mental Health Legislation, and Workforce and Organisational Development

A Governor chairs each group and Committee Chairs/EMT leads attend but attendance by other Governors has been low. Papers are usually approved minutes of committees. It was agreed that there were other forums which could provide more meaningful discussion and participation. Governors have found ad hoc briefings to gain further detailed understanding or a deep dive into the detail of a specific area or issue in the past very useful.

**13. The Finance, Audit, Strategy, Quality, Workforce and Mental Health Legislation Governor Group should stop. Instead through the CoG, and Governor Development Day NED Chairs should report on the work of their committees or a specific issue of interest.**

**14. As appropriate, online/in person meetings, written Governor briefings and short task and finish groups on a specific Trust issue to be provided by NED Chairs or EMT Leads.**

### **Governor Development Days (Development)**

Governor Development Days provide the opportunity for more detail and discussion on what, why and how the Trust is doing in person. They can also provide the opportunity to discuss external NHS issues affecting the Trust like the ICS or enable better understanding of the systems the Trust uses for finance, safety, and performance. They will also allow for feedback from Committee Chairs.

Governors preferred a quarterly cycle of days to enable forward planning, participation and arranging interesting speakers from the Trust and elsewhere.

**15. Governor Development Days to take place in person quarterly with tea/coffee before the start and a sandwich lunch after.**

**16. Agendas should be forward planned, and NED Chairs Feedback/Q&A should be a standing item.**

### **Annual Members Meeting (Doing, Assurance)**

The Annual Members Meeting has requirements as to what should be reported. But in consultation with Governors, the Chair, Chief Executive and Lead Governor have supported other engagement activities alongside to make it more interesting for participants. Because of the pandemic the event has been restricted to online but this year there will be a blended approach online and in person.

### **D. Visits**

NEDs have recently begun in person visits again but it is limited at present to one NED with one EMT Director. However, NHS guidance is being updated regularly and Governors want to make visits again. The Well Led Review report highlighted the importance of "quality and safety" visits.

NEDs felt it was more worthwhile if Governors were able to join them on visits rather than EMT members who can do so in the course of their work activities.

**17. Update Visit Guidance Policy including numbers on visits.**

**18. Establish a NED/Governor Visits Programme for 2022/23 with dedicated members of the BSU to organise and liaise with NEDs and Governors.**

## **E. Next Steps**

The proposals will be of benefit to the Trust Board and Trust as well as Governors. Feedback included HTNHSFT finding out more about other Trusts' arrangements including having a Children and Young Persons Governor. This will be followed up as well as sharing learning with other Trusts.

Some of the proposals are straightforward and work has already begun on implementing them. The IT proposals are supported in principle and discussion is underway internally and externally with another Trust to resolve resource and any security implications. An action log has been produced to track recommendations and implementation showing who is responsible for each task and by when.

**19. Action Log to be reported to Council of Governor Meetings until completed.**

## Appendix 1; Governor Development and Support Recommendations

1. New and existing Governors complete an IT proforma to provide for digital requirements.
2. A new Governor Induction Pack to include how to use Humber's IT systems, where to get help and a list of individual NEDS' Trust roles/responsibilities.
3. Public/PACE Governors should be loaned a tablet only for Humber Trust work and/or be able to access support from Humber's IT team as do NEDs.
4. Provide training on using Microsoft Teams for virtual meetings, tablet and Humber IT systems. Governor Soraya Hutchinson has agreed to support IT training by the Trust.
5. Printed copies of CoG and other papers to be provided on request.
6. Membership Officer Katie Colrein available for in person Governor support on Mondays by arrangement.
7. Email to Governors introducing NEDs and the areas/committees they cover after elections and when new NED starts.
8. Create a forward Governor Calendar for 2022/23
9. Governors to be asked to provide periods in the year when they are not available eg: holidays to help plan events.
10. Agenda items for discussion at Council of Governors' meetings to reflect more what information Governors need alongside governance and assurance items.
11. NED Chair/ Champion to lead on agenda items supported by the EMT or appropriate lead.
12. CoG agenda to provide for feedback or focus on a particular issue from Chairs of Board committees.
13. The Finance, Audit, Strategy, Quality, Workforce and Mental Health Legislation Governor Group should stop. Instead through the CoG, and Governor Development Day NED Chairs should report on the work of their committees or a specific issue of interest.
14. As appropriate, online/in person meetings, written Governor briefings and short task and finish groups on a specific Trust issue to be provided by NED Chairs or EMT Leads.
15. Governor Development Days to take place in person quarterly with tea/coffee before the start and a sandwich lunch after.
16. Agendas should be forward planned, and NED Chairs Feedback/Q&A should be a standing item.
17. Update Visit Guidance Policy including numbers on visits.
18. Establish a NED/Governor Visits Programme for 2022/23 with a dedicated member of the BSU to organise and liaise with NEDs and Governors.
19. Action Log to be reported to Council of Governor Meetings until completed.

Title & Date of Meeting:	Council of Governors Public Meeting – 14 July 2022			
Title of Report:	Appointments Terms and Conditions Committee Effectiveness Review			
Author/s:	Sue Cooper Committee Chair Chair			
Recommendation:	To approve	✓	To receive & note	
	For information		To ratify	
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	To present the annual effectiveness review to the Council of Governors. No issues have been identified and the Committee recommends the effectiveness review to the Council of Governors.			
Key Issues within the report:				
<b>Matters of Concern or Key Risks to Escalate:</b>	<b>Key Actions</b>		<b>Commissioned/Work Underway:</b>	
<ul style="list-style-type: none"> <li>No matters to escalate</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>		<ul style="list-style-type: none"> <li>N/A</li> </ul>	
<b>Positive Assurances to Provide:</b>	<b>Decisions Made:</b>			
<ul style="list-style-type: none"> <li>The committee has a workplan for the year ahead that will be used to ensure key items are scheduled as appropriate throughout the year.</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>			
<b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Appointments, Terms & Conditions Committee	23 June 22	Engaging with Members Group	
	Finance, Audit, Strategy and Quality Governor Group		Other (please detail)	
	Trust Board			

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

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

### **Annual Review of Committee Effectiveness and Terms of Reference 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022**

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 six times between 1 April 2021 and 31 March 2022.

During 2021/22 amongst other aspects of our work the Committee:-

- Approved the extension of Mike Smith for 2 years and the Reappointment of Dean Royles
- Approved the appointment of Stuart McKinnon-Evans, Non-Executive Director and Chair of Audit
- Approved the extension to the term of office for Peter Baren, Non-Executive Director and Chair of Audit for two months (up to 31.3.22)
- Received updates on NED and Chair Appraisals
- Discussed succession planning for NEDs
- Appointed Sue Cooper as the Appointments Terms and Conditions Committee Chair
- 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 & Organisational Development.

Sam Muzaffar was Chair of the Committee and public governor until the end of his term of office. Sue Cooper, public Governor took over as chair from February 2022.

#### **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 6 occasions during 2021/22: 17 June, 29 July, 21 September, 3 December, 9 February and 31 March 2022

Member	No of meetings attended
<u>Public Governors</u>	
Sam Muzaffar	4/4
Fiona Sanders	2/4
Eric Bennett	3/4
John Cunnington	2/6
Helena Spencer	2/2
Sue Cooper	4/6
<i>No other public Governors attended any meetings</i>	
Trust Chair – Sharon Mays (up to 15.9.21)	2/2
Trust Chair Caroline Flint (from 16.9.21)	4/4
Senior Independent Director- Peter Baren (up to 31.3.22)	5/5
Senior Independent Director – Francis Patton (from 1.3.22)	1/1
Director of Workforce & Organisational Development - Steve McGowan	6/6

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 six 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 changes are not proposed.  
A full copy of the terms of reference are attached for approval by the Council of Governors

## **8. Workplan for 2022/23**

Has a workplan for the year ahead, 2022/23 been prepared?

Yes [  ] No [  ]

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

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

Appendix 1

Attendance

Quorum	17 June	29 July	21 Sept	3 Dec	9 February	31 March
2 public governors	Sam Muzaffar Eric Bennett Sue Cooper	Sam Muzaffar Eric Bennett Sue Cooper	Sam Muzaffar Fiona Sanders Eric Bennett	Sam Muzaffar Eric Bennett John Cunningham	Sue Cooper John Cunningham Helena Spencer	Sue Cooper John Cunningham Helena Spencer
Trust Chair <i>Or</i> <b>SID</b>	Sharon Mays  Peter Baren	Sharon Mays  Peter Baren	Caroline Flint Peter Baren	Caroline Flint  Peter Baren	Caroline Flint  Peter Baren	Caroline Flint  Francis Patton
Director WF&OD	Steve McGowan	Steve McGowan	Steve McGowan	Steve McGowan	Steve McGowan	Steve McGowan

**Terms of Reference**

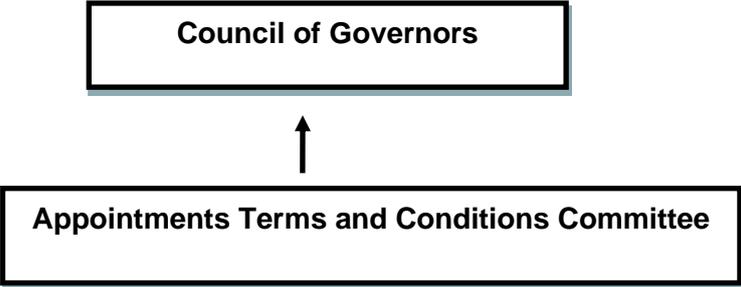
**Appointments, Terms and Conditions Committee**

<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> </ul>

	<ul style="list-style-type: none"> <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 on the Board of Directors in the future</li> <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>
<b>Membership</b>	<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> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ the Director of Workforce and Organisational Development</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 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>● 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>	23.6.22
<b>Approved by CoG</b>	Tbc 14 July 2022
<b>Review Date</b>	May 2023

**Appointments Terms and Conditions Committee Reporting Structure**



**Agenda Item 11**

Title & Date of Meeting:	Council of Governors Public Meeting – 14 July 2022			
Title of Report:	Governor Groups Feedback			
Author/s:	Sue Cooper Chair of Appointment Terms & Conditions Governor Group Doff Pollard, Chair of Engaging with Members Governor Group			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	To provide the Council of Governors with an update on meetings held. Verbal updates will be provided at the meeting			
Key Issues within the report:				
<b>Matters of Concern or Key Risks to Escalate:</b> • No matters to escalate	<b>Key Actions Commissioned/Work Underway:</b> • N/A			
<b>Positive Assurances to Provide:</b>	<b>Decisions Made:</b> • N/A			
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			

**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

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

**Feedback from Governor Groups**

**Appointments, Terms and Conditions Committee 23 June**

A verbal update will be provided at the meeting

**Sue Cooper, Chair of Appointments, Terms and Conditions Committee**

**Engaging with Members Group 19 May 2022**

A verbal update will be provided at the meeting

**Doff Pollard, Chair of Engaging with Members Governor Group.**

**Agenda Item 13**

Title & Date of Meeting:	Council of Governors Public Meeting– 14 July 2022			
Title of Report:	Performance Report May 2022			
Author/s:	Name: Peter Beckwith/Richard Voakes Title: Director of Finance/Business Intelligence Lead			
Recommendation:	To approve		To receive & note	<input checked="" type="checkbox"/>
	For information		To ratify	
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	<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 2022.</p> <p>The key issues are highlighted below with full detail in the paper.</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>Key Issues within the report:</b>				
<p><b>Matters of Concern or Key Risks to Escalate:</b></p> <p>Safer Staffing Dashboard (<i>see narrative in appendixt</i>)</p> <ul style="list-style-type: none"> <li>• Fill rates on five wards</li> <li>• Sickness levels continue to impact on clinical supervision levels.</li> </ul> <p>Over 52 week waiting times remain a challenge and a high operational priority.</p>	<p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>• Phased mobilisation of new IAPT providers is in progress</li> <li>• Recruitment to EIP posts progressing</li> </ul>			
<p><b>Positive Assurances to Provide:</b></p> <ul style="list-style-type: none"> <li>• Mandatory Training Compliance has increased to 90.4%</li> <li>• Clinical Supervision is above the revised target</li> </ul>	<p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>• n/a – report to note.</li> </ul>			
<p><b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i></p>		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		Collaborative Committee	
			Trust Board	22.06.22

**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

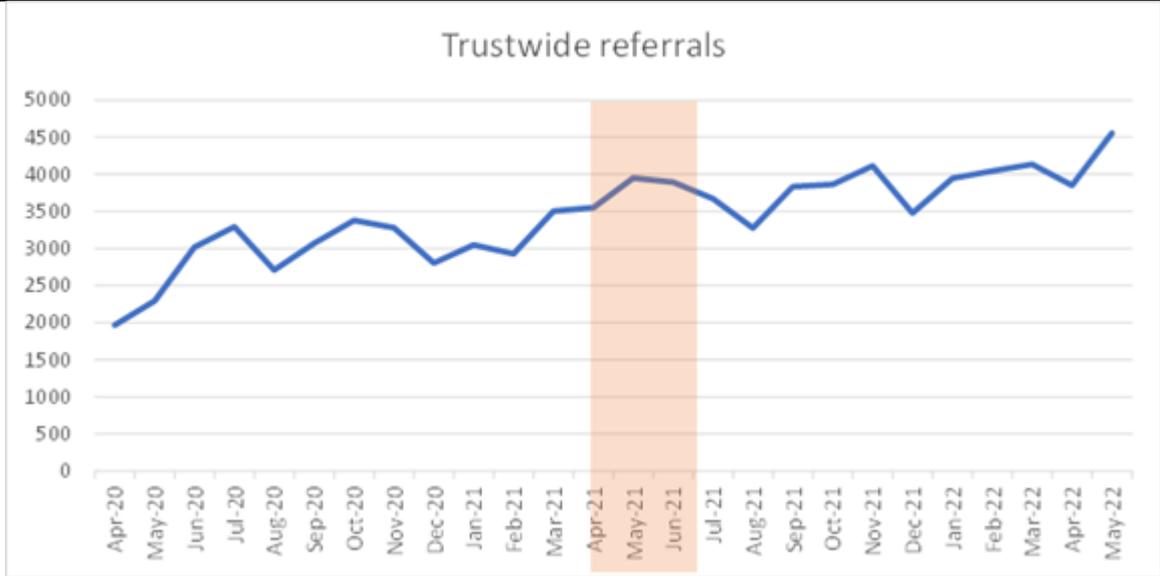
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			To be advised of any future implications as and when required by the author
Quality Impact	√			
Risk	√			
Legal	√			
Compliance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

**Performance Report - Key Issues:**

**Over 52 week waiting times** remain a challenge and a high operational priority. Focussed work has progressed with all areas on validation of waiting lists to identify data quality issues. Main areas contributing to the over 52 week waiting time position are:

- Children’s ADHD and ASD
- Adult ASD
- Memory Services

Overall demand for service remains high in some areas and the chart below demonstrates the position with overall rates of referrals. Work continues in all areas with high waiting times to implement their recovery plans. Levels of vacancies and staff available with the required experience continues to impede rates of recovery of waiting times in some areas. Weekly performance meetings take place with each Team and focus on the longest waiting patients, this work is overseen by the Deputy Chief Operating officer who is supported now by a new Access and Performance manager who is dedicated to supporting the reduction in waiting times.



**Paediatric ASD** - progress with waiting times has been challenged during the last month with a sub-contracted supplier failing to deliver against the agreed activity. This is being resolved by changing supplier.

Activity levels have been agreed that will ensure our recovery trajectory remains on track for achieving zero 52ww by September 2023. Referrals are being transferred in June and assessments will commence over July and August initially.

**Memory Diagnosis** - An element of the recovery plan for this service included increasing the medical capacity, this resource has now been identified and will have a very positive impact on long waiting times.

**Early Intervention in Psychosis** - This service has seen a significant increase in referrals which has impacted on waiting times whilst staff absences and vacancies have impacted on available capacity. The service is now nearly fully recruited with some new postholders commencing shortly, others in late July/August and September. Changes have been made to the clinical pathway including triage and assessment, to optimise the available capacity and reduce waiting times

**IAPT 6 weeks**- Two new providers have started a phased mobilisation from 1 April and will be working to full capacity against the contracted target by the end of May. The recovery plan is therefore on track to achieve the 6 week wait position by July 2022. The service is compliant with the 18 week standard.

**Early Intervention in Psychosis** - Following investment, the service is in the process of recruiting to key posts and is expecting this to be completed by August. Once fully established, recovery of the 14 day standard will be achieved. Work has taken place to ensure that there is a robust clinical triage process in place to ensure that high risk need is identified and responded to.

Financial Year  
2022-23

# TRUST PERFORMANCE 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-22

Chief Executive: Michele Moran

Prepared by: Business Intelligence Team

Caring, Learning and Growing



# Humber Teaching NHS Foundation Trust

## Trust Performance Report

For the period ending: **May 2022**

**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	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	Number of Incidents per 10,000 Contacts	Number of Incidents per 10,000 Contacts (based on contacts and occupied bed days)
Goal 1	Clinical Supervision	Percentage of staff with appropriate clinical supervision taken place within the last 4-6 weeks
Goal 1	FFT - Patient Recommendation	Results where patients would recommend the Trust 's services to their family and friends
Goal 2	FFT - Patient Involvement	Results where patients felt they were involved in their care
Goal 2	72 hour follow ups	Percentage of patients who had a follow up within 72 hours (3 days) of discharge from hospital
Goal 2	CPA - Reviews	Percentage of patients who are on CPA and have had a review in the last 12 months

# Humber Teaching NHS Foundation Trust

## Trust Performance Report

For the period ending:

**May 2022**

Goal 2	RTT - Completed Pathways	Based on patients who have commenced treatment during the reporting period and seen within 18 weeks of their referral
Goal 2	RTT - Incomplete Pathways	Based on patients who are waiting for assessment and/or treatment and are waiting less than 18 weeks since referral.
Goal 2	RTT - 52 Week Waits	Number of patients who have yet to be seen for treatment and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - Adult ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Adult and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - Paediatric ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Children and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks
Goal 2	RTT - Early Interventions	Percentage of patients who were seen within two weeks of referral
Goal 2	RTT - IAPT 6 Weeks and 18 weeks	Percentage of patients who were seen within 6 weeks and 18 weeks of referral
Goal 3	Recovery Rates - IAPT (East Riding)	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). Including and Excluding Covid Sickness
Goal 4	Staff Turnover	Percentage of leavers against staff in post (excluding employee transfers wef April 2021)
Goal 6	Complaints	The number of Complaints Responded to and Upheld
Goal 6	Compliments	Chart showing the number of Compliments received by the Trust by month

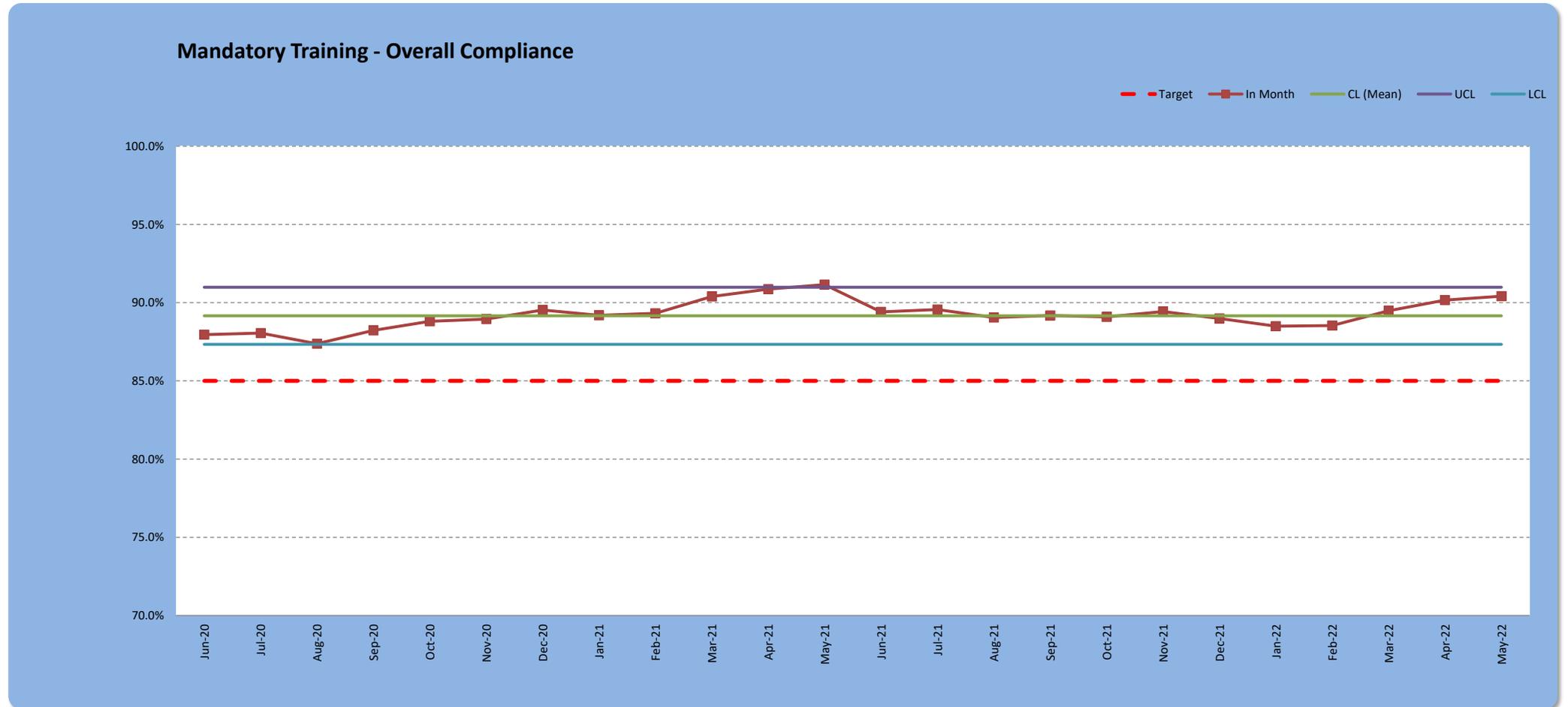
# PI RETURN FORM 2022-23

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **May 2022**

Target:	Amber:	Current month stands at:
85%	80%	90.4%

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



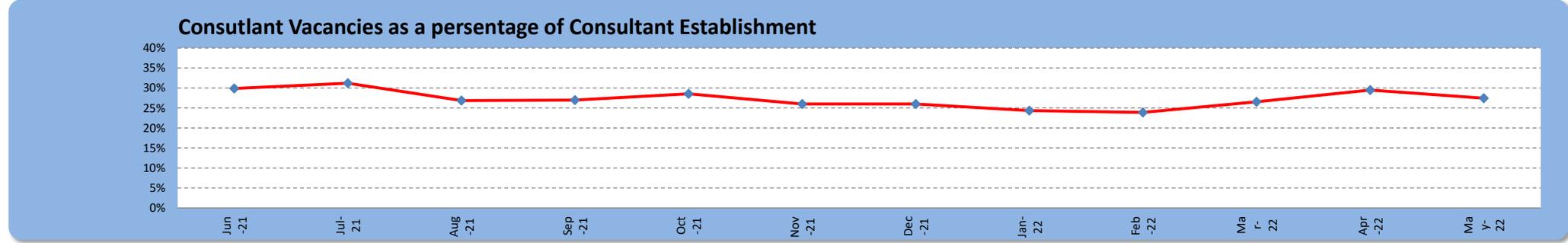
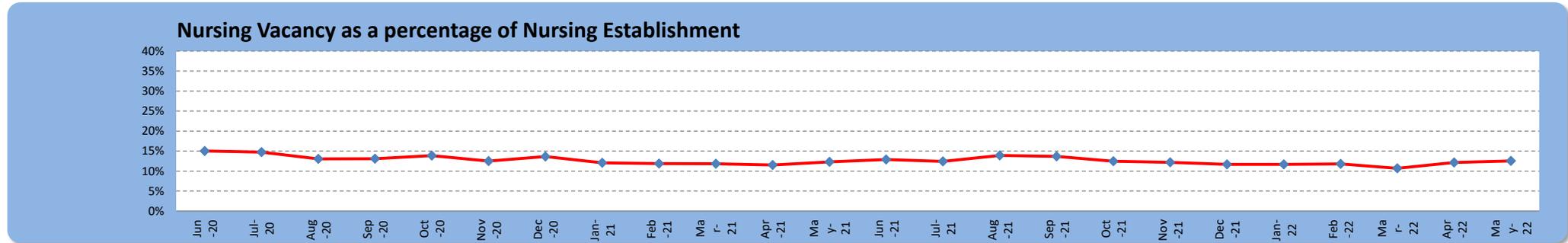
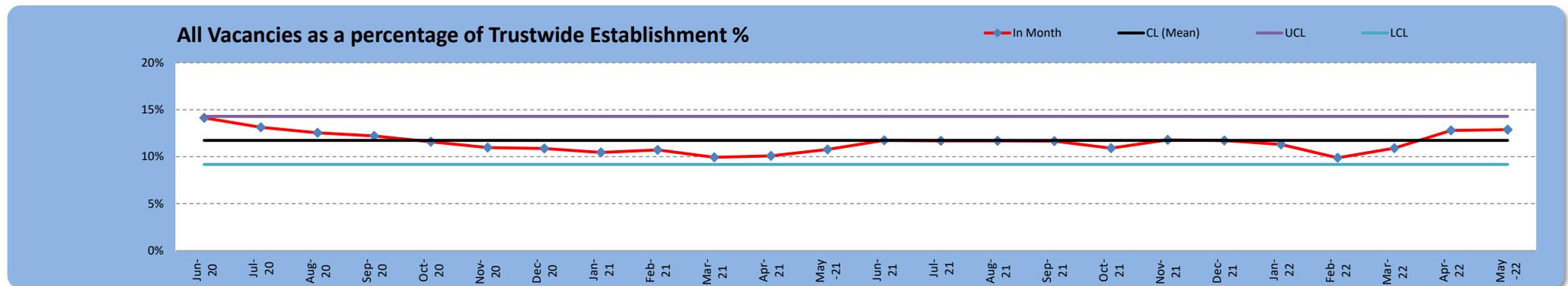
# PI RETURN FORM 2022-23

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **May 2022**

Target:	Amber:	Current month stands at:
85%	80%	12.9%

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



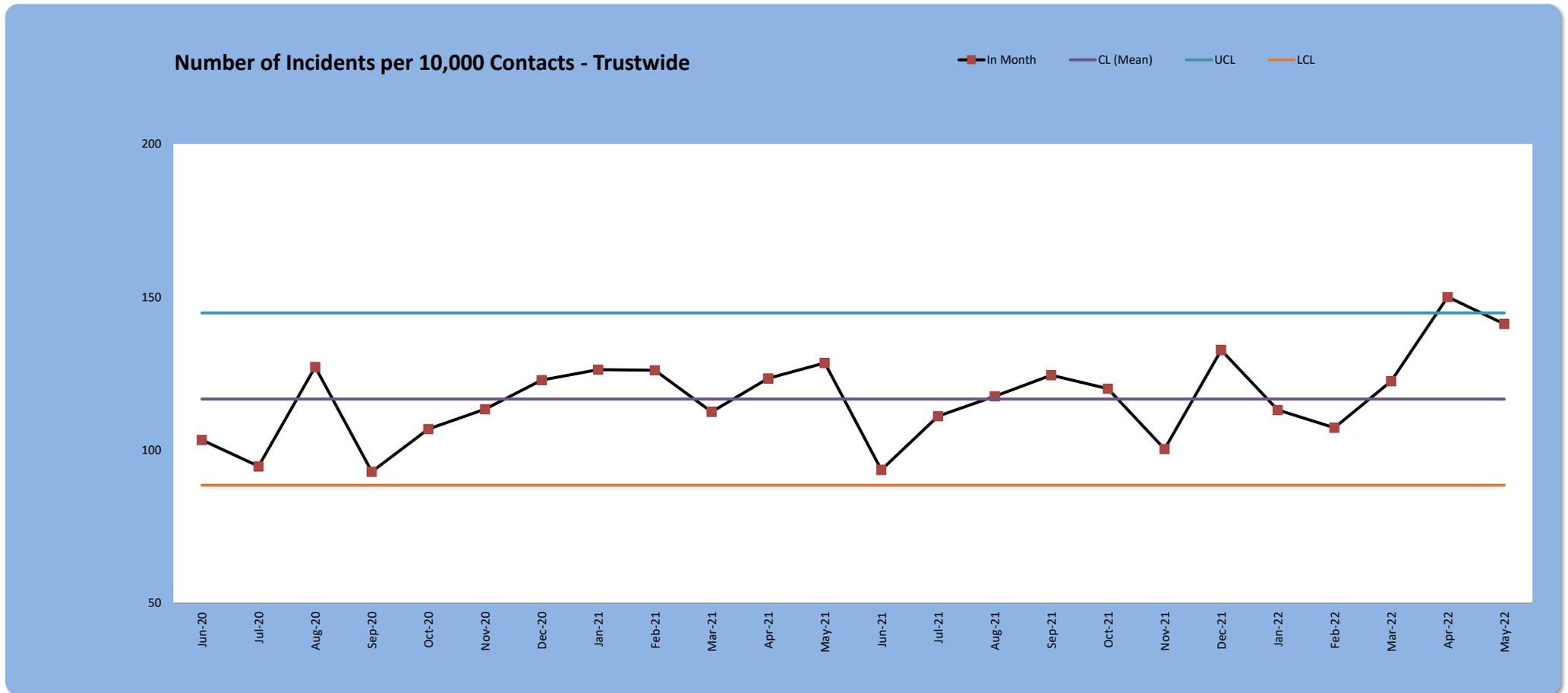
# PI RETURN FORM 2022-23

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **May 2022**

Target:	Amber:	Trustwide current month stands at:
0	0	141

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Incidents	Number of Incidents per 10,000 Contacts (based on contacts and occupied bed days)	Hilary Gledhill	IA_TW



# PI RETURN FORM 2022-23

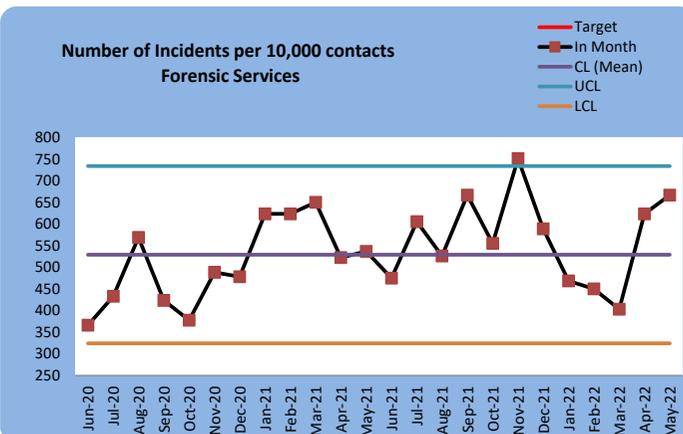
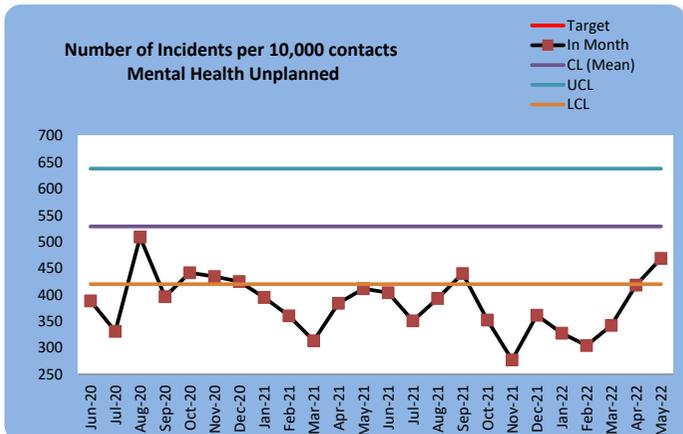
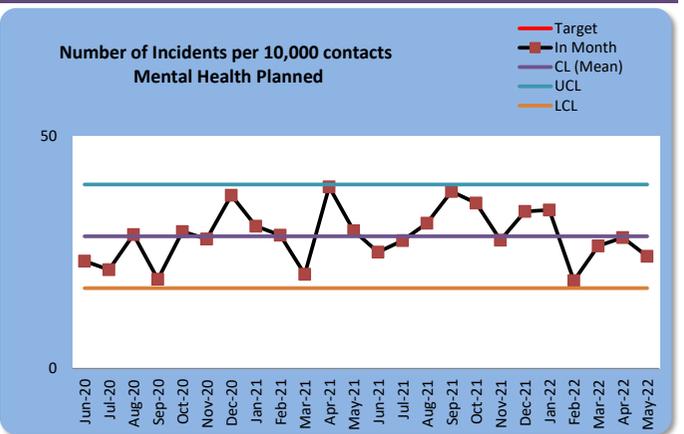
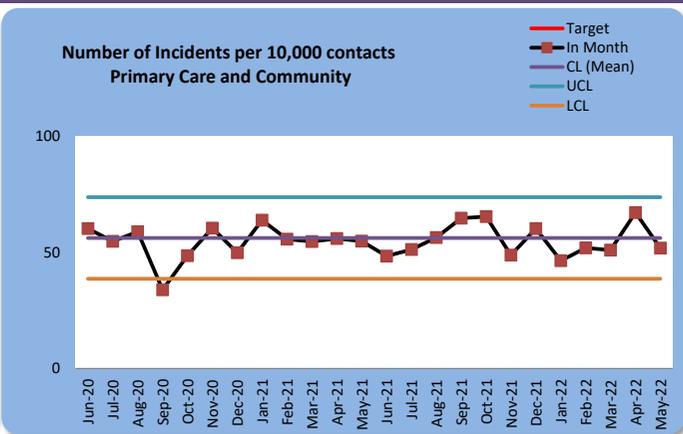
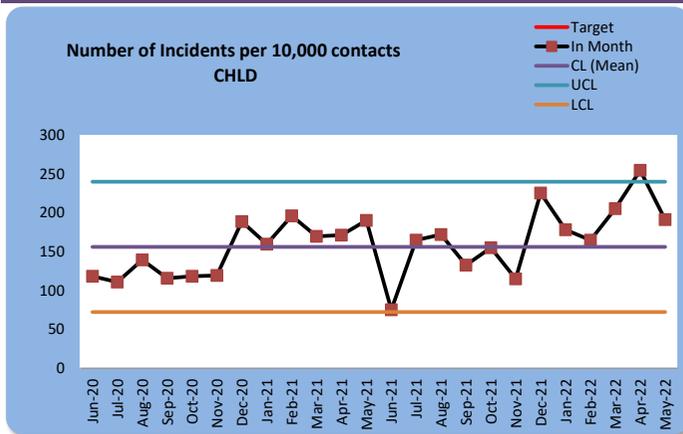
## Goal 1 : Innovating Quality and Patient Safety

For the period ending:

**May 2022**

Target:	Amber:	Trustwide current month stands at:
0	0	141

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Incidents	Number of Incidents per 10,000 Contacts (based on contacts and occupied bed days)	Hilary Gledhill	IA_TW



### Current Month per Division

Children and Learning Disability	191
Primary Care and Community	52
Mental Health Planned	24
Mental Health Unplanned	469
Forensic Services	666

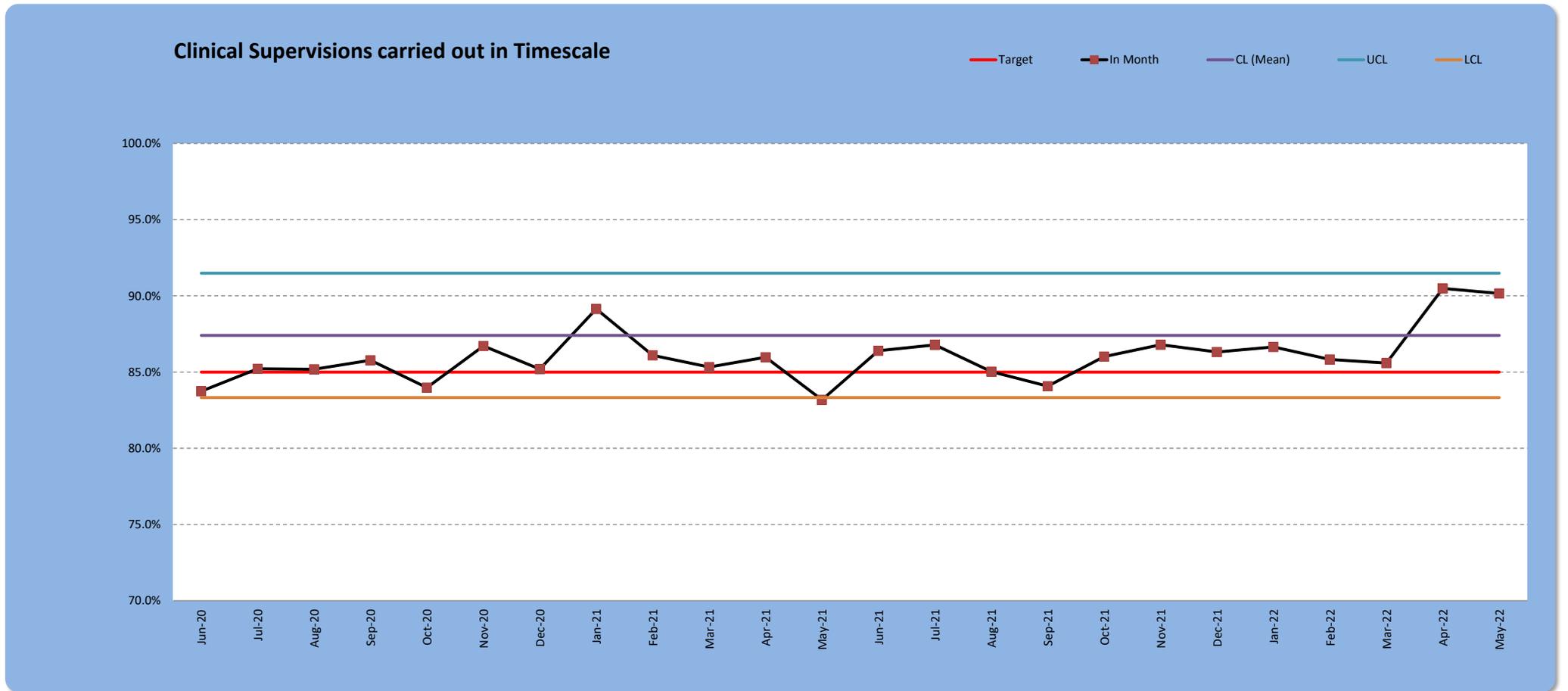
# PI RETURN FORM 2022-23

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **May 2022**

Target:	Amber:	Current month stands at:
85%	80%	90.2%

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



# HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

Contract Period: 2022-23  
Reporting Month: Apr-22



Shown one month in arrears

Speciality	Units					Bank/Agency Hours				Average Safer Staffing Fill Rates				High Level Indicators										Indicator Totals	
	Ward	Speciality	WTE	OBDS (inc leave)	CHPPD Hours (Nurse)	Bank % Filled	Improvement	Agency % Filled	Improvement	Day		Night		QUALITY INDICATORS (Year to Date)										Mar-22	Apr-22
										Registered	Un Registered	Registered	Un Registered	Staffing Incidents (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ partly upheld)	Failed S17 Leave	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	Sickness Levels (clinical)	WTE Vacancies (RNs only)		
Adult MH	Avondale	Adult MH Assessment	27.8	65%	13.4	19.1%	↑	12.0%	↓	84%	81%	109%	92%	0	0	5	0	100.0%	85.2%	72.7%	60.0%	3.5%	3.0	2	1
	New Bridges	Adult MH Treatment (M)	41.9	97%	8.67	17.1%	↓	9.0%	↑	70%	99%	97%	128%	0	0	2	0	No Ret	91.6%	84.2%	84.6%	3.8%	0.1	2	3
	Westlands	Adult MH Treatment (F)	36.0	94%	8.61	14.7%	↑	16.8%	↑	83%	81%	91%	116%	0	0	1	0	78.9%	90.6%	73.3%	50.0%	9.6%	2.4	4	3
	Mill View Court	Adult MH Treatment	27.9	95%	8.01	13.0%	↑	27.0%	↓	76%	84%	95%	102%	0	0	0	0	100.0%	88.2%	62.5%	73.3%	1.8%	5.8	4	2
	STARS	Adult MH Rehabilitation	37.9	107%	23.03	15.1%	↑	1.8%	↓	72%	52%	100%	100%	0	0	0	0	97.3%	88.4%	86.7%	78.3%	4.0%	0.5	3	3
OP MH	PICU	Adult MH Acute Intensive	31.9	63%	26.32	29.9%	↓	31.9%	↑	85%	121%	96%	150%	0	0	0	0	100.0%	78.7%	66.7%	78.6%	7.2%	3.0	1	1
	Maister Lodge	Older People Dementia Treatment	29.4	56%	20.28	18.3%	↑	7.4%	↑	92%	100%	110%	100%	0	0	0	0	94.4%	81.7%	80.0%	45.5%	7.3%	3.0	3	2
	Mill View Lodge	Older People Treatment	22.1	106%	14.01	25.0%	↓	17.9%	↑	72%	102%	100%	133%	0	0	0	0	95.5%	84.9%	66.7%	66.7%	1.1%	1.8	3	2
	Maister Court	Older People Treatment	17.4	93%	19.48	19.1%	↑	18.9%	↑	113%	116%	100%	103%	0	0	0	0	92.9%	88.2%	100.0%	72.7%	8.9%	0.8	0	2
	Pine View	Forensic Low Secure	30.6	82%	10.13	20.6%	↑	0.0%	→	77%	123%	62%	110%	0	0	0	0	96.7%	94.5%	100.0%	77.3%	5.0%	1.8	3	1
	Derwent	Forensic Medium Secure	27.1	70%	13.05	7.2%	↑	0.0%	→	95%	69%	97%	80%	0	0	0	0	84.0%	95.2%	88.9%	72.2%	16.6%	0.8	2	2
	Ouse	Forensic Medium Secure	24.9	100%	6.13	16.0%	↓	0.0%	→	57%	94%	97%	93%	0	0	1	0	83.3%	95.2%	75.0%	84.2%	17.2%	2.6	3	3
	Swale	Personality Disorder Medium Secure	28.8	93%	9.19	29.4%	↑	0.0%	→	96%	104%	110%	94%	0	0	2	0	51.9%	93.5%	81.8%	73.7%	11.2%	1.4	2	3
	Ullswater	Learning Disability Medium Secure	37.7	50%	17.36	9.2%	↑	0.0%	→	80%	103%	100%	98%	0	0	0	0	80.0%	90.0%	77.8%	77.3%	11.0%	-0.1	3	1
	Townend Court	Learning Disability	38.6	86%	33.68	20.0%	↑	19.7%	↓	75%	94%	88%	144%	0	0	0	0	82.8%	89.0%	61.5%	87.0%	17.4%	3.0	4	2
Child & LD	Inspire	CAMHS	60.0	85%	16.16	11.9%	↑	15.5%	↓	51%	97%	89%	120%	0	0	0	0	100.0%	82.9%	54.5%	57.9%	9.8%	2.0	3	4
	Granville Court	Learning Disability Nursing Treatment	51.7	85%	17.51	31.8%	↑	7.6%	↓	108%	83%	101%	99%	0	0	0	0	89.1%	87.6%	83.3%	88.6%	5.4%	0.0	0	1
CH	Whitby Hospital	Physical Health Community Hospital	43.2	90%	8.98	2.5%	↑	1.9%	↑	105%	86%	108%	98%	0	0	0	0	88.9%	88.7%	77.8%	28.6%	6.9%	1.8	3	2
	Malton Hospital	Physical Health Community Hospital	30.4	93%	7.53	Not on eRoster	↓	Not on eRoster	↓	104%	81%	102%	97%	0	0	0	0	100.0%	82.0%	87.5%	58.8%	0.0%	-2.0	3	3

# HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

## Exception Reporting and Operational Commentary

### Safer Staffing Dashboard Narrative : April

5 wards continue to have below target levels of fill rates on days. In all instances this is due to having only 1 RN on duty instead of 2. The registered fill rates on nights are all above the threshold with the exception of Pine view which is showing fill rates of 62% due to frequently only having 1 registered nurse on nights. However, all CHPPD levels remain above the threshold. Malton's fill rates are above target but their bed occupancy has been high resulting in a drop in their CHPPD to 7.53 which is below the overall Trust target but consistent with the recommended CHPPD for an EMI ward.

The low fill rates on STARS are because there is often 1 OT on shift during the day, but this is not being reflected in the demand template. This will be addressed in the next safer staffing review. Overall their fill rates are improving.

Supervision is above target for all units with the exception of Newbridges which did not return and Swale. This has been addressed with the Matrons who report significant clinical pressures, vacancies and absence as the reasons.

A full review of ILS and BLS compliance has been undertaken and was reported to the workforce and OD committee in November. Additional capacity has been bought in and the recovery trajectories are being monitored closely. Since April numbers have increased overall and the resuscitation officer has been up at Whitby delivering ILS PILS and BLS. The BLS figures are still low for Whitby and Malton however, we have recruited to the BLS trainer post and are just waiting for DBS etc, as soon as they are in post they will be targeting areas such as Whitby as a priority and expect to see a significant rise in compliance.

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.  
Inspire is not fully open therefore the fill rates and CHPPD is not RAG rated until such time the facility is fully operational.

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

### Staffing and Quality Indicators

Contract Period: 2022-23  
Reporting Month: Apr-22



Humber Teaching  
NHS Foundation Trust

### Registered Nurse Vacancy Rates (Rolling 12 months)

Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
10.10%	8.92%	8.70%	11.20%	8.70%	10.90%	10.30%	10.50%	8.80%	7.20%	13.90%	

### Slips/Trips and Falls (Rolling 3 months)

Rolling 3 months	Mar-22	Apr-22	May-22
Maister Lodge	4	7	4
Millview Lodge	4	0	3
Malton IPU	0	4	7
Whitby IPU	1	4	4

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

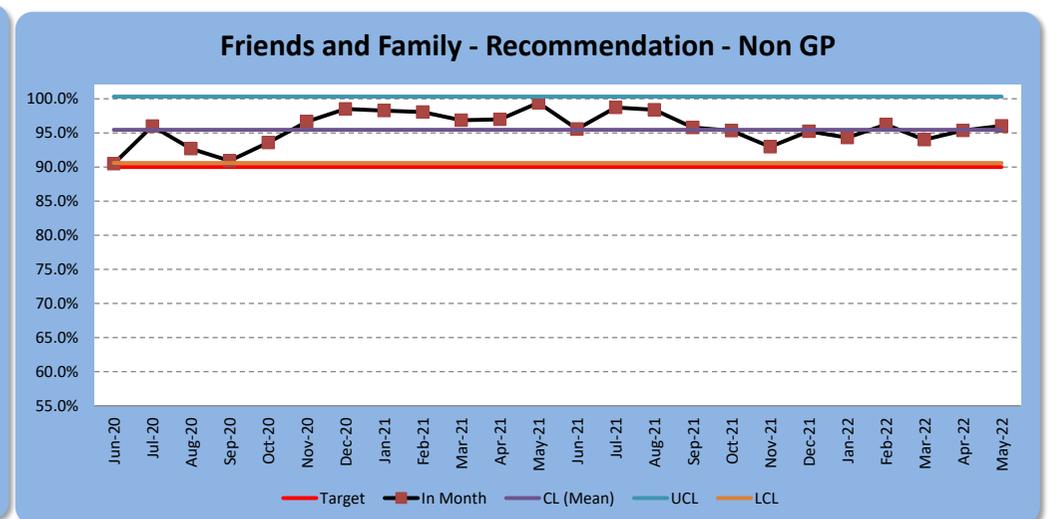
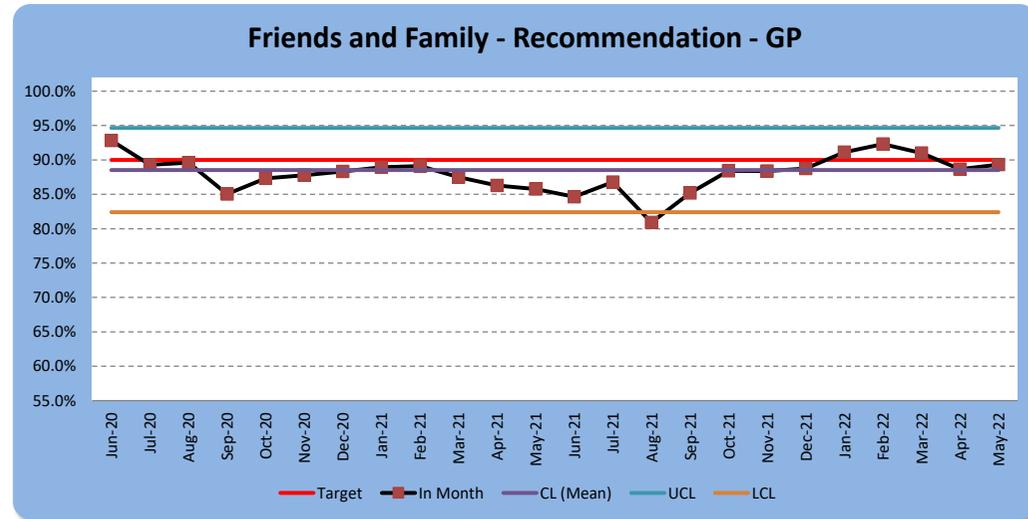
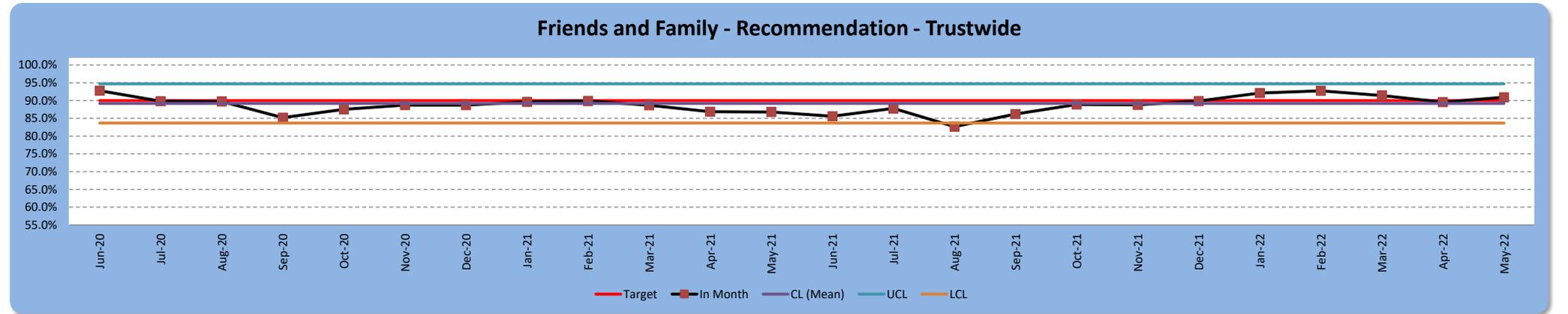
# PI RETURN FORM 2022-23

## Goal 1 : Innovating Quality and Patient Safety

Target:	Amber:	Current month stands at:
90%	80%	90.9%

For the period ending: **May 2022**

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 %



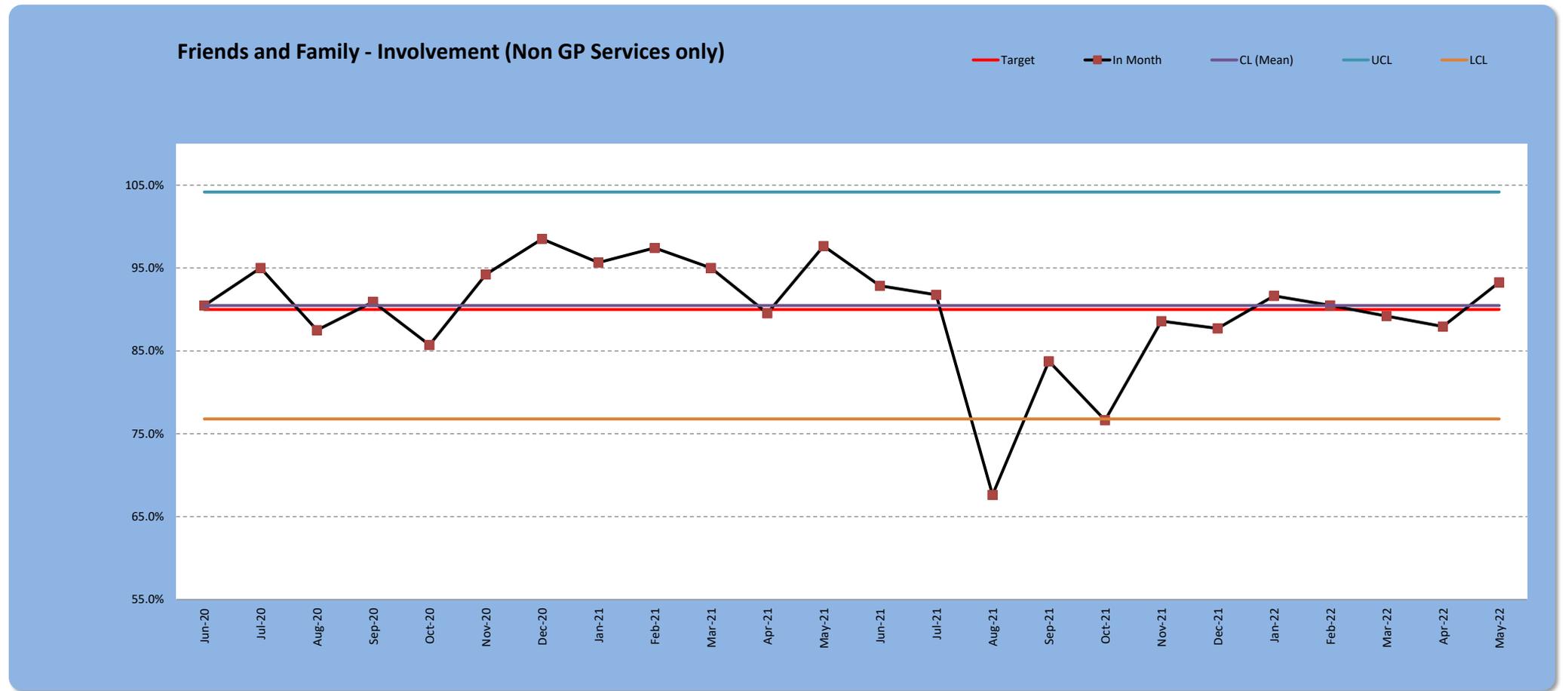
# PI RETURN FORM 2022-23

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2022**

Target:	Amber:	Current month stands at:
90%	80%	93.3%

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



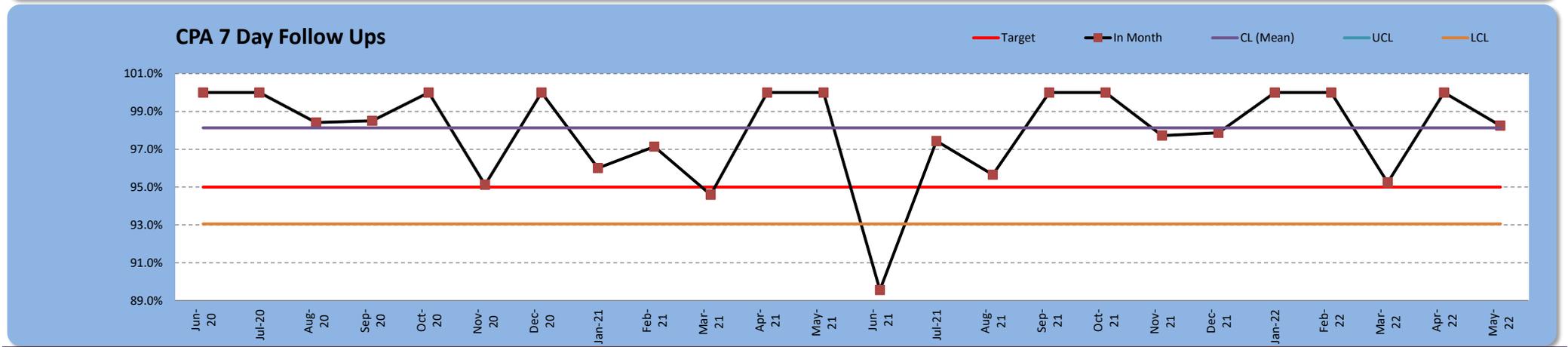
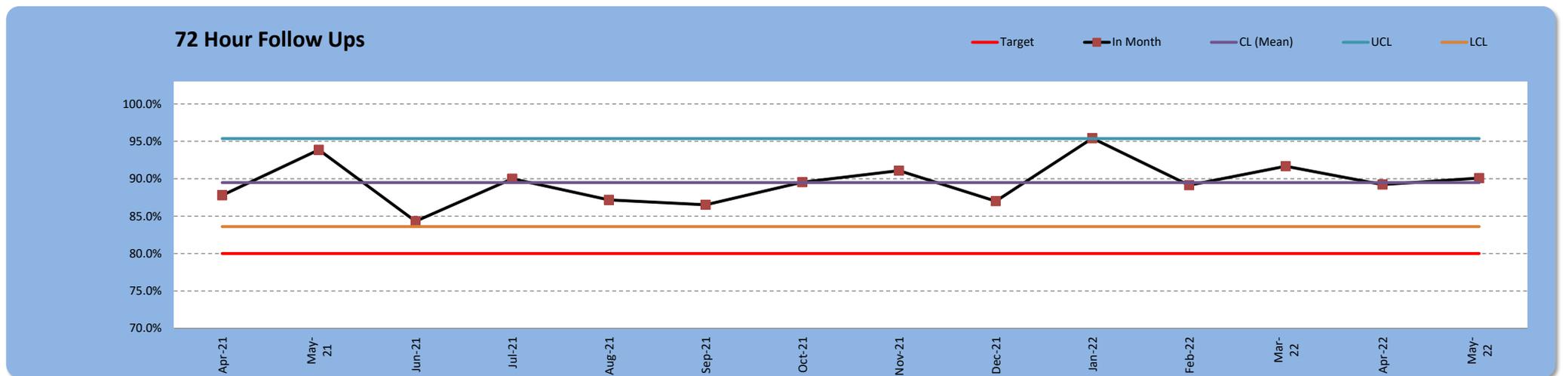
# PI RETURN FORM 2022-23

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2022**

Target:	Amber:	Current month for 72 hour stands at:
80%	60%	90.1%

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



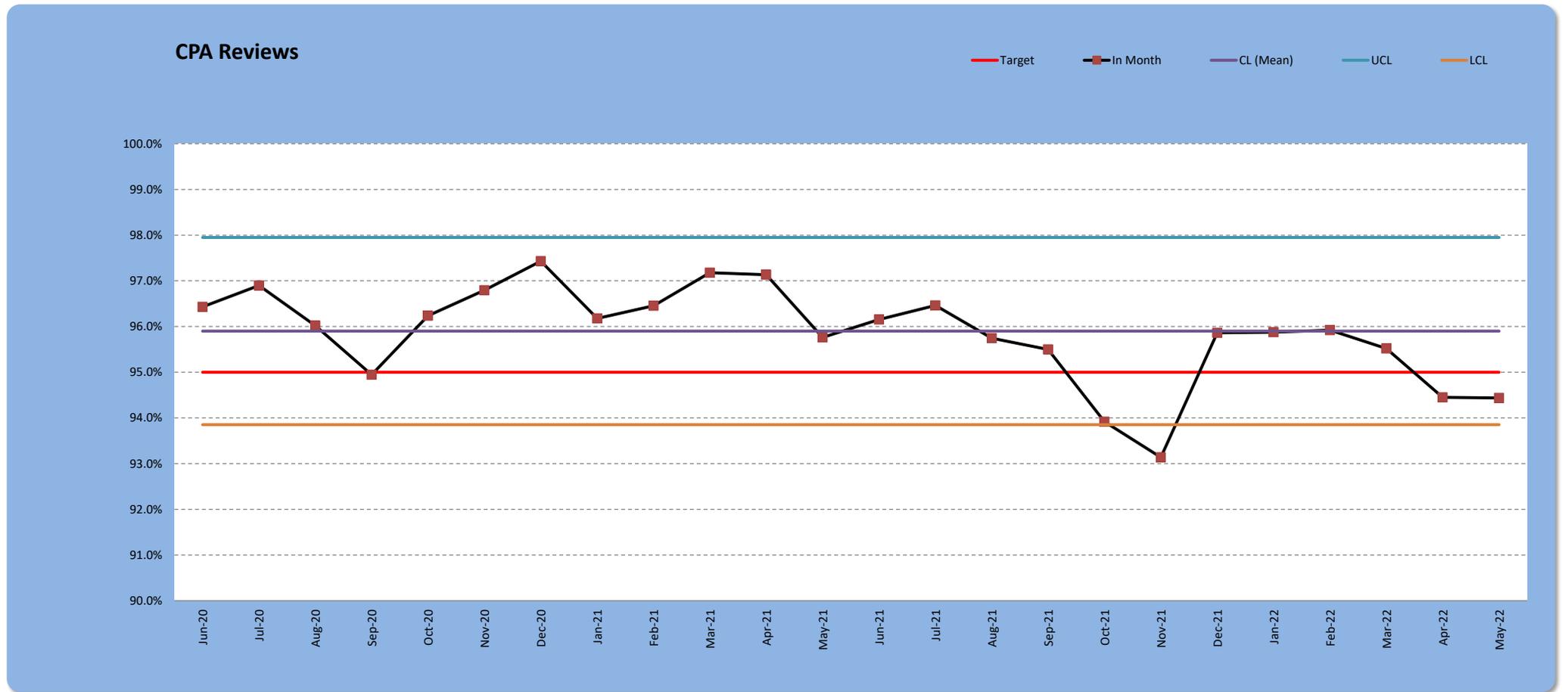
# PI RETURN FORM 2022-23

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2022**

Target:	Amber:	Current month stands at:
95%	85%	94.4%

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



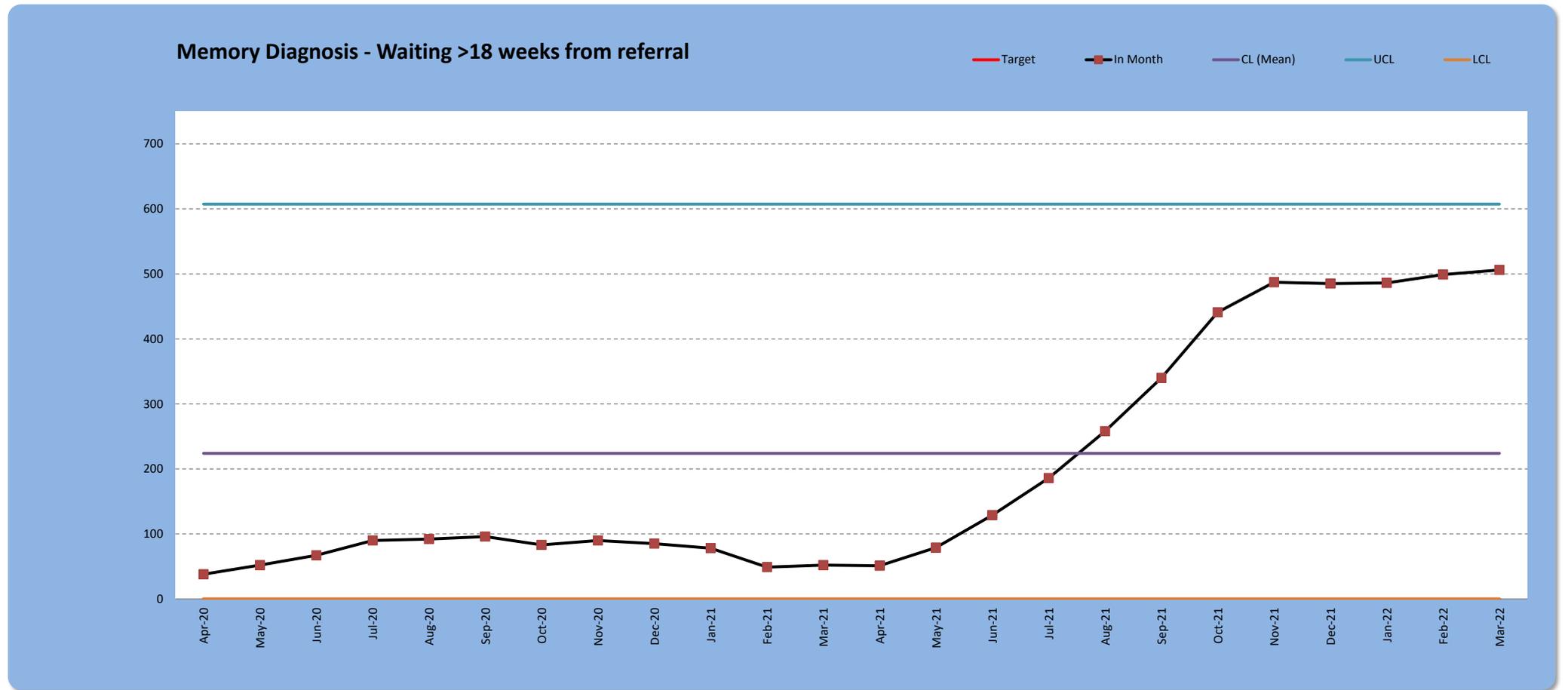
# PI RETURN FORM 2022-23

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2022**

Target:	Amber:	Current month stands at:
n/a	n/a	506

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Memory Service - Assessment/Diagnosis Waiting List	Referral to Assessment/Diagnosis Waiting Times (Incomplete Pathways) : The number of patients referred to the Memory Service are awaiting greater than 18 weeks for assessment and/or feedback of diagnosis.	Lynn Parkinson	MemAssWL



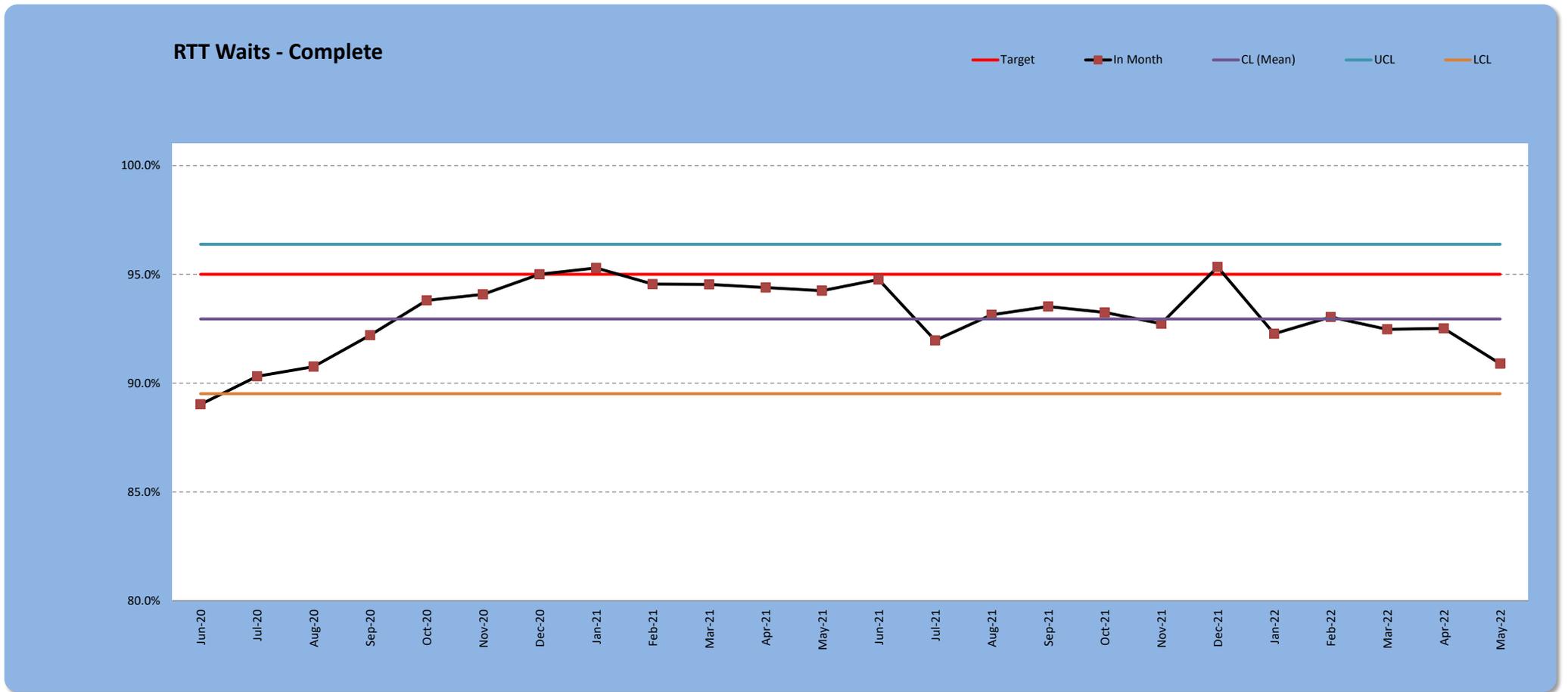
# PI RETURN FORM 2022-23

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2022**

Target:	Amber:	Current month stands at:
95%	85%	90.9%

Indicator Title	Description/Rationale	Executive Lead	KPI Type
RTT Experienced Waiting Times (Completed Pathways)	Referral to Treatment Experienced Waiting Times (Completed Pathways) : Based on patients who have commenced treatment during the reporting period and seen within 18 weeks	Lynn Parkinson	OP 20



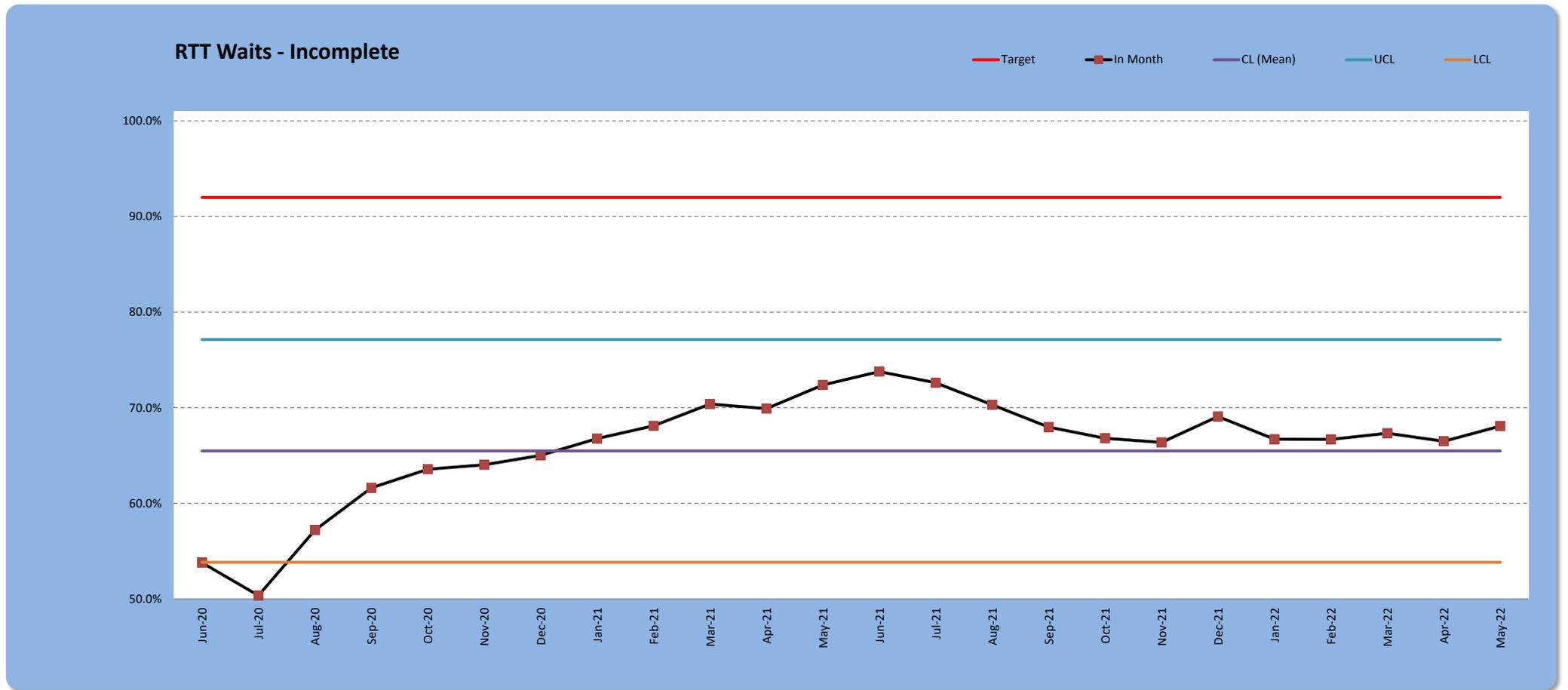
# PI RETURN FORM 2022-23

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2022**

Target:	Amber:	Current month stands at:
92%	85%	68.1%

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



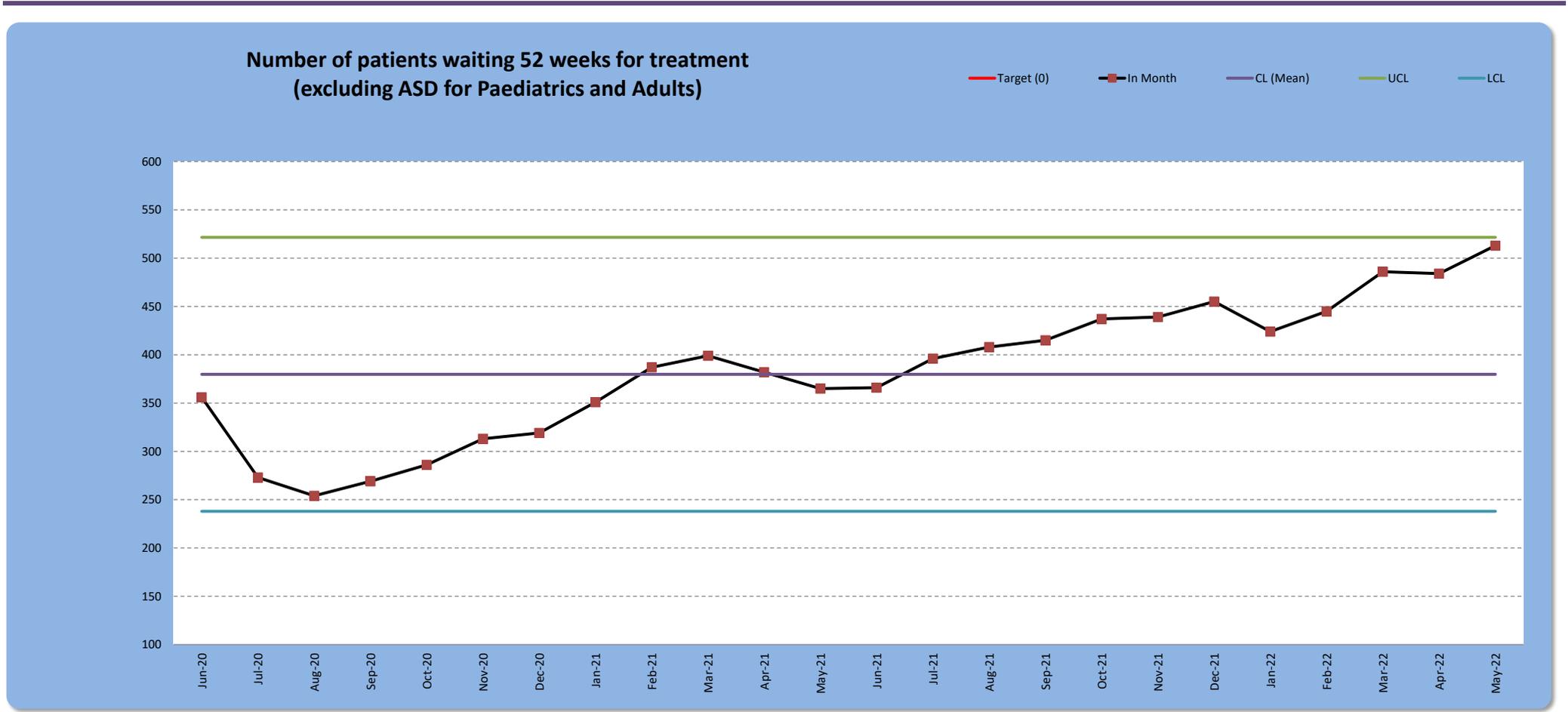
# PI RETURN FORM 2022-23

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2022**

Target:	Amber:	Current month stands at:
0	0	513

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



# PI RETURN FORM 2022-23

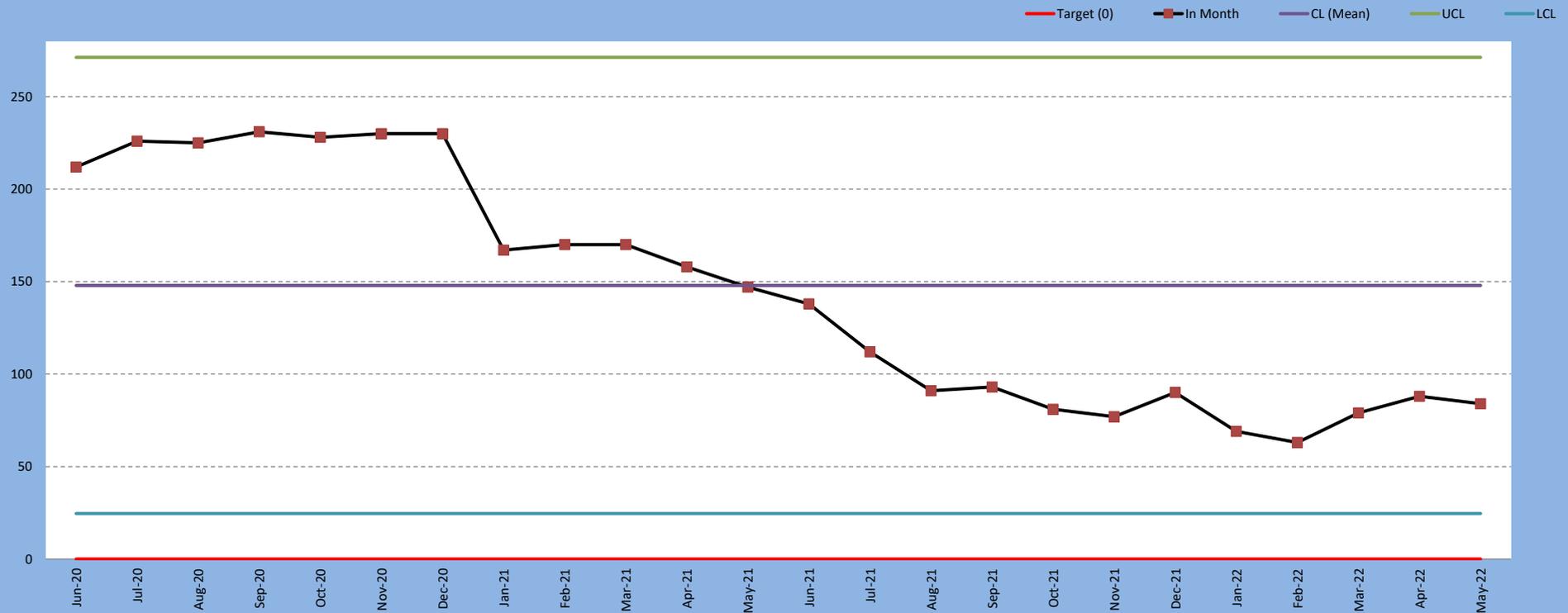
## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2022**

Target:	Amber:	Current month stands at:
0	0	84

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

**Number of patients waiting 52 weeks for assessment and Diagnosis for Adult ASD**



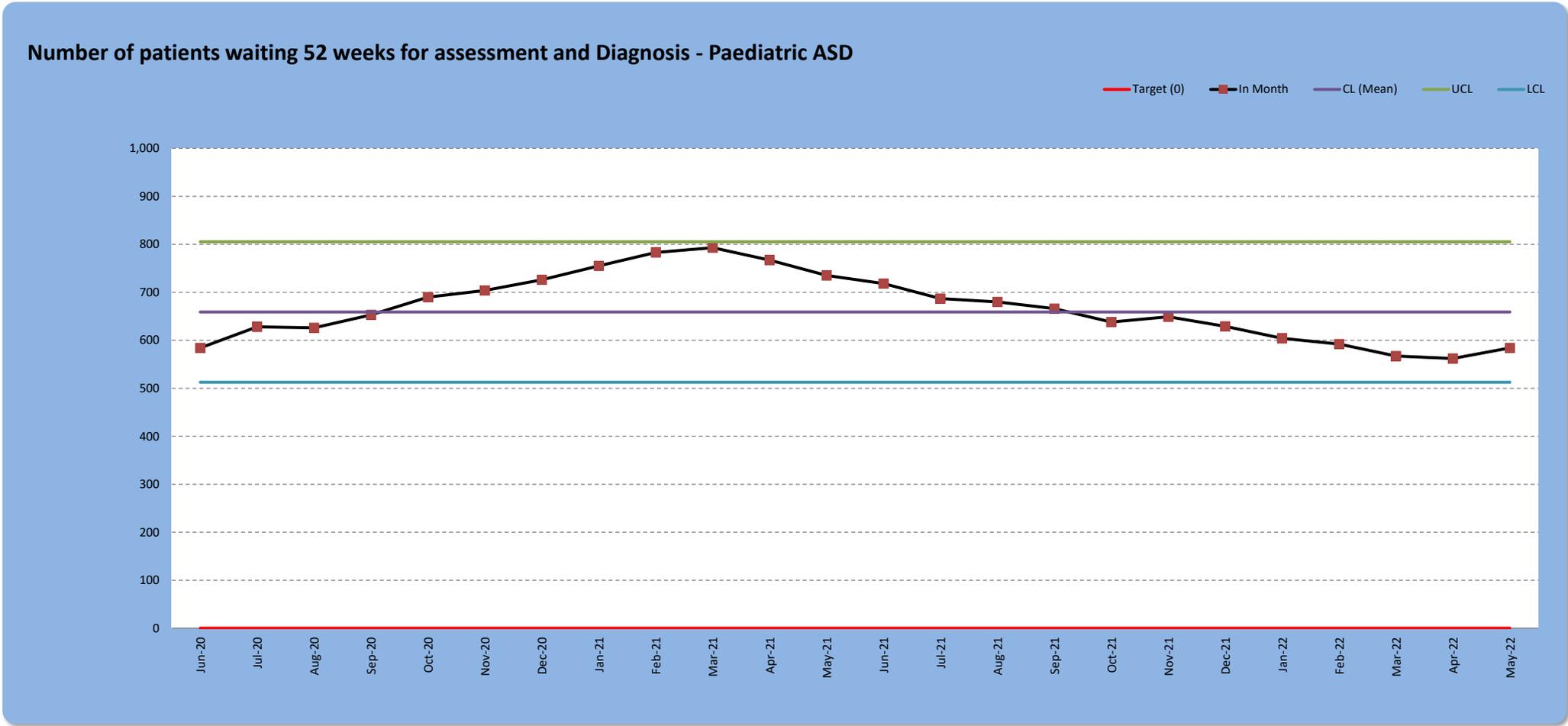
# PI RETURN FORM 2022-23

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2022**

Target:	Amber:	Current month stands at:
0	0	584

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



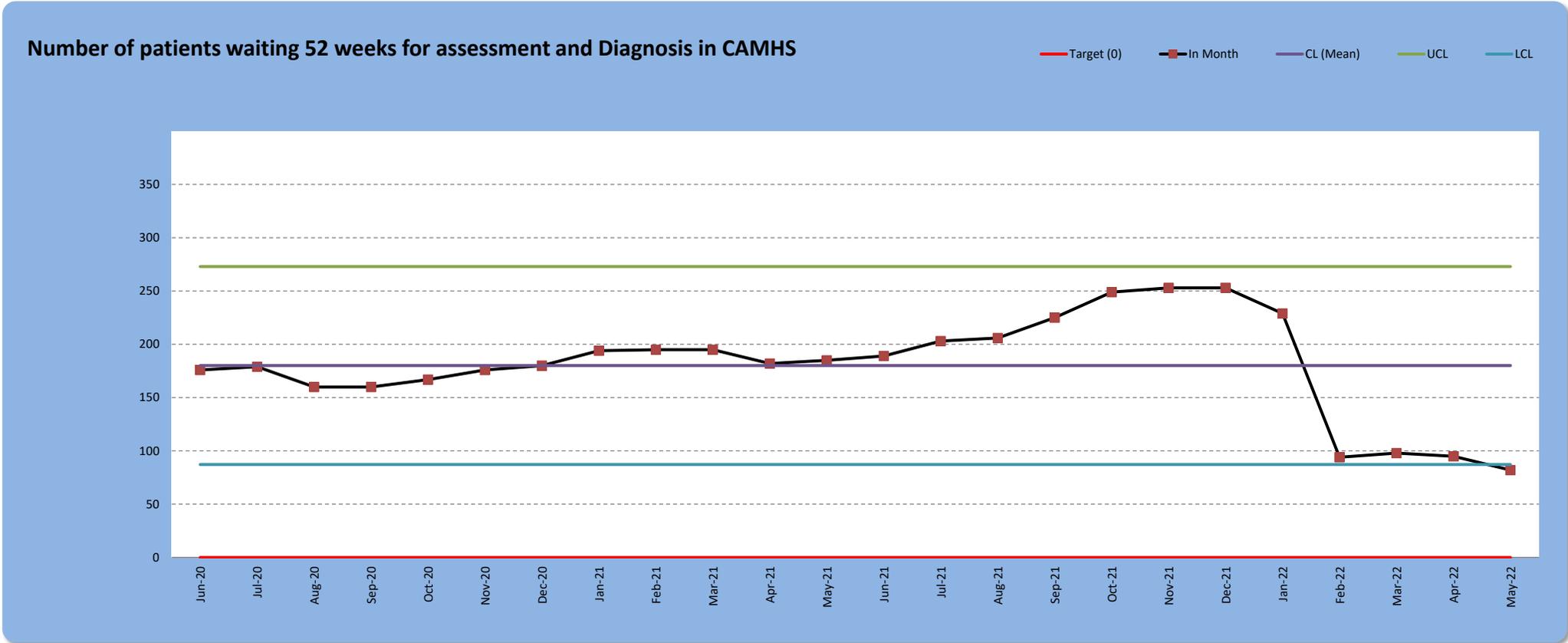
# PI RETURN FORM 2022-23

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2022**

Target:	Amber:	Current month stands at:
0	0	82

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



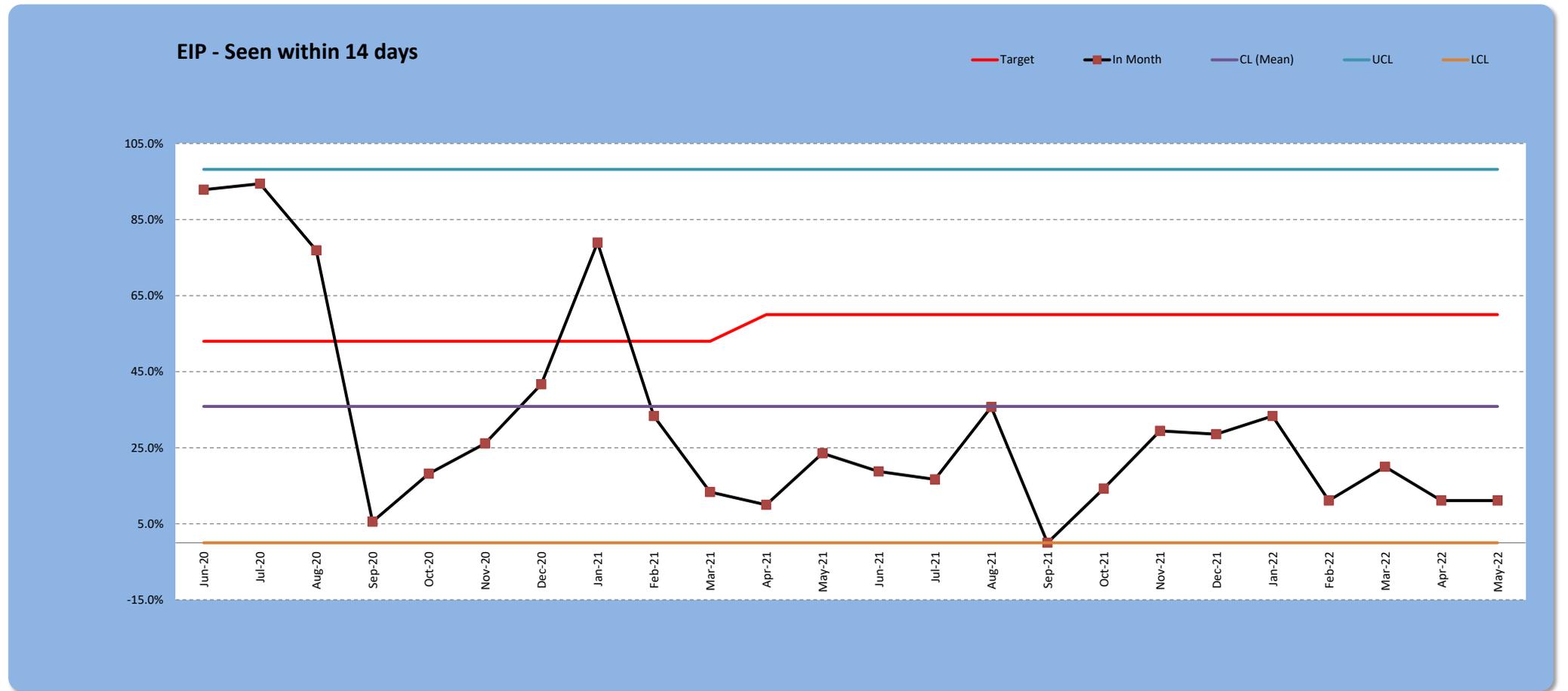
# PI RETURN FORM 2022-23

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2022**

Target:	Amber:	Current month stands at:
60%	55%	11.1%

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



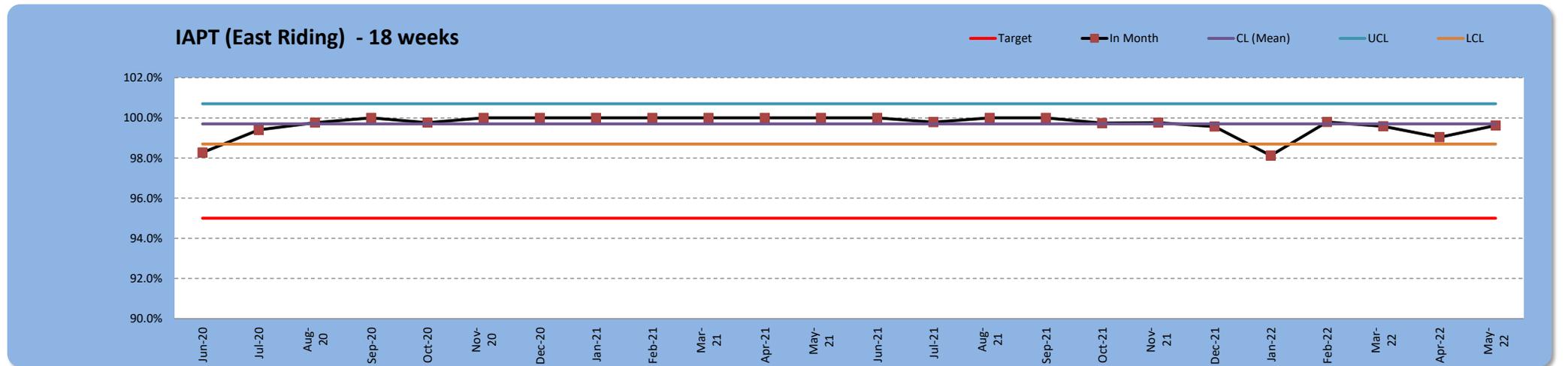
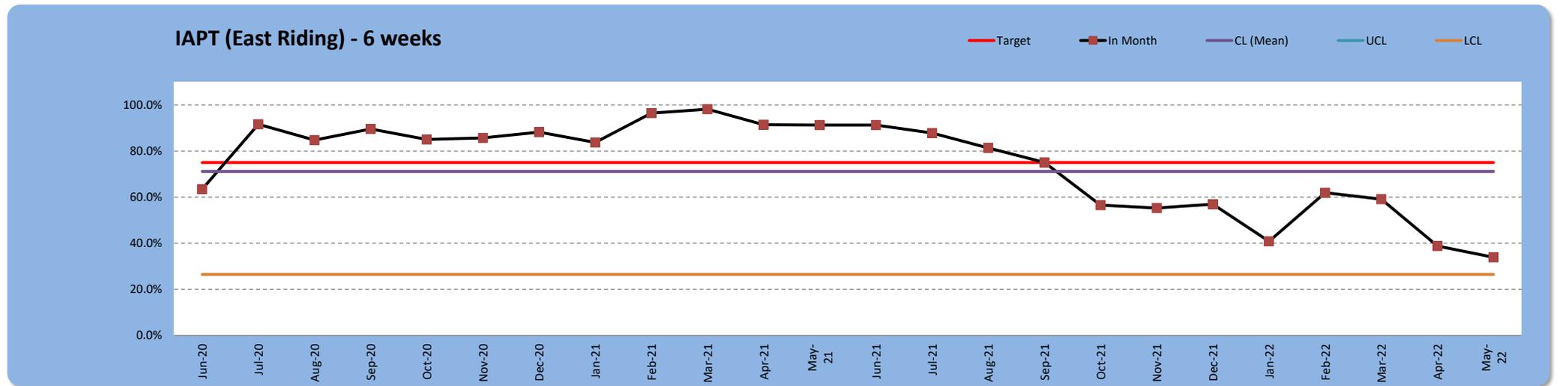
# PI RETURN FORM 2022-23

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2022**

		Current month			Current month
		6 weeks stands			18 weeks
Target:	Amber:	at:	Target:	Amber:	stands at:
75%	70%	33.9%	95%	85%	99.6%

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



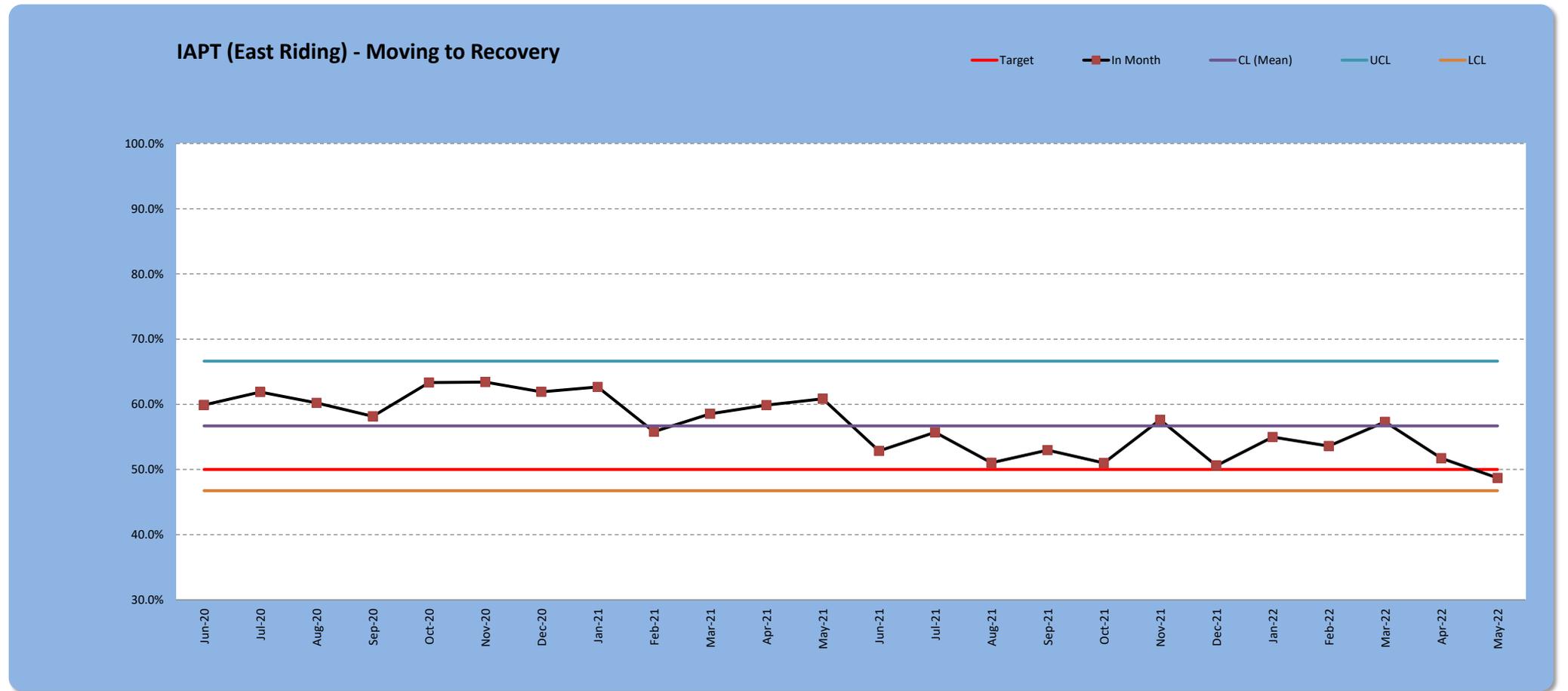
# PI RETURN FORM 2022-23

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2022**

Target:	Amber:	Current month stands at:
50%	45%	48.7%

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



# PI RETURN FORM 2022-23

## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **May 2022**

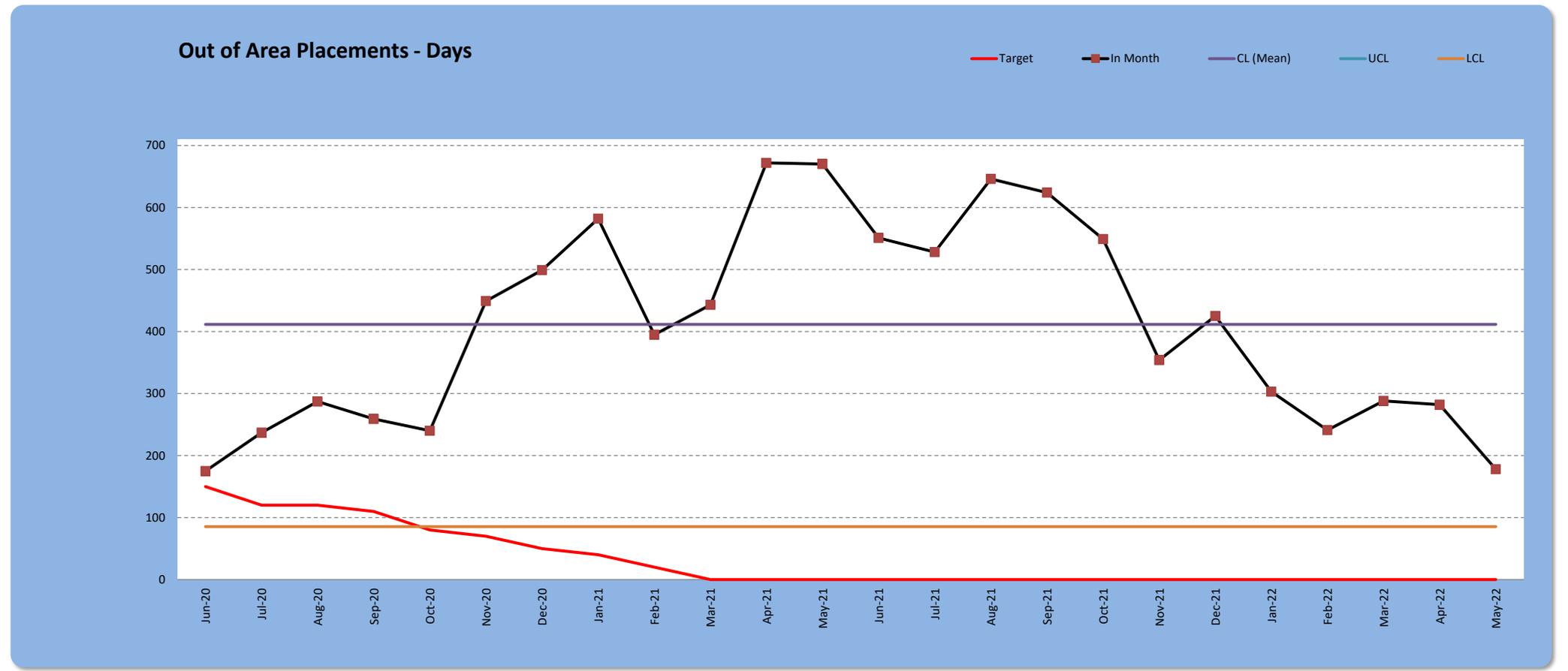
Target:	Amber:	Patients OoA within month:
0	0	9

Split:	# days	# patients
Adult	0	0
OP	87	4
PICU	91	5

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

Executive Lead  
Lynn Parkinson

KPI Type
ST 4b



# PI RETURN FORM 2022-23

## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **May 2022**

Split for Current month:

May-22	
0	Adult
87	OP
91	PICU
178	Total

Indicator Title	Description/Rationale
Out of Area Placements	Number of days that Trust patients were placed in out of area wards - split by service

Executive Lead Lynn Parkinson	KPI Type ST 4 split
----------------------------------	------------------------



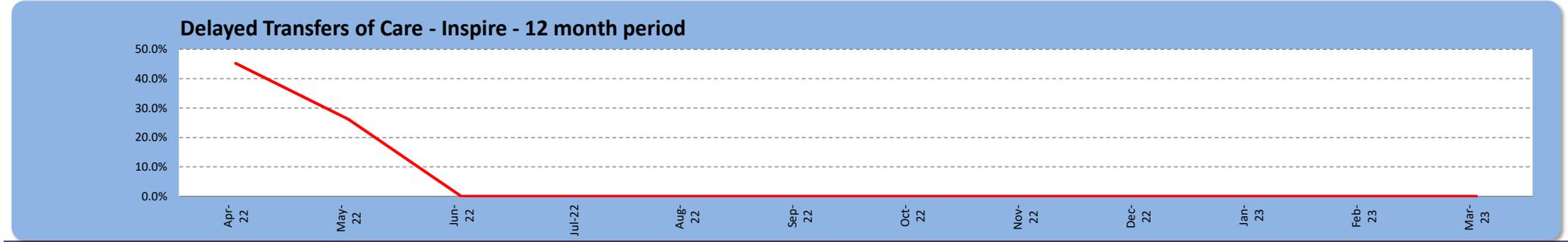
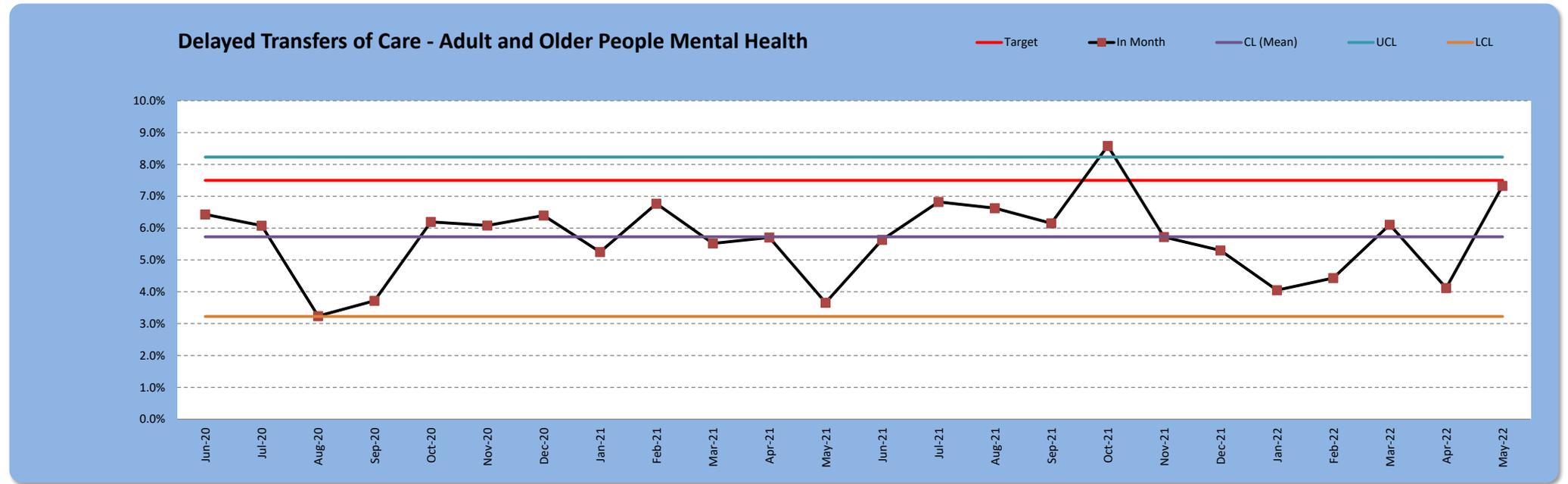
# PI RETURN FORM 2022-23

## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **May 2022**

Target:	Amber:	Current month stands at:
7.5%	7.0%	7.3%

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



# PI RETURN FORM 2022-23

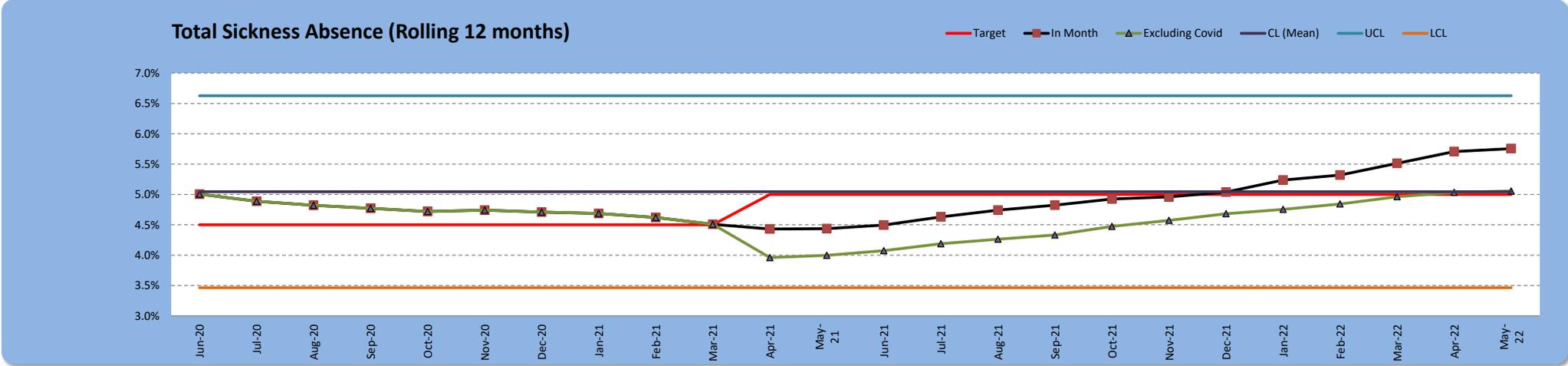
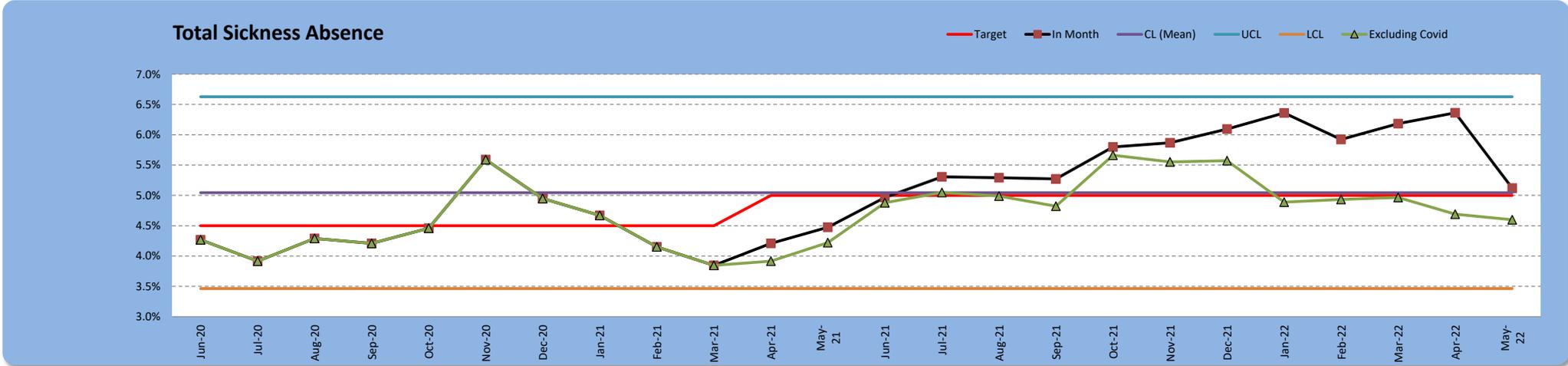
## Goal 4 : Developing an Effective and Empowered Workforce

For the period ending:

**May 2022**

Target:	Amber:	Current month stands at:
5.0%	5.2%	6.2%

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	



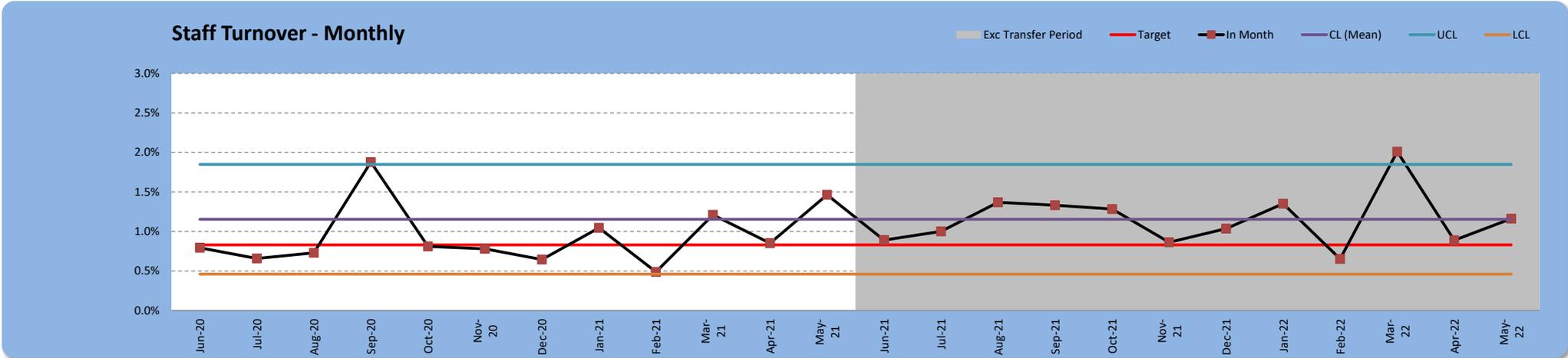
# PI RETURN FORM 2022-23

## Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **May 2022**

Target: Amber:		Current month stands at:	Target: Amber:		Rolling figure stands at:
0.8%	0.7%	1.162%	10%	9%	14%

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, transfers (up to Mar21), retirements and staff coming to the end of temporary contracts. It doesn't include junior doctors on rotation. From April 2021 Employee Transfers Out have also been excluded	Steve McGowan	WL 3 TOM Exc TUPE



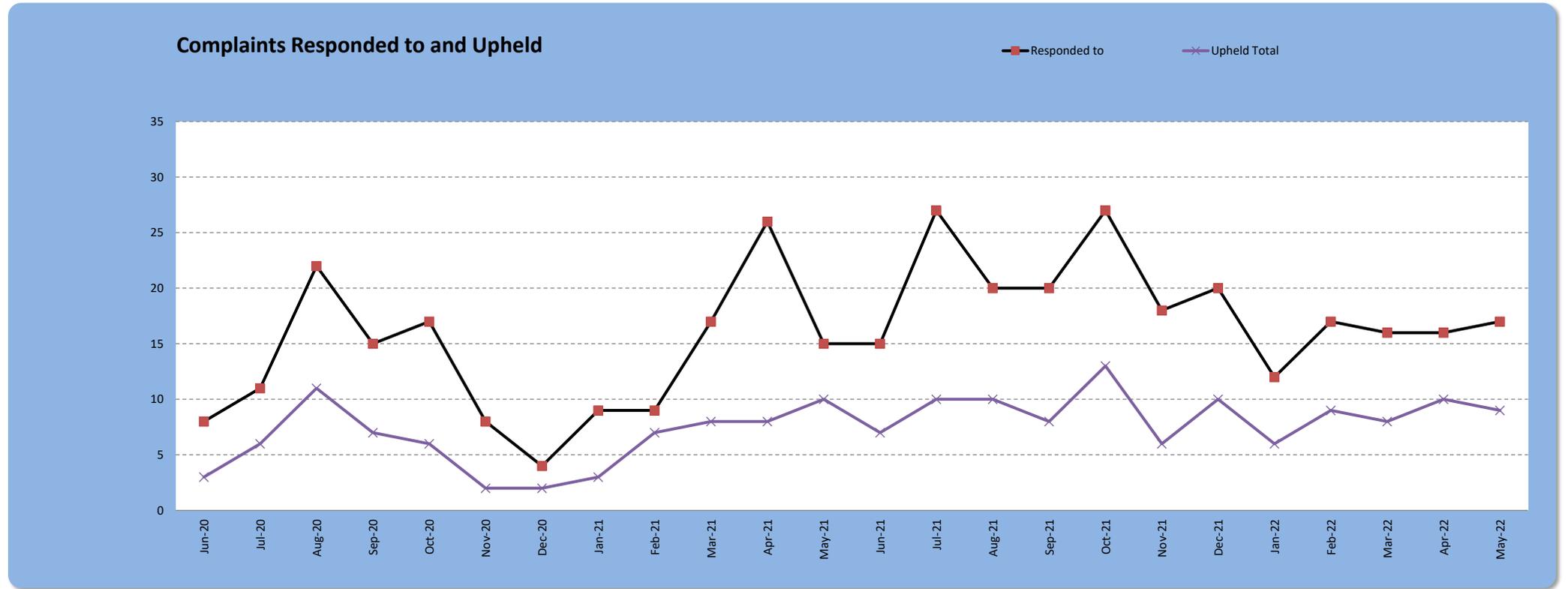
# PI RETURN FORM 2022-23

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

For the period ending: **May 2022**

YTD Upheld	No. of Complaints upheld in month	Current month upheld stands at:
50.0%	n/a	1

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



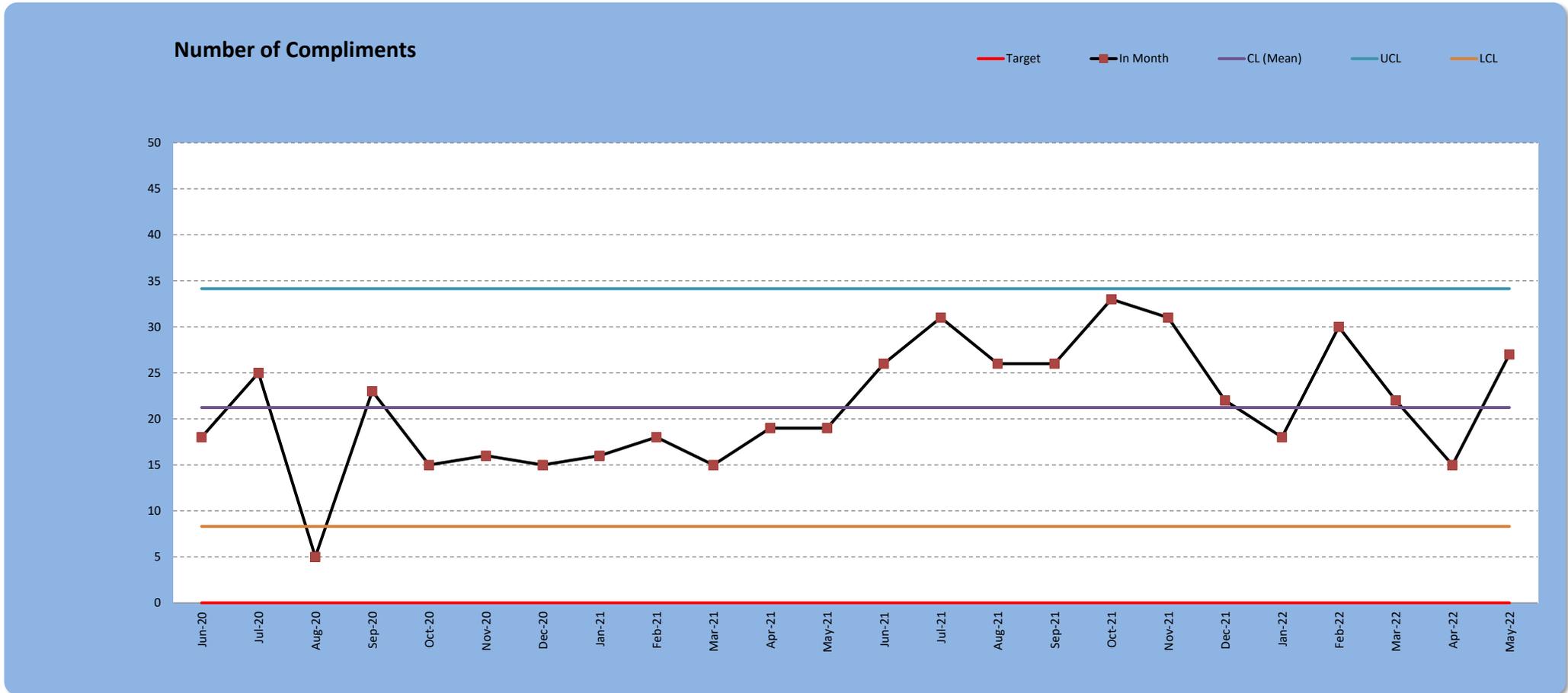
# PI RETURN FORM 2022-23

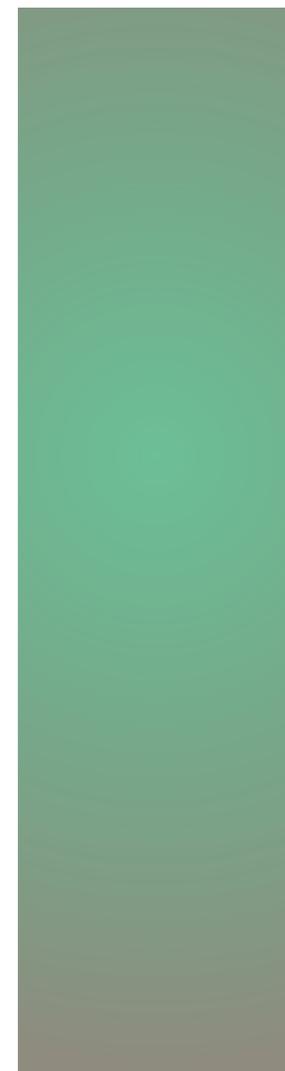
## Goal 6 : Promoting People, Communities and Social Values

For the period ending: **May 2022**

Target:	Amber:	Current month stands at:
n/a	n/a	27

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





Executive Team:

Chief Executive: Michele Moran

Chair: Caroline Flint

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: 13/06/2022

**Agenda Item 14**

Title & Date of Meeting:	Council of Governors Public Meeting– 14 <sup>th</sup> July 2022		
Title of Report:	Finance Report May 2022		
Author/s:	Name: Peter Beckwith Title: Director of Finance		
Recommendation:	To approve		To receive & note
	For information		To ratify
	The Trust Board are asked to note the Finance report for May and comment accordingly.		
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	This purpose of this report is to provide the Council of Governors with a summary of financial performance for the Trust for the 3 month period March 2022 to May 2022.  This is to allow the Governors to be informed of the Trusts Financial Position and to enable any areas of clarification to be sought.		
Key Issues within the report:			
<b>Matters of Concern or Key Risks to Escalate:</b> • None	<b>Key Actions Commissioned/Work Underway:</b> • None		
<b>Positive Assurances to Provide:</b> • The Trust recorded a break-even position for 2021/22 financial year. • The Trust recorded an overall deficit of £0.275m for Month 2 consistent with the Trust’s planning target • Cash balance at the end of Month 2 was £32.529m of which £4.682m relates to the Provider Collaborative	<b>Decisions Made:</b> • The Council of Governors are asked to note the Finance report for May 2022, and comment accordingly.		
Governance: <i>Please indicate which committee or group this</i>		Date	
	Audit Committee		Remuneration & Nominations Committee
	Quality Committee		Workforce & Organisational Development Committee

<i>paper has previously been presented to:</i>	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

**Monitoring and assurance framework summary:**

<b>Links to Strategic Goals</b> ( <i>please indicate which strategic goal/s this paper relates to</i> )				
√ <i>Tick those that apply</i>				
	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  
Finance Update Report (July 2022)**

**1. Introduction**

This purpose of this report is to provide the Council of Governors with a summary of financial performance for the Trust for the 3 month period March 2022 to May 2022.

**2. Performance 2021/22 Financial Year End**

Under the planning guidance the 2021/22 Financial year was split into two halves, within the first half (referred to as H1) the Trust was required to make a surplus of £0.315m and this was achieved by the Trust.

Confirmation of the required target for the second half of the year (H2) was to deliver a deficit of £0.315m which will mean an annual break even position

Signed contracts are not required between NHS organisations for the 2021/22 financial year.

The table below summarises the reported income and expenditure position for the Trust to the end of March 2022(*reported figures are cumulative*), which demonstrate the Trust met its 2021/22 planning target.

**Table 1: Reported I&E Position 2021/22**

	January 2022 £000	February 2022 £000	March 2022 £000
Trust Income	132,189	146,140	164,845
<i>Less: Expenditure</i>	126,568	140,035	158,475
<b>EBITDA</b>	<b>5,621</b>	<b>6,105</b>	<b>6,370</b>
Finance Items	2,495	2,948	11,343
<b>Ledger Position:</b>	<b>3,126</b>	<b>3,157</b>	<b>(4,973)</b>
Exclude: Impairment	-	-	(4,661)
Exclude: LG Pension Scheme	-	-	(394)
Exclude: S75 Income	2,958	3,039	76
Exclude: Profit on Disposal	64	64	64
Exclude: Donated Asset Depn	(49)	(53)	(58)
<b>Net Position Surplus/(Deficit)</b>	<b>153</b>	<b>107</b>	<b>-</b>

The Trust has recorded an operational breakeven position at the end of the year.

Excluded from the control total (planning target) are the following items:

- Impairment of assets following revaluation of the Trusts Estate
- Movements in respect to value in relation to the local government pension scheme
- Grant income
- Profit in relation to disposal of assets
- Donated Asset Depreciation

### 3. Performance 2022/23

The Trust was initially been set a deficit target of £1.010m by the ICS and this is reflected in the monitoring position for Month 2.

Table 1 shows for the period ended 31 May 2022 the Trust recorded an operating deficit of £0.275m, a position consistent with the Trusts planning targets. Excluded from this is the Donated Depreciation and the Provider Collaborative positions.

Within the Month 2 position is a provision to cover the impending pay award, as income has been received to cover this cost.

The Month 2 position is summarised in the table on the following page:

**Table 1: Reported I&E Position 2022/23**

	April 2022 £000	May 2022 £000
Trust Income	12,847	28,247
<i>Less: Expenditure</i>	12,377	27,185
<b>EBITDA</b>	<b>470</b>	<b>1,062</b>
Finance Items	469	1,346
<b>Ledger Position:</b>	<b>1</b>	<b>(284)</b>
Exclude: Donated Asset Depn	(5)	(10)
<b>Net Position Surplus/(Deficit)</b>	<b>6</b>	<b>(274)</b>

Since the Month 2 position was finalised a further ICS plan submission was made, this has seen the Trust plan for 2022/23 moving towards a break even position, this will be reflected in future report to the Council of Governors.

A more detailed summary of the income and expenditure position as at the end of May 2022 is shown at appendix A. Key variances are explained in the following paragraphs:

### **3.1 Children's and Learning Disability**

Children's and LD is reporting a £0.022m underspend year to date.

The CAMHS Inpatient unit is currently overspending by £0.088m due to the high cost of Agency Medics and some Agency Nursing costs. This is offset within the Children's budget by savings in other sections with the main saving being travel and subsistence.

Within LD there are pressures particularly at Granville Court with a year to date overspend of £0.077m. The funding mechanism for Granville is being reviewed with Commissioners.

### **3.2 Community and Primary Care**

Community and Primary Care is reporting an Overspend on gross expenditure of £0.188m.

Within Community services the main pressure at Month 2 relates to Scarborough and Ryedale which has experienced increases in staff recruitment and also has Agency staff support which has resulted in an overspend. This is being closely monitored and the Commissioners are aware of the current pressure in demand which has increased throughout the Covid period.

Primary Care is showing a minor underspend.

### **3.3 Mental Health**

The Division is showing an underspend of £0.438m. This is primarily due to vacancies across a number of service areas. There are agency staff being employed to fill essential roles and this is being constantly reviewed.

### **3.4 Secure Services**

The year to date position of Secure Services is an overspend of £0.021m. This is due to the payment of Agency Medics to cover vacancies. This issue will be eased from August with the appointment of 3 new substantial consultant posts.

### **3.5 Corporate Services Expenditure**

Corporate Services are reporting an underspend of £0.345m.

#### 4. Cash

As at the end of May 2022 the Trusts Cash Balance was £32.530m, cash balances across the reporting period are summarised below:

**Table 3: Cash Balance**

	February 2022 £000	March 2022 £000	April 2022 £000	May 2022 £000
Government Banking Service	35,728	29,260	31,677	32,318
Nat West	192	245	283	163
Petty Cash	47	48	48	49
<b>Net Position</b>	<b>35,967</b>	<b>29,553</b>	<b>32,008</b>	<b>32,530</b>

The reduction in cash between February and March was as a result of the Trust settling all its outstanding loans.

Included in the May 2022 position is cash in relation to the Lead Provider Collaborative cash of £4.682m, this has increased as the payment mechanism between lead provider collaboratives has moved to recharges rather than the former block payment mechanism.

#### 6. Recommendations

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

## Appendix 1

### Table 1: 2021/22 Income and Expenditure

	22/23 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	155,811	12,999	13,084	84	25,567	25,500	(66)
Clinical Income	15,653	1,337	1,455	118	2,633	2,747	114
<b>Total Income</b>	<b>171,464</b>	<b>14,336</b>	<b>14,538</b>	<b>202</b>	<b>28,200</b>	<b>28,247</b>	<b>47</b>
<b>Expenditure</b>							
<b>Clinical Services</b>							
Children's & Learning Disability	35,710	2,966	2,959	6	5,750	5,718	32
Community & Primary Care	30,550	2,662	2,737	(74)	5,288	5,356	(68)
Mental Health	52,657	4,452	4,580	(128)	9,317	9,174	144
Forensic Services	11,202	974	950	24	1,948	1,942	6
	<b>130,117</b>	<b>11,054</b>	<b>11,226</b>	<b>(172)</b>	<b>22,303</b>	<b>22,190</b>	<b>114</b>
<b>Corporate Services</b>							
	<b>36,772</b>	<b>2,697</b>	<b>2,777</b>	<b>(80)</b>	<b>4,976</b>	<b>4,996</b>	<b>(20)</b>
<b>Total Expenditure</b>	<b>166,890</b>	<b>13,751</b>	<b>14,003</b>	<b>(252)</b>	<b>27,279</b>	<b>27,185</b>	<b>94</b>
<b>EBITDA</b>	<b>4,574</b>	<b>586</b>	<b>535</b>	<b>(50)</b>	<b>921</b>	<b>1,062</b>	<b>141</b>
Depreciation	4,596	383	401	(18)	766	868	(102)
Interest	148	12	(1)	14	25	(3)	27
PDC Dividends Payable	2,341	195	195	-	390	390	-
<b>Operating Total</b>	<b>(2,510)</b>	<b>(5)</b>	<b>(60)</b>	<b>(55)</b>	<b>(260)</b>	<b>(194)</b>	<b>66</b>
BRS	(1,500)	135	81	54	15	81	(66)
<b>Operating Total</b>	<b>(1,010)</b>	<b>(139)</b>	<b>(141)</b>	<b>(1)</b>	<b>(275)</b>	<b>(275)</b>	<b>(0)</b>
<b>Excluded from Control Total</b>							
Donated Depreciation	70	6	5	1	12	10	2
	<b>(1,080)</b>	<b>(145)</b>	<b>(145)</b>	<b>(0)</b>	<b>(286)</b>	<b>(284)</b>	<b>2</b>
<b>Excluded</b>							
Commissioning	1	0	(0)	0	1	(0)	1
<b>Ledger Position</b>	<b>(1,081)</b>	<b>(146)</b>	<b>(145)</b>	<b>0</b>	<b>(287)</b>	<b>(284)</b>	<b>3</b>
<b>EBITDA %</b>	<b>2.7%</b>	<b>4.1%</b>	<b>3.7%</b>		<b>3.3%</b>	<b>3.8%</b>	
<b>Surplus %</b>	<b>-1.5%</b>	<b>0.0%</b>	<b>-0.4%</b>		<b>-0.9%</b>	<b>-0.7%</b>	

**Agenda Item 15**

Title & Date of Meeting:	Council of Governors Public Meeting – 14 July 2022			
Title of Report:	Fit and Proper Persons Regulation (FPPR) and Trust Compliance 21/22			
Author/s:	Caroline Flint Trust Chair			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	<p>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.</p> <p>The report was presented at the June Board meeting and at the Appointments Terms and Conditions Committee</p>			
Key Issues within the report:				
<b>Matters of Concern or Key Risks to Escalate:</b> <ul style="list-style-type: none"> <li>No matters to escalate</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>N/A</li> </ul>		
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>Note the Trust's compliance with the Fit and Proper Person Regulation and the continuation of the process in place.</li> </ul>		<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>N/A</li> </ul>		
<b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Appointments, Terms & Conditions Committee	23.6.22	Engaging with Members Group	
	Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	✓
	Trust Board	22.6.22		

**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	

## Fit and Proper Persons Regulation (FPPR) and Trust Compliance 2021/22

### 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. A report was also provided to the Board in February 2022 as part of the declarations of interest report.

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.

Reports which outline 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 to meet current guidance was developed in relation to the checks that the Trust must carry out. Future reviews will be undertaken subject to the issue of any revised NHS guidance.

### **Compliance**

Annual declarations were requested and provided by all Board members for 2021/22 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 as part of the appointments process of several executive and Non-Executive Director appointments and there have been no issues with any aspect of the fit and proper persons regulation. The Removed Charity Trustees Register check could not be undertaken as the register is not available on the website for legal reasons. Additional information relating to registration expiry date for relevant professions is also collated.

### **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 16**

Title & Date of Meeting:	Council of Governors Public Meeting – 14 July 2022			
Title of Report:	Public Trust Board Minutes – March, April & May 2022			
Author/s:	Caroline Flint Trust Chair			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	The minutes from the public Board meetings for March, April and May 2022 are presented for information.			
Key Issues within the report:				
<b>Matters of Concern or Key Risks to Escalate:</b> <ul style="list-style-type: none"> <li>No matters to escalate</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>N/A</li> </ul>		
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>Contained in the minutes</li> </ul>		<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>N/A</li> </ul>		
<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) Quarterly report to Council	✓
	Trust Board			

**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	Yes	If any action required is this	N/A	Comment

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

**Item 3**

**Trust Board Meeting**  
**Minutes of the Public Trust Board Meeting held on Wednesday 30 March 2022 via Microsoft Teams**

**Present:** Rt Hon Caroline Flint, Chair  
Mrs Michele Moran, Chief Executive  
Mr Peter Baren, Non-Executive Director  
Mr Hanif Malik OBE, Associate Non-Executive Director  
Mr Stuart Mckinnon-Evans, 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, Head of Corporate Affairs  
Mrs Jenny Jones, Trust Secretary (minutes)  
Mr Anthony Houfe, (for item 46/22)  
Mrs Mandy Dawley, Head of Patient and Carer Engagement (for item 46/22)  
Mr Oliver Sims, Corporate Risk and Compliance Manager (for items 56/22 & 57/22)  
Mrs Natalie Belt Mental Health Primary Care Network Lead /Service Manager (for item 58/22)  
Mr Alex Temple-Matthews, Peer Support Worker (for item 58/22)  
Ms Louise Walker, Peer Support Worker (for item 58/22)

**Apologies:** None

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.

**43/22 Declarations of Interest**

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

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

**44/22 Minutes of the Meeting held 23 February 2022**

The minutes of the meeting held on 23 February 2022 were agreed as a correct record.

45/22 **Matters Arising and Actions Log**

The action log and work plan were noted.

46/22 **Anthony's Story – The Importance of Openness and Honesty in Care**

Anthony was welcomed to the meeting. Dr Byrne explained that he had first met Anthony at the inquest in 2018 into the death of his beloved sister Sharon in 2016. This was a difficult time for the family and the organisation made a commitment to work with families to make a positive difference going forward. Since that time despite the trauma for himself and his family, Anthony has been working with the organisation to make this happen and agreed to share with the Board his experiences.

Sharon was a police officer and loved and known by many people. She would do anything to help people and received an MBE for services to the community. During the inquest the family decided that it wanted something positive to come out of the tragedy. Anthony shared his experience of the inquest, the difficulty and exhaustion of it all and specifically that the person who had taken a call the night before Sharon's death from the crisis service, following desperate calls from three family members, never came forward or admitted to taking the call. The family could not understand why anyone would do this. Despite these feelings, there was still the wish of the family to help the Trust and to talk to Trust staff to help make a difference so other families do not have to go through this. The Trust reached out to the family immediately after the tragic event to see how they could help. The police are also now putting things in place for their staff to reach out for help if required.

The organisation continues to work with Anthony which is hugely appreciated. Anthony does this work as it is what Sharon would have done had it been a different situation. She would have wanted to help. In her role as a Police Officer, Sharon was organised and used to providing as much information as possible. Police officers are seen as "bullet proof" and able to absorb anything and in Sharon's case she presented as calm and collected in crisis and to some people this was not how they would expect to see someone present.

The key messages from the story were in relation to communication, listening to inform decision making and staff openness and honesty.

The Chief Executive thanked Anthony for sharing what is an emotional and traumatic experience and apologised to the family for their experience of care for Sharon. She thanked him for all the work that he continues to do with the organisation and the staff despite this being difficult for the family. We as an organisation have been working hard to create a positive culture of openness and transparency when things go wrong. We are mindful that this is a continuous journey, and we recognise that we want to go further together with our colleagues, service users and carers.

The Chief Executive said that Sharon would be proud of the work and the changes that have been made as a result of Anthony's work which makes a difference to families.

**Resolved:** The story was noted

47/22 **Chair's Report**

The Chair provided a verbal update on activity she has been involved with since the last meeting that included: -

- Visits to Rosedale to meet the Community Mental Health Team and Maister Lodge. The Chair thanked the managers and teams for showing her around. Visits for Non-Executive Directors and Executives are being arranged to visit inpatient units in the coming months.
- Attended the High Potential Development Scheme celebration event to present certificates to those who have completed the course.
- Joined in the Associate Hospital Managers Forum which was interesting, and the Chair gained insight into the backgrounds of the Managers and the depth of their experiences

- Attended an NHS providers event around the approach to Health Inequalities and the work the NHS is doing with a focus on racial discrimination. More detail will be presented at a future Board Time Out.
- Meetings with Emma Hardy MP and the Chief Executive to discuss general issues and with the Humber Coast and Vale (HCV) Provider Chairs.
- The Chair attended a meeting with the Minister for Mental Health Gillian Keegan which was helpful and attended by a range of representatives from different parts of the country.
- Part two of the Governor induction session was held and was attended by some Board members. A small working group has been established comprising of Governors, Non-Executive Director and the Head of Corporate Affairs to look at support for governors, a framework of events and development sessions. Following the meetings proposals will be identified to take this work forward.
- Governor elections are in progress and open for nominations.
- Recruitment for a Non-Executive Director is in progress and interviews will be held on 21 April.

**Resolved:** The verbal report was noted

48/22

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

The report provided updates from each of the Directors along with a summary of activities undertaken by the Chief Executive. Of particular note were: -

#### **Covid**

Figures are increasing rapidly, and outbreaks are being seen across the Trust. There are currently 22 positive patients in our units who are reporting mild symptoms. There is also a high level of staff absence.

Mrs Parkinson reported an increase in the OPEL scores which had been reduced in previous weeks. This is now at OPEL 3 due to the rise in the number of Covid positive patients in the units. A rise in Covid related absence is being seen which has increased to 2.56% as part of the overall 8.84% sickness rate. This is being managed and there has been a rise in the demand for mental health services. System pressures are unchanged and remain very high with the Acute Trust at OPEL 4.

#### **Visibility around the Trust**

In person visits are being undertaken where possible within infection control guidelines. Meetings continue online as staff can attend more easily including at the recent Meet Michele session where there was good attendance.

#### **Delegated Authority**

At the start of Covid power was given to the Chief Executive to make decisions, however it has been agreed that this power has now been revoked. It will be reconsidered if required in the future.

#### **National Head of Patient Experience Awards**

Congratulations were extended to Mandy Dawley, Head of Patient and Carer Experience, who once again received national acclaim for her work at the NHSE/I Heads of Patient experience Network awards for the second year winning a national award at the network awards.

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

Work continues in this area to support staff in all areas. Mr McGowan reported that to help with rising fuel costs the mileage rates for staff have been reviewed. Rates have been increased for the first six months going forward and retrospectively applies for three months for high mileage users. Working with staff side colleagues to try and address this pending any national solution.

## **Blend and Thrive**

The lease for the new office space has been signed as part of the Inpatient redesign programme of work and the blended approach to agile working.

## **Name Change**

From 1 April the Humber Coast and Vale will be known as the Humber and North Yorkshire Health and Care Partnership

Updates from Communications and Health Stars were included in the report. More details on the Chief Executive's challenge will be available in future reports.

## **Communications Update**

Attention was drawn to the team's involvement in the Breastfeeding work and the aim to make Bridlington East Yorkshire's official first Breastfeeding friendly town. A new website has also been launched.

To support patients who use English as their second language an online Friends and Family Test form has been created that can be translated into any language using the Reachdeck tool on the Trust's website.

The Neurodiversity service in Hull and East Riding launched on 14 March and as part of the Panel Volunteer Initiative, the team has worked closely with the Patient and Carer Experience team to launch the database which holds contact information for all patients, carers and service users who have opted "in" to be contacted by the Trust for interviews.

Mr Smith noted the update on Multi-Agency Public Protection Arrangements (MAPPA) which now comes under the oversight of the Mental Health Legislation Committee. He will be attending the MAPPA Foundation training tomorrow.

Mr Baren asked how the Neurodiversity service fitted in with 0-19 services in the East Riding and the ones that are coming up in Hull. From the Collaborative Committee he was aware of the day care work in York that has been going on. He was informed that the 0-19 Hull bid was predicated on a whole system joined up 0-10 with mental health services as part of the overall model and wanting to take that opportunity of working with those children in very early years, from a physical point of view and particularly with the public health nursing being an element of this work with and alongside our CAMHS service to have the opportunity to consider that starting life for children and young people and their families. As this develops it will be important to ensure these pathways are as seamless as they can be. The Neurodiversity service is the key element of this offering expertise across all pathways no matter where a child enters into services. This is already working in the East Riding 0-19 model which has a strong mental health element in it and this learning will be shared across these services.

Mr Royles referred to the infection control and staff testing asking if there was any update on the requirements for staff and patient testing. Mrs Gledhill reported that final guidance is awaited around any change in infection control requirements which will apply to the use of face masks in clinical settings, changes in social distancing and the way that patients are screened. Some guidance was received around access to lateral flow tests for front facing tests and clinical facing staff can order tests on the Government website. It is key that staff keep testing to contain any outbreaks whilst trying to move the NHS back to pre-pandemic status. There is far more flexibility around the use of risk assessments to keep staff and patients safe. The Chief Executive also reiterated around infection control guidance for Norovirus which is increasing and will need to be managed as well as Covid.

Mr Patton asked if there has been any change to the out of area bed position detailed in the Covid report. Mrs Parkinson was pleased to report the improving out of area beds position. As mentioned, there are outbreaks across inpatient units and a risk-based approach is being taken, but it remains a challenge which is being actively managed.

Mr Patton also asked if for staff Health and Wellbeing, it was time to refer to this as the new norm rather than looking back at pressures. Staff are asking if the priority around staff HWB will stop after Covid, but it has been made clear that this will not be the case and it will continue through the Staff HWB group. The Chief Executive explained we are moving into a business as normal phase as can be seen in response to current outbreaks. It is more difficult with staff that have symptoms and are off and it is a risk-based approach that will continue. The Blend and Thrive approach around home working continues to be developed. It was emphasised that the Trust was doing staff HWB initiatives before Covid as part of its journey and transformation of putting staff at the heart of everything. There were some additional thank you treats during Covid however the staff HWB work and Proud programme will continue. Mr McGowan highlighted that the appraisal process was modified to ensure there is a HWB conversations as part of this and trying to embed those conversations into the way that we do things to ensure it is known that this is here for the long term.

Mr Mckinnon-Evans asked what are the lessons learned from the High Potential Development Scheme? Mr McGowan explained some of it was about having an Executive as a mentor for each person on the scheme, access to the personal development budget which had not been timely for some and there had been some issues as a consequence of Covid. The learning will be taken forward into the next cohort. The Chair said that at the meeting, there was a sense from people working in admin roles that more consideration was needed to progress pathways for them. There are clear routes for clinical staff but perhaps it is not as clear for some other roles.

The Chair reported that the Terms of Reference for the National Inquiry for the pandemic are due to be finalised in April and suggested that some pre work be undertaken. The Chief Executive confirmed that this work has already started with the Head of Corporate Affairs being the lead.

The Intellectual Property and Copyright Policy was ratified by the Board.

**Resolved:** The report and updates were noted. The Board ratified the Intellectual Property and Copyright Policy.

#### 4922 **Publications and Highlights Report**

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

The Board's attention was drawn to the Mental health clinically led review of standards and the Reforming the national Clinical Excellence Awards scheme publications.

**Resolved:** The report was noted.

#### 50/22 **Performance Report**

Mr Beckwith presented the report relating to the current levels of performance as at the end of February 2022. Commentary for indicators that fell outside of normal variation was included in the report. Information on waiting times was reported separately in the report to provide more detail and a detail breakdown of over 52 week waits for paediatric Autism Spectrum Disorder (ASD) was also included as part of the report.

A full review of the performance indicators is being undertaken to reflect feedback from the Well Led review and recommendations will come to the next meeting.

The Chief Executive explained that from the next report details of ambulance response times will also be included. Details were provided to the Board on response times: -

Category 1 immediate life issues eg cardiac arrest- 7 minutes response time

Category 2 heart attacks/strokes - 18 minutes response time

Within the contractual requirement responses are 65% within the hour and 95% within 30

minutes.

Yorkshire Ambulance Service is the main provider for this area and response times are:

Category 1 – 10 minutes response time

Category 2 – 72 minutes response time

There are flow issues with ambulance turnarounds in emergency departments. As a Mental Health Trust, we provide crisis services into A&E and are a community provider for Scarborough. The system is working together to move people through and to ensure the flow continues between organisations.

Mr Smith noted that Early Intervention in Psychosis was at 7.7% for people being seen within two weeks. An action plan was previously produced to bring this back up to target and he asked what actions are being taken to address this. Mrs Parkinson reported there had been some recruitment challenges in the service, but progress is being made. A detailed trajectory is in place mapped to when new staff come into the team. This is a very focussed intensive service and staff carry caseloads of 10 – 15 people. An improvement should be seen in the next report.

It was noted that the Care Hours Per Patient Day (CHPPD) had reduced for Westlands. Mr Baren asked if the Delayed Transfers of Care (DTC) included Inspire. Mrs Gledhill explained that the Westlands issue was due to an increased occupancy on the unit in January. It is now back to normal so the CHPPD should be within normal parameters. In terms of DTC, the data is for adults so Inspire is not included. However, it was agreed that this should be included as one of the performance report recommendations for the new metrics.

Mr Mckinnon-Evans queried about the change to the CAMHS graph and assumed it was due to the ADHD detail being removed. Mrs Parkinson confirmed that she has been reporting the approach towards taking out the ADHD cohort from the core CAMHS waiting list in preparation for the launch of the Neurodiversity service which will have ADHD and ASD under its remit. There has been some reduction in waiting times for core CAMHS, but the main difference is due to the data that has been removed.

An increase in memory diagnosis was noted by Mr Patton. It was explained that access to diagnostic imaging is the key reason for this. There was an element of recovery from the impact of the pandemic and lock down as older people attending for appointments was disrupted given the vulnerability of this population. The challenge is access to diagnostic imaging through the acute trust given their situation around recovery and restorative of elective activity. Alternative solutions are being looked at and service users are in contact with the service. This has also been raised in the Accountability Reviews around alternative solutions.

**Resolved:** The report and verbal updates were noted  
**Inspire to be recommended for inclusion on DTC chart as part of the new metrics Action**  
**PBec**

51/22

### **Finance Report**

Mr Beckwith presented the highlights from the finance paper as at the end of February 2022.

Highlights included: -

- The Trust recorded an overall operating surplus of £0.106m at Month 11, a position consistent with the Trust's planning target.
- Within the reported position at Month 11 is Covid expenditure of £4.431m and income top up of £2.438m.
- Cash balance at the end of Month 11 was £35.967m which is a strong position
- The Year-to-Date Agency expenditure was £6.939m, this is £0.890m more than the previous year's equivalent month 11 position.

Mr Malik asked if increasing energy prices, fuel costs and inflation are being taken into consideration as this will have an impact on households. The Trust's energy is purchased through Inenco and prices are locked into next year. However, this is being monitored with the broker to see if there are better opportunities to forward purchase for the coming years.

The underlying cash position is a good place to build on and Mr Smith asked for a future discussion on how this could be used to improve patient care. Mr Beckwith suggested that the September Board Time Out would be an appropriate time to do this.

Mr Patton highlighted that the Primary Care position has deteriorated from last month and that the Finance and Investment Committee has asked for a full plan to come back to the next meeting. A discussion is also taking place at the next Executive Management Team (EMT) meeting to progress this prior to the Committee discussion. The Primary Care Strategy will also go to EMT, and focus continues on the existing position and financial resolution which is largely due to locum GPs usage.

**Resolved:** The report was noted.

Discussion on the cash balance and how it can be used for patient care to be held at September Board Time Out **Action PBec**

52/22

**Enhancing Board Oversight: A new Approach to Non-Executive Director Champion Roles**  
NHS England published guidance in December 2021 that sets out a new approach to ensuring board oversight of important issues by discharging the activities and responsibilities previously held by some Non-Executive Director champion roles, through committee structures. It also describes which roles should be retained and provides further sources of information on each issue.

The report also provided details of the current Chairs of the Sub Committees which is presented to the Board annually.

The Board noted the following leads for each of the required NED Roles

- Wellbeing Guardian – Dean Royles\*
- FTSU NED champion – Dean Royles\*
- Doctors' Disciplinary NED champion/independent member – Dean Royles\*
- Security Management NED champion - Francis Patton
- Maternity Board Safety champion – N/A

\*to be reviewed when new NED appointed

Maternity Board Safety Champion relates to front end of maternity services which the Trust does not provide. However, this will be kept under review. When the new Non-Executive Director is in post the roles will be considered again.

Mr Smith referred to the guidance noting that the security management role has a wider remit that includes counter fraud for example and wanted to confirm that this was covered within the Security Management role. The Chief Executive explained that this was referred to in the report with links identified to the relevant committees which are embedded in the governance arrangements.

**Resolved:** The Board approved the leads for the required NED roles. NED chairs and executive leads of each committee will ensure the roles are aligned to committee structures and included in the annual effectiveness review and terms of reference that will come to the May Board for approval.

53/22

**Humber Coast and Vale Specialised Mental Health, Learning Disability and Autism Provider Collaborative – Collaborative Committee Report**

The paper provided an executive summary of discussions held at the meeting on Thursday 24

February 2022. Mr Baren drew attention to the following areas:-

- Continued pressure on CAMHS beds regionally and nationally
- Schoen Clinic temporarily closed to admission following CQC inspection on 25 and 26 January 2022
- Mill Lodge Day Care proposal reviewed and supported in principle
- CAMHS and AED Clinical Lead – proposal to advertise a substantive post supported in principle
- Continued positive financial position for 2021/22
- Quality Assurance and Quality Improvement ToRs approved
- Collaborative Committee updated ToR approved and now reflects the committee role as Lead Provider assurance

The Chief Executive thanked Mr Baren for his support to the Executive team and added her personal thanks for all the work, time and contribution that he has given to the Committee. Mr Baren said it had been an honour to be involved and to see it succeed as it has.

**Resolved:** The report was noted.

54/22

#### **Charitable Funds Committee Assurance Report & 16 November 2021 Minutes**

The Charitable Funds Committee (CFC) is one of the sub committees of the Trust Board. This report was provided to the Trust Board as Corporate Trustee of the Charity and provided details of the meeting held on 15 March 2022. The minutes of the meeting held on 16 November 2021 were provided for information.

Mr Baren explained that discussions held at the meeting included encouraging Fund Zone Managers to identify new programmes and ways to spend the funds. The draft Operational Plan was presented but lacked the bigger programmes overall and needed further enhancement. Mr Malik had some ideas around the use of digital marketing as a way to increase funds going forward. Mr Smith suggested that this was an opportunity to ask staff what for their services. He was informed that staff are regularly asked about what they need, and this will continue. A mini survey is out at the moment asking for any suggestions.

Mr Malik suggested that more support at an operational level may be needed, and this could be picked up as part of the review that will be undertaken. Dr Byrne commented that with the economic pressures that individuals and businesses may not be in a position to donate to charities which may have a future impact. This was a valid point, but Mr Malik felt it was not just about metrics. Other charities have done well through Covid and perhaps the Trust did not take advantage of the goodwill towards the NHS as much as some others had to raise their profile.

Mr McGowan clarified that a decision was made to review the situation six months into the new financial year which will give the time to undertake the review. The Chief Executive suggested this be taken offline for further discussion as Mr Malik's experience and assistance in this is important. There is support for the Health Stars staff and this will continue. Mr Malik supported the suggestions made and confirmed his willingness to be involved.

**Resolved:** The report was noted.

55/22

#### **Staff Survey Presentation**

The Board was informed that due to the embargo of the Staff Survey results, Quality Health who manage the survey on behalf of the Trust, were unable to present the full details at today's meeting and will come the next meeting. Discussion will also take place at the April Board Time Out.

Some headlines of the survey outcome have been put together for circulating to staff. An update will also be taken to the Council of Governors meeting in April so that Governors receive the information in a timely manner.

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

56/22

### **Board Assurance Framework**

The report provides the Trust Board with the Q4 2021/22 version of the Board Assurance Framework (BAF). The overall assurance rating for each of the strategic goals is applied based on the review of the positive assurance, negative assurance and gaps in assurance identified against the individual goal, as well as with consideration of the current risk scores of all identified risks aligned to that strategic goal.

The overall rating is not applied solely based on the highest rated risk aligned to that section of the framework and instead represents the overall assurance available to the Executive Lead at the time of review.

An overview of Board Assurance Framework from Quarter 3 2021-22 to Quarter 4 2021-22 was provided in the report

Mr Baren thanked Mr Sims for his work in this area. He noted the new risk in strategic goal 4 (WF33) and asked what the plan is around this. Mr McGowan explained that all of the medics should have completed job plans which are signed off as per the process in place. There were some issues identified with this and it was agreed to add as a risk. These are now coming through and a compliance report will be provided to the Workforce & Organisational Development Committee.

**Resolved:** The report was noted.

57/22

### **Risk Register**

The Trust-wide risk register details the risks facing the organisation scored at a current rating of 15 or higher (significant risks) and agreed by Executive Management Team.

Mrs Gledhill explained that an end of year report will come to the next Board meeting as part of the Risk Management Strategy item following a request from the Quality Committee to look at all the risks, scores, any changes and whether any further work is required.

There are currently five risks held on the Trust-wide Risk Register. Three risks previously held on the Trust-wide risk register have been closed / de-escalated since the last report. There are currently 169 risks held across the Trust's risk registers. The current position represents an overall decrease of 31 risks from the 200 reported to Trust Board in November 2021. Further details were included in the report.

In terms of risk Ops 11 which was de-escalated, a further discussion has taken place around this risk given the current pressures and it is likely that the score will be increased.

Mr Mckinnon-Evans asked about the financial sustainability risk and whether any update was needed. It was explained that this will become clearer when the financial plan report in the part II section is discussed.

Mr Sims will be attending the next Governor Development session to explain how the risk register and risk is monitored to Governors.

**Resolved:** The report was noted

58/22

### **Peer Support Workers Update**

Mrs Belt, Mr Temple-Matthews and Ms Walker joined the meeting to provide the Board with an update on the development of peer support worker roles within mental health services and to share their experiences of the role.

The roles have become embedded in the organisation over the last 12 months as part of the

Community Mental Health Transformation (CMHT) work and work with HEY Mind colleagues. There has been significant investment in training to develop the roles as it is important that the people in these roles feel safe and that people working outside of the role understand it. Significant work has been undertaken with colleagues and investment made with Teeside university with 12 Peer Support Workers have already gone through the training with a further four people taking this training on. Mrs Belt explained the other work that the team has been involved with including the Health Education England Trailblazer Programme.

Ms Walker and Mr Temple-Matthews shared their experiences of being in the role and working with clinical teams with the Board and responded to questions posed.

The lived experiences of Peer Support Workers are invaluable and is the role that encourages people to open up and helps to break down the barriers with open discussions and positive contributions that can assist the clinical team. Mrs Parkinson thanked Mrs Belt and the team for their work which has had a cultural impact as part of the role.

Mr Malik has previous experience of managing these such roles and he was pleased to hear about the positive impact the role is having. Mrs Belt said there is still work to do to encourage teams to consider Peer Support Workers roles rather than STR roles and to ensure that Peer Support Workers roles are not used just to fill gaps, but in meaningful ways.

The Chief Executive thanked the team for attending and for bringing the role to life with their contributions. There are a wide range of lived experiences that can only help others and the Chief Executive asked if there were any ways the Board could help going forward. Mrs Belt felt that promoting the role is always helpful, but there is also debate around the banding of the role. It currently is a band 2 but work is underway with Health Education England to look at increasing this to band 3. The opportunities the role brings are huge and examples were provided of people who had started in a Peer Support Worker role and been successful in higher roles.

The Chair thanked the team for attending and for sharing their experiences.

**Resolved:** The report was noted

59/22

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

The report provided an update of the ongoing work and progress made to achieve full compliance and assurance against the key lines of enquiry outlined in the recently refreshed National Infection Prevention and Control Board Assurance Document (1.8 released in December 2021).

An assessment of compliance against the updated Infection Prevention and Control Board Assurance Framework Document has been undertaken and the report highlighted the actions that will be taken to address areas where full assurance cannot yet be provided.

Mrs Gledhill explained that areas in yellow demonstrated the updates to the document. There is more work to be done in some areas including the flu plan and ventilation work. It is reviewed by QPAS, EMT and the Quality Committee.

The Chair asked if there is an overall assessment of the impact there has been on the number of people who are getting flu, compared to before the pandemic. Mrs Gledhill said this number would normally be the same on units as with Norovirus. There is an increased focus on infection control processes and the expected outcome would be less infection.

Mr Royles recognised the document provides assurance. He commented that there are different expectations across the country in relation to infection control and what healthcare is expected to do. He felt a consistent approach to visiting in health care settings would be helpful to patients. Mrs Gledhill said that national guidance is followed for visits over based with a risk assessment for severely ill patients or end of life. The latest guidance is expected to give more

detail on these to try and return to a pre-pandemic position. Covid is still here, and cases are increasing in the community. It is expected that when the guidance comes out, face coverings will have to be worn in clinical settings.

The Chief Executive pointed out that this is not just a Trust issue, but also affects the wider system although there are synergies between Acute services and mental health services

**Resolved:** The report was noted

60/22 **Items for Escalation**  
No items were raised.

61/22 **Any Other Business**

**Goodbye**

Mr Baren is leaving the organisation at the end of the month. His Board colleagues took the opportunity to thank him for all his help and support over the last eight years. The Chair and Chief Executive added their thanks for everything Mr Baren has done during his time with the Trust.

**P&O Ferries**

Mr Smith asked with the situation in Hull regarding the dismissal of staff whether the organisation has reached out with any offer of employments that might be available. This will be considered going forward.

62/22 **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.

63/22 **Date and Time of Next Meeting**

Wednesday 27 April 2022, 9.30am via Microsoft Teams

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

Chair

**Item 3**

**Trust Board Meeting**

**Minutes of the Public Trust Board Meeting held on Wednesday 27 April 2022 via Microsoft Teams**

**Present:** Rt Hon Caroline Flint, Chair  
 Mrs Michele Moran, Chief Executive  
 Mr Hanif Malik OBE, Associate Non-Executive Director  
 Mr Stuart McKinnon-Evans, 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, Head of Corporate Affairs  
 Mrs Jenny Jones, Trust Secretary (minutes)  
 Ms Sadie Milner, Quality Standards Practice Development Nurse (for item 66/22)  
 Mr Charlie Boshier, Senior Business Consultant, Quality Health (for item 67/22)  
 Mrs Alison Flack, Freedom to Speak Up Guardian (for item 81/22)

**Apologies:** None

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.

64/22	<p><b>Declarations of Interest</b>          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.</p> <p>The Chief Executive and the Director of Finance have a standing declaration of interest in items relation to the Collaborative Committee.</p>
65/22	<p><b>Minutes of the Meeting held 30 March 2022</b>          The minutes of the meeting held on 30 March were agreed as a correct record.</p>
66/22	<p><b>Matters Arising and Actions Log</b>          The action log and work plan were noted.</p>
67/22	<p><b>Staff Story- Patient Safety Journey</b>          Ms Milner attended to share her journey with the Board. Sadie’s story reflected her 25 year</p>

journey working in the NHS and the roles she has undertaken during that time. Sadie explained that she came to work in the Trust in 2017 as the patient safety lead, prior to that she worked at the Acute trust. She explained how her role in the organisation has changed over the last five years including overseeing clinical policy and approving clinical procedures, protocols and guidance, medical devices and alerts.

Sadie is proud of what she has achieved so far which included being an early adopter of the NEWS 2, work around zero events which are determined by the Trust using evidence from serious incidents investigations and clinical audits. These include reduction pressure ulcers and falls provisions. Sadie also provides support in a buddying role for Serious incident investigators and undertakes peer reviews. One of her most memorable times is working with mental health colleagues at Mill View leading the rapid response Covid team and developing Covid pathways and caring for patients at an early part of the pandemic.

The corporate safety huddle is another area Sadie is proud of which reviews all patient safety incidents reported in the previous 24 hours ensuring all relevant processes have been undertaken. There have been some challenges over the last two years particularly around the change to remote working. However, she recognised that this has allowed her more interaction with teams across our wide geographical area and more collaborative working when previously it may not have been as possible.

Mr Smith appreciated the detail Sadie provided and asked if there was anything that she was particularly concerned about. Sadie responded that there were no particular issues as she had assurance that systems and processes were in place and that she had support from the Director of Nursing, Allied Health and Social Care Professionals and Medical Director should it be required.

Mr McKinnon-Evans asked if the change to remote working and not seeing people physically was an issue now and in the future. Sadie admitted that she struggled at first as she is a people person and liked the contact aspect. The Trust has provided all the resources necessary for remote working and there are opportunities to meet her team in person. There are benefits from remote working including productivity, no commute and saving on fuel costs. The peer reviews give an opportunity for face-to-face contact depending on location or online which some patients prefer. In terms of any new safety issues due to the new way of working, Sadie explained that the closed culture raised a potential patient safety concern when we went into lockdown and being unable to get out to clinical areas as it is important that visits were done in person to ensure there were no issues around closed culture.

The Chair and Chief Executive thanked Sadie for sharing her journey and for the work she has done during her time with the organisation. The Chief Executive reported that the safety huddle and the Clinical Risk Manager Group were highlighted as part of the Well led review and was testament to her work.

**Resolved:** The story was noted

68/22     **2021 NHS National Staff Survey Results**  
 Mr Bosher, Senior Business Development Consultant with Quality Health who undertook the survey on behalf of the organisation gave a presentation on the results of the survey.

The Trust achieved a response rate of 44% and the results gives a good understanding of what staff are saying about the organisation. The presentation covered the areas of the survey where the Trust had scored well and the areas where further work would help to improve future scores. It highlighted the specific areas where scores had reduced and how they benchmarked against the national average.

Other areas of note included:

- A slight increase was noted in staff engagement and staff morale.

- Staff recommending the organisation as a place to work had reduced slightly in line with the national trend.
- Staff agreed that the care of patients/service users is the top priority which was at a high level.
- Staff experiencing discrimination at work from a manager or other colleague is low and above the national average.
- Staff feeling valued was another area that was above the national average and has improved hugely over the last few years.
- Staff also felt satisfied with their level of pay

It was pointed out that the pandemic has had an effect on all scores across the country. Staff engagement has also been affected by the unique nature of care provision and the Trust should celebrate it's positive scores

Recommendations for areas to improve on were highlighted in the presentation and included:

- Drilling down into data on lower scores in Advocacy specifically staff who would not recommend the organisation as a a place to work
- Investigate the low scores on morale
- Priorities the issue of stress at work with particular focus on staff who report coming into work when not well enough
- Review the content of appraisals
- Consider training for immediate managers to help empower them to better support their staff
- Ensure staff are recognised and rewarded tor good performance

The Chair commented that the survey results had been shared at a recent Board Time Out and at the Council of Governors meeting. Mr Royles felt the results linked in with the Well Led review work with improvements seen despite the challenges of the last two years. The recommendations are helpful to work on and will be an area of focus for the Workforce and Organisational Development Committee. The data is being drilled down into and the Committee will look at these areas however it was noted that where there are less than 10 respondents this is not possible.

It was noted that all the results have been broken down into Divisions and teams and managers are sharing the results. It was emphasised that all data is anonymised as it is a legal obligation and individuals cannot be identified from their responses.

Mr Malik asked if there were organisations that scored higher in areas that the Trust could link into to see what they are doing differently. Mr Boshier explained that information is more anecdotal than statistical. He suggested communicating with the high performers in the areas the Trust is interested in and further details can be provided for this. The Chief Executive felt this would be helpful for the information to on the action plan report as any information that can be shared would be welcomed.

The Chair noted that the survey was a snapshot in time of how people are feeling and asked if there are any other suggested methods that could be used to take more account of staff's views over time. Mr Boshier suggested that the quarterly pulse surveys are helpful in providing some of this information. It was confirmed that these are used by the organisation already.

Mr Boshier was thanked for attending and for his presentation.

69/22

**External Review of Governance Report, Recommendations and Action Plan**

The findings and action plan to address the recommendations arising from the external review of governance were presented by the Chief Executive.

The review is part of the statutory and mandatory obligations of the Foundation Trust licence

and is undertake every five years. Grant Thornton undertook the work reviewing the well led and governance around eight Key Lines of Enquiry (KLOE's). Board members have been briefed on the outcome at a Time Out as part of the process. It was also presented at a Council of Governors meeting and their comments have been taken into account. In terms of ratings the Trust achieved five greens and three amber greens. Five medium recommendations were made and 18 low recommendations.

The action plan presented as part of the report provided an update on actions taken with the recommendations. The Chief Executive provided updates for all of the work that is underway for the recommendations and explained the areas where work is being undertaken. The work is expected to be completed in the coming weeks due to the progress being made. No recommendations were made for KLOE's 7 or 8.

Mr Malik asked if the timescales were realistic given the pressures there are and some of the recommendations may require more in-depth work. The Chief Executive felt that the work is doable within the timescales identified especially as work is already underway. Mrs Hughes agreed that the progress already made with the recommendations the timescales are achievable. There is also the opportunity for a facilitator to come back six months after the review to check how the action plan has been delivered. The Board will monitor the action plan via regular updates. Reference has been made by Mr Patton to the visit programmes which are taking place in June and the embedding of these. The Chief Executive suggested that in light of the comments made, the timescale be moved to June for the second part of the 3<sup>rd</sup> recommendation.

Mr Royles thanked all who had been involved in the work through staff discussions and showed the difference that has been made in the organisation since the last review. Mr McKinnon-Evans agreed with the comments made. He asked about the overarching risk statement referred to and wondered how much value will be gained from the definition of an overarching risk.

The Chair commented that visits have been discussed by both Non-Executive Directors and Governors. She felt it may be helpful outside of the meeting to clarify the shape of visits, who they include and sharing the infection control guidance in place. This would help when planning visits to determine if more than one unit can be visited in one day and whether it is just inpatient units or other areas such as primary care. The Chief Executive suggested that the Board pack that was produced on visits before Covid be updated with the relevant information

The Chair reported that Governors were very pleased to receive the report at their recent Council of Governors meeting and the opportunity to make comments before the Trust Board. Thanks were extended to Grant Thornton for their work on the well led review.

**Resolved:** The Board accepted the report and the recommendations and approved the action plan to address the recommendations. Monthly updates will be provided to Board until delivery of the action plan is complete.  
The timescales for the visit recommendation to be amended to June **Action MH**  
Information on visits for Board members to be updated **Action MM/CF**

70/22	<p><b>Chair's Report</b></p> <p>The Chair provided a verbal update on activity she has been involved with since the last meeting that included: -</p> <ul style="list-style-type: none"> <li>• The Non-Executive Director recruitment process was completed last week. There was a candidate who was offered the post subject to approval by the Council of Governors. Further details will be released in the future.</li> <li>• The Council of Governors meeting was held on 14 April and included discussions on the Well Led review and Staff Survey. The highlight was hearing from a member of the Hull</li> </ul>
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	<p>Youth Action Group about their work experience and involvement with the Trust.</p> <ul style="list-style-type: none"> <li>• The Chair has observed and attended the Finance and Investment Committee meeting as part of her annual duties</li> <li>• A Governor Development working groups has been established to look at support for Governors and engagement with NEDs with the first meeting held recently. Areas discussed included IT support, scheduling and purpose of meetings/forums and visits</li> <li>• A Governor Development session tool place recently using a blended approach of in person and Microsoft teams. A presentation was also given on Risk by the Corporate Compliance and Risk Manager.</li> </ul> <p><b><u>Resolved:</u></b> The verbal report was noted</p>
71/22	<p><b>Chief Executive’s Report</b></p> <p>The report provided updates from each of the Directors along with a summary of activities undertaken by the Chief Executive. Of particular note were: -</p> <ul style="list-style-type: none"> <li>• Three policies were submitted for ratification – Job Planning, Bullying and Harassment and Attendance Management</li> <li>• The Use of Force Act has come into being and approval was sought for the Chief Operating officer to be the identified responsible person. This is an important Act for all organisations, but especially for the Trust.</li> <li>• The Chief Executive’s challenge is taking place on 23 June and will be a virtual cycle ride. The distance is approximately 93 – 100 miles.</li> <li>• A charity golf day has been arranged for 9 September with all funds raised going to Health Stars</li> <li>• Band 5 nurses are our hardest to recruitment to post and in line with the national picture we have agreed to offer a payment of £3,000 to all new employees and a retention payment to our current Band 5 nurses of £1,000. We value all staff and have offered regular thank you payments to staff and will continue to do so.</li> <li>• An Easter gift has been given to staff and will be included in April’s pay</li> <li>• ICB Updates on appointments was included in the report. The ICB has held its first meeting in shadow form.</li> <li>• Health Stars the Big Fat Quiz was held at the end of March. Thank you to all who took part</li> </ul> <p>The Head of Corporate Affairs reported that the Marketing and Communications Strategy is being refreshed and will include a five-year plan. Transformation across the Trust progresses with the branding, intranet and internet being developed. Eight entries were made into the Parliamentary Awards and HSJ awards entries are in progress. Given the staff story it was posed whether an entry could be developed around patient safety in the Trust. Due to forthcoming elections, a period of Purdah is in place which the Trust is abiding by.</p> <p>Mrs Parkinson reported that there are still high pressures across operations with the NHS level at OPEL 4. Infection rates are still high across the patch and there are five Covid positive patients across the Trust. Covid absence remains static and non-related Covid absence is high. Operational pressures have increased and were at OPEL 3 but this has not reduced to OPEL 2 despite the pressures that continue to impact on the organisation. Staff health and wellbeing remains a key area of focus and an important area for the Board to monitor going forward.</p> <p>The Board’s attention was drawn to the Ockenden Report review of maternity services. The Trust does not provide services that are in the scope but will be undertaking a gap analysis on the 79 recommendations made in the report to see if there is any learning.</p> <p>Mr Patton thanked the Executive Team for a comprehensive report. He asked for more detail on the virtual wards mentioned in the updates. Mrs Parkinson explained that these are not new,</p>

	<p>but with acute hospital pressures new investment has been provided. The virtual wards can follow clinical pathways and will be focussing on frailty. The virtual wards do exist for other pathways including respiratory. They work within intensive support under the MDT and have small caseloads to provide intensive support and avoid hospital admission. The organisation is in a position to implement the plan with a focus on Scarborough.</p> <p>Mr Malik referred to the changing guidance in relation to Covid and asked if there will be any changes in the Trust. Guidance is changing rapidly and in terms of the organisation advice is aimed to be clear and as simple as possible. A risk-based approach is being taken and areas can reduce to 1 metre for social distancing within the risk framework. Staff are asked to continue wearing masks in clinical and non-clinical areas and this has been communicated to staff. Mrs Gledhill added that guidance is being followed for patients in relation to lateral flow tests and positive results. Full risk assessments continue to be undertaken using clinical skills and common sense to keep everyone safe.</p> <p>Mr Smith commented about the Use of Force Act noting that the Mental Health Legislation Committee looks at the legal requirements and the Quality Committee reviews the quality implications. The Chief Executive agreed that the Mental Health Legislation Committee was the primary committee, and the Quality Committee would undertake reviews of any quality implications. This is an area the CQC will be interested in and why a responsible person has been identified. From a Board perspective, the Mental Health Legislation Committee will prepare a report for the Board on any implications for the organisation.</p> <p>Of the three policies presented for ratification, Mr Royles asked about the changes made. He was informed that all three policies had been rewritten working with staff side representatives to gain agreement for each policy and making sure that nothing was omitted and that the policies are current. EMT has approved the policies and the changes made. Mr Royles suggested it would be useful for Non-Executive Directors to be made aware of what changes have been made to policies. The three policies were ratified by the Board.</p> <p>Dr Byrne referred to the CQC report for Princes Medical Centre. He reported that work is ongoing to resolve the issues and to take on board the learning. Updates will come to EMT and through other governance routes.</p> <p><b><u>Resolved:</u></b> The report and updates were noted.  <u>The Board approved Mrs Parkinson as the responsible person for the Use of Force Act</u>  <u>A report on the Use of Force Act to be prepared by the Mental Health Legislation Committee for a future meeting <b>Action LP/JB</b></u>  <u>The Job Planning, Bullying and Harassment and Attendance Management Policies were ratified</u></p>
72/22	<p><b>Publications and Highlights Report</b></p> <p>The report provided an update on recent publications and policy with updates provided by the Lead Executives.</p> <p>The Ockenden report was again drawn to the Board's attention to review.</p> <p><b><u>Resolved:</u></b> The report was noted.</p>
73/22	<p><b>Performance Report</b></p> <p>Mr Beckwith presented the report relating to the current levels of performance as at the end of March 2022. Commentary for indicators that fell outside of normal variation was included in the report. Information on waiting times was reported separately in the report to provide more detail.</p> <p>Following a review of the performance report by Executive Management Team, a number of minor changes have been made to the content of the report, these can be summarised as</p> <ul style="list-style-type: none"> <li>• Finance indicators have been removed from the report, as these are already included</li> </ul>

- in the separate finance report which appears later on this agenda
- Grey Shading (To indicate the start of the covid pandemic) has been removed from the report
- Sickness absence includes information excluding covid related absences
- New chart included to report consultant vacancies
- Staff Turnover figure updated (including retrospective information) to exclude any TUPE related

Other areas of note were:

- Safer staffing – performance in February identified sickness issues.
- Care hours Per Patient Day remained strong
- Turnover increased due to retirements. Some people have returned after retirement
- Update on ambulance waiting times included in the report. Awaiting NHSE information for daily reports.
- Incident information was omitted from the report and has been circulated outside the meeting. Work is being undertaken on the use of an SPC chart for the next report.

Mr Patton noted from the safer staffing dashboard that Pine View had a high use of bank and agency, and sickness levels were high. Ullswater sickness levels were also reporting high, and Maister Lodge and Whitby were low on mandatory training.

Mrs Gledhill explained that sickness affected these indicators and in February this was the time of the renewed Covid present and units particularly in secure services were using more bank and agency cover and also affected training as staff were not able to attend. The figures are coming down for April and clinical supervision is better in the current figures. Mrs Parkinson added that at that time there were significant Covid outbreaks at Pine View with all patients affected apart from one. Staffing was also affected and coupled with the challenges, sickness absence, vacancies and turn over it did affect some of the performance indicators.

Dr Byrne reminded the Board that Covid is still here, and he advised caution in removing the grey shading to ensure that in future years it was clear why there had been specific results.

In response to a query from Mr McKinnon-Evans about whether all consultant vacancies were covered by temporary agency staff. Mr McGowan confirmed this was correct. It was suggested that future reports could include this in the narrative. Mr Beckwith will include this in future narrative.

**Resolved:** The report and verbal updates were noted  
Narrative to include that consultant vacancies are covered by temporary agency staff **Action**  
**PBec**

74/22

**Finance Report**

Mr Beckwith presented the highlights from the finance paper as at the end of March 2022. Highlights included: -

- The Trust recorded an overall balanced operational finance position, this is consistent with the Trust planning target. Some technical items came in at year end including impairments and evaluation of the estate accumulating in a £5 million deficit for the year.
- Within the reported position at Month 12 is Covid expenditure of £4.865m and income top up of £2.658m.
- Cash balance at year end was £29.533m. A reduction was seen from last month due to repayment of the loans which have been discussed previously at the Finance and Investment Committee
- The Year-to-Date Agency expenditure was £8.406m, this is £1.695m more than the previous year's position.

	<p>Better payment practice is reported at 91% and it was important to note that for the treatment of the Yorkshire and Humber Care Record which was intended to be brought in as grant income to fund capital, we have been unable to do this. There are no issues for 21/22 and working on a solution for 22/23 capital programme.</p> <p>The annual accounts are being prepared for auditing and a draft submitted to NHSE and to Audit Committee members.</p> <p>The financial control total was achieved, and the Trust ends the year in a relatively strong position.</p> <p>Mr Royles referred to the Cumulative Agency spend graph noting there had been a higher spend in March. Mr Beckwith explained that this was due to catching up on invoices to clear any backlog.</p> <p><b><u>Resolved:</u></b> The report was noted.</p>
75/22	<p><b>Finance &amp; Investment Committee Assurance Report</b></p> <p>A summary of discussions held at the 20 April meeting was provided. Mr Patton reported that as part of the insight report a HMFA briefing was discussed which has been circulated to the Board for information. The Committee recognised the work of the Finance team and complimented them and the Executive team on their work in achieving the financial position.</p> <p>The organisation is one of a few trusts who continue to deliver on the Budget reduction Strategy (BRS). It was recommended that going forward having a case study come to the Board as a story to show the benefits of the BRS and not just as a cost cutting measure. The Committee received the capital programme for 22/23 and recommended it to the Board when it is presented. It was noted that the annual effectiveness review will come as part of the overall item at the May Board and not this meeting as the paper suggested.</p> <p><b><u>Resolved:</u></b> The report was noted.</p>
76/22	<p><b>Workforce &amp; Organisational Development Committee Assurance Report</b></p> <p>The report provided an executive summary of discussions held at the meeting on 13 April 2022. The minutes of the meeting held on 12 January were provided for information.</p> <p>Mr Royles explained that the Committee receive reports from three sub committees. As the Health and Wellbeing champion he attends the Health and Wellbeing meeting which is a vibrant and enthusiastic meeting. Mr Royles will also be attending the Equality Diversity Inclusion group and the Medical Education meeting.</p> <p>The insight report was discussed and the apprenticeships policy with the first approach being for all new vacancies to be via apprenticeships. The Committee does look at vacancy rates and already there are a number of vacancies of net growth with 52 Registered Nurses recruited. The 0-19 service was recognised as a challenge due to the change in base level and inheritance of posts as a result of the contract.</p> <p><b><u>Resolved:</u></b> The report and minutes were noted.</p>
77/22	<p><b>Collaborative Committee Report</b></p> <p>The paper provided an executive summary of discussions held at the meeting on 28 March 2022.</p> <p>There continues to be significant pressure on CAMHS beds with 8 young people delayed discharge from hospital to limited local authority care and community care packages. An update was provided on the Schoen Clinic position. All Safe and Wellbeing Reviews are all complete and have been submitted to HCV ICS Panel.</p>

	<p><b><u>Resolved:</u></b> The report was noted.</p>
7822	<p><b>Emergency Preparedness, Resilience and Response (EPRR) Annual Report</b>  The annual report provided assurance that the Trust has met the EPRR duties and obligations as set out in the Health and Social Care Act (2012) as a responder during the period 1 April 2021 to 31 March 2022. The report provided an overview of EPRR activities including its response to the Covid-19 pandemic and set out EPRR priorities for 2022/23</p> <p>A summary for self-assessment against the core standards and the work undertaken to take this forward were included and a plan is in place for next year. It is important to test the arrangements and business continuity plans which is done internally within the organisation. Training is provided to staff and senior managers. Mr Smith is the lead for the Board and has seen the report. He confirmed that he has been involved in the process. At the last Board meeting a report on NED roles was received which stated that the EPRR role is a Board responsibility, and that overall Committee assurance is with the Audit Committee.</p> <p>The Board was informed that the planning exercise will take place in June due to organisational pressures.</p> <p><b><u>Resolved:</u></b> The report was noted.</p>
79/22	<p><b>Recovery Strategic Framework – Progress Update</b>  The paper provided a summary update of progress across the priority areas set out in the Recovery Strategic Framework 2021-2026. Mrs Parkinson explained that a full evaluation of year one will begin in May 2022 against the year one priority areas set out in the framework which will outline successes and the key challenges for year two. The report demonstrated that despite the pressures across services that progress is being made particularly for the mental health service and how the recovery approach principles could be applied to other service areas.</p> <p>At the last meeting the Board heard from some Peer Support Workers and their roles. Good progress is being made with this work and the co-production of the strategic framework with service users and other stakeholders.</p> <p>The Chief Executive was pleased to see this, and that work has continued during challenging times. The recovery phase of Covid is important and continues to be raised at Board meetings. Mr McGowan referred to the Recovery College aspect asking if this is accessible to staff and if so if this was being publicised. It was confirmed that this is available and has been communicated through team meetings. It is also available to ICS staff. The Recovery College has adapted quickly to changes during the pandemic as it was only face to face pre Covid but has been developed with support from the IT team into a virtual platform. A blended approach is being offered and there is increased accessibility online. The Chair commented that this also links in with the development of the Patient and Carer Experience work of Every Member Counts. Mrs Parkinson agreed that it works hand in glove with this.</p> <p><b><u>Resolved:</u></b> The report was noted.</p>
80/22	<p><b>Report on the Use of the Trust Seal</b>  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.</p> <p>Over the period 1 April 2021 – 31 March 2022, the Trust Seal was used four times with details included in the report.</p> <p><b><u>Resolved:</u></b> The report was noted</p>

81/22	<p><b>Freedom to Speak Up (FTSU) Annual Report 2021/22</b></p> <p>The Freedom to Speak Up Annual Report 2021/22 was presented to the Trust Board. The report included an update on the work of the National Guardian's Office, the regional network and the work within Humber NHS Foundation Teaching Trust.</p> <p>The Speak Up vision and Strategy is being refreshed and reviewed. Following consultation with Staff Governors a small working group is being established to take this work forward and to align it with the Trust's strategy.</p> <p>A vacancy exists for a Deputy Guardian role, and this continues to be advertised. Regular quarterly meetings take place with the Chair, Chief Executive and Non-Executive Director.</p> <p>The NGO have recently released a new training module for Executives and Board members. All new staff joining the Trust receive Level 1 as part of their induction and plans are being developed to implement Level 2 for managers.</p> <p>During 21/22 there have been 27 speak up concerns received by the Guardian. This is a slight increase on reporting for 20/21. During this period no staff member has reported feeling a detriment to themselves by raising their concerns through this route. Concerns raised in relation to patient safety come through the Speak Up route and any related to team working are sign posted to the Workforce &amp; OD team. Two independent investigations were requested one of which is still outstanding. A follow up system has been introduced three months after the concern has been dealt with to ensure that everything is as it should be. All patient safety concerns are also reported on to Datix. The next report will also break down the data by ethnic group and gender.</p> <p>An action from the Well Led review is to review the resources for the team and some additional resource has been identified and adverts for FTSU ambassadors will be publicised. It is hoped that there will be one from each of the Divisions.</p> <p>Dr Byrne asked if there is data available showing the number of concerns raised over the last four years and any context as to the areas that raised them. Mrs Flack explained that numbers have decreased over the four years. It was important to note that if there was more than one person raising the same concern it is classed as the number of people not just one team. The agenda and culture supporting FTSU is evolving, and the role of the Guardian has developed over the last few years and there is now an FTSU strategy and vision in place. Dr Byrne felt it would be helpful to see these statistics in the report from a benchmarking point of view and to put some context against historical data. This will be reviewed for future reports.</p> <p>The Chief Executive explained that Mrs Flack and the team do a lot of work with clinicians around FTSU and going forward will consider how this is communicated further.</p> <p>Mr McGowan referred to the staff survey and the indicator that staff felt secure in reporting unsafe clinical practice with 50 – 80% of the concerns should be attributed to this. It was of credit to Mrs Gledhill and Dr Byrne for promoting this area. In relation to 27 FTSU concerns raised, Mr McGowan asked if there was a breakdown of how many had been sign posted to the Workforce team. Mrs Flack can provide detail outside the meeting but explained that moving forward it has been agreed to record separately the number of staff raising concerns that are signposted to the Workforce team and those that are FTSU. Mr McGowan felt it was important to recognise the difference between the two and appropriate Trust processes are followed.</p> <p><b><u>Resolved:</u></b> The report was noted  <b><u>The next report will break down the data by ethnic group and gender Action AF</u></b></p>
82/22	<p><b>Items for Escalation</b></p> <p>No items were raised.</p>

83/22	<b>Any Other Business</b> No other business was raised.
84/22	<b>Exclusion of Members of the Public from the Part II Meeting</b> 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.
85/22	<b>Date and Time of Next Meeting</b> Wednesday 18 May 2022, 9.30am via Microsoft Teams

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

Chair

**Item 3**

**Trust Board Meeting**

**Minutes of the Public Trust Board Meeting held on Wednesday 18 May 2022 via Microsoft Teams**

**Present:** Rt Hon Caroline Flint, Chair  
Mrs Michele Moran, Chief Executive  
Mr Hanif Malik OBE, Associate Non-Executive Director  
Mr Stuart McKinnon-Evans, 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, Head of Corporate Affairs  
Mrs Jenny Jones, Trust Secretary (minutes)  
Ms Bethia Dennis Engagement Lead Children's Services (for item 89/22)  
Mandy Dawley, Head of Patient (for item 89/22)  
Izzy, Young Person (for item 89/22)  
Mrs Victoria Winterton, Head of Smile Health (for items 105/22 & 106/22)  
Mrs Alison Flack, Programme Director, HNY HCP MH and LDA Collaborative Programme (for item 104/22)

**Apologies:** None

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.

**86/22 Declarations of Interest**

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

The Chief Executive and the Director of Finance have a standing declaration of interest in items relation to the Collaborative Committee.

**87/22 Minutes of the Meeting held 27 April 2022**

The minutes of the meeting held on 27 April were agreed as a correct record.

**88/22 Matters Arising and Actions Log**

The action log and work plan were noted.

**Humber Youth Action Group (HYAG) – Making A Difference**

The story for this month's meeting was about the work of the Humber Youth Action Group. It is important that young people are involved in all services and that services are co-produced with them to help improve services, ensure their needs are met and give benefits to the young people and the organisation. A short video was played which is shared with schools and colleges to gain interest from young people.

Izzy, a member of the HYAG joined the meeting to share her views. She was asked questions about how she felt about being a member of the group, what she has been involved with, what motivated her to join the group and how she had participated in activities. Izzy explained that she has learned more about the services offered, taken part in interviews and had the opportunity to give her opinions and share them with other young people. She felt the group had a good balance of fun and education and importantly could make a difference. She had learned new skills in design while developing a CAMHS passport to help young people transition from Children's services to Adult services.

The group has guest speakers and Izzy felt that there should be more sessions with just group members to give them the chance to discuss what they would like to do. In terms of learning Izzy felt that hearing more about waiting lists and understanding the reasons for them had helped her. She also would consider a future career with the NHS going forward. On being asked about what is needed to help progress ideas from the group, Izzy felt that having their ideas listened to and for them to be followed through and valued.

Mr Malik has previously worked with young people and youth forums and noted that the age range of the service is 11 – 25. Given this was such a vast age range where a one size fits all approach cannot be used, he asked how this is being considered within the group. Ms Dennis explained that the age range is aligned to the ages of the services that are provided by the Trust. She recognised that it is challenging and there are 23 members of the group aged from 13 – 25 currently who are in school, college or University. There is close working with voluntary services, the workforce team and appropriate safeguards in place to protect all members. The Chair, in her experience with families and youth clubs, said that environment is an issue especially when there are older people in a group. It was something that needed to be considered when reflecting on different spaces for the young people. Ms Dennis clarified that consent forms are completed for each session to protect the young people and as the key liaison she would be aware of any individual's needs. The views will be worked into the programme and reviewed to ensure that requirements are meeting the needs.

The Chief Executive thanked Ms Dennis for making this work a reality. She was impressed with the work that has been done on the CAMHS passport which is a fantastic initiative. She suggested that the Chief Operating Officer provide some feedback to a future meeting on this work. In terms of careers in the NHS, there are many opportunities available, and we need to maximise interest from young people as they are the future workforce. It would be helpful for the group to consider how their ideas can link into the Board structure to influence the work it does as it is important. Ms Dennis will take this away to consider with the group and the team. Izzy thought this was a good suggestion to take back to the group.

Dr Byrne asked how diversity is being considered for the group and suggested that the Constitution is explored around having a young person as a Governor going forward. Ms Dennis said work is progressing this with support from the Patient and Carer Experience team to develop and make connections with other communities. It was noted steps had already been taken to engage and encourage young people to join the membership and the Council of Governors and this continues. It is rewarding to see the confidence of members blossom and to make every young person aware of what is available. The championing of young people is key to ensure that their thoughts and opinions are being listened to and services are asked to feedback to the group.

Ms Dennis and Izzy were thanked for attending and for sharing their thoughts and views.

**Resolved:** The story was noted

**Update on the work of the CAMHS passport to come to a future Board meeting Action LP**  
**The HYAG to consider how ideas on diversity and membership can be linked into the Board structure to influence its work.Action BD/MD**

90/22

### **Chair's Report**

The Chair provided a verbal update on activity she has been involved with since the last meeting that included: -

- A visit to Westlands unit took place recently. Some interesting points were raised and discussed particularly in relation to the heating system. These will be shared with the relevant Directors.
- As referred to in the Well Led Review, visits for NEDs are taking place and discussions progressing for this to include Governors
- A Governor Development session is taking place in June. Topics for discussion include primary care and how this shapes up across the patch. There are also some developments with practices taking place.
- Governor elections have completed with the following people elected (uncontested):
  - Brian Swallow – Hull
  - Anthony Houfe – Service User and Carer
  - Marilyn Foster – Service User and Carer
  - William Taylor – Staff, Clinical
  - Joanne Gardner – Staff Non-clinical
- A BAME Network meeting took place with a presentation on reverse mentoring which the Chair attended. This is about, where we can within an organisation at a senior level, learn from peoples experience and understanding about BAME members of staff within the organisation.

**Resolved:** The verbal updates were noted

91/22

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

The report provided updates from each of the Directors along with a summary of activities undertaken by the Chief Executive. Of particular note were: -

- Two policies were presented for ratification, the Use of Force policy which replaces the Management of Violence and Aggression policy and the Disciplinary policy. The latter is a complete rewrite of the policy. An additional update was included around the Use of Force Act with the Chief Operating Officer identified as the responsible person in the organisation.
- Details of what the Trust has achieved around the environment, workforce, patient safety and patient experience were included in the report. This has been shared with staff.
- Whitby Hospital has been shortlisted for a design award
- Members of the Research Team were shortlisted in various categories in the new Clinical Research Network (CRN) Annual Awards. Unfortunately, they were unsuccessful, but it is a great achievement to be nominated.
- The Queen's Speech took place and attention was drawn to the changes to Mental Health Legislation and the Royal Assent for the ICS. The Establishment Order was signed on 23 June and will come into force on 1 July with Clinical Commissioning Groups (CCGs) moving into ICS. A public Integrated Care Board meeting will be held on 1 July 2022 in accordance with the guidance. The Chief Executive is a representative for the provider sector
- Reference to primary care was included in the report. There are pressures in the services due to the impact from the system particularly around the ambulance service.
- A section in the report related to strategy and have a discussion how primary care links

into service integration and wraps around services for communities. The strategy work is amazing and EMT will be seeing further work in the coming weeks.

- The Chief Executive's challenge is taking place on 23 June. A Just Giving Page has been set up for anyone who wishes to donate. All funds go into the staff health and wellbeing and Health Stars. Morale support is welcome on the day!

### **Operations Update**

The Chief Operating Officer provided an update on the operational pressures which have stabilised recently and are at OPEL 2. Thank you to our staff who are managing the pressures to enable this to take place. Pressures are high as can be seen from the performance information. We have pressures in community services in Whitby, Scarborough and Ryedale due to the wider system pressures. Other organisations within the ICS are operating at OPEL 4 level for the majority of the time albeit with some temporary reduction. These pressures are in relation to discharge of patients from the acute hospital which is a key role for our community services in Whitby, Scarborough and Ryedale and Pocklington and this also impacts on our primary care with level of demand. We continue to work with system partners to manage our own pressures, so we are not adding to the system pressures, but also to look at further improvements and developments across the system for example with virtual wards which was referred to in last month's report.

Preparation is underway for the four day Bank Holiday weekend and actions being taken to ensure that this is managed. In the system there are some reports of improved ambulance waiting times, but these are fluctuating. A reduction is being seen in infection rates for Covid, but a surge is anticipated late June/July.

### **Quality Accounts**

A draft version of the Quality Accounts has been submitted to the Quality Committee and will come to the June Board. The final version will include the four quality priorities that have been consulted on and approved by the Quality Committee. Feedback received from stakeholders is included verbatim and is very positive.

### **Future Focused Finance (FFF) Level 1 Award**

The finance team have submitted their reaccreditation application for the Future Focused Finance (FFF) level 1 award. The team have held the award since 2019 and are progressing towards level 2 accreditation.

Mr Patton referred to the areas of success and celebration included in the report suggesting that these should be included in the annual report if they aren't already. It is a fantastic achievement and should be shared wider. The Chief Executive reported that it has been circulated by a global e mail to staff and the intention is to share with stakeholders with a launch and comms. There is still work to do but it demonstrates what has been achieved in a pandemic when services still continued and did not stop.

It was queried how many Professional Nurse Advocates places are available and whether this was restricted due to training. Mrs Gledhill explained that this is a new role at a Masters level training and supports the development around quality of supervision. It is hoped that appropriate staff will take up the opportunity and go onto the programme as long as the training is available.

The stories about the Pharmacists were well received and really successful initiatives. The Chair reminded the Board that the Pharmacy team is coming to the next meeting to tell their story. On recent visits to inpatient units, the Chair heard about the positive difference that the changes have made to both staff and patients. The Estates team has refurbished the space in units and teams are really proud of how this has been transformed for patients. Mr Smith referred to opportunity for patients to discuss their medication with someone who comes to them rather than just a doctor is a tremendous positive for the inpatient experience and for patients to understand their medication.

Mr Malik asked about the international nurse recruitment and as previously discussed, the importance of giving them additional support to breach the cultural divide. He wondered if any lessons have been learnt over recent months that can be taken forward with new cohorts. The Chief Executive meets the new nurses to welcome them to the organisation. They start of currently at Hornsea which is a good base, but there are issues around cost of living and accommodation. Mrs Gledhill added that meetings are held regularly with the nurses and the trainers. All of them have passed their OSCEs. One of the areas of leaning is around the transition to the clinical services and these services are becoming more involved in the first weeks of training to familiarise them with each other. It was suggested that the Board might like to have a story from the international nurses for them to share their journey.

Further to previous discussions around policies and the ratification process, Mr Royles expected to see some commentary around the changes that had been made for example to reflect whether something is in line with national guidance, an emphasis on system learning or early resolution of issues. The Chair agreed with his comments as there was no reference to what had changed or anything the Board needed to be aware of. Some suggestions have been made outside of the meeting and it was proposed that to take this matter forward, the section for the next meeting will be circulated to Mr Royles for comments before being finalised.

Mr Smith referred to the Use of Force Act which has been raised in this report, Quality Committee and at the Mental Health Legislation Committee. He wanted to confirm the position for the public, that the Act codifies most of the work that is already done with the addition of a responsible officer. He did not want the public to take the perception that this was something new as the Trust is a positive outlier in terms of restrictive interventions. He wanted to make it clear that the organisation is all over the Use of Force Act as it is what we do. The Chair thanked Mr Smith for this clarification and context.

The Board ratified the Use of Force Policy and the Disciplinary Policy

**Resolved:** The report and updates were noted. The Use of Force and Disciplinary policies were ratified.

International nurses story to be considered for a future Board meeting **Action HG**  
Description of changes to policies for ratification to be shared with Mr Royles before presenting to Board to ensure new style of reporting meets requirements of NEDs.**Action MH**

## 92/22 **Publications and Highlights Report**

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

Mr Royles referred to the Infection Control guidance noting that the guidance for the public and NHS is not the same and suggested that an update was provided on the organisation's position in relation to visiting. Mrs Gledhill reported that all services are open to visitors with the correct risk assessment completed and the wearing of a face mask. If anyone has Covid symptoms, they are asked not to visit. More infection control guidance is expected to try and normalise Covid and what needs to be done to achieve this. Any surges or outbreaks will be managed appropriately

**Resolved:** The report and update was noted.

## 93/22 **Performance Report**

Mr Beckwith presented the report relating to the current levels of performance as at the end of April 2022 incorporating the changes discussed at the last meeting. Detailed commentary was provided on the safer staffing dashboard for on fill rates and positive assurance on the Care Hours Per Patient Day. Also included was a chart on the overall demand for services in terms of referrals to support the commentary on waiting times. Positive assurance can also be seen for clinical supervision given that the target has been increased.

The safer staffing dashboard related to March data and Mrs Gledhill reported this was a time

when eight Covid outbreaks were being dealt with which warranted increased engagement for patients who were not particularly compliant with isolating. Clinical supervision has improved compared to the month before when some units did not send in data. Good CHPPD as has been pointed out and improvement noted with registered nurse fill rates. A slight improvement was reported with sickness. No units were flagging with five red indicators and overall there are no reds for statutory and mandatory training which was good given the pressures teams were facing. Outbreaks were well managed and controlled and kept patient flow going to help reduce out of areas. Going forward we have to work with Covid and keep services going so patients have access to bed when they need them.

Mrs Parkinson provided the Board with an update on the current position relating to waiting times. The focus remains on reducing waiting times across all services Paediatric Autism Spectrum Disorder waiting times progress has slowed due to Covid related sickness in the sub contract providers. This is being covered and reassurance provided that this is being addressed.

Mr McKinnon-Evans referred to the waiting times excluding ASD paediatrics graph, asking if there is confidence when setting the plan and the budget for next year that we are doing all that we can to address the persistent rise in waiting times. Mrs Parkinson explained that the graph was provided for information to support the commentary on the front sheet which demonstrated that referrals across the board are rising into all of our service. Mrs Parkinson reported that at the moment demand is being seen for urgent responses across a lot of the services. Teams are constantly prioritising and reprioritising between routine and urgent demand. More focus on ADHD waiting times is needed and discussions with commissioners are taking place around trajectories and where additional investment is required. Mr Beckwith felt it was important to note that we operate on a block funding mechanism and plan to deliver within the financial resource available.

Mr McKinnon-Evans commented that the front sheet graph gives a volume of the total business showing an aggregate rise in demand for services overall translating into waiting times. He will raise about the link between our risk assessment and performance management and where we are trying to get to later in the meeting.

It was noted that the innovative quality and patient safety target of 85% is running at 12%. Mr Patton asked if this was an error. Mr Beckwith confirmed that this was an error that had been carried forward from the previous page and will be rectified.

On page 107 of the report the target for patients seen within two weeks of referral Mr Patton noted that it seemed to be out of kilter with a target of 60 and current in month target of 6.3. Mrs Parkinson reported that for the IAPT position there has been a change in provider and in the narrative the expectation that the six week trajectory will be back on track by the end of July with a new contract that is in place. The service is striving to ensure that it is meeting the 18 week access target.

It was interesting to see that in the past couple of months sickness levels for Covid related sickness are going down, although Mr Patton noted that it is no longer the main cause of sickness. He asked if this is due to fatigue, stress etc. Mr McGowan said it was fair to assume that vacancies and workload pressures will take its toll on staffing and will provide a breakdown of sickness data outside of the meeting. The Chief Executive explained that the Workforce & OD Committee does look at sickness detail across all services. We do look at statutory and mandatory targets and in future we will be including some detail on the community aspects of services in the performance report and data is being collated currently for this

**Resolved:** The report and verbal updates were noted  
**Breakdown of sickness figures to be provided outside the meeting Action SMCg**

Highlights included: -

The Trust submitted a budget to deliver a planned deficit of £1.011m for the 2022/23 financial year. A further planning round is expected in June where additional efficiencies may be requested to reach a breakeven position. The report is shorter due to it being a month 1 report.

At Month 1 a financial position consistent with plan has been recorded. Cash balance at the end of April was £32.008m which has increased due to the Provider Collaborative moving to invoicing rather than block income.

**Resolved:** The report was noted.

95/22 **Quality Committee Assurance Report & 2 February 2022 Minutes**

The report following the last meeting was presented. Mr Smith reported that he is attending the QPAS meeting in July as part of the recommendations from the Well Led Report. A good meeting was held. The minutes from the meeting on 2 February were provided for information

**Resolved:** The report was noted.

96/22 **Mental Health Legislation Committee Assurance Report**

The report provided details of discussions that took place at 5 May meeting. Mr Smith escalated to the Board the Implications of MCA consultation particularly in terms of workforce capacity.

The Mental Health Use of Force Act implications were considered, and this is being reviewed by the Reducing Restrictive Interventions (RRI) group which provides assurance to the Committee.

A good presentation was received on Multi Agency Public Protection Arrangements (MAPPA) and the Trust is making good progress under the leadership of Dr Yorke. Mr Smith has attended the MAPPA meeting and undertaken the foundation training. Overall good assurance is received at the Committee.

The Chair also attended the meeting as part of her annual programme.

**Resolved:** The report was noted.

97/22 **Audit Committee Assurance Report**

Mr McKinnon-Evans presented the report from the 11 May Audit Committee meeting. He reported that good assurance was provided overall. There was discussion around the Trustwide Risk Register and the salient residual risks largely relate to staffing and supply and capacity of CAMHS. The Mental Health Division representatives led an informative discussion and provided details of the process. It was very clear how the Operational Management team use risk management actively in their day to day work. There was a wider discussion about the risk methodology and linked to Mr McKinnon-Evan's previous comment raised under the performance item. There are some ambitious targets for risk management that may be unrealistic and the need to continually sense check the target levels given the resources we have to work with bearing in mind the increase in demand being seen

An update was received from Counter Fraud and details provided around the self assessment. There is one area of non compliance due to a technicality which is not likely to be fully compliant for some time and this has been previously reported. The Committee was encouraged by the activity and engagement in Counter Fraud.

Strong assurance was received from internal audit around the audit programme and heading towards a positive Opinion at year end. Good progress is being made with audit recommendations and the Committee thanked Executives for their assistance in progressing recommendations.

At the next meeting the annual report and accounts will be submitted, and external audit work is on track to meet this timescale.

Mrs Gledhill commented that it was helpful that the Committee makes the link with the risk appetite and target risks and starts to see risks and understand them better. This is the mantra that needs to go out across teams to ensure it is considered and the link made as everything cannot be low risk due to the environment we are working in. Discussions have been held with Mr Sims with when working with managers to ensure there is that discussion. Mr Sims has also been asked to put something in place to capture when target risks have been met which can be detailed in the annual report to show how realistic they are. This is a learning curve as we go forward with what is trying to be achieved and the risk appetites does give this and reinforces it. Mrs Gledhill thanked the Audit Committee for discussing and progressing this area.

Mr McKinnon-Evans clarified that he was not encouraging people to be complacent or not to chase better performance or better risk management. The art is to connect risk management, performance management, resource management decisions and all of that action plan that goes together. Connecting up is really important and will be a focus of the Committee going forward.

Mr Royles complimented and echoed Mrs Gledhill's response around risk management. It is a sign of a maturing organisation and start to see risk and understand them better and determine what the risk appetite is and how we live with it. It is good to see that kind of debate coming through. There was also a good discussion at the Governor Development session around risk and how it was assessed.

Dr Byrne noted that the Committee reviewed cyber security. He asked Mr McKinnon-Evans from a professional perspective whether assurance can be taken for everything the Trust is doing in this area given it is one of the high risks. Mr McKinnon-Evans has been a SRO in this area in a previous organisation and was a concern as the risk cannot be eradicated completely. The Committee received a report about Cyber at the meeting and he took assurance from a number of things including that you can't eradicate the factuality of threats either through malice or unintended and slips and trips incidents tend to be around data security accident or human error as well as malicious external.

The Committee discussed this at meeting identifying the dynamic threat environment and taking action on the technical infrastructure, soft and hardware, the skills, not only technical skills but of all members of staff on being data security aware backed by process and policy and discussed about behaviours. The Committee took assurance that all these things are understood and being worked on. Assurance was provided that the IG group had the right attendance. It is never ending, and we cannot rule out that something will happen at some time, but the work being done with staff and ensuring that IT functions are as strong as they can be

Dr Byrne appreciated the response, and it was helpful with the aspiration to be a digital organisation. We will be able to articulate this how we think about cyber security as we do deal with confidential and patient information. Dr Byrne noted with interest the reference to slips and trips and that there is always the human error factor. It does help that Cyber is talked about and that it is understood that there are some things that rely on individuals. Mr Beckwith advised not thinking about only a cyber risk as information can be on a letter as well as in an e mail to a wrong address for example.

**Resolved:** The report was noted

98/22

### **Collaborative Committee Report**

The paper provided an executive summary of discussions held at the meeting on 28 April 2022. The Chief Executive chaired the meeting which was not quorate and main issue for lack of decisions made. Good discussions were held at the meeting. Good learning in relation to the quality work and the community development of Eating Disorder pathways which are really

positive as we move to a more preventative approach to support people in the community and in their own homes.

There is still more work to do on the risk register which hopefully will come back to the next meeting. An update was received on the Schoen clinic which received an inadequate CQC rating. The Trust is a commissioner not a provider and admissions have been temporarily paused

The Chief Executive thanked David Harvey, Clinical Director and Mrs Gledhill for their invaluable support and contribution to the Committee

**Resolved:** The report was noted.

99/22

### **Annual Committee Effectiveness Reviews & Terms of Reference**

The effectiveness reviews for the Trust Board and each of the Board's sub Committees for 2021/22 were presented. The effectiveness reviews demonstrate good governance with Committees and Board meeting the requirements of their terms of reference throughout the year. The terms of Reference for Board and each Sub Committee were presented for approval.

### **Quality Committee**

Mr Smith reported excellent support from QPAS to the Committee and Committee papers are of a good standard. The Committee operates will under the leadership of Mrs Gledhill. The effectiveness review was noted and the Terms of Reference approved.

### **Finance & Investment Committee**

The meeting is well supported. Mr Patton thanked Ms Norton who provided support before she left the organisation. The Well Led Review suggested that another Non-Executive Director (NED) attends the Committee. When the new NED is in post the membership will increase to three NEDs from two,

The effectiveness review was noted. The Terms of Reference were approved.

### **Workforce & Organisational Development Committee**

Mr Royles reported good support from the Workforce team during the year.

In relation to the Terms of Reference, there is mention of a NED being appointed as a Deputy Chair. On other Terms of Reference, the wording states that another NED will take over the Chair should it be necessary. It was agreed that this would be amended to reflect this

The effectiveness review was noted. The Terms of Reference were approved subject to amendment to reflect that in the absence of the Chair another NED would take over.

### **Charitable Funds Committee**

No changes have been made to the Terms of Reference. Work continues to be progressed. Mr Malik commented that he is not listed in the attendance list in the effectiveness review. Subject to this inclusion, the effectiveness review was noted, and the Terms of Reference approved.

### **Collaborative Committee**

The effectiveness review was presented. Mr McKinnon-Evans minor amendment to the Terms of Reference under the role/purpose section where the word "provide" was omitted. The sentence should read:-

*"The purpose of the Collaborative Committee is to **provide** assurance to the HTFT Board on matters of finance, quality assurance and performance ensuring delivery of the overall HCV Specialised Provider Collaborative aims to transform care for people in low and medium secure mental health services, CAMHS in-patient and Adult in-patient eating disorders*

services”.

It was felt that with the emerging landscape, the frequency of the meetings for example may be reviewed and this will be progressed during the year.

The effectiveness review was noted and the Terms of Reference approved, subject to the identified amendment being made.

### **Mental Health Legislation Committee**

A good year was reported for the Committee. The sub group is working effectively and as a consequence of its work, Committee meetings are reducing in length. The use of Section 4 when a second doctor is available has been at nil for some time and Dr Byrne was thanked by the Committee for his work in this area. Mr Smith also thanked Ms Sparkes and Ms Nolan for their support to the Committee.

The effectiveness review was noted, and the Terms of Reference were approved by the Board.

### **Audit Committee**

The effectiveness review for the Committee was positive and good assurance received. A minor amendment was requested to the Terms of Reference to change “Chairman” to “Chair”. Mr Beckwith reported that some other changes had been identified after the last meeting had been held. These related to reference to NHS Protect on page 4, which needs amending to NHS Counter Fraud Authority; on page 7, the reference at the end of the counter fraud paragraph should read 24 as there are now 4 subsections, and the reference to NHS standard contract needs to be removed.

The effectiveness review was noted and the Terms of reference approved subject to the amendments identified

### **Remuneration and Nomination Committee**

The effectiveness review was presented to the Board. Some amendments have been made to the Terms of Reference which were highlighted in the document. The Chair thanked everyone involved in the Committee for their advice and support.

The effectiveness review was noted, and the Terms of Reference approved.

### **Trust Board**

The Chair thanked Mrs Jones and the Board Support Unit for their assistance over the year. The Chair has learned about the working of the Board and in year adjustments are made as required. No changes were proposed to the Terms of Reference although there are ongoing discussions about future meetings and time outs which may result in some changes going forward.

The effectiveness review was noted and, the Terms of Reference were approved.

The Chief Executive is not a member of the Committees but does attend when possible. Her thanks were expressed to the NEDs for the undertaking of chairing the sub Committees and the associated work. The Well Led Review recognised the good work taking place in the Committees and it was good to see such positive effectiveness reviews. EMT has also undertaken an effectiveness review which will be shared with the Board

**Resolved:** The effectiveness reviews and Terms of Reference for Board and Sub Committees were approved, subject to some minor changes as identified in the discussions.  
Workforce & Organisational Development Committee terms of Reference to be amended to reflect that in the absence of the Chair another NED would take over **Action MH**  
Charitable Funds Committee – Mr Malik’s attendance to be added to the effectiveness review.  
**Action MH**

Collaborative Committee Terms of Reference to be amended under Role/Purpose to include the missing word as described in the minute **Action MH**  
Audit Committee terms of Reference, amendments to be made to reflect Chair not Chairman, NHS Protect to NHS Counter Fraud Authority and NHS Standard contract reference to be removed **Action MH**  
The effectiveness review for EMT to be shared with the Board **Action MH**

100/22 **Council of Governors 13 January 2022 Minutes**

The minutes of the public meeting held on 13 January were presented for information.

**Resolved:** The minutes were noted

101/22 **Risk Management Annual Report and Risk Management Strategy Update**

The report provided an overview of risk management activity across the Trust for 2021/22 summarising the developments and year-end position for risks on the corporate risk register as well as providing an update on the implementation of the Trust Risk Management Strategy and delivery of risk management ambitions. The report has been to most of the Board Sub Committees for information.

A summary of the total number of risks was provided in the report by the recorded current rating for April 2021 and March 2022 to highlight the movement in-year for 2021/22 and reflected the 'confirm and challenge' arrangements in place within the Trust. At year-end for 2021/22 there were 6 risks reflected on the Trust-wide risk register which records all risks currently scored at a rating of 15 or above for 21/22. There are 169 risks held across on the Trust's risk registers and represents year-end position for 2021/22.

Mr Sims explained that risk FF1205 is going to be reviewed in the new financial year and rescoped and rescored accordingly. A view will also be taken from the Board going forward around the waiting list risks which link in with the national position.

In terms of risk ambitions there has been work in year to move this on. Positive performances were recorded in the Board Assurance Framework and Risk Management internal audits that were undertaken and the recommendations from the reports have been addressed.

Further work to be progressed is to re-embed the training arrangements across the organisation and putting in additional support for staff. Implementation of Risk Management champions is in the three year strategy and the work that has started will be taken forward. The learning from the Well Led Review has been implemented and will ensure that timelines for review and timescales of when the risk was scoped are included so there is a clear trail. Any risks with initial current and risk scores that are the same with mitigation will also be effectively challenged within the governance reporting arrangements.

It has been a positive year overall. With the move to getting back to normal after Covid, future work includes promoting the use of Datix more effectively with Divisions and ensuring that new staff in the organisation receive Risk Management induction to help embed that risk is everyone's responsibility in the organisation.

Mr McKinnon-Evans confirmed that the report was discussed at the last Audit Committee meeting. Good assurance was received from internal audit and good examples of discussions around risk being embedded in operational management. It was encouraging to see and for Mr Sims to keep up the good work. He asked if during the year was a review of anything that went wrong undertaken and whether this is included in the process. Mr Sims explained that all patient safety incidents are considered for the previous 24 hours at the daily huddle meeting. As part of this process further assurance can be requested and if it is felt there is further risk it is escalated to the relevant division or to Mrs Gledhill. There is also work to ensure that divisions are learning from incidents and any findings are implemented. Initial and post investigation assessment for Serious Incidents and SEAs are undertaken.

Mr McKinnon-Evans said that he was referring more to an event at an organisation level or a non patient instance that didn't go as expected. He felt it was good to have some reflection in risk discussions as if documentation is good and systems and process are in place, other discussions may not take place. The Chair suggested a case study to illustrate this may be helpful for a future report.

Mrs Gledhill confirmed that the daily huddle picks up non patient incident reporting too. The methodology at these meetings does also consider if there is anything else that needs to be escalated to the Risk Register. Consideration of the any risks is also part of all agendas so there is the constant reminder to discuss this aspect.

Dr Byrne suggested benchmarking our risks against NHSE risks to see if there are any that the Trust should be considering. Mr Sims felt this would be useful and will consider how to take this forward and welcomed any suggestions from Board members.

**Resolved:** The report was noted

**Consideration to be given to benchmarking NHSE risks against the Trust's and how this could be progressed Action HG/OS**

#### 102/22 **External Review of Governance Action Plan Update**

The updated action plan to demonstrate progress against actions to address the recommendations arising from the external review of governance was presented. All actions to address the recommendations are underway and on track for delivery within the required timeframe.

The external review of governance was formally reported to Board in April 2022, and it was agreed the action plan to address the recommendations within the report would be reported to Board monthly through to completion. A review of embeddedness of the actions will be undertaken in quarter 3 and reported to Board.

The Chair thanked Mrs Hughes for her support to her during the review and since she has been in post as Chair.

**Resolved:** The report and action plan were noted

#### 103/22 **Annual Declarations 2021/22 Report**

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

Audit work is being undertaken in this area and the outcome will be shared when completed. The Chief Executive explained that this is an important part of the declarations that are made as a Foundation Trust. She confirmed to the Board that the Well Led Report has been shared with the NHSE Regional Director and acknowledgement has been received.

The Trust is required to make annual declarations after the financial year end and was asked to approve the following annual declarations, based on the evidence included in the report.:

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

**Resolved:** The Board approved the annual declarations for 2021/22 as detailed in the report

104/22 **Humber and North Yorkshire Health and Care Partnership – Mental Health, Learning Disabilities and Autism Collaborative Programme Update**

The Chair welcomed Mrs Flack to the meeting to present the report.

Mrs Flack explained that this was the quarterly update for the work of the partnership. She highlighted that work over the last few months has been around the planning submissions and triangulating the finance activity and workforce submissions across all of the providers in the footprint. As a result of this there are a number of recovery plans where the trajectory has not been met.

Another big piece of work was the safe and wellbeing reviews for people with a Learning Disability in inpatient settings. These were to ensure patients were safe and well and had future plans for discharge. A learning event was held yesterday about the common themes and how to improve processes to ensure patients are kept safe and well. Good example of the system working together and good clinical engagement

Health and justice bid – we continue to recruit to posts. There are three test and learn sites one in Hull and continue to build relationships with Director of Children's Services and the regional probation service. More detail to be provided as the programme develops.

Long term strategy plan for Children and Young people - the Executives received a report on a co-production piece of work with Mind as to what young people want from a digital offering of support for their mental health and this work is being taken forward

The Chief Executive said that as we move to change from leadership lead to collaborative lead due to her work with the ICB Board. A Chief Executives meeting has been established which is chaired by the Chief Executive and will continue to be joint SRO. Work is progressing to develop the accountability structure and to what sits in other portfolios and what sits in the collaborative and to try and move some of the transactional work. The Trust continues to be the host and lead provider.

Dr Byrne welcomed the report and asked if this is shared with other boards within the collaborative. Mrs Flack explained that the report was prepared for the Trust as other briefings are prepared for other provider senior leadership teams. Dr Byrne felt as it was system wide others should be seeing this. He also referred to the digital issue raised in the report and was interested to know what the dashboard is who's doing it and what difference it will make to providers such as the Trust. Mrs Flack reported that inter-operability has increased the number of SMI physical health checks that are being recorded. These were happening but there are now improved systems to be able to do the recording. There has been a significant increase in Q4 particularly in low performing areas. Mr Rickles has now been assigned to the partnership as the digital lead which is helpful.

Dr Byrne asked if more explanation could be given around the IT Community inter-operability issues as the whole point of the Yorkshire and Humber Care Record is to ensure that there are no inter-operability issues. In relation to the dashboard, Mrs Flack reported that some funding has been provided to work on this with NHS England to give a snapshot across the ICS as at the moment providers record different information and want to move to consistent reporting. Focusing on Eating disorders first and will focus on numbers of referrals, numbers waiting for assessment and treatment etc. Dr Byrne commented that there have been some resources through the YHCR and asked if Mr Rickles is involved in this area of work. Mrs Flack said he has not been directly involved but will be going forward and is aware of the work that is going on. Dr Byrne felt it was important that there isn't duplication around dashboards.

The Chief Executive appreciated this and explained that due to working across various systems, the input of Mr Rickles will be helpful. The SMI is a different issue as it wouldn't work with YHCR due to inter-operability issues and why additional funding was provided and

increased the coverage of the SMI piece. The other issue is around the local authority piece and liquid logic. Mr Rickles input will be appreciated in this and to raise the profile in the ICS around YHCR as there is more that can be done to stop the duplication. Dr Byrne felt it was important to remember about the Digital Strategy is and where it is going, and Mr Rickles involvement will provide some protection going forward and to align the workstreams. In terms of liquid logic, he reported that good progress is being made to integrate with YHCR and will help when comes to social care information. Lots of systems are already feeding into this. People are working really hard with SMI and it's good that the data is being captured.

The Chair thought that a system wide update is a good suggestion to take away. As the lead provider she felt it would be good for each board to receive the same update. The Chief Executive does stress to the Chief Executives that something is taken to their boards and the report is shared with them. It is important from a lead provider perspective that the Trust received updates from all of the workstreams including the voluntary sector and will feed this suggestion into the process,

**Resolved:** The report was noted

105/22

### **Health Stars Annual Review**

The report was provided to the Trust Board as Corporate Trustee of the Charity and gave an update on the progress Health Stars is making against the agreed charity strategy for Humber Teaching NHS Foundation Trust charitable funds. Mr Smith declared an interest as he chairs the Charitable Funds Committee at The Rotherham NHS Trust.

Mr McGowan explained that due to the timings for the Board meeting, the report has not been to the Committee. Mrs Winterton reported that it has been a challenging year for fund raising for Health Stars with plans being cancelled. She was pleased with the engagement for the Whitby Hospital appeal and the work of the Task and Finish Group to progress it last summer. A high number of Wishes have been received to help patient and service users. Future fundraising is planned with events including the Chief Executive's Challenge and a golf day. A grant of £66,000 has just been confirmed from by NHS Charities which will fund a Health Trainer role to support staff.

Mr Malik said that with the transition to Mr McKinnon-Evans as Chair, the action around the review of the charity has not been progressed yet. He noted that other reports discussed today include robust action plans with a degree of ownership and deliverables, but this was not there for the charitable funds. He emphasised that this was not a criticism of the Smile team, as it has been a very difficult time during the pandemic, but he did recommend that the review takes place in the near future and that the outcome from that is that there is a robust action plan with deliverables, timescales and key targets as outlined in the KPI paper to come. He felt that what was missing was the middle tier beyond EMT ownership and the operational support to Mr Barber and Mrs Winterton. Mrs Winterton appreciated the comments and thanked Mr Malik for his support during the year.

Mr Smith said it is a common theme around Exec support and one of the things that impressed him about Health Stars when they first came to the trust was the move from being grant funded to a strategic partnership. Have seen this through Inspire appeal and the Children's Centre but there is some more work is to be done. As things improve for the charity sector there is always competition from other charities eg Ukraine but is the time to step up as a complete Trust team and provide support to the charity as we will get it back in spades in relation to patient care.

Mr Royles and Mr Beckwith were on a visit recently where it was mentioned about the Wishes and how well they had been received. Mr Patton echoed this as he too had been part of visits where the team appreciated the additional support received through the Wishes. He commented that PICU is also keen to have some Wishes to provide outside seating. It was good to see these requests progressing within the units.

The Chair suggested that the Committee look at when a job is done how it can be publicised

and spread the message particularly to those people who donate. Mrs Winterton said there is a close working relationship with the Communications team to share case studies, publicising and with external media support.

**Resolved:** The report was noted.

**Timescale for the review and action plan on the action log to be considered Action SMcG**

106/22 **Health Stars Key Performance Indicators 2022/23**

The report was provided to the Trust Board as Corporate Trustee of the Charity and provided the Board with a proposed suite of KPIs for 2022/23 against which Health Stars performance will be measured.

Mr McGowan explained that the Health Stars Key Performance Indicators (KPIs) were carried forward from 20/21 into 21/22. The Committee has not had the opportunity to discuss these yet but there has been an e mail exchange with the Committee chair.

Mr Patton had some points in relation to:

- Engagement and the total number of Wishes being 150 per year. He suggested that this would depend on the value of them as some may be greater than others and suggested this was considered.
- Minimum of one media story per quarter did not in his view, seem aspirational and he would like to see more media coverage.
- Use of Facebook he could not give a view on this as there was no benchmarking or idea of what other charities have
- Number of Wishes from patients – is this aspirational enough?
- Staff lottery – he was not sure that people taking part in the lottery signifies staff engagement in the charity. There is a lot of engagement but no measure of it.

The Chief Executive did send some comments in and will recirculate these to Mr McGowan as some referred to the points raised. She felt they needed to be more stretched, and more about communication ensuring that staff do fund raise for our own charity as sometimes fundraising events are undertaken for other charities. Engagement for staff was not just about them appreciating the Wishes, but more about the fund raising piece and engagement from staff contributing to the fund. The KPIs were a good starting point to build on.

Mr McKinnon-Evans felt the feedback was helpful and as already mentioned, a review will be undertaken on the charity with a report back to the Charitable Funds Committee in December. The Chair felt that the report could not be approved today suggesting that some further discussions take place around how this will progress and an update provided to the Board in a timescale that fits in with the Committee meetings. The Chief Executive proposed that a discussion take place at the next Charitable Funds meeting.

Mr McKinnon-Evans asked that the KPIs remain for the time being so that colleagues know what is being worked towards. The Chair agreed to the request, but would like something to come back to Board on 22/23 KPIs as soon as possible

**Resolved:** The report was noted

**KPIs to be considered by the Committee and an update on 22/23 KPIs to come back to the Board Action SMcG**

107/22 **Standing Orders, Scheme of Delegation and Standing Financial Instructions Annual Review**

A review of the document has been completed. The report identified three proposals for change, two of which referred to the Remuneration Committee Terms of reference which have been approved earlier in the meeting.

As a consequence, the Board was asked to approve the changes to the Standing Orders, Scheme of Delegation and Standing Financial Instructions to reflect the proposed changes below.

- Page 34 Section C: Scheme of Matters Reserved to the Trust Board and Delegation  
Following agreement of terms of reference at Rem Comm it is proposed the 4<sup>th</sup> bullet point under 'Appointments/Dismissal' is removed ie remove: *"Approve proposals of the Remuneration and Nomination Committee regarding Directors and senior employees and those of the Chief Executive for staff not covered by the Remuneration and Nominations Committee."*
- Page 52 section 18.1.4  
Following agreement of terms of reference at Rem Comm it is proposed 18.1.4 is removed ie remove: *"18.1.4 Approve proposals presented by the Chief Executive for setting of remuneration and conditions of service for those employees and officers not covered by the Remuneration and Nomination Committee."*
- Page 61 – Table  
The financial thresholds have been reviewed in recognition of the Trust operating as the Lead Provider for the Humber Coast and Vale Specialised Mental Health, Learning Disability and Autism Provider Collaborative, which has been live since the 1<sup>st</sup> October 2021 and is part of the Trusts approved budget. The revised thresholds enable the timely authorisation of invoices without the need for dual authorisation (from Non-Executive Directors), and in recognition that finance reports are provided to the Collaborative Committee on a regular basis. reports Authorisation for the Director of Finance would be for £50,000-£249,999, the Chief Executive £249,999-£750,000. All invoices over £750,000 will require Board approval

Mr Royles asked if we are talking about an annual amount or a contractual amount as sometimes it is not clear. He felt this reflected to an annual amount. Mr Beckwith explained the comment was more about contract approval and within Scheme of Delegation contract approval is to do with annual amounts as opposed to the life of the contract. This was following a discussion some years ago where there were relatively low value contracts which ran for some years. The table referred to in the report is for individual invoices. At the moment there is one provider under Provider Collaborative with an annual invoice for £600k – 700k and previously as agreed, a NED considers this before the Chief Executive signs it, but if the proposals are approved today it would negate this additional step being needed.

**Resolved:** The Board approved the proposals outlined in the paper to the Standing Orders, Scheme of Delegation and Standing Financial Instructions

108/22 **Items for Escalation**  
No items were raised.

109/22 **Any Other Business**

**Jubilee Bank Holiday**

The Board was updated that staffing for services is being reviewed for the period. There will also be some spot prizes to support staff on delivering activities and service user involvement etc. There will also be a top team prize. More information will be circulated outside the meeting.

110/22 **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.

111/22 **Date and Time of Next Meeting**

Wednesday 22 June 2022, 12.30pm via Microsoft Teams

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