

Council of Governors Public Meeting Thursday 13 October 2022

For a meeting to be held at 2.00pm by Microsoft Teams.

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

The meeting should last two hours and there will be a comfort break for five minutes every 45 minutes. Governors do not have to be on camera during the meeting. However, it would be helpful if Governors could be on camera for asking questions/making comments. Please click the relevant icon to be called and where approval is required.

		Lead	Action	Report Format
Standing Items				
1.	Apologies for Absence – Pete Beckwith	CF	To note	verbal
2.	Declarations of Interest	CF	To receive & note	√
3.	Minutes of the Meeting held on 13 July 2022	CF	To receive & approve	√
4.	Actions Log and Matters Arising	CF	To receive & discuss	√
5.	Staff Story: Sarah Hicks – Mental Health and Wellbeing Coach	SMcG	To note	√
Items for Approval				
6.	No Items for Approval			
Board Report Backs				
7.	Chair's Report	CF	To note	verbal
8.	Chief Executive's Report	MM	To receive & note	√
9.	Non-Executive Director Chairs of Sub Committees Assurance Reports & Feedback	NEDs	To receive & note	√
Governor Items				
10.	Council of Governor Governor Sub-Groups Feedback	SC/DP	To receive & note	√
11.	Governor Support Proposals Action Plan	CF	To receive & note	√
12.	Governors Questions – topical issues not already covered or discussion re any questions	All	To discuss	verbal

	received in advance			
	Performance & Delivery			
13.	Performance Update	IO	To receive & note	√
14.	Finance Report	IO	To receive & note	√
	Corporate			
15.	Trust Strategy Update – Sarah Clinch, Senior Partnerships and Strategy Manager attending	IO	To discuss	verbal
16.	Public Trust Board Minutes – June & July 2022	CF	To receive & note	√
17.	Any Other Business			
18.	Date, Time and Venue of Next Meeting Thursday 19 January 2023, 2.00pm via Microsoft Teams			



Agenda Item 2

Title & Date of Meeting:	Council of Governors Public Meeting – 13 October 2022			
Title of Report:	Declarations of Interest			
Author/s:	Caroline Flint Trust Chair			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	To provide the Council of Governors with an updated list of declarations. Declarations made by Governors are included on the publicly available register.			
Key Issues within the report:				
Matters of Concern or Key Risks to Escalate:		Key Actions Commissioned/Work Underway:		
<ul style="list-style-type: none"> No matters to escalate 		<ul style="list-style-type: none"> N/A 		
Positive Assurances to Provide:		Decisions Made:		
<ul style="list-style-type: none"> Governor declarations updated 		<ul style="list-style-type: none"> 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				
	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	

Governors' Declaration of Interests

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

	William Taylor (clinical)	To be confirmed
	Tom Nicklin (non clinical)	To be confirmed
	Sharon Nobbs (non clinical)	<ul style="list-style-type: none"> • None
	Joanne Gardner (non clinical)	<ul style="list-style-type: none"> • None
Appointed	Cllr Chambers (Hull City Council)	<ul style="list-style-type: none"> • None
	Cllr Julie Abraham, East Riding of Yorkshire Council	To be confirmed
	Jacque White Hull University	<ul style="list-style-type: none"> • Reader and Mental Health Strategy Lead, Faculty of Health Sciences and Student Services, University of Hull <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 https://www.hull.ac.uk/staff-directory/jacque-white</p> <ul style="list-style-type: none"> • I represent the University on the Oversight and Delivery Group for the HCV Partnership Mental Health, Learning Disability and Autism Collaborative Programme • I am a member of <ul style="list-style-type: none"> • Mental Health Nurse Academics UK, • the RCN • the Labour Party • A Trustee of The Warren Youth Centre, Hull.
	Andy Barber, Voluntary Sector, SMILE	<ul style="list-style-type: none"> • Charity Manager for SMILE currently working on the Charitable Funds redevelopment for the Trust • ICS VCSE Board Member • Trustee Making a Difference Locally • Trustee Holderness House • Interim CEO Beverley Consolidated

		Charity • VCSE representative for East Riding Place
	Jonathan Henderson, Humberside Fire & Rescue	• To be confirmed
	Jenny Bristow, Humberside Police	• None

Agenda Item 3

**Minutes of the Council of Governors Public Meeting held on
Thursday 14 July 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
Tony Douglas, East Riding Public Governor
Marilyn Foster, Service User & Carer Governor
Patrick Hargreaves, Hull Public Governor
Tom Nicklin, Staff Governor
Doff Pollard, Whitby Public Governor/ Lead Governor
Helena Spencer, Hull Public Governor
Brian Swallow Hull Public Governor
William Taylor, Staff Governor

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
Jenny Jones, Trust Secretary
Katie Colrein, Membership Officer
James Collier, Communications Officer

Apologies:

Cllr Julie Abraham Appointed Governor East Riding of Yorkshire Council
Andy Barber, Appointed Governor, Smile Foundation
Cllr Linda Chambers Appointed Governor, Hull City Council
John Cunnington, East Riding Public Governor
Tim Durkin, Wider Yorkshire & Humber Public Governor
Craig Enderby, Staff Governor
Joanne Gardner, Staff Governor
Anthony Houfe, Service User and Carer Public Governor
Soraya Hutchinson, East Riding Public Governor
Ruth Marsden, East Riding Public Governor
Sharon Nobbs, Staff Governor
Jacquie White, Appointed Governor, University of Hull
Lynn Parkinson, Chief Operating Officer

The meeting was held virtually via Microsoft Teams and was also live streamed.

The Chair welcomed new Governors to the meeting and introductions were made

32/22	<p>Declarations of Interest Any changes to declarations should be notified to the Trust Secretary. The Chair requested that if any items on the agenda presented anyone with a potential conflict of interest, they should declare the interest and remove themselves from the meeting for that item.</p>
33/22	<p>Minutes of the Meeting held on 14 April 2022 The minutes of the meeting held on 14 April were agreed as a correct record.</p>
34/22	<p>Matters Arising and Actions Log The action log was noted and no matters arising were raised.</p>
35/22	<p>Patient Story – Abbie’s Story The Council of Governors heard from Abbie-Leigh about her journey through services and how she became involved in volunteering. Abbie-Leigh was supported by Emily, Clinical Psychologist who she volunteers with. Abbie-Leigh’s experience of using services helps her to understand all aspects of the service and what patients are experiencing. Confidence was something that Abbie-Leigh struggled with, but this has significantly improved, and she now leads groups. She was involved in the Covid vaccination programme and became a telephone befriender, and keeps in contact with this person. Volunteer work included the Recovery College and developing a podcast to help others. Abbie-Leigh volunteers at Westlands and joins in with the assessments, MDTs and other areas of work. Gaining in confidence has enabled her to progress a Masters’ course in Cognition and Neuroscience.</p> <p>Hanif Malik is assisting the Engagement Management with the Hull Youth Action group and asked Abbie-Leigh what would be helpful to encourage young people to become involved and how they could be retained. Abbie-Leigh said it is not always clear on what volunteers do or how they can get involved. They need to find something they enjoy doing and be supported by members of staff.</p> <p>Doff Pollard thanked Abbie-Leigh for sharing her story. She asked her what the most important thing the trust has done to help her on her journey. Abbie-Leigh responded that it was the support received that makes the most impact.</p> <p>In response to Dean Royles question around skills and learning and what was key to this, Abbie-Leigh explained that it was about knowing where the boundaries are and getting to know this as a person and how it could lead to a career going forward. Experience of being included in handover meetings and making a contribution is also helpful.</p> <p>Jenny Bristow explained her role to Abbie-Leigh in that she is a Police Officer as well as an appointed Governor. She thanked her for sharing all aspects of her story and how she had turned her life around which is fantastic to hear about and showing that anything is possible. She wished her well for the future. Abbie-Leigh felt that her experience as a patient had helped her understand others and understand what they are going through. Emily added that being an expert by experience helped her relate to patients more and that she is an inspiration to both patients and staff.</p>

	<p>Stuart McKinnon-Evans asked if there was a point in the journey where Abbie-Leigh felt that she was a different person with the new confidence she had found. Abbie-Leigh said that it was an ongoing thing and that it was bit by bit progression.</p> <p>The Chief Executive congratulated Abbie-Leigh for her achievements and for sharing her story. She felt it needed to be shared so that staff also know about the work that volunteers do and to spread the work that has been done on the podcast.</p>
36/22	<p>Chair's Report The Chair provided a verbal update on her recent activities.</p> <ul style="list-style-type: none"> • Non-Executive Director appraisals took place with Sue Cooper. The Chief Executive appraisal was also carried out with Francis Patton, Senior Independent Director. • A small working group was established to look at support to Governors with a report later on the agenda. • Two Governor Development days have been held. The latest one was in a new format and included NEDs who chair Committees having an informal question and answer session about their work. A presentation on risk and how this is assessed and managed in the Trust was given. There was also a presentation on Primary Care for services across the Trust with a particular focus on GP practices and health inequalities. • An induction session for new Governors was held this week • The knowledge visit programme for NEDs and Governors is being progressed • The Council of Governors has ratified the appointment of Dr Phillip Earnshaw as the new NED at its private meeting held today. Phillip will be joining us from 25 July • Interviews have taken place for the Medical Director and Head of Corporate Affairs post and the recruitment process is being progressed. • The Chair visited Westlands and Townend Court since the last meeting. There was also a staff awards event in Scarborough this week and an opportunity to meet District Nurses and Specialist nurses from the community teams • A meeting with residents from Market Weighton was held and a further meeting planned <p><u>Resolved:</u> The verbal updates were noted</p>
37/22	<p>Chief Executive's Report The Chief Executive presented her report which gave an update on the local issues. The Council's attention was drawn to:</p> <p>Recruitment Process As mentioned by the Chair the process to appoint the Medical Director and Head of Corporate Affairs is progressing.</p> <p>Chief Executive's Challenge Thanks were extended to everyone who took part in the cycle ride with the Chief Executive. Over £6,000 has been raised so far for Health Stars to benefit patients and the staff health and wellbeing fund.</p>

Menopause Friendly Employer

The Chief Executive is delighted with this recognition and thanked everyone involved for their contribution.

Awards

Various awards were detailed in the report, and these are a positive achievement for staff and a tribute to the work they are doing.

Mental Health Act Proposals

Detail was included in the report re this, and changes are being progressed. The Chief Executive thanked Mike Smith for his help and support to the Executive team and also the Mental Health Legislation Committee (MHLC).

0-19 Service

The Trust is pleased to welcome the 0-19 service for Hull into the organisation. Close working with the East Riding 0-19 service is being established to integrate these services and reduce variation across the patch.

Prison Service Tender

The Trust does not provide Prison services however when the Hull Prison tender came up, a decision was made to put in a joint bid with Tees, Esk & Wear Valley (TEWV) NHS Foundation Trust to provide the community element which links into community Forensics which has been successful.

Zero Events & Communications Update

Detail was provided in the report for these areas.

Integrated Care Service (ICS)

The Integrated Care Service (ICS) went live on 1 July 2022 and a first Board meeting was held that day with the second meeting held this week. The Chief Executive is a member of the Integrated Care Board (ICB) and also the lead for the Provider Collaborative element and innovation work.

Most of the place leads have now been identified for the six places in the ICS. The Chief Executive is hosting a staff webinar on 21 July which Governors can join if they wish. Confirmation of the place leads is below:

Area	Place Lead (NHS Rep)	Chair (Local Authority)
North Lincs	Helen Kenyon	Rob Walsh
York	TBC	Ian Floyd
North Yorkshire & York	Wendy Balmain	Richard Flinton
North Lincs	Alex Seale	Peter Thorpe
East Riding	Simon Cox	Caroline Lacey
Hull	Erica Daley (Interim)	Matt Jukes

Covid Update

Extreme pressures continue to be seen as demand for services has not subsided. Acuity of patients continues to be high in services.

Out of area placements has dramatically decreased which is positive news. Covid rates are increasing with 10 patients testing positive, there is also high staff sickness

increase due to Covid. Infection prevention guidance is being reviewed regularly and a number of wards have reverted back to mask wearing and social distancing. Winter planning work has started in the organisation and with partners for the system in preparation for winter and also the flu vaccination season.

Doff Pollard thanked the Chief Executive for the updates. She was particularly interest in place and the role that Governors may have in supporting the ICB and the need to ensure there is the understanding how things are being worked through and the opportunities as Governors, to to know of the integrated work that is taking place. The Chief Executive said that time has been spent on discussing membership and how Governors’ link with members. This is one of the reasons that it was included in the job description for the Head of Corporate Affairs to have the connection between Governors and place.

Resolved: The report and verbal updates were noted.
Details of the webinar to be shared with Governors and Place leaders to be shared with Governors and NEDs **Action KC/JJ**

38/22

Chairs of Trust Board Sub Committees’ Report

The Chair explained that following discussion at a Governor Development Day, a suggestion was made for NEDs to provide updates to the Council of Governors on the work they undertake. Verbal updates were provided at today’s meeting, with will be written reports for future meetings.

Stuart McKinnon-Evans, Chair of Audit Committee, Collaborative Committee & Charitable Funds Committee provided updates on these areas

Audit Committee

The Trust is in a good shape from an audit and control perspective based on the work of the internal and external auditors, specialised Counter Fraud team, information that comes to the Committee from the Executives, performance and risk management. At the meeting on 21 June, the focus was on year end reporting. Significant assurance was given for the Trust’s control framework.

Collaborative Committee

It has been establishing provider oversight arrangements through the collaborative approach of a number of organisations from NHS independent and third sector, to provide Child and Adolescent Mental Health Services (CAMHS) and in patient providers of adult low secure and specialist services. The Trust is the lead provider and committed to provide arms-length approach.

Arrangements have been in place for nearly two years. Working arrangements are still bedding in and were endorsed by the recent Well Led review. There has been a particular focus on the Schoen Clinic and urgent action taken on receipt of a CQC report. It is an early case study around how we can respond to an issue on our patch. Teams generally are reporting that this is adding value to services which is working well and still developing.

Charitable Funds Committee

The charity has had a difficult time raising funds over the last couple of year and work is taking place with them to reinvigorate this and the channels that funds can be raised and identify a clearer statement around funds for future campaigns.

More examples of the work of the charity are included in the Chief Executive’s report.

Mike Smith, Chair of Mental Health Legislation and Interim Chair of Quality Committee gave updates on the recent meetings

Quality Committee

The last meeting was in May and considered patient safety strategy refresh and approved the Quality Accounts. The Committee looked through medicines management work with pharmacy technicians and the innovations with as a result of the Community mental health survey. Patient safety training and White Ribbon ambassadors and there is a White Ribbon action plan.

Research and development work was reviewed. There was an action from the Well Led review for the Committee Chair to attend a patient safety group and Mike was pleased to report that he had attended this group yesterday. This group develops and updates policies and procedures to come to the Quality Committee for approval.

The Trust is in good shape from a quality point of view as demonstrated with the quality dashboard, friends and family compliance, incident data, the safeguarding annual report, domestic abuse and child neglect being particular areas of focus in the report.

In addition, the audit and effectiveness group investigates activity via deep dives, alongside the Clinical Risk Management Group and a Clinical Governance group for each Division.

At the Governor Development session Doff Pollard raised a question around reporting of incidents. It was confirmed that all incidents are logged onto Datix and are reviewed daily via a Corporate Safety Huddle. Staff members can review the incidents on the system to show any action that has been undertaken or feedback.

A presentation was also received on community services showing the work that has been done over the last two years around service integration, maximising the use of skills and setting up virtual wards.

The training report was also received which showed over 100 students across the three year nursing programme. The issue is placements, but a strong performance.

Mr Smith received positive assurance from the meeting, the reports and updates provided.

Mental Health Legislation Committee

Discussion was held on the MHA/Use of Force Act which came into force this year. Are new responsibilities like a responsible person and new reports however this is what the Trust does. We are a positive outlier in terms of restrictive intervention, and we do this much less than other organisations. And considered Human Rights against safety. The Committee looked at the Multi-Agency Public Protection Arrangements (MAPPA)

Updated were also provided at the meeting for the Mental Health Bill, Mental health Act and Mental Capacity Act.

Finance & Investment Committee

Francis Patton Chairs the Finance & Investment Committee and provided an update on the work of the Committee. The last meeting was held in April and looked at the

Insight report, finance and business development. The NHS England financial position and ICS finances were both on budget in April. The pay award for staff was discussed and is still progressing. Other areas including the Budget Reduction Strategy (BRS), cash position and the Risk Management Annual report were reviewed. The cash position is strong and includes some provider collaborative funding. A cashflow forecast will be coming to a future meeting.

Workforce & Organisational Development Committee
 This meeting is chaired by Dean Royles and met yesterday. Areas discussed included reports from the groups that report into the Committee for staff Health & Wellbeing, Equality and Diversity and training. Reports covered areas including workforce, sickness, training and recruitment. A deep dive into leavers details has been undertaken and the outcome discussed. Work on the gender pay gap was discussed and comparison on the number of vacancies between last year and this year which this year equates to 12.5%. The gap for between male and female staff is 11.5% which is below the national average of 15.5%.

Questions
 Tony Douglas asked why are staff are leaving and what progress is being made to recruit hard to fill posts?

The main reasons for leaving were promotion, work life balance and retirement. The number of registered nurses in post has increased by 40 and there has been improvement in the consultant numbers too. The Chief Executive explained the work that has been done to support recruitment including establishing the Task and Finish group, Golden Hellos and the Humberlievable campaign. Discussions continue to focus on this area and there is partnership working across the patch as it is a national issue.

Will Taylor asked what the de-escalation thresholds and the definitions within Datix reporting are?

The policy sets out levels from no harm to level 5. The daily huddle meeting assesses all incidents. There is also the Greatex system for reporting good practice. The policy will be circulated for information.

Resolved: The updates from the Committee chairs were noted
Incident reporting policy to be shared with Governors Action MM

39/22 **Governor Development Proposals**
 The Chair outlined the development of the report and outlined the proposals.

In discussion, Doff Pollard raised a point from Tim Durkin who could not be present. He was disappointed that one of the proposals was to discontinue the Finance and Audit meeting.

The Chair explained that the new proposals provided for more regular up to date assurance engagement with NED Chairs on Finance and Audit, Quality, Workforce and Mental Health Legislation. In addition, Governor Development Days and specific briefings can be utilised as well as reintroducing an introduction to NHS finance seminar for Governors.

If the proposals are supported an action log will be produced and brought to the

	<p>Council of Governor meetings until all actions are completed</p> <p><u>Resolved:</u> <u>The Council of Governors approved the Governor Development Support Report and recommendations.</u></p>
40/22	<p>Appointments Terms & Conditions Committee Effectiveness Review and Terms of Reference</p> <p>The effectiveness review for the Committee was presented by Sue Cooper, Chair. The report included a review of the Committee’s work over the year including NED appointments, NED re-appointments and details of attendance.</p> <p>The terms of reference have been reviewed and were attached for approval.</p> <p>Membership of the Committee was discussed. If any other Governors are interested in joining the Committee please contact the Membership Officer, Katie Colrein.</p> <p><u>Resolved:</u> <u>The effectiveness review and terms of reference were approved</u></p>
41/22	<p>Governor Groups Feedback</p> <p>Verbal updates were provided from the chairs of the Governor groups for meetings that have taken place recently.</p> <p>Appointments, Terms and Conditions Committee</p> <p>Sue Cooper provided an update on the work of the Committee as part of the item above.</p> <p>Engaging with Members Group</p> <p>The focus of the last meeting was on the Annual Members Meeting (AMM). Doff Pollard, Chair reported that other areas discussed were around communication with members and the links with the Patient and Carer Experience team and volunteers. A suggestion was made to have short films to explain what a Governor does and what being a member means. Governors want to have an active role at the AMM and to attend in person to be able to talk to any public members who may attend.</p> <p><u>Resolved:</u> <u>The report and verbal updates were noted.</u></p>
42/22	<p>Responses to Governor Questions</p> <p>No formal questions for the CoG meeting had been received. The Chair reported that Governors did ask questions directly to her and other members of the Board regularly. These were followed up in real time. This is welcome but Governors can formally send in questions to be answered at the Council of Governors meetings.</p> <p><u>Resolved:</u> <u>Governors to be sent a note on submitting questions for CoG meetings</u></p>
43/22	<p>Performance Update</p> <p>Mr Beckwith presented the performance as at the end of May 2022. Areas of interest were detailed on the front sheet of the report. Positive assurance was given in terms of mandatory training, clinical supervision and an improvement in out of area bed usage.</p> <p>Will Taylor asked about the requirements of clinical supervision. Mr Beckwith will provide an update outside of the meeting to Governors on this query.</p> <p>A further question was asked in relation to waiting times for patients and how these</p>

	<p>figures compared nationally. Mr Beckwith reported that an update is due to be provided to the July Board meeting and this will be shared with Governors. It was noted that contact is made with people on the waiting lists to see how they are doing and whether they need support from other services including the use of digital platforms. Waiting times is a national issue not just around the workforce, but also funding. The Trust has received some additional money but this due to the numbers being seen, there is a short fall. It is a major challenge and a key risk for the organisation and perhaps a topic for a future development session.</p> <p>The work with schools around mental health was mentioned and work is taking place with Local Authority partners to support people and reduce waiting lists. It has also been discussed at the Integrated Care Board (ICB)</p> <p><u>Resolved:</u> The report and verbal updates were noted. <u>An update to be provided on the clinical supervision query Action PBec</u> <u>Update on waiting times to be provided to Governors Action PBec</u></p>
44/22	<p>Finance Update</p> <p>The report covering the period March 2022 to May 2022 was presented. The Trust recorded a break-even position for 2021/22 financial year and an overall deficit of £0.275m for Month 2 which is 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. A 2% pay award allocation has been built into the plan in preparation for any agreements. Cash remains strong and there are no outstanding loans.</p> <p><u>Resolved:</u> The report was noted.</p>
45/22	<p>Fit & Proper Persons Compliance</p> <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 and was presented to Governors for information.</p> <p><u>Resolved:</u> The report was noted</p>
46/22	<p>Public Trust Board Minutes March, April & May 2022</p> <p>The minutes of the public Board meetings for March, April and May were provided for information.</p> <p><u>Resolved:</u> The minutes were noted.</p>
47/22	<p>Any Other Business</p> <p>No other business was raised.</p>
48/22	<p>Date and Time of Next Meeting</p> <p>Thursday 13 October 2022, 2.00pm by Microsoft Teams</p>

Signed..... Date

Chair

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

Summary of actions from July 2022 meeting and update report on earlier actions due for delivery in October 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
14.7.22	37/22	Chief Executives Report	Details of the webinar to be shared with Governors and Place leaders to be shared with Governors and NEDs	Membership Officer	July 2022	E mailed 18.7.22
14.7.22	38/22	Chairs of Trust Board Sub Committees' Report	Incident reporting policy to be shared with Governors	Chief Executive	Oct 2022	E mailed to Governors 3.10.22
14.7.22	43/22(a)	Performance Update	An update to be provided on the clinical supervision query	Director of Finance	July 2022	E mailed 25.7.22
14.7.22	43/22(b)	Performance Update	Update on waiting times to be provided to Governors	Director of Finance	July 2022	E mailed 25.7.22
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 13.10.22		
Title of Report:	Staff Story: Sarah Hicks – Mental health and wellbeing coach		
Author/s:	Pete Cook – Head of Learning and Organisational Development		
Recommendation:	To approve		To receive & discuss
	For information/To note	✓	To ratify
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	This staff story will be told by Sarah Hicks – Mental health and wellbeing coach.		
	Sarah talks about her experiences and what it can be like to access mental health care for women who are victims of sexual assault and violence.		
	Sarah has been raising awareness of this across partnership organisations and has dedicated her career and studies to being an advocate for women’s mental health.		
	She has a role in the trust that means she can support these people with their mental wellbeing and has been learning how to harness her passion in to making a difference using the Humber High Potential Development Scheme.		
Key Issues within the report:			
Matters of Concern or Key Risks to Escalate:	Key Actions Commissioned/Work Underway:		
• N/A	• N/A		
Positive Assurances to Provide:	Decisions Made:		
• N/A	• 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) Staff Story
	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				
	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 8

Title & Date of Meeting:	Council of Governors Public Meeting – 13 October 2022											
Title of Report:	Chief Executive's Report											
Author/s:	Name: Michele Moran Title: Chief Executive											
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To receive & discuss</td> <td></td> </tr> <tr> <td>For information/To note</td> <td></td> <td>To ratify</td> <td>✓</td> </tr> </table>				To approve		To receive & discuss		For information/To note		To ratify	✓
To approve		To receive & discuss										
For information/To note		To ratify	✓									
Purpose of Paper:	<p>To provide the Council of Governors with an update on local, regional and national issues.</p> <p>The Council of Governors is asked to endorse the recommendation to extend the current arrangements with Mazars for a further 2 years with a fixed fee.</p>											
Key Issues within the report:												
<p>Matters of Concern or Key Risks to Escalate:</p> <ul style="list-style-type: none"> Operational concerns about delayed transfers of care, escalation mechanisms are in place 		<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> Plan in place to deliver the flu vaccination programme to our staff Work progressed to improve children's and young people's transitions to adult and other services. Work in place to meet the requirements of the Patient Safety Incident Response Framework (PSIRF) 										
<p>Positive Assurances to Provide:</p> <ul style="list-style-type: none"> Review of the quality of appraisals demonstrates good quality MAPPA work remains effective 		<p>Decisions Made:</p> <ul style="list-style-type: none"> To endorse the recommendation to extend the current arrangements with Mazars for a further 2 years with a fixed fee. 										
		Date		Date								
	Audit Committee		Remuneration &									

Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>			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	
			Other (please detail) Monthly report to Board	✓

Monitoring and assurance framework summary:

Links to Strategic Goals <i>(please indicate which strategic goal/s this paper relates to)</i>				
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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 External Audit Contract Extension

Given the current fragility of the external audit market, EMT have supported the recommendation to extend the current arrangements with Mazars for a further 2 years with a fixed fee.

This decision was taken following review of recent information published by the Health Care Financial Management Association and also in recognition of feedback from local organisation who have struggled to appoint external auditors or experienced significant increases in fee levels.

The Council of Governors are asked to endorse this decision.

1.2 Speaker

I have been asked to speak at NHSP, Chairs and Chief Executive Meeting, Mental Health CEO meetings, HSJ Integrated Care Summit and the NHSP Digital Summit Conference.

1.3 Visits

My virtual meetings continue but it is also good to visit in person. I have been with the Chair to Whitby during the month, to thank staff for their long service as well as look at the developing services being provided from the hospital and in the community.

It was good to meet our staff at Maister Lodge and Court and to see the positive work being done by the team in challenging times. Delayed transfers of care remain one of our biggest pressures.

1.4 Awards Shortlisting

It is great news that one of our Humberlievable staff Elvis Jeramiah has been shortlisted in this year's Community Care Social Worker awards in the Mental Health Social Worker of the year category.

1.5 Lecture

Dr Ivana Markova has been asked by University of Hull and Hull York Medical School to deliver a lecture. The lecture is on 'Research in Psychiatry: challenges for a unique discipline' and will be held in Lecture Room 1 in the Allam Medical Building. This is real recognition of Dr Markova's work.

1.6 External Review of Governance Update

The July Board received the action plan to demonstrate progress against all actions to address the recommendations arising from the external review of governance. At that time the action plan had been delivered with some recommendations actioned and progressing.

The results of a review of the quality of appraisals that was underway at the time were presented to the Executive Management Team on 12 September and provided positive assurance in terms of quality and general feedback comments. The Workforce and

Organisational Development Committee will receive a summary of the report at its next meeting.

As previously agreed, a review of embeddedness of all actions will be undertaken in quarter 3 (October - December). The review of embeddedness will be undertaken by the Head of Corporate Affairs and reported to the January Board.

2 Operational & Covid Update – October 2022

This update provides an overview of the covid and operational position across our clinical services and the arrangements and continuing work in place in the Trust and with partner organisations to manage operational pressures and ongoing impact of the Covid-19 emergency.

Operational focus this month has been on reaching a final draft of our Winter Plan for 2022/20-23. The plan has been reviewed by the Executive Management Team (EMT) and demonstrates that our approach to planning for the coming winter is robust. The plan recognises that the complexities of planning for a winter when system pressures have remained very high throughout the year and with the lasting impact of the pandemic still evident, the seasonal pressures make this winter likely to be particularly challenging. Consequently, planning began earlier than usual for the coming winter, recognising pressure on the NHS and Social Care is likely to be substantial, particularly in urgent and emergency care. Integrated Care Boards are tasked to maximise the benefits of system working. A lack of capacity across the NHS and social care has an impact on all areas of the system and it is essential that access to primary care, community health services, mental health and learning disability services for urgent patients is sufficient to ensure patients do not need to present to emergency services when alternatives are available. In developing the Trusts Winter Plan, the following Integrated Care Board (ICB) objectives have been considered:

- Prepare for variants of COVID-19 and respiratory challenges, including an integrated COVID-19 and flu vaccination programme.
- Increase capacity outside acute trusts, including the scaling up of additional roles in primary care and releasing annual funding to support mental health through the winter.
- Increase resilience in NHS 111 and 999 services, through increasing the number of call handlers to 4.8k in 111 and 2.5k in 999.
- Target Category 2 response times and ambulance handover delays, including improved utilisation of urgent community response and rapid response services, the new digital intelligent routing platform, and direct support to the most challenged trusts.
- Reduce crowding in A&E departments and target the longest waits in ED, through improving use of the NHS directory of services, and increasing provision of same day emergency care and acute frailty services.
- Reduce hospital occupancy, through increasing capacity by the equivalent of at least 7,000 general and acute beds, through a mix of new physical beds, virtual wards, and improvements elsewhere in the pathway.

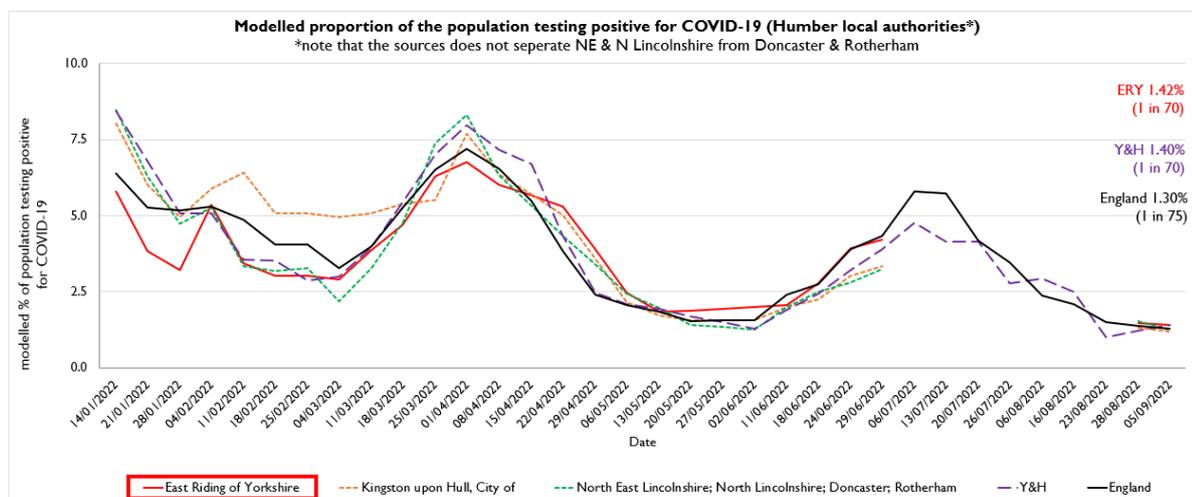
- Ensure timely discharge, across acute, mental health, and community settings, by working with social care partners and implementing the 10 best practice interventions through the ‘100-day challenge’.
- Provide better support for people at home, including the scaling up of virtual wards and additional support for High Intensity Users with complex needs.

Our Winter Plan has been developed and predicated on work that has modelled the expected changes in service activity as robustly as it can. It will be monitored through our daily sitrep reporting processes in order to identify and respond to pressures quickly across services, ensuring we are clear what our level of pressures are, allowing us to communicate these to the wider system effectively and either respond with or receive mutual aid as necessary.

NHS England and Improvement raised the national incident alert level from 3 to level 4 on 13th 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 19th 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 week ending 9th September, the cases of Covid-19 for Yorkshire and the Humber are:

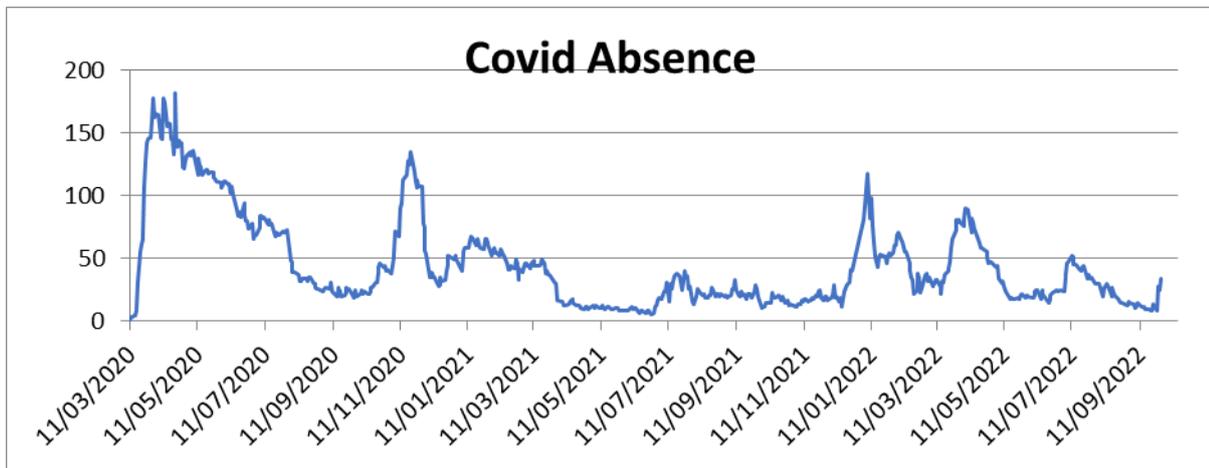
Humber ONS infection survey sub-regional estimate, Yorkshire and Humber: 2022



As of 5th September the 7-day rate per 100,000 population for Scarborough is 49.7, for Ryedale is 37.9 and Hambleton is 45.9. The overall 7- day rate for North Yorkshire is 44.5.

As of 9th September 2022, there have been 1,990 hospital deaths related to COVID-19 across the Humber area. This includes 1,281 deaths registered by HUTH, 679 deaths registered by NLAG, 27 deaths registered by CHCP (East Riding Community Hospital) and 3 deaths registered by HTFT.

The Trust recorded fewer cases of Covid-19 positive inpatients during September compared with the previous month, but as of 3rd October a recent rise has led to a current position of 12 cases.



Staff sickness absence related to Covid had reduced in September to a low of 8 cases, however in the last week of the month it rose to reach 34 cases. When combined with non-covid related sickness the overall absence position is currently at 6.69%.

The Trust's emergency planning command arrangements related to covid were stood down on 31st January 2022. Twice weekly Sitrep reporting remains in place to monitor operational pressures and 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 August and September due to the ongoing position related to high system pressures and 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 and increasing delays in discharging patients from our community beds. The Trusts overall operational pressure in the last month have been at escalation levels (OPEL) 3 (severe 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 national surge due to the direct impact of the pandemic on children, young people and their families. Demand has continued to plateau during August and early September with presenting needs continuing to be of high levels of acuity and complexity. Breakdown 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. A proposal has been developed and is currently under consideration by our commissioner to establish a new eating disorder day treatment service. 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 has reduced but after recording zero bed days for a short period in July it has risen slightly

over the last month due to a further significant increase in the number of delayed transfers of care. Our overall bed occupancy has remained high in August and early September with the pressures especially high for mental health, learning disability beds and our community beds at Malton and Whitby Hospitals, it has been between 82.9 – 86.9%.

Delayed transfers of care from our community and mental health beds have unfortunately risen during the last month. Patients are waiting predominantly for specialised hospital placements with other NHS providers or local authority provided residential placements. Escalation mechanisms are in place with partner agencies to take action to resolve the delayed transfers and discharges that our patients are experiencing.

System pressures have remained very high in North Yorkshire and York and in the Humber areas in August and early September 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 in order to improve patient flow, 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. Effort is taking place to reduce the number of health care assistant vacancies to reduce reliance on agency use.

Testing, Infection Prevention and Control Requirements and Isolation Arrangements

The Trust continues to follow the nationally updated infection prevention and control (IPC) guidance which uses a risk-based approach. Monitoring of community prevalence of COVID and seasonal flu and their impact on services will continue to be led by matrons and the infection control team, overseen by the Director of Nursing and the Chief Operating Officer. Increased use of PPE and staff and patient testing for COVID will resume for specific services as determined by infection prevalence/outbreaks to maintain patient, staff safety and sustainability of services.

Staff Testing

A new **National Update to the COVID-19 Testing Requirements for Patients, Staff and Residents Within the UK During a Period of Low Prevalence** was published on 24th August which reported that the prevalence of COVID-19 in the community had been noted to have fallen and remains at a comparatively low level. This means that the likelihood that individuals entering high-risk settings such as the NHS are infectious has also reduced and the relative risk of onward transmission into these settings is lower. To reflect the lower levels of disease, the government, acting upon advice from the United Kingdom Health Security Agency (UKSA) outlined the intended COVID-19 testing approach that should be adopted during periods of low prevalence. These arrangements were implemented nationally for all NHS organisations from 1 September 2022 and will remain under regular review. The Trust reviewed all current COVID-19 testing protocols in light of this new guidance, and made the necessary changes. In line with national guidance the **routine** twice weekly LFD testing of our asymptomatic Trust staff was paused for the majority of patient facing staff. We realise however that there will still be instances when

testing may still be required to protect both our staff and patients. Examples of this includes the need to consider asymptotically testing of staff who are at higher risk of serious illness from COVID-19 and/or those staff who may be in contact with patients who are at higher risk of serious illness from COVID-19. Individual advice will be provided from the individuals clinician or the Occupational Health Department. No changes have been made to the current symptomatic testing requirements for staff.

Patient Testing

Routine testing of our asymptomatic in-patient population was paused in line with the updated guidance for the majority of individuals. We realise however that there will still be some instances when testing may still be required to protect our patients and staff. Examples of this include the continuation of asymptomatic testing for patients identified to be at higher risk of serious illness from COVID-19, or those who are admitted to Granville Court (PCR required prior to admission).

Covid-19 Vaccine

A national Autumn vaccination programme has now commenced. Plans have now been developed to ensure that both our covid vaccine and flu vaccination plans will be well integrated and deliver the capacity to maximise staff take up of both vaccines. Our SRO for the flu vaccine remains our Director of Workforce and OD. The SRO for the covid vaccine is our interim medical director.

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, the supplies of PPE remain at good levels.

Staff Health and Wellbeing

We continue to recognise that for all 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 and Wellbeing Group. Feedback from our staff continues to be positive and they value the support that has been provided. 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 and North Yorkshire 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. The guidance requires managers to liaise frequently with staff in any of the increased risk groups to support them and to consider if adaptations are needed to their roles. Support remains in place for our staff who are experiencing long covid.

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 July and early August, the group has continued to focus on:

- Ensuring that covid related changes and interventions do not increase restrictive practices.
- Maintaining focus on developing further use of digital clinical interventions.

Operational Planning and Winter Planning

The **operational planning guidance for 2022/2023** was published on 24th 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 aligning 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 the public inquiry into the government's handling of the pandemic, the chair of the enquiry has now been announced.

3 Director's Updates

3.1 Chief Operating Officer Update

3.1.1 Multi-Agency Public Protection Arrangements (MAPPA) – Update

Multi-Agency Public Protection Arrangements (MAPPA) are the statutory arrangements for managing sexual and violent offenders. Responsible Authorities (including Police, National

Probation Service and Prisons) have a duty to ensure that the risks posed by these offenders are assessed and managed appropriately.

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

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

The Trust has developed a system of Single Points of Contact or SPOCs in the Divisions, supported by the Associate Director of Psychology so that MAPPA issues can be well coordinated and communicated. The Trust continues to fulfil its responsibilities to MAPPA as a Duty to Cooperate agency achieving 100% attendance across all required meetings.

During and since the COVID- 19 pandemic there have been ongoing adaptations to the way MAPPA strategic work has been carried out with meetings being held using video conferencing which has provided some benefits, however increasingly system wide meetings are now in person which supports with networking between Duty to Cooperate agencies.

Work has been undertaken to refresh the Trusts MAPPA protocol which is available on the Trust Intranet. It was reviewed by the Mental Health Act Legislation Committee. This is now a more concise document but it retains links to all relevant forms and other papers. It makes the document easier to navigate and amend as new forms come into use, keeping it in date more easily. MAPPA has a dedicated section on the Trusts intranet making communication and information easy to navigate, updates are regularly shared through the Trusts Global communication emails.

The Trust MAPPA single points of contact are well established. They assist colleagues in their areas in all issues related to MAPPA and ensure that new processes are disseminated and explained. They ensure that colleagues are signposted to the correct MAPPA referral pathway and the alternative support for offenders or potential offenders who do not fully meet MAPPA eligibility. A new point of contact is now available for children's services so that those at risk of coming into the MAPPA system as they transition to adulthood can be identified and their workers made familiar with MAPPA processes.

Regular training between agencies is now established online developments mean that this is available and can be accessed by staff at all times, the future plan is to provide a blend of online and in person access. Additional training focussed on MAPPA and people with learning disability and autism has been provided to Humberside Police, plans are in place to extend this to the probation service. This helps to foster a better understanding of this potentially vulnerable group.

A recent "lunch and learn" session was held to allow staff to drop in and hear the latest MAPPA updates, this was well attended and led to further discussions with those who want to champion MAPPA work in their areas. This along with the available training and

advice via the SPOC staff, supports all staff working with a risky offender, especially in teams where this is a less common clinical presentation.

Reunification of probation services is now complete, and the National Probation Service is again responsible for all offenders on probation rather than just the most serious.

3.1.2 Humber Youth Action Group – Child and Adolescent Mental Health Service (CAMHS) Passport

A key priority identified by the Humber Youth Action Group has been to examine ways in which they can contribute to improving the mental health and wellbeing of children and young people across Hull and East Riding. Some of the group have direct experience of accessing our children's community and inpatient mental health services and have a keen interest in influencing and improving the quality of care offered. An important area for improvement identified by the young people has been transition of care from children's to adult services or between support services, as they felt this can be a scary, confusing, and a challenging time for them.

Through attending the CAMHS clinical network meetings the Engagement Lead for Children's and Young People's Services became aware of work being led by Dr Nathan Badger (Clinical Psychologist for Complex Emotional Needs Service) on the development of a 'passport'. The purpose of the passport is to ensure children and young people who are moving/transitioning between children's and adult services:

- Is young person centred
- Involves them in every stage of the process
- Enables them to share experiences
- That their transition is well planned

Dr Badger has worked alongside the Humber Youth Action Group and has explained the concept of the 'passport' and gained their valuable experiences and views to help co-produce it. The passport has now been completed and approved by both the CAMHS clinical network and the Mental Health Division practice network. The passport, together with the updated CAMHS transition guidelines is being added to the Trust intranet and several workshops are taking place during October to roll out the passport to staff. This work is also being supported by the development of an animated video, primarily for young people and families, explaining the transition process and incorporating the leaving CAMHS passport. The HYAG are supporting the development of the video to ensure that it is coproduced.

Following the roll out of the passport, review and evaluation work is planned to ensure that it is embedded in practice. This evaluation work will also be supported by the HYAG to ensure that children and young people's experience and views are heard and that any further changes to the passport and transition guidelines are coproduced.

3.2 Director of Nursing, Allied Health and Social Care Professionals

3.2.1 Patient Safety Incident Response Framework (PSIRF)

The Patient Safety Incident Response Framework (PSIRF) sets out a new approach for how the NHS develops and maintains effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

Publicised in August 2022 the PSIRF replaces the current Serious Incident Framework (2015) and makes no distinction between 'patient safety incidents' and 'serious incidents.

As such it removes the 'serious incidents' classification and the threshold for it. Instead, the PSIRF promotes a proportionate approach to responding to patient safety incidents by ensuring resources allocated to learning are balanced with those needed to deliver improvement.

The PSIRF is not a different way of describing what came before – it fundamentally shifts how the NHS responds to patient safety incidents for learning and improvement. The PSIRF is not an investigation framework that prescribes what to investigate. Instead, it:

- advocates a co-ordinated and data-driven approach to patient safety incident responses that prioritises compassionate engagement with those affected by patient safety incidents
- embeds patient safety incident responses within a wider system of improvement and prompts a significant cultural shift towards systematic patient safety management.

Organisations are required to develop a thorough understanding of their patient safety incident profile, ongoing safety actions (in response to recommendations from investigations) and established improvement programmes. To do so, information is collected and synthesised from a wide variety of sources, including wide stakeholder engagement.

The PSIRF approach is flexible and adapts as organisations learn and improve, so they explore patient safety incidents relevant to their context and the populations they serve.

The PSIRF is a contractual requirement under the NHS Standard Contract and as such is mandatory for services provided under that contract, including acute, ambulance, mental health, and community healthcare providers. This includes maternity and all specialised services. Organisations are expected to transition to PSIRF within 12 months from September 2022.

Key Aims of PSIRF

The PSIRF supports the development and maintenance of an effective patient safety incident response system that integrates four key aims:

Compassionate engagement and involvement of those affected by patient safety incidents

The PSIRF recognises that learning and improvement following a patient safety incident can only be achieved if systems and processes that support compassionate engagement and involvement of those affected by patient safety incidents (patients, families, and staff) are in place.

Compassionate engagement and involvement means working with those affected by patient safety incidents to understand and answer any questions they have in relation to the incident and signpost them to support as required. When a patient safety incident investigation (PSII) or other learning response is undertaken, organisations should meaningfully involve those affected, where they wish to be involved.

Organisations must have policies to support this to happen and should consider how they will meet the needs of those affected. Detailed guidance and standards are available.

Application of a range of system-based approaches to learning from patient safety incidents

The PSIRF promotes a range of system-based approaches for learning from patient safety incidents, rather than methods that assume simplistic, linear identification of a single cause.

The focus of a system-based approach is examining the components of a system (eg person(s), tasks, tools and technology, the environment, the wider organisation) and understanding their interdependencies (ie how they influence each other) and how those interdependencies may contribute to patient safety.

A system-based approach recognises that patient safety is an emergent property of the healthcare system: that is, safety arises from interactions and not from a single component, such as actions of people. A system-based approach therefore recognises that it is insufficient to look only at one component, such as only the people involved. A system-based approach will identify where changes need to be made and then monitored within the system to improve patient safety.

Organisations are encouraged to use the national system-based learning response tools and guides, or system-based equivalents, to explore the contributory factors to a patient safety incident or cluster of incidents, and to inform improvement.

Those leading patient safety incident responses (learning response leads) and those involved in the oversight of learning and improvement emerging from patient safety incident response require specific knowledge and experience. These requirements are detailed in the patient safety incident response standards.

Considered and proportionate responses to patient safety incidents

PSIRF supports organisations to respond to incidents in a way that maximises learning and improvement rather than basing responses on arbitrary and subjective definitions of harm. Organisations can explore patient safety incidents relevant to their context and the populations they serve rather than exploring only those that meet a certain nationally defined threshold. The PSIRF supports organisations to use their incident response resources to maximise improvement, rather than repeatedly responding to patient safety incidents based on subjective thresholds and definitions of harm, from which new learning will be limited.

Some patient safety incidents, such as Never Events and deaths thought more likely than not due to problems in care all require a PSII investigation which offers an in-depth review of a single patient safety incident or cluster of incidents to understand what happened and how to learn and improve. Some incident types will also require specific reporting and/or review processes to be followed. These requirements are detailed in the guide to responding proportionately to patient safety incidents.

The PSIRF sets no further rules or thresholds to determine what needs to be learned from to inform improvement. Incident response activity may include investigation of an individual incident where contributory factors are not well understood, or a thematic review of past learning responses to inform the development of a safety improvement plan. If an organisation and its ICB are satisfied risks are being appropriately managed and/or improvement work is ongoing to address known contributory factors in relation to an identified patient safety incident type, and efficacy of safety actions is being monitored, it is acceptable not to undertake an individual response to an incident – other than to engage with those affected and record that the incident occurred.

Supportive oversight focused on strengthening response system functioning and improvement

All healthcare organisations providing and overseeing NHS-funded care must work collaboratively, with a common understanding of the aims of this framework, to provide an effective governance structure around the NHS response to patient safety incidents. The PSIRF expects ICBs to facilitate collaboration at both place and local system level.

The PSIRF requires regulators and ICBs to consider the strength and effectiveness of NHS providers' incident response processes. Accountability for the quality of learning responses to individual incidents sits with provider leaders. Providers are not required to seek sign off for incident response reports from their ICB; however, they must be open with information relating to patient safety incidents and findings from incident responses, including formal reports, to support continuous development of an effective incident response system. Further information is given in Oversight roles and responsibilities specification.

Trust Response to date and Next Steps

Executive Director of Nursing, Allied Health & Social Care Professionals appointed as the SRO. Assistant Director of Quality and Patient Safety appointed as deputy.

The Quality & Risk Team have met with the SRO and deputy to develop a shared understanding of the work required. Admin support identified. The Trust is already in a good position regarding some of the established approaches to learning from patient safety incidents which fit with the PSIRF model ie zero events, thematic reviews of incident clusters, safety huddles and staff trained (over 100 to date) in a systems approach to incident investigation.

A monthly steering group is to be established to develop and take forward the implementation plan.

A briefing to EMT for discussion and agreement regarding support required to implement the required changes will be undertaken in September 2022.

A report to EMT and the Quality Committee regarding the project and progress in with subsequent updates to the Board will be undertaken in November 2022.

3.2.2 Continuous Professional Development Funding

Background

In line with the 2019 Ministerial announcement of £150m increased investment in continuing professional development (CPD) for nursing associates, nurses, midwives and allied health professionals (AHPs) the Trust has been receiving funding to support CPD requirements of nursing associates, nurses, and AHPs in the Trust. The purpose of the investment is to allow access to funding linked to personal professional requirements as well as system and population health priorities. This funding aims to support the NHS, and support building skills and expertise of our workforce.

Each Nursing Associate, Nurse, and AHP individually receives £1,000 to support their CPD over a 3 year period. For some employees, this may be in one sum or in multiple amounts over the 3 years.

For clarity, this funding is an investment solely for CPD and cannot be used for funding backfill or mandatory training.

Use of Funding- Update

To date the funding has supported several staff studying for masters and post graduate qualifications, along with attendance at profession specific conferences. Where we have purchased courses to be delivered in house, we have, as appropriate opened these up to all professions including those who were not part of the original funding. This includes social workers, psychologists, support staff and students.

Some examples of courses staff have used their allocation for are as follows:

- Assessment & Management of suicidality
- Compassion focused care
- DBT skills
- Trauma informed care
- Dementia care
- Sensory training
- Personality disorder
- Working with teenagers who stammer
- Posture, limb, and upper balance
- Sleep practitioner accredited programme
- Specialist Workshop in Debridement and Negative Pressure Wound Therapy
- Clinical skills Top to Toe
- Hearing voices & paranoia workshops
- Therapeutic Outcome Measures
- Incident Investigator training

We continue to work with services and support staff to access their final years funding and deliver on the plan we have set. The last 12 month has seen an increase in staff making enquiries and this may be attributed to the changes in working practices because of covid and that training providers have started to deliver courses again.

Arrangements for future funding beyond 2022/2023 have not yet been announced. Further information is unlikely to be available until the annual spending review process

3.3 Director of Workforce & Organisational Development Updates

3.3.1 Safe Effective Quality Occupational Health Service (SEQOHS)

Occupational health received notification in August that they had been successful in the annual renewal SEQOHS accreditation. SEQOHS ensures the ongoing process of quality standards and improvement in occupational health.

3.3.2 Staff Side Chair

The current staff side chair has been successful getting a job in the new ICB. Sarah leaves the Trust at the end of September and we extend our thanks for her help and support and wish her well for the future. We await notification on who the new chair will be.

3.3.3 Flu Vaccination Programme

The Trust plan is place.

1,780 quadrivalent vaccines will be delivered on 3rd October with a further 1,780 on 17th October, along with 140 trivalent attenuated aTIV/QIVc for staff aged 65 years and over.

Peer vaccinator training has been available since August and a programme of clinics has been set up across our geographical area.

Flu vaccine is again included in the list of requirements to access the extra annual leave day incentive.

Weekly reporting on take up will commence w/c 10th October.

3.3.4 Pay Award 2022/23

A consequence of the 2022/23 pay award and pension changes means that some staff in the Band 8A range will take home less pay, up to a maximum of £200, in September. To mitigate the impact of this, all staff affected have been written to and offered the chance to spread this payment over six months.

3.3.5 Appraisal Window

94.89% of staff have had their Appraisal in 2022, 125 remain outstanding. A sample check on the quality of the appraisal was recently undertaken by each Director. This work revealed no significant issues.

3.4 Director of Finance Update

3.4.1 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 are 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: 152 (Inc. 17 in August)
- High Priority CareCERT notices Issued during 2022: 7 (1 issued in August)

Latest Statistics

- CareCERT Notices with patch(s) NOT approved for deployment: 0
- CareCERT notices with patch(s) applied to all devices: 12
- CareCERT notices with devices still to check in to patch: 3

Workstations update:

- Total workstations detected 3,335 (2,812 are laptops, 43 are servers)
- Workstations non seen in last 60 days (58)

- Workstations non seen in last 90 days (10)

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

3.4.2 Winter Funding for Children's Safe Space

The Trust has secured £0.086m of winter funding and plans are in place to reinstate the Children's Safe Space to the end of the financial year.

The overall allocation of Mental Health Winter funding to the ICB was £0.295m, and the funding the childrens safe space was secured following an assessment process undertaken by the Mental Health and Learning Disability partnership.

3.4.3 Pay Award Impact on Pensions Contributions

The Trust has contacted all members of staff whom are affected by an increase in pension contributions due to the recent pay award, where the impact has seen pension arears exceed the value of the pay award.

Staff affected have been offered an advance of pay to mitigate the impact in September, which is repayable over the remainder of the year.

3.4.4 Changes to Pension Contributions from 1st October

The Department of Health and Social Care (DHSC) is making changes to the NHS Pension Scheme member contributions tiers and rates, these come into effect from the 1st October 2022.

Contribution Rates from members will change from this date with contributions dependant on actual pay. Salary range to determine contribution rates will rise each year in line with the annual increase to Agenda for Change Pay Scales.

3.4.5 Trust Strategy Launch Video

The Trust Strategy Launch video has now been edited and was launched at the Annual Members meeting

3.4.6 New Trust HQ Project

First property nearing completion with all works currently on programme. This project is linked to the Blend and Thrive and will provide modern accommodation for the corporate service who previously occupied Trust HQ, the scheme has been developed in consultation with staff, with wellbeing being a key driver for the project.

3.4.7 Humber Centre – Phase 2 (Reception / Airlock re-configuration; Health Garage refurb)

Tenders have returned for Phase 2 of the Humber Centre Works, this involves major re-configuration of the reception back office, and formation of a staff only airlock, refurbishment works to the Health Garage, and other minor works; the team are in the process of appointing a preferred contractor for these works, with that target of commencing works mid October, and completing early January 2023.

3.4.8 Alfred Bean Masterplan

Master planning exercise to consolidate Driffield based services into vacant space at Alfred Bean Hospital. This includes adult and children's CMHTs. The project incorporates the wider stakeholder engagement, including wider health partners and the LoFs.

3.4.9 Personal protective Equipment (PPE) Store

The COVID Recovery Task Group have supported the proposal to retain a centralised PPE storage and logistics provision for the Trust. This is to ensure that the enhanced systems that were developed during COVID are retained, to provide an efficient service. A proposal is being developed for review at ODG and will be built into the Trusts financial planning process.

3.4.10 PLACE

Assessments of inpatient environments have commenced and are planned to conclude at the end of November 2022.

3.4.11 Salix

Window for latest grant applications is anticipated to open on 19 September. Schemes have been developed in readiness to decarbonise; Westend (Admin Block), Alfred Bean Hospital, St Andrews Place and Hornsea Hospital, all of which meet the eligibility criteria for funding. The bids will comprise of fabric upgrades, LED lighting, energy generation (solar and heat pumps), to enable gas boilers to be removed.

If we are successful we will have a window of three years to complete all works.

3.4.12 NED Input to Costing

NHS England approached Trusts to find Non Executive directors (NEDs) who were willing to volunteer to help them develop of costing information for use by their Non Executive peers, forging links between stakeholders to create robust connections with the people that can affect change.

The aim of the project is to make costing more accessible to non-executive directors, to provide them with information that is both meaningful and accessible, to help them make more informed decisions. NHS E have started to develop an open learning platform specifically for NEDs and two of our Trust NEDs Francis Patton and Stuart McKinnon-Evans have both kindly offered their help and experience to help take the NHSE project forward. They will be involved in ensuring content is suitable for their peers and assist with engaging NEDs into the world of costing and its benefits.

4 Communications Update

Quarterly Communications Update

New Marketing & Communications Report

Our new board update focuses on our delivery of the 2022-25 Marketing Plan. Activity is summarised under the themes of the Trust strategy and will demonstrate our contribution to reaching our strategic goals, as well as our delivery against our three-year plan.

Operation Tower Bridge Support

The team led on the co-ordination of activity in response to the announcement of the death of Her Majesty the Queen. Trust communications were timely, responsive and reached out to all our audiences with targeted messages in line with national guidance.

Recruitment Update

We are in the process of advertising the post of Communications and Events Officer to the team. The role will design and lead a programme of internal and external events, to engage with staff, stakeholders, partners, patients, and members of the public.

Theme 1: Promoting people, communities, and social values

- **Brand Activity**

The Brand Portal will be relaunched this month to ensure we continue to drive traffic to a useful and supportive resource for staff that ensures brand consistency. It will include new design templates such as PowerPoint templates, Microsoft Teams backgrounds, leaflet and booklet designs.

The portal has been redesigned with input and feedback from staff and will include a system to help direct enquiries better and encourage use and understanding of the brand portal. The portal can be viewed at <https://brand.humber.nhs.uk/>

- **Health Stars**

We are supporting the charity with the Whitby Hospital Appeal and buying a brick campaign.

- **Staff Survey**

The communications plan for the staff survey has been created and shared for approval. Work has begun on the initial actions to improve on last year's completion rate of 43%.

- **Flu Vaccination**

Meetings have been held to discuss the strategies for promoting the Flu vaccination programme. And a communications plan created and shared for approval. Work has begun on the initial actions and the intranet page is being developed.

- **Awareness Days**

Details included in Appendix A

- **Social Media**

Social media continues to be a key platform for promoting Trust vacancies. Engagements with the Join Humber Facebook page have increased by 215% over the period, while followers (those monitoring the page for jobs) have increased by 82%. Posts have reached over 140,000 people.

Examples of posts from the campaign can be seen below:



Our usual social media calendar was paused due to the death of Her Majesty the Queen. However, this has been managed well with a quick response. The CEO and Chair’s messages of condolence and updates on plans to celebrate Her Majesty’s life have hit the right tone with our audience and have received excellent engagement.

- **Media Coverage**

A total of nine positive stories were published on our Trust website news page this month. The top three performing stories over the period were :

1. **Granville Court recruitment event**, published in Withernsea Community News, Hornsea Community News and the Driffield and Wolds Weekly
2. **HSJ Award finalist announcement**, published in That’s TV Humber, Hull Is This and the Hull Story
3. **Suicide Prevention Day**, and the support we provide to our communities, published in Hull Daily Mail, That’s TV Humber and Driffield and Wolds Weekly

We also covered topics such as our Medical Workforce Recruitment Campaign in the British Medical Journal, Social Worker of the Year finalist, Bank Holiday health and social care support and availability in local areas, a Bank recruitment campaign, Black Breastfeeding Week and a Neurodiversity Service update.

Media coverage is lower than average over the period due to the period of mourning being in place for part of the month.

KPI	Measure of success by 2025	Benchmark (2021/22 avg)	This month	Progress to target
Positive media stories published	Positive vs negative coverage maintained at 5:1	5 stories covered by media per month	9 unique stories 15 publications total	100%

Visits to brand portal	+ 20%	150	248	+65%
Facebook engagement rate	4%	3.5%	4.2% (HTNFT) 5.63% (Join Humber)	+ 0.2% + 1.63%
Twitter engagement rate	4%	1.6%	2.4%	+1.6%
LinkedIn growth	+ 15%	2,652	7.7%	+7.3%

Theme 2: Enhancing prevention, wellbeing and recovery

- **Stakeholder Newsletter**

Work to relaunch our monthly stakeholder newsletter is under way. The newsletter is currently sent to GP's via the local place based communications teams newsletters and to anyone that signs up on our website. A targeted marketing campaign will encourage sign ups throughout the year as well as a design refresh to the newsletter itself.

Theme 3: Developing an effective and empowered workforce

- **Humblebelievable Marketing Recruitment Campaign**

As part of the Recruitment Task and Finish Group, we support our teams to recruit to all areas of the Trust, including our four hard to recruit areas. Campaigns this month included:

Psychiatry Recruitment – Medical Workforce Video

The Medical Workforce Recruitment Video was launched this month with both paid for and organic social media advertising, PR, advertising in the British Medical Journal, updates to the Psychiatry page on the Join Humber recruitment website and a new version of the Psychiatry Career Guide, which teams can attach to job adverts in Trac automatically, to further support recruitment to these posts. The video can be viewed on our youtube channel. The join humber website can be viewed here [Jobs at Humber Teaching NHS Foundation Trust | Join Humber](#)

GP Recruitment – Photoshoot and Materials Refresh

We held a professional photography session in Bridlington for our GP staff, to aid future recruitment campaigns and materials. The GP page on our Join Humber recruitment website has been refreshed and are working on an updated version of the GP Career Guide. Primary Care have also been provided with new templates for job adverts, to ensure quality and consistency of adverts.

Bank Recruitment

This month we also launched a recruitment to the Trust Bank campaign, by running paid advertisements on Facebook. The plan is to develop this coverage over the next months to aid our winter workforce growth goals.

Nursing Recruitment

This month we have been working with the nursing team to refresh our international

nursing recruitment campaign and ensure good news is celebrated both internally and externally. We are also supporting teams with a relaunch of our Community Nursing videos on social media.

KPI	Measure of success by 2025	Benchmark (2021/22 avg)	This month	Progress to target
Intranet bounce rate reduced	< 50%	57%	57.63%	-7.63%
Intranet visits maintain at current level	7,300 visits p/m	4293	7402	+1.39%
Global click through rate (CTR) increase	7%	4.6%	11%	+58.2

Theme 4: Fostering integration, partnerships and alliances

- **Partnership Communications**

This month, we worked with East Riding Council and Children’s Centres to promote Breastfeeding Week and support available to families in the local area. We also promoted Free NHS Health Checks which are available through our Your Health Prevention and Lifestyle Services and have supported a survey to help collect information on the falling rates of childhood immunisations post covid.

In August we supported the message of staying safe on the August Bank Holiday, including opening times for our local UTC and other services which remained open for support. Similar information has been shared ahead of the Bank Holiday for the Queen’s funeral.

For A Level results day, we used content from NHS Careers to encourage people getting their results to consider a career in the NHS and with our Trust.

Theme 5: Innovating for quality and patient safety

- **Awards**

In the first quarter of 2022-23, we supported the successful submission and shortlisting for three awards: NHS Parliamentary Awards (7 entries), HSJ Patient Safety Awards (3 entries) and the HSJ Awards (8 entries). 18 total entries in a 3-month period.

- **Events**

Whitby Hospital Celebration Event

The Whitby Hospital Opening Event was held on 3rd October. A tree planting ceremony was streamed from the Hospital back to Whitby Pavilion where speeches took place from

individuals associated with the Whitby project. A video montage set to a poem written about the project was played and guests were able to view a booklet and exhibition on the history of the hospital created by the communications team in partnership with local residents, staff and governors.

- **Key Updates from Divisions**

Through the attendance of Communications Partners at divisional ODG’s we have agreed a new annual plan for awareness days.

We are positive that this new approach will encourage more fruitful discussions and collaboration between services, so we can really show our expertise regionally when it comes to awareness topics. The Annual Awareness Day Plan 2023 is included as an appendix at the end of this report for interest.

- **Research and Development News**

We have worked with our research colleagues to promote the upcoming Research Conference in November, and we also have included monthly General Practice updates to cover the current Active Brains study and the wider Join Dementia Research campaign.

KPI	Measure of success by 2025	Bench mark	This month	Progress to target
Annual number of awards nominations	2 local and 4 national shortlists p/a	4 national p/a	3 submissions this quarter 2 local, 4 national shortlists	100% Achieved measure of success following successful submissions to HSJ awards

Theme 6: Optimising an efficient and sustainable organisation

- **Website Development**

The first year of our website improvement plan, includes the redevelopment of the home page and piloting service microsites for key Trust services to improve patient experience.

Extensive background work has been carried out on the website to improve the search function for users, so they can find the content or help they need more easily. We will be working with our provider to carry out search indexing which will improve the ‘scanning’

process for the search function of the website. Initial improvements to the home page have been completed and will be followed by a home page refresh in October,

Appendix A

Awareness Days Annual Plan 2023

Signed off by all divisions as per Sept 2022.
To be reviewed September 2023.

January

- Martin Luther King Day (Corporate Divisions – EDI, Kiza Ishemo)

National dates of note:

- New Years Day (1 Jan, Comms)
- Chinese New Year (26 Jan, EDI)

February

- LGBT History Month (Corporate Divisions) INTERNAL
- Children's Mental Health Week* (Children's and LD – Early Intervention and CAMHS)
- Time to Talk Day (Mental Health Services – Peer Support Workers)
- Mental Health Nurses Day (Mental Health Services – Unit Services)

March

- No Smoking Day (Community and Primary Care – Your Health)
- International Social Prescribing Week (Community and Primary Care – Your Health)
- Safer Sleep Week (Children's and LD – ISPHNs)
- Neurodiversity Celebration Week (Children's and LD – Neurodiversity Service)
- Social Work Week (Community and Primary Care – Social Work)
- Zero Discrimination Day (Corporate Divisions – EDI) INTERNAL
- International Women's Day (Corporate Divisions – EDI)
- Trans Day of Visibility Day (Corporate Divisions – EDI)

National date of note:

- Overseas NHS Workers Day (3 March, NHSE)
- Holi (8 March, EDI)

April

- Stress Awareness Month (Mental Health Services – Emotional Wellbeing Service)
- World Autism Awareness Day (Children's and LD – Neurodiversity Service)
- World Immunisation Week (Corporate Divisions – Occupational Health) INTERNAL
- Experience of Care Week (Corporate Divisions – PACE)
- Stephen Lawrence Day (Corporate Divisions – EDI)

National dates of note:

- Ramadan (1 Apr, EDI)
- Good Friday (7 Apr, EDI and PACE)
- Easter Monday (10 Apr, EDI and PACE)

May

- International Nurses Day (Community and Primary Care)
- Mental Health Awareness Week* (Mental Health)
- Dementia Action Week (Mental Health Services – OPMH)
- International Clinical Trials Day (Corporate Divisions – Research and Development)

National dates of note:

- Eid al-Fitr (2 May, EDI)

June

- Infant Mental Health Awareness Week (Children's and LD – ISPHNs and Perinatal Services)
- Learning Disability Week (Children's and LD – LD services)
- Carer's Week (Corporate Divisions – PACE)
- Volunteers Week (Corporate Divisions – Voluntary Services)
- NHS Sustainability Day (Corporate Divisions – Sustainability Team)
- Pride Month (Corporate Divisions – EDI)
- Disability Pride Month (Corporate Divisions – EDI)
- Armed Forces Day (Corporate Divisions – Veterans Services)

National dates to be noted:

- Windrush Day (22 June, EDI)
- Eid al-Adha (28 June, EDI)

July

- Hull Pride (Corporate Divisions – PACE and EDI)
- NHS Birthday* (Corporate Divisions)
- World Day Against Trafficking In Persons (Corporate Divisions)

August

- Cycle to Work Day (Community and Primary Care – Health and Wellbeing)
INTERNAL
- World Breastfeeding Week (Children's and LD – ISPHNs)
- Black Breastfeeding Week (Children's and LD – ISPHNs)

September

- National Fitness Day (Community and Primary Care – Your Health)
- Youth Mental Health Day (Children's and LD – Early Intervention and CAMHS)
- World Suicide Prevention Day (Mental Health Services – Emotional Wellbeing Service)
- International Day of Charity (Corporate Divisions – Health Stars and HEY Smile)

- World Patient Safety Day (Corporate Divisions – Patient Safety)
- World Sepsis Day (Corporate Divisions – IPC) INTERNAL
- National Inclusion Week (Corporate Divisions – EDI) INTERNAL

October

- Speak Up Month (Corporate Divisions – FTSU)
- Black History Month (Corporate Divisions – EDI)
- Domestic Abuse Month (Corporate Divisions – Safeguarding)
- Sober October (Community and Primary Care – Your Health)
- World Mental Health Day* (Mental Health Services)
- Allied Health Professionals Day (Community and Primary Care – AHPs)
- Back Care Awareness Week (Corporate Divisions – Occupational Health) INTERNAL
- World Menopause Day (Corporate Divisions – Occupational Health) INTERNAL
- Occupational Therapy Day (Community and Primary Care – AHPs)

November

- Islamophobia Awareness Month (Corporate Divisions – EDI)
- Disability History Month (Corporate Divisions – EDI) INTERNAL
- Alcohol Awareness Week (Community and Primary Care – Your Health)
- Stop Pressure Ulcer Day (Community and Primary Care – Tissue Viability) INTERNAL
- Carers' Rights Day (Corporate Divisions – PACE)
- Safeguarding Week (Corporate Divisions – Safeguarding)
- White Ribbon Day and 16 Days of Action (Corporate Divisions – Safeguarding)
- World Antimicrobial Awareness Week (Corporate Divisions – IPC) INTERNAL

National dates of note:

Diwali (12 Nov, EDI)

December

- Grief Awareness Week (Corporate Divisions – PACE and Health and Wellbeing)
- International Day of People with Disabilities (Childrens and LD – LD Services)
- International Migrants Day (Corporate Divisions – EDI)

National dates of note:

Hanukkah (7 Dec, EDI)

Christmas (25 Dec, Comms)

5 Health Stars Update

Health Stars Golf Day

Due to the passing of HRH Queen Elizabeth II the decision was made to cancel the Golf Day on the 9th September 2022.

We had a total of 14 teams signed up to the event, together with additional hole sponsors and donations. The event has been postponed until Spring 2023 and we are in the process of rescheduling a new date.

Forthcoming Fundraising Events

We are currently supporting Gary Jennison, Health & Wellbeing Specialist, with the preparations for his Stand Up for Health Stars Comedy Night, which will take place at Hull Truck Theatre on the 4th November 2022. Health Stars will be in attendance on the evening to support with fundraising activities.

The Whitby Bricks Appeal is ongoing, with sign ups and donations continuing to come in slowly. Over the summer a static promotional stand was situated in the Waiting Area of the Outpatients Department at the Hospital and additionally a promotional stand was taken to the local Egton Show. Information continues to be cascaded and the Trust Communications Team are supporting with this.

We are continuing to fundraise for the Whitby Hospital Appeal and are in the process of planning some new initiatives.

Wishes

We are continuing to receive a good number of Wishes each week and are seeing applications for a wide range of resources including decorative items, gardening equipment, patient information packs, gym equipment and cooking utensils.

The deadline for Christmas Wishes is the end of November 2022 and this information will be cascaded globally as soon as it is appropriate to do so.

Profile

Over the next few months, we will be refreshing the Health Stars Notice Board at Trust HQ and looking at ways to improve our website.

Michele Moran
Chief Executive

Agenda Item 9

Title & Date of Meeting:	Council of Governors Public Meeting – 13 October 2022										
Title of Report:	Non-Executive Director Chairs of Sub Committees Assurance Reports & Feedback										
Author/s:	Stuart McKinnon-Evans, Chair of Audit Committee, Charitable Funds Committee & Collaborative Committee Francis Patton, Chair of Finance & Investment Committee Mike Smith, Chair of Mental Health Legislation Committee & Interim Chair of Quality Committee Dean Royles, Chair of Workforce & Organisational Development Committee										
Recommendation:	<table border="1" data-bbox="539 831 1528 913"> <tr> <td data-bbox="539 831 938 875">To approve</td> <td data-bbox="938 831 1034 875"></td> <td data-bbox="1034 831 1410 875">To receive & discuss</td> <td data-bbox="1410 831 1528 875"></td> </tr> <tr> <td data-bbox="539 875 938 913">For information/To note</td> <td data-bbox="938 875 1034 913">✓</td> <td data-bbox="1034 875 1410 913">To ratify</td> <td data-bbox="1410 875 1528 913"></td> </tr> </table>			To approve		To receive & discuss		For information/To note	✓	To ratify	
To approve		To receive & discuss									
For information/To note	✓	To ratify									
Purpose of Paper:	To provide the Council of Governors with the Sub Committee Assurance reports that have been submitted to the Board since the last Council of Governors meeting										
Key Issues within the report:											
Matters of Concern or Key Risks to Escalate: <ul style="list-style-type: none"> No matters to escalate 	Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> N/A 										
Positive Assurances to Provide: Details included in the reports from <ul style="list-style-type: none"> Audit Committee Charitable Funds Committee Collaborative Committee Finance & Investment Committee Mental Health Legislation Committee Quality Committee Workforce & Organisational Development Committee 	Decisions Made: <ul style="list-style-type: none"> N/A 										
Governance: <i>Please indicate which committee or group this paper has previously been</i>	<table border="1" data-bbox="539 1809 1350 1962"> <thead> <tr> <th data-bbox="539 1809 833 1850"></th> <th data-bbox="833 1809 951 1850">Date</th> <th data-bbox="951 1809 1251 1850"></th> <th data-bbox="1251 1809 1350 1850">Date</th> </tr> </thead> <tbody> <tr> <td data-bbox="539 1850 833 1962">Appointments, Terms & Conditions</td> <td data-bbox="833 1850 951 1962"></td> <td data-bbox="951 1850 1251 1962">Engaging with Members Group</td> <td data-bbox="1251 1850 1350 1962"></td> </tr> </tbody> </table>				Date		Date	Appointments, Terms & Conditions		Engaging with Members Group	
	Date		Date								
Appointments, Terms & Conditions		Engaging with Members Group									

<i>presented to:</i>	Committee			
	Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	✓
	Trust Board	July, & Sept 22		

Monitoring and assurance framework summary:

Links to Strategic Goals <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	

Agenda Item 9

Title & Date of Meeting:	Trust Board Public Meeting – September 2022										
Title of Report:	Audit Committee Assurance Report										
Author/s:	Stuart McKinnon-Evans, Audit Committee Chair										
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To receive & discuss</td> <td></td> </tr> <tr> <td>For information/To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> </table>			To approve		To receive & discuss		For information/To note	✓	To ratify	
To approve		To receive & discuss									
For information/To note	✓	To ratify									
Purpose of Paper:	To inform the Trust Board of the outcome of the Audit Committee of August 9 2022										
Key Issues within the report:											
<p>Matters of Concern or Key Risks to Escalate:</p> <ul style="list-style-type: none"> Highest residual risks for trust relate to: availability of nurses and GPs; financial pressure arising from agency spending; failure to address waiting times; complexity and acuity of CAMHS inpatients creates capacity shortages The era of fixed price contracts has gone, given the high-inflation economic environment Increase in cost of insurance Clinical Negligence Scheme for Trusts Recent managed phishing exercise saw too many staff submitting sensitive data to a webpage, tempted by the prospect of domestic fuel deals 	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> Board Assurance Framework’s descriptors need to be harmonised with the Trusts refreshed Strategy National-level commissioned work on financial health will be undertaken, which will displace other elements of the plan The Trust holds 2 Memoranda of Understanding on behalf of the ICS with a total value of £670K – this is too informal an arrangement in the view of the Committee, and accountabilities needs clarifying Chasing the single tender waivers about to expire Some concern about the repeated extension of the Vocare Out of Hours GP service in Whitby ICB-level contracts are not yet in place, but will be issued for consideration and finalisation soon 										
<p>Positive Assurance to Provide:</p> <ul style="list-style-type: none"> Deep dive into Community and Primary Care Services Division register showed dynamic risk management of the headline and 	<p>Decisions Made:</p> <ul style="list-style-type: none"> To ratify the BAF re Strategic Goal 3 To endorse the risk assessment at Trust and Divisional level 										

<p>subsidiary concerns, and that risk management is embedded in Division’s work</p> <ul style="list-style-type: none"> • Actions and controls in pursuit of Strategic Goal 3 (Fostering integration, partnerships and allowances), continue to be ranked Green, following discussion about whether the evidence was sufficiently complete • Internal audit work programme – significant or high assurance from work to date, both for final reports from 2021/2 and the first reports for 2022/23 • Continued vigilant follow-up of internal audit recommendations • Benchmarking of gift and hospitality practice from 5 other trusts shows variety of approaches, and no alarm bells for Humber • Procurement exceptions management remains satisfactory through the single tender waiver process • All external audit work on track to complete the 2021/22 reporting cycle. No non-audit work has been commissioned • Counter-fraud campaign included monthly newsletter and incident-driven alerts to staff. Humber continues to benchmark well against other trusts • National-led piece (by IA) will provide additional assurance over and above the external audit work on financial sustainability and VfM • 	<ul style="list-style-type: none"> • Endorse the single tender waivers • To agree that the national requirement for internal audit assessment of financial sustainability will displace other finance audits on the existing plan to next year • Review the threshold for reporting gifts
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<p>Governance: Please indicate which committee or group this paper has previously been presented to:</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	
			Other (please detail) Report produced for the 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	

Committee Assurance Report – Key Issues

The Audit Committee of August 9 2022 dealt with the following:

- Noted good progress on action from previous session
- Considered extant and new Single Tender Waivers, and was assured that the internal scrutiny process remains strong. There is a concern that 2 arrangements held by the Trust on behalf of the ICS are classified as Memoranda of Understanding, which is too informal for transactions totalling c £670K m. We asked for clarification on 2 soon-to-expire Waivers. Concern was expressed about repeated extension of the Vocare out of hours GP service in Whitby.
- Took a report on recent procurement activity, included the letting of contracts for transport, cleaning and IAPT. We noted the total value and high level composition of recent expenditure, but asked for more insight in future reports about the categorisation of spend, to distinguish between purchase-order-based, expenditure in our role as lead provider in a collaborative, and the extent, if any, or expenditure which occurs outside the procurement team's ambit. We noted that in a high-inflation environment, the fixed-price contracts that have been normal in recent times are now being rejected by suppliers
- Considered the Board Assurance Framework, focusing Goal 3 (Fostering integration, partnership, and alliances). We noted that the current descriptors are not consistent with the news strategy; and that the current evidence over work at system-level is underplayed in the BAF. We reviewed whether the rating of Green, which has been constant for some months, is still right, and concluded it is.
- Noted this year's insurance premiums. An increase of c £180K in the premium for Clinical Negligence is being levied, following a claim of c £10m from a historical incident. We took

assurance that the lessons had been considered via Quality Committee

- Took a deep dive into risk register for Community and Primary Care Services Division, hearing about the top risks, which related to Whitby GP service contract termination in 9 months; increased dietetics referrals putting pressure on waiting times; poor hospital discharge decisions putting pressure on community services; estates-related risks in Bridlington GP practice (now nearly resolved); social media campaign in Market Weighton; reliance on locum staff, which has a quality and financial risk). Risks just below the High rating include availability of ANP and virtual wards. The Committee was pleased to hear that training and development means the practices of risk management is well-embedded in the Division's management more generally
- Considered the 15+ risks on Trust-wide register, concluding no change in their composition. Risk owners were asked to ensure consistency between gaps in controls and assurance and the action being taken to close them. Highest residual risks for trust relate to: availability of nurses and GPs; financial pressure arising from agency spending; failure to address waiting times; complexity and acuity of CAMHS inpatients creates capacity shortages. We discussed whether a point would come when some externally-driven risks (eg related to national skill shortages) could be tolerated (ie no further action taken by the Trust) but concluded that moment was not yet
- Considered benchmarking information from 5 other trusts, which showed a wide variety of practice with respect to value of reportable threshold and quantities of reported gifts. The Trust is not an outlier, but we agreed to review the reportable threshold.
- Took an update from Internal Audit Programme update – all recently completed reports conclude significant or high assurance (Budgetary and accounting control; medical job planning; medicines optimisation; provider collaborative; provider licence self-certification; data security and protection toolkit). On the provider collaborative, we noted the related work currently underway on Schoen Clinic which will report to the Collaborative Commissioning Committee in October. Additional work has been mandated by the NHS Chief Finance Officer, on financial sustainability. Seen as a shot across the bows from the centre to tighten discipline, the Trust is not concerned about potential findings. The work will displace other finance audits in the current programme into next year, we agreed.
- Noted the continued campaign by Counter Fraud team (with key features being regular communications, alerts about scams, publicity about investigations, masterclasses. We heard that a recent phishing exercise had led too many staff to submit sensitive information to a webpage in an unsafe way, lured by the prospect of lower domestic energy bills.
- Took comfort from External Audit that all work done for the 2021/22 reporting round is complete or on track, noting that the outstanding work on the pension fund is not due until the next Committee. The VfM commentary in draft will be brought to the November cttee. No further matters need to be brought to our attention
- We took verbal updates on non-audit work (none commissioned); emergency planning (deferred to November awaiting central guidelines); cyber-security (took assurance of good attendance; and asked for escalated items to be tracked; and contract variations (none made).
- We expect ICB-level contracts to be issued for finalisation soon.

Agenda Item 9

Title & Date of Meeting:	Trust Board Public Meeting 28 September 2022										
Title of Report:	Assurance Report from Charitable Funds Committee held on August 2 2022										
Author/s:	Stuart McKinnon-Evans										
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To receive & discuss</td> <td></td> </tr> <tr> <td>For information/To note</td> <td>X</td> <td>To ratify</td> <td></td> </tr> </table>			To approve		To receive & discuss		For information/To note	X	To ratify	
To approve		To receive & discuss									
For information/To note	X	To ratify									
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	Through this report, the Charitable Funds Committee provides information and assurance to the Board from its August meeting. The minutes of the meeting held on 15 March are included for information.										
Key Issues within the report:											
Matters of Concern or Key Risks to Escalate:		Key Actions Commissioned/Work Underway:									
<ul style="list-style-type: none"> The Board is asked to approve the revised set of KPIs for the 2022/23 year Performance against financial KPIs to date is below par, and engagement KPIs provide a mixed picture Net financial deficit of £21K to June 2022 		<ul style="list-style-type: none"> Options appraisal underway for the future of charity arrangements, to be discussed at September committee Inviting the top 4-5 fund zone managers to the next CFC committee to promote discussion on how to utilise funds appropriately. 									
Positive Assurance to Provide:		Decisions Made:									
<ul style="list-style-type: none"> April and May activity was positive, though no requests for approval over £5k were submitted Whitby spending plan in hand, and fundraising continues via events and grant applications Performance against activity levels for number of requests/wishes is on broadly on track 31 wishes approved/in progress for May-June Opportunity to utilise funds on emerging 		<ul style="list-style-type: none"> To recommend a revised KPI set to the Board for the rest of 2022/23, pending more comprehensive options review, scheduled for September 6 2022 meeting To invite Zone Managers to explain their plans at September meeting Push to the Whitby Art work bid to arts council 									

proposals from the Divisions			
Governance: Please indicate which committee or group this paper has previously been presented to:		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	The report reflect the CFC of August 2 2022	Collaborative Committee
			Other (please detail) Report produced for the 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			
X	Enhancing prevention, wellbeing and recovery			
	Fostering integration, partnership and alliances			
	Developing an effective and empowered workforce			
	Maximising an efficient and sustainable organisation			
X	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	

Committee Assurance Report – Key Issues

- Update on charitable activity in April and May 2022: Big Fat Quiz raised £4K; NHS Charities Together grant of £66K over 4 years secured; CEO's cycle challenge raised £6K; grant applications submitted; planning for golf, walking and other quiz events
- Update from LP on the Division's schemes/proposals (and will follow up with a written update)
- MH older people OOH provision/equipment; and indoor and outdoor physical facilities; MH in-patient redesign (no cap funding yet but want to be campaign ready)
- CH and LD – CAMHS outside therapy and toy equipment (ie OO H therapeutic play); SMASH programme in schools (equipment); expansion of eating disorder day treatment (physical space and equipment)
- Townend Court appeal request
- Secure – focus on the upgrade of the Humber Centre/shop/gym; skills development for discharge (practical equipment)
- MH and Humber Centre, the visiting places and lack of equipment
- Whitby – want to look at Malton Ward to bring it up to scratch in line with Whitby new ward
- Whitby Appeal: £85K of planned spending (garden, artwork, furniture, TVs); total raised to date of £43K, with further £43K being target through applications and other routes
- Performance against KPIs reviewed, with financial indicators below target by some margin (income generation is on £0.57 for every £1 spent); engagement indicators show a mixed picture; activity levels of wishes, requests and events are broadly on track on a pro-rata basis
- Finance report shows a net deficit of £21K to June 2022. Zone balances total £380K
- Review of KPIs. Feedback from Board discussion in March 2022 was taken on board, leading to revision of these KPIs:
 - Media stories per quarter increased from 1 to 3 as an ambitious target
 - Patient wishes increased from 10 to 20 per year
 - RK advised to focus on social media engagement in comparison to social media platform growth
- Risk Register reviewed and endorsed, with the biggest risks being lack of compelling appeals, and cancellation of events due to COVID. The cost of living crisis was also highlighted as a risk.
- We agreed to progress an options paper for future arrangements for the Board to consider in its role as Corporate Trustee.



Caring, Learning
& Growing Together

Agenda Item 9

Title & Date of Meeting:	Trust Board Public Meeting 28 September 2022										
Title of Report:	Assurance Report from Charitable Funds Committee held on September 6 th 2022 Part A										
Author/s:	Stuart McKinnon-Evans, Committee Chair & Non-Executive Director										
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To receive & discuss</td> <td></td> </tr> <tr> <td>For information/To note</td> <td>X</td> <td>To ratify</td> <td></td> </tr> </table>			To approve		To receive & discuss		For information/To note	X	To ratify	
To approve		To receive & discuss									
For information/To note	X	To ratify									
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	Through this report, the Charitable Funds Committee provides information and assurance to the Board from its September meeting. The minutes from the meeting held on 2 August are included for information.										
Key Issues within the report:											
Matters of Concern or Key Risks to Escalate:		Key Actions Commissioned/Work Underway:									
<p>Spending commitments on the Whitby campaign stand at £80K, against a fund of £57K. The Committee determined that efforts should continue to fundraise for the £23K shortfall, rather than utilise other funds (specifically the Big Thank You Humber Fund)</p>		<p>Hey Smile to liaise with applicants whom submitted wishes for cardio wall and bring a full paper stating progress to December committee.</p> <p>Review of Alfred Bean funds, and request for proposals on spending/re-allocation of unrestricted funds</p> <p>Review of East Riding Community Hospital Funds</p>									
Positive Assurance to Provide:		Decisions Made:									
<p>Trust managers responsible for each of the larger unutilised zone funds reported to the Committee and were charged with identifying ways to utilise funds, or identify whether they could be allocated to other purposes</p> <p>A working list of spending proposals and potential new substantial campaigns for 2022</p>		<p>It was agreed to tolerate, for the short term, a deficit on the Whitby Fund, in the context of a surplus overall of uncommitted unrestricted funds, pending further fundraising activity.</p> <p>Re-confirmation the baseline and stretch targets being proposed in the KPIs to the September Trust Board</p>									

onwards is being developed.				
NHS grant for health trainer role confirmed, with £66K				
<p>Governance: Please indicate which committee or group this paper has previously been presented to:</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	The report reflect the CFC of August 2 2022	Collaborative Committee	
			Other (please detail) Report produced for the 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			
X	Enhancing prevention, wellbeing and recovery			
	Fostering integration, partnership and alliances			
	Developing an effective and empowered workforce			
	Maximising an efficient and sustainable organisation			
X	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			No	

Committee Assurance Report – Key Issues

The Committee considered the following items:

Use of existing funds: Trust managers responsible for the largest unutilised zone funds (East Riding Community Hospital (ERCH); Alfred Bean; Community Nursing; Bridlington) reported back on the status of plans to utilise funds. In some cases, there are more funds available than easily identifiable proposals to spend; some zones are more actively managed than others; and there are opportunities to redirect unrestricted funds to new purposes. There is concern about the £42,000 being assigned to Alfred Bean and minimal amount of these funds being spent, noting that there may be options in the context of the “healthy town” initiative in Bridlington. Concerns were also raised about the absence of firm spending plans for £31K funds allocated to ERCH. It was agreed that all zone fund managers be charged with identifying ways to utilise funds, or identify whether they could be allocated to other purposes.

Development of new proposals: a list of existing spending proposals and new options for spending was submitted to the Committee. The existing included Cardio Wall for Inpatient Mental Health Units; Bridlington Acute Community Services (existing funds to be are used first, no more appeals); Children’s Therapy Enhancements. New options numbered: Dementia Friendly Malton Ward; Scarborough, Rydale, Whitby and Malton Digital Devices; West End Sensory Room; Physical Activity Equipment for Mental Health Inpatient Units; Day Treatment Facility for Children with Eating Disorders; Townend Court; Humber Centre Activities and Gym; Mental Health Inpatient Redesign Project. Some of these the new options were still in draft form. It was agreed that the list should be developed further in consultation with Hey Smile, in order to identify campaigns that would be suited for fundraising.

Status of outstanding wish applications: the cardio wall wish needs approving ASAP as this wish has been awaiting approval for a significant amount of time. The Committee was reminded that the delegated approval arrangements already in place are suitable, and managers in the Trust and Hey Smile were asked to avoid lengthy delays in processing requests.

Whitby Campaign: expenditure commitment on the Whitby project is £80K, against funds raised of £57K. The Committee was asked to approve a transfer of the shortfall of £23K from the Big Thank You Humber Fund. After lengthy discussion, including that the Trust had originally agreed to underwrite the project, the request to was not approved, leaving a deficit on the Whitby Fund and the Big Thank You Humber Fund intact at £35K. It was noted that, in planning the original campaign, fundraisers were reasonably confidence the project would be fully funded, and it was felt appropriate to retain that stance.

Fundraising: £66K NHS Stage 3 grant for Health Trainer role now confirmed.

Key Performance Indicators of Hey Smile performance: The Committee reviewed briefly performance against the existing and proposed stretch KPIs, reiterating the previous conclusion that performance remains below standard in some aspects of fundraising. It was regrettable that no data later than May was included, but the constraints of the timing of the meeting were acknowledged. It was reconfirmed that the KPIs to be proposed to the September Trust Board were as set out in the paper.

Agenda Item 9

Title & Date of Meeting:	Trust Board Public Meeting – 28 September 2022										
Title of Report:	Collaborative Committee Assurance Report										
Author/s:	Stuart McKinnon-Evans Non-Exec Director - Audit Chair (Chair)										
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To receive & discuss</td> <td></td> </tr> <tr> <td>For information/To note</td> <td>√</td> <td>To ratify</td> <td></td> </tr> </table>	To approve		To receive & discuss		For information/To note	√	To ratify			
To approve		To receive & discuss									
For information/To note	√	To ratify									
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	<p>The Collaborative Committee is one of the sub committees of the Trust Board</p> <p>This paper provides an executive summary of discussions held at the meeting on Friday 5 August 2022 and a summary of key points for the Humber Teaching NHS Foundation Trust Board to note.</p>										
Key Issues within the report:											
<p>Matters of Concern or Key Risks to Escalate:</p> <ul style="list-style-type: none"> CAMHS waiting list continues to be problematic for young people requiring eating disorder care. Acuity of patients and shortage of key personnel continue to cause capacity shortage Delayed transfers of care in both CAMHS and Adult Secure – regular engagement with partners at place to identify solution and progress 	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> Following the Visioning events for each work stream, strategic plan and priorities have been outlined for further development by each workstream CAMHS workstream assessing if/how community-based provision can ease capacity constraints 										
<p>Positive Assurance to Provide:</p> <ul style="list-style-type: none"> Learning to date from Schoen Clinic and how do we apply across all the collaborative work streams. Serious Untoward Incident Group established – first meeting 10 August 2022 	<p>Decisions Made:</p> <ul style="list-style-type: none"> Commissioning Standard Operating Procedure has been updated since the original document shared with NHS E Pre-Go Live in October 2020 – SOP agreed at Committee Quality Governance Framework reviewed at committee and agreed Adoption of streamlined reporting format and approach for future Committees 										



<p>Governance: Please indicate which committee or group this paper has previously been presented to:</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	05.08.22
			Other (please detail) Report produced for the 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	

Committee Assurance Report – Key Issues

The aim of this report is to provide assurance to the Board about the Collaborative Committee which has been established by Humber Teaching NHS FT (HTFT) as the Lead Provider within the Humber and North Yorkshire (HNY) Specialised Mental Health, Learning Disability and Autism Provider Collaborative.

To demonstrate robust governance in its role as Lead Provider and avoid conflicts of interest with its provision arm, HTFT as Lead Provider has delegated some of its responsibilities to the Collaboration Planning and Quality Team (CP&QT) which is accountable to the Collaborative Committee.

The purpose of the Team's role will be to undertake much of the work previously carried out by NHS England Specialised Commissioning in terms of planning, contractual management and quality assurance of the provision, Specialised Mental Health, Learning Disability and Autism services in the HCV region, and for patient placements outside of natural clinical flow for people who are receiving specialist care for:

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

The meeting on 5 August was quorate

Quality Assurance and Improvement

- Learning to date from Schoen Clinic and how do we apply across all the Collaborative, some of our learning is increasing Case Management presence and assurance
- Robust line of site at front line through the governance process, felt that previous arrangement lacked sufficiently robust oversight. This has now been rectified
- Full quality review Stockton Hall in August 2022
- SI review group to meet 10 August
- Long term segregation report shared – 2 people in LTS – frequent review and assurance

Schoen Clinic Update

- Key issues advocacy – virtual to date. This has been addressed and will be in person from Monday 8 August 2022 and continues to be monitored.
- Metrics and feedback continue to demonstrate progress
- Assurance work continues weekly
- Currently 4 service users at the unit new admission 2 August 2022
- Agreed to have a specific lesson learned session at the next Collaborative Committee

Risk Register

Following recommendation from Provider Collaborative Oversight Group (PCOG) the risk register will be updated:

Roll-out of First Episode Rapid Early Intervention for Eating Disorders (FREED) champion (CC15) - remove

Inflation assumptions (CC22) – retire

Media reporting of Schoen clinic (CC25) – retire

Capacity risks caused by no/limited admissions at Schoen clinic (CC26) – retire

From September onwards the risk register will be added to HTFT DATIX system

Work Stream Updates

- Following the Visioning events for each work stream, strategic plan and priorities have been outlined for further development by each workstream, including focus for next 3 months

CAMHS

- Mill Lodge Day Care development is progressing with estates work commencing this month
- Inspire Eating Disorder (ED) day care proposal received and meeting to be arranged to progress
- Inspire General Adolescent Unit (GAU) and Psychiatric Intensive Care Unit (PICU) beds now fully open
- Continued pressure on Delayed Transfers of Care (DTC's) and waiting list – meetings continue with place and ICS partners however pressure remains on limited community placements
- Staffing pressures at Mill Lodge

Adult Eating Disorder

- The Schoen Clinic has reopened to admissions – phased reopening
- Reduced length of stay at both Rharian and Schoen comparing to same months in 2021
- Work progressing well with Vale of York regarding a new community eating disorder model
- All actions from internal audit on the governance and management arrangements are completed

Adult Secure

- The total HNY patient population for all diagnosis (med and low) is 151 which is an increase of 3 from the previous month. 2 of the 3 patients have been admitted to vacant block contract beds at the Humber Centre
- There are currently 73 low secure patient and 78 medium secure patients.
- The total In Natural Clinical Flow (INCF) population is 116 (77%) and Out of Natural Clinical Flow (ONFC) is 35 (23%).
- There are currently 18 patients who are delayed transfers of care
- 17 patients have been delayed for more than 12 weeks

For all the 3 work streams meeting continue with partners at place to discuss and review people waiting for access to specialised in-patient services and delayed transfers of care – from August this information will also be shared with HNY ICS for overall system and place review.

Commissioning Standard Operating Procedure (SOP)

The Collaborative Planning and Quality team developed a commissioning SOP as part of our readiness for Go Live. Since October 2021 we have developed further our collaborative governance process and therefore it was agreed to update the Commissioning SOP to reflect the collaborative progress in planning and quality assurance.

Quality Governance Framework

An updated revised Quality Governance Framework was shared with the Committee the document was reviewed and agreed.

Future Collaborative Committee meeting arrangements

A paper was shared with outlined proposals for discussion and decision making on the future format and purpose of the Collaborative Committee. The paper was discussed in detail and all proposal to streamline the reporting arrangements, to avoid excessive duplication between the Committee and its supporting bodies and to reduce the frequency to bi-monthly was agreed at the Collaborative Committee.

Agenda Item 9

Title & Date of Meeting:	Trust Board Public Meeting – 27 July 2022			
Title of Report:	Collaborative Committee Assurance Report			
Author/s:	Stuart McKinnon-Evans Non-Exec Director - Audit 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>	<p>The Collaborative Committee is one of the sub committees of the Trust Board</p> <p>This paper provides an executive summary of discussions held at the meeting on Thursday 30 June 2022 and a summary of key points for the Humber Teaching NHS Foundation Trust Board to note.</p>			
Key Issues within the report:				
Matters of Concern or Key Risks to Escalate: <ul style="list-style-type: none"> Schoen Clinic York continues to be temporary closed to new admissions Pressures within CAMHS with young people awaiting admission for nasogastric tube feeding 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> Continuation of positive work with Schoen Clinic York on action plan to address issues identified following CQC rating of Inadequate 		
Positive Assurance to Provide: <ul style="list-style-type: none"> Action Plan in relation to Schoen Clinic York to support reopening to new admissions in the near future 		Decisions Made: <ul style="list-style-type: none"> Band 8B Senior Case Manager role – ratified at Collaborative Committee Additional investment into secure community forensic teams – ratified at Collaborative Committee Proposal to align Learning Disability forensic outreach liaison and secure community forensic mental health teams across Humberside was supported by the Collaborative Committee To streamline the reporting to this Board and its frequency to 6-8 weekly Membership of Board reviewed, and to remain as is. Well Led Review action point thus completed. 		



<p>Governance: Please indicate which committee or group this paper has previously been presented to:</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	30 June 2022
			Other (please detail) Report produced for the 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	

Committee Assurance Report – Key Issues

The aim of this report is to provide assurance to the Board about the Collaborative Committee which has been established by Humber Teaching NHS FT (HTFT) as the Lead Provider within the Humber and North Yorkshire (HNY) Specialised Mental Health, Learning Disability and Autism Provider Collaborative.

To demonstrate robust governance in its role as Lead Provider and avoid conflicts of interest with its provision arm, HTFT as Lead Provider has delegated some of its responsibilities to the Collaboration Planning and Quality Team (CP&QT) which is accountable to the Collaborative Committee.

The purpose of the Team's role will be to undertake much of the work previously carried out by NHS England Specialised Commissioning in terms of planning, contractual management and quality assurance of the provision, Specialised Mental Health, Learning Disability and Autism services in the HCV region, and for patient placements outside of natural clinical flow for people who are receiving specialist care for:

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

The meeting on 30 June 2022 was quorate

Quality Assurance - Schoen Clinic

The Committee discussed the report detailing assurance required from the Schoen Clinic before a decision can be made about recommending re-opening to admissions. If these assurances are provided, then the recommendation will be to start gradual re-admission. This would be with one or two patients and with very close support, monitoring and oversight from the Collaborative Planning & Quality Team (CPaQT). The CQC will also be linked in with that decision.

The Committee accepted that not all the quality indicators will be green before there will be an agreement to re-open to admissions. Re-opening the unit would be in a measured way and testing out each admission pending the safeguarding and ligature items being assured.

Work Stream Updates

CAMHS

- Current pressures in relation to CAMHS eating disorder beds continue – as at 30 June there are 8 young people on the waiting list; 7 of those are waiting for an eating disorder bed.
- There are 5 delayed discharges; 3 at Inspire, 1 at Mill Lodge and 1 out of area. The reasons for these are that there are no suitable discharge destinations. A shared care pathways meeting has been established, attended by all 6 local authority places, and plans are being put in place to work collaboratively to put protocols in place to manage delayed discharges more effectively.
- Work is progressing with the new Mill Lodge day care eating disorder model

Adult Eating Disorder

- The Schoen Clinic being closed to admissions is impacting on the wider system; in terms of Humber and North Yorkshire there is one person waiting for a bed and 7 out of area referrals have been received.
- Day Care model is being developed for adult eating disorders and work is being undertaken with the community health transformation programme.
- Discussions have been held with the NHS E regional team on the impact on the South Yorkshire and West Yorkshire provider collaborative and planning will be undertaken with regional areas.
- A strategic plan on eating disorders was requested and it was suggested this be an agenda item for the next Collaborative Committee meeting.

Adult Secure

- HNY SPC were tasked by NHS E with leading on writing the new national Community Service Specification. The first phase is complete and is with NHS E to go through the governance process.
- Delayed Transfers of Care (DTOCs) have increased this month; we now have 7 DTOCs which are currently 12 weeks plus, and a further 7 which are at 4 to 8 weeks. Work has been undertaken with providers around the definition of DTOCs and not being ashamed to label a patient as such. This has allowed us to work as a system to progress.

Finance

- Under budget at month 2 for Adult Secure and Adult Eating Disorders
- Pressure on the CAMHS budget due to the limited bed availability at Inspire and pressures re acuity of care at Mill Lodge
- CAMHS financial pressure will be added to the Provider Collaborative risk register
- Humber Teaching NHS FT will be asked to provide a report detailing when the beds at Inspire (Nova and Orion) will be fully opened.

Early intervention, prevention, and trauma-informed pathways in CAMHS

Clinically Led Workforce and Activity Redesign (CLEAR) programme, which is a transformational model and is being led by the ICS:

- There is no cost as it is funded through NHS E.
- It will look at that early intervention in relation to eating disorders and look at where things go wrong when people are first identified, looking at what could be changed to improve early intervention and prevention.

Work will continue with the ICS to seek system wide opportunities to improve CAMHS pathways

Audit – adult eating disorders

Internal audit on the governance and management arrangements, including clinical governance, for the provider collaborative adult eating disorder workstream.

The report has been received with a level of assurance for the process with a very positive outcome; there are 5 minor recommendations which are being progressed.

Future Collaborative Committee meeting arrangements

It was agreed to streamline the reporting arrangements, to avoid excessive duplication between the Committee and its supporting bodies, and to reduce the frequency to 6-8 weekly.

The Committee discussed the composition of the Committee following an action from the Well-led

Reviews.

Mrs Gledhill's membership of the Committee was originally temporary; however, it was agreed her attendance at meetings has been helpful. It was noted that there are 2 Non-Executive Directors on the Committee as opposed to 3 which are on other committees. Whilst this poses a risk of non-quoracy, the Committee heard that it had been agreed to limit the number of Non-Exec Directors on the Committee when the Committee was first formed. The Committee agreed that there be no change to the composition of the Committee, and the action from the Well-Led Review be discharged

Agenda Item 9

Title & Date of Meeting:	Trust Board Public Meeting – 27 July 2022			
Title of Report:	Finance and Investment Committee – Chair’s Log			
Author/s:	Francis Patton			
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 purpose of this report is to provide Board with assurance on the financial performance of the Trust including investment and business development.</p> <p>The Finance and Investment Committee is one of the sub committees of the Trust Board.</p> <p>This paper provides an executive summary of discussions held at the extra meeting held on 20th of July 2022 and a summary of key points for the Board to note.</p>			
Key Issues within the report:				
Matters of Concern or Key Risks to Escalate: <ul style="list-style-type: none"> The NHS are only currently funded for a 3% pay award, NHSE are saying that they will fund the c5% awarded but it could mean cuts elsewhere. The Committee felt that the Quality Committee should look at and gain assurance of the use of agency staff. The forecast deficit and options available to Board within Primary Care should form a topic for a Board Strategic Session. 	Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> A recovery plan has been commissioned for agency usage. The Committee asked for an additional deep dive on other areas of agency usage. A recovery plan has been developed and is being implemented for Primary Care which will be monitored by FIC on behalf of the Board. 			
Positive Assurances to Provide: <ul style="list-style-type: none"> The committee gained positive assurance on non-clinical safety within the Trust from the annual report. The Trust recorded an overall deficit of £0.374m for Month 3 consistent with the Trust’s planning target. The committee gained positive assurance on strategic goal 5. 	Decisions Made: <ul style="list-style-type: none"> To recommend the Annual Non-Clinical Safety report to Board. 			

Governance: Please indicate which committee or group this paper has previously been presented to:		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	
			Other (please detail)	

Monitoring and assurance framework summary:

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

Committee Assurance Report – Key Issues

Executive Assurance

The aim of this report is to provide assurance to the Board on the financial and investment performance of the Trust and raise any issues that it feels need escalating to the Board for further discussion.

A summary of the key areas discussed were that the Trust recorded an overall deficit of £0.374m for Month 3 consistent with the Trust's planning target but there was a potential risk if the national pay increase exceeded 3%. Cash remains strong but Agency costs are a concern as is the performance of Primary Care. The BRS programme continues to deliver.

A deep dive report was received on Agency costs which are becoming an issue. The Exec have requested a recovery plan which will be developed via Operational Delivery Group and linked to the Medical Workforce Strategy which is due to be completed by October and will include different roles/models including associate clinicians. The Committee discussed the need to cross reference this with the Quality Committee in terms of gaining assurance on the quality element of agency staff. The Committee also asked for a further deep dive into other areas of agency usage.

The Committee received an update on Primary Care performance which outlined some concerns on the overall financial performance. A recovery plan is in place and the Committee recommended that this should be the focus of a Board Strategic session.

The Committee received, noted and recommended to Board the Annual Non-Clinical Safety report to Board which didn't raise any issues of major concern.

The Committee received and gained assurance on strategic goal 5 on the BAF.

The key areas of note arising from the Committee meeting held on 20th of July were:

- In terms of the Insight report the key issues raised were: -
 - As reported to the NHS England Board Meeting on the 7th of July final plans were received from systems on the 20th of June 2022 and reflected the additional £1.5bn that had been provided to systems to cover non pay inflation and extra support for ambulance services. Final returns show 37 out of 42 systems had plans to deliver a balanced budget The final plan shows an aggregate deficit position of £100m in 5 systems, and work continues with those systems to deliver a breakeven plan by the end of the year. Key Risks to delivery of the plan are highlighted as:
 - a. Delivery of efficiency plans
 - b. Rising emergency demands
 - c. Pay awards above the 3%
 - d. Service Pressure
 - The National Audit Office is to carry out a value for money review of the Department of Health and Social Care's new hospitals programme amid concern that the promised 40 hospitals will not be built by 2030, and that costs are spiralling.
 - NHS England will seek to cut its workforce by 30% to 40% following the merger of NHS England and NHS Improvement, and the upcoming formal merger with NHS Digital and Health Education England.
 - An update on the pay award as announced on the 20th that it will be c5% which although being funded by NHSE the Trust needs to monitor as it could mean cuts elsewhere.
- The Trust recorded an overall deficit of £0.374m for Month 3 consistent with the Trust's planning target. Work is continuing with Commissioners in relation to income risk. Agency expenditure was £2.028m, this is £0.376m more than the previous year's equivalent Month 3 position. Work continues to reduce the level of agency costs with the aim of recruiting to permanent medical consultancy posts. Cash balance at the end of Month 3 was £31.889m of which £3.444m relates to the Provider Collaborative. The aged debtors outstanding at the end of June was £4.934m and the current value of creditors is £9.224m. At the end of June £0.229m had been spent against the 2022/23 capital programme, £0.028m of which is on digital and technology and £0.201m on estates schemes. Expenditure is traditionally slow in the first quarter of each financial year The largest scheme in the programme is the Humber

Centre refurbishment, however the scheme hasn't yet started due to issues with finalising the cost and nature of the scheme.

- At month 3 Children's and LD reported a £0.177m gross expenditure underspend; Community and Primary Care reported an overspend of £1.070m; Mental Health reported an underspend of £0.487m; Forensic services reported an underspend of £0.022m Corporate Services reported an underspend of £0.219m
- In terms of BRS for 2022/23 the Year to Date (YTD) actual savings are £1.226m and this is equal to the profile which is a positive start to the year.
- The Committee received a deep dive report on agency costs focused on consultants as Agency Expenditure is above previous years and above the Trusts previous Agency ceiling. This had been discussed at Executive Management Team on 18th July 2022. EMT have requested a recovery plan which will be developed via Operational Delivery Group and linked to the Medical Workforce Strategy which is due to be completed by October and will include different roles/models including associate clinicians. The Committee discussed the need to cross reference this with the Quality Committee in terms of gaining assurance on the quality element of agency staff. The Committee also asked for a further deep dive into other areas of agency usage.
- The Committee received a report on the Primary Care Finance Position / Recovery Forecast. For the year ended 2021/22 a £1.512m deficit was reported for Primary Care. Current modelling for Primary Care has an improved forecast moving the deficit position to £0.969m but this is £0.802 m adverse variance to plan and cause for concern. Various scenarios for 2022/23 have been modelled moving the forecast deficit to circa £0.4m depending on the approach taken to various practices. The Committee felt that this should be escalated to Board and could be an area for discussion in a Board Strategic Session.
- The Committee received, noted and recommended to Board the Annual Non-Clinical Safety report for 2021/22. Paul Dent was thanked for all of the work he and his team working in conjunction with the estates team had put in to ensure that the Trust had met its safety obligations.
- The Committee received and noted both the draft BAF and risk register. Assurance Level 2 has been maintained (Partial Assurance) and an Agency Recovery Plan is being developed as well as a Primary Care Recovery Plan which is being implemented. Risk FII220 has been retired, as covid funding and expenditure has been built into the approved financial plan.

Agenda Item 9

Title & Date of Meeting:	Trust Board Public Meeting – 28 September 2022			
Title of Report:	Quality Committee Assurance Report – August 2022			
Author/s:	Mike Smith, Non-Executive Director, and Interim Chair of Quality Committee			
Recommendation:	To approve		To receive & discuss	
	For information/To note	X	To ratify	
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	<p>The Quality Committee is one of the sub committees of the Trust Board</p> <p>This paper provides a summary of discussions held at the meeting on 3rd August 2022 with a summary of key issues for the Board to note.</p>			
Key Issues within the report:				
Matters of Concern or Key Risks to Escalate: <ul style="list-style-type: none"> No matters of concern or key risks to escalate: 	Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> To report on safeguarding referral levels and pre-pandemic levels to next Quality Committee To report on figures for no under reporting of level of harm in relation to sexual safety, BAME or LGBTQ+ incidents relating to staff or patients to a future Quality Committee (ref: Zero Events Annual report) The Quality Committee requests EMT to review the QI information from ODG prior to reporting back to Quality Committee 			
Positive Assurances to Provide: <ul style="list-style-type: none"> Presentation of Suicide Strategic Plan Quality Insight report updates Quality Risk Register – noting no substantive changes to quality risk Allied Health professionals Annual Report presentation Divisional QIP summary The Zero Events report The Quality Improvement (QI) Report 	Decisions Made: <p>The Quality Committee approved the following: -</p> <ul style="list-style-type: none"> The Suicide Strategic Plan and presentation for presentation at Trust Board The Annual Patient and Carer Experience (PACE) Report and film The Annual Equality and Diversity Report The Annual Safeguarding Report for submission to Trust Board 			
		Date		Date

Governance: Please indicate which committee or group this paper has previously been presented to:	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	
			Other (please detail) Report produced for the 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	

Executive Summary - Assurance Report:

Key Issues

The key areas of note arising from the Quality Committee meeting held 3rd August 2022 are as follows:

Philip Earnshaw was welcomed to his first meeting and will be taking over as future chair from September 2022. Frances Healy was welcomed who had been invited to observe in her new role

as Non-Executive Director of the Leeds and York Partnership. Dr Michael was welcomed attending as interim Medical Director, covering the role until the newly appointed Medical Director takes up post.

The minutes of the meeting held 4th May 2022 were agreed as a true record and the action log noted all actions closed. The Quality Committee Assurance report was noted, and the updated work plan noted and agreed.

Discussion item – Suicide Strategic Plan and Presentation

TF and DrM presented the refreshed suicide strategic plan with a presentation highlighting the key areas. Credit was noted to those who contributed. A very comprehensive presentation was given leading to a good discussion which included links with partner agencies and other plans and the work undertaken with relatives and carers. The Suicide Strategic Plan and presentation was approved by Quality Committee for presentation to the Trust Board.

Quality Insight Report

The Committee was updated with a very comprehensive report which included the gap analysis of the Ockenden Maternity Services report, a safeguarding investigation progress update, Princes Medical Centre CQC action plan showing progress made and a quarter one serious incident report. Highlights of the Quality Dashboard were discussed noting an action for the safeguarding team to look at levels of adult referrals against pre-pandemic levels and report back to next meeting. Compliance for staff clinical supervision was noted as being the highest yet.

Allied Health Professional (AHMP) Annual Report and presentation

SJN was thanked by the committee for an excellent presentation showing the fantastic work covered by the AHPs with positive feedback received from the whole meeting, who agreed this message should be spread further to both staff and the Board.

Divisional Quality Improvement Plan (QIP) update

The paper gave an update on the main themes in the divisional QIPs with a summary of quality development activities across the divisions since the last update. It was noted how the QIPs had progressed since first developed.

Quality Committee Risk Register Summary and Board Assurance Framework

The risk register summary was interrogated and welcomed observing the 15 risks rated nine or above. There have been five risks that have reduced in rating and no new risks with a rating of nine or above reported since last presentation to the Quality Committee. The Risk Register and BAF were noted with assurance given to the committee, noting no substantive changes to quality risk.

Patient and Carer Experience (PACE) Annual Report and Film

MD presented a short, animated film created for the public to show the key highlights of the annual report. The Committee agreed the film was excellent and held a short discussion about the work undertaken by the team. The Quality Committee approved the annual report and film.

Equality and Diversity Annual Report

It was noted the report was being presented for the Patient and Carer Engagement aspect and MD explained the work going on by the team and the Trust to strengthen our systems and processes around understanding demographical data and protected characteristics and qualities. This included a discussion regarding the booklet 'Why do we ask' which was agreed to be shared to members after the meeting. The Quality Committee approved the Equality and Diversity Annual Report

Zero Events Annual Report

The Zero Events annual report was presented with an update on last years zero events along with details of the approved zero events for 2022/23. A discussion was held around the stepped down zero event for 'no under reporting of the level of harm in relation to sexual safety, BAME or LGBTQ+ incidents relating to staff or patients, and it was explained regarding the work which was continuing through the relevant forums. It was agreed a deep dive on figures for this should be completed and reported back to a future Quality Committee for further assurance.

Safeguarding Annual Report

The report was approved by the Quality Committee for submission to the Trust Board, noting the extensive work the safeguarding team have completed with the increase in demand reflecting the national picture. HG noted feedback received from partner agencies has been positive. The safeguarding team were thanked for their work.

Quality Improvement (QI) Annual Report

The Annual Quality Improvement report was noted. It was explained the report was an end of year summary of the QI work and the key highlights were discussed. It was agreed a great report showing how everything is central to patient care. It was noted that work had been requested by the Organisation Development Group to obtain ongoing commitment from divisions around their QI work. It was agreed by the Committee to request EMT review the QI information received from ODG prior to this being reported back to Quality Committee.

Minutes from reporting groups

The latest approved minutes from the Quality and Patient Safety Group (QPas) was noted along with a summary of the last meeting, with no queries raised.



Caring, Learning
& Growing Together

Agenda Item 9

Title & Date of Meeting:	Trust Board Public Meeting – 28 September 2022										
Title of Report:	Mental Health Legislation Committee Assurance Report following meeting of 04 August 2022.										
Author/s:	Name: Michael Smith Title: Non-Executive Director and Chair of Mental Health Legislation Committee										
Recommendation:	<table border="1" data-bbox="539 651 1517 730"> <tr> <td data-bbox="539 651 938 689">To approve</td> <td data-bbox="938 651 1034 689"></td> <td data-bbox="1034 651 1410 689">To receive & discuss</td> <td data-bbox="1410 651 1517 689"></td> </tr> <tr> <td data-bbox="539 689 938 730">For information/To note</td> <td data-bbox="938 689 1034 730">✓</td> <td data-bbox="1034 689 1410 730">To ratify</td> <td data-bbox="1410 689 1517 730"></td> </tr> </table>			To approve		To receive & discuss		For information/To note	✓	To ratify	
To approve		To receive & discuss									
For information/To note	✓	To ratify									
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	<p>The Mental Health Legislation Committee (MHLC) is one of the sub-Committees of the Trust Board</p> <p>This paper provides assurance to the Board with regard to the agenda issues (agenda attached) covered in the committee held on 04 August 2022.</p>										
Key Issues within the report:											
<p>Matters of Concern or Key Risks to Escalate:</p> <ul style="list-style-type: none"> Escalate need for further work in respect of findings from the consent to treatment audit Committee identified an IG (Information governance) breach within the papers which is to be investigated. 	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> Noted publication of Mental Health Bill and it was stated that consultation would be addressed by way of a number of focus groups Reintroduction of face-to-face Hearings for Mental Health Tribunals and Associate Hospital Managers Reviews Delayed discharges are being addressed in line with the transforming care agenda. Task and finish group to be set up to look at increasing diversity in relation to Associate Hospital Managers 										
<p>Positive Assurances to Provide:</p> <ul style="list-style-type: none"> Reviewed MHL (Mental Health Legislation) performance report and found no current issues of concern - noted use of section 4 had been wholly appropriate and significant reduction in patients being transferred out of area RRI (Reducing Restrictive Interventions) report -Case studies continue to provide a helpful context for reducing restrictive practices approach. 	<p>Decisions Made:</p> <ul style="list-style-type: none"> To agree the MHLC Annual Report to go to Board To approve the Associate Hospital Managers Policy Agreed to a re-audit of consent to treatment Committee supported the updated MAPPA (Multi Agency Public Protection Committee) protocol. 										

<ul style="list-style-type: none"> • Repatriation of patients from Forensic services hitting targets beyond what was set nationally • Fantastic work re rehabilitation in STaRS (Specialist Treatment and Recovery Service) ward • The Trust are ahead of the national picture in respect of achieving the recommendations from the CQC Out of Sight – Who Cares report • Recent CQC (Care Quality Commission) MHA (Mental Health Act) visits had shown a good level of assurance often with no actions arising. • Committee received positive assurance from an external observer. 	
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<p>Governance: Please indicate which committee or group this paper has previously been presented to:</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	
			Other (please detail)	

Monitoring and assurance framework summary:

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

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

Key Issues:

Committee noted key items and assurances:

- Insight report - The Committee was informed about:
 - an update on the Mental Health Bill and it was stated that consultation would be addressed by way of a number of focus groups
 - The Road Map for the future of Mental Health hearings and the option for patients of a return to face to face Hearings; consideration to be given to offering the same options for Associate Hospital Managers Reviews
- Performance Report:-
 - We noted the commentary on the use of section 4 and that its use had been wholly appropriate
 - Steadily decreasing numbers of CTOs (Community Treatment Order) in the Trust
 - Significant reduction in patients being transferred out of area due to lack of local beds (22 in Sept 2021; 2 in May and June 2022), 0 Mental Health adults out of area who require an acute bed - additional 5 beds on Maister court contributed to this, also older adults supported at home instead of admitting to hospital
- RRI report Q1 –
 - Case studies continue to provide a helpful context for reducing restrictive practices approach.
 - Focus on training, especially DMI (De-escalation Management Intervention). Was set at 18-month refresh during Covid, but returned to 12 month. Making progress and improvement trajectory in place; training team capacity increased to support trajectory plan.
 - Incidents for restraint – above upper control for quarter. Has been looked at in detail. Every incident is reviewed via safety huddle and indeed is reflected in the feedback into the clinical risk management group. All of those incidents have the senior clinical oversight expected. Increase in restraint relates to a very high level of acuity in the patient group in those areas.
 - Benchmarking data for prone restraint provided.
 - Report outlines areas of focus for Quarter 2.
- Repatriation of patients from Forensic services exceeding national targets
- Fantastic work re rehabilitation in STaRS ward
- A connection was made between the Mental Health Act reform with regard to race and ethnic inequalities and the work taking place within the trust to expand our knowledge base outside the protected characteristics e.g. poverty, digital poverty.
- Committee received a presentation on the CQC Out of Sight – Who Cares report and the follow up work completed by the Trust Learning Disability Service to provide assurance that we are achieving the recommendations made in the report. It was noted that the Trust are ahead of the national picture in respect of achieving the recommendations. There were only two areas which weren't fully achieved: These were about the transition of care from childhood to adulthood, and about delayed discharges which is a systemwide issue particularly with regard to housing and support. We are trying to address some of this in line with the transforming care agenda.
- Committee received a presentation on consent to treatment audit where it became clear that

we are not meeting standards with regard to the completion of the Z48 form (assessment of capacity to consent to treatment) by the Responsible Clinician. Auditing of the Z48 is part of the regular monthly MHA audit in MyAssure which does show some improvement since the completion of the Trust wide audit presented. Some improvement is to be expected as we now have a defined standard of seven days for completion of the form and a standalone consent to treatment tab on Lorenzo. Consultants are to be reminded about this issue and a further audit is to take place shortly.

- MHL Committee Annual Review paper received and approved.
- Committee received positive assurance from the MentalHealthLegislation steering group minutes and it was also reported that recent CQC MHA visits had shown a good level of assurance often with no actions arising.
- Committee approved the Associate Hospital manager Policy.
- Committee supported the updated MAPPA protocol.
- Committee identified an IG breach within the papers which is to be investigated.
- Committee received positive assurance from an external observer.

Agenda Item 9

Title & Date of Meeting:	Trust Board Public Meeting – 27 th July 2022			
Title of Report:	Workforce and OD Committee Assurance Report			
Author/s:	Name: Dean Royles Title: Non-Executive Director and Chair of Workforce and OD Committee			
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 Workforce and Organisational Development Committee is one of the sub committees of the Trust Board</p> <p>This paper provides an executive summary of discussions held at the meeting held on 13th July 2022 and a summary of key points for the board to note. The minutes of the meeting held on 12 April are attached for information</p>			
Key Issues within the report:				
<p>Matters of Concern or Key Risks to Escalate:</p> <ul style="list-style-type: none"> • Impact on staff of rising cost of living • National pay award overdue • Number of leavers is increasing following a fall during the covid period • Covid surge leading to increased absence 	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> • Ensuring access as appropriate to financial wellbeing service • CNO and Director of Ops to review infection control approach in light of covid surge 			
<p>Positive Assurance to Provide:</p> <ul style="list-style-type: none"> • Good attendance and chairing of EDI group • Chair of workforce has attended all three subgroups reporting to the Workforce Committee • Staff in post numbers growing as is establishment • Deep dives into leavers and sickness absence. Sickness absence is in line with comparable benchmarks • Accountability reviews include discussions on workforce data • Average age of workforce is reducing 	<p>Decisions Made:</p> <ul style="list-style-type: none"> • Executive Team to explore admin support for BAME networks • Delayed presentation of EDI report to the Trust Board until it has been considered by the Quality Committee • Deep dive reports to include specific actions to address concerns • Job plans to be completed by 30 November 			

<ul style="list-style-type: none"> • Gender pay gap report published • Number of ambers on safe staffing report reducing 				
<p>Governance: Please indicate which committee or group this paper has previously been presented to:</p>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	13.7.22
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Report produced for the 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	

Committee Assurance Report – Key Issues

Positive Assurances to Provide:

Chairs logs from any group reporting to this committee

- There was a well led review recommendation which discussed the chairs attending the subcommittees. DR attended all three of subcommittees including staff health and wellbeing, equality and diversity and medical education.

Workforce Insight Report

- Really good insight report, lots of data and intelligence in there that is giving a good understanding of the challenges in the organisation. There is an increased confidence within the data and are looking at metrics that are measuring priority areas around workforce. Recognised that divisions and directorates within their accountability reviews are paying close attention to this data which is improving decision making around the workforce. We are growing the workforce as we are growing the establishment, some of that progress may be better were it not for inheriting services, where the vacancy rates remain high and then we have to work to fill those. We looked into the impact of suspensions and restrictive practice on staff from protected characteristics to ensure that there was no disproportionate effect.

Sickness Deep Dive Report

- There is good data coming in from the deep dive report in relation to sickness absence that is helping us understand in increasing detail about the issues around the organisation. Explored the COVID related absence on that. When we look into the benchmarking it is noted we are benchmarking equally in comparison to other similar trusts and organisations.

Trust Workforce Plan

- This workforce plan has improved year on year. There is a real sophistication about the detail within this report which will be helpful to business partners working with OPS team about what it is we are trying to achieve in the year.

Trust equality and diversity report

- Reviewed the equality and diversity report and explored this from a workforce perspective and a layout in terms of assurance. It was noted that it has been discussed and contributed to by our networks BAME and LGBT because of the interplay with quality. This report will go to quality committee in August prior to board. It is suggested this becomes one of those escalated board level discussions.

Safer Staffing Report

- The majority of our areas have seen a fall in vacancies. In terms of positive assurance, the number of ambers is reducing.

Hard to Fill Recruitment Task and Finish Group

- The hard to fill recruitment task and finish group appropriate detail of this will now be included within the insight report and will now be added as part of regular updates which we will now receive on the workforce plan. Therefore, this item is being removed from the agenda of this meeting.

Agenda Item 10

Title & Date of Meeting:	Council of Governors Public Meeting – 13 October 2022										
Title of Report:	Council of Governor Governor Sub-Groups Feedback										
Author/s:	Sue Cooper Chair of Appointment Terms & Conditions Governor Group Doff Pollard, Chair of Engaging with Members Governor Group										
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To receive & discuss</td> <td></td> </tr> <tr> <td>For information/To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> </table>			To approve		To receive & discuss		For information/To note	✓	To ratify	
To approve		To receive & discuss									
For information/To note	✓	To ratify									
Purpose of Paper:	To provide the Council of Governors with an update on meetings held. Verbal updates for both groups will be provided at the meeting										
Key Issues within the report:											
Matters of Concern or Key Risks to Escalate: • No matters to escalate		Key Actions Commissioned/Work Underway: • N/A									
Positive Assurances to Provide:		Decisions Made: • 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 <i>(please indicate which strategic goal/s this paper relates to)</i>				
√ Tick those that apply				
	Innovating Quality and Patient Safety			
	Enhancing prevention, wellbeing and recovery			
	Fostering integration, partnership and alliances			
	Developing an effective and empowered workforce			
	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			To be advised of any future implications as and when required by the author
Quality Impact	√			
Risk	√			
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Agenda Item 11

Title & Date of Meeting:	Council of Governors Public Meeting – 13 October 2022										
Title of Report:	Governor Support Proposals Action Plan										
Author/s:	Caroline Flint Chair										
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To receive & discuss</td> <td></td> </tr> <tr> <td>For information/To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> </table>			To approve		To receive & discuss		For information/To note	✓	To ratify	
To approve		To receive & discuss									
For information/To note	✓	To ratify									
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	To provide an update on progress with the Governor Support proposals action plan.										
Key Issues within the report:											
Matters of Concern or Key Risks to Escalate:		Key Actions Commissioned/Work Underway:									
<ul style="list-style-type: none"> No matters to escalate 		<ul style="list-style-type: none"> N/A 									
Positive Assurances to Provide:		Decisions Made:									
<ul style="list-style-type: none"> All actions are on track 		<ul style="list-style-type: none"> 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) 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	

Action Plan to address Recommendations from Governor Support Proposals

This section summarises the recommendations that we have identified as a result of this review we have allocated a risk rating to each of these recommendations as per the following table.

No	Rating	Recommendation	Overall lead	Action/s to address recommendation	By When	Any Additional Comment
1	Amber	New and existing Governors complete an IT proforma to provide for digital requirements.	PBec	Waiting for a response from another organisation regarding the proforma	ongoing	
2	Amber	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.	JJ/KC	Pack drafted and with Chair for sign off	Sept 22	Final amendments being made
3	Amber	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	PBec	4 IPADs have been ordered for Governor use	Sept 22	

4	Amber	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.	IT/SH	Office 365 post out to advert in the Trust and will be able to provide some advice on use of Teams etc, once in post	ongoing	
5	Green	Printed copies of CoG and other papers to be provided on request.	KC	CoG papers provided as standard. Other papers will be provided on request	Ongoing	
6	Green	Membership Officer Katie Colrein available for in person Governor support on Mondays by arrangement.	KC	Already in place	Ongoing	Alternative days can be arranged
7	Amber	Email to Governors introducing NEDs profile and the areas/committees they cover after elections and when new NED starts.	KC	E mail sent to Governors with information. To be undertaken from next elections or when new NEDs are in post Added to Governor starter pack	Dec 22	Ongoing action due to elections and new starters
8	Green	Create a forward Governor Calendar for 2022/23	KC	Calendar produced – some dates still to be finalised	Sept 22	Completed and sent out
9	Green	Governors to be asked to provide periods in the year when they are not available eg: holidays to help plan events.	KC	Governors have been asked to provide any holiday dates	ongoing	Quarterly reminders will be sent
10	Amber	Agenda items for discussion at Council of Governors' meetings to	CF	Agenda amended to reflect discussions	ongoing	

		reflect more what information Governors need alongside governance and assurance items.				
11	Green	NED Chair/ Champion to lead on agenda items supported by the EMT or appropriate lead.	CF	Item added to Council of Governors agenda and commenced at the July 22 meeting	July 22	
12	Green	CoG agenda to provide for feedback or focus on a particular issue from Chairs of Board committees.	CF	Item added to agenda and commenced from July CoG meeting	July 2022	
13	Green	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.	CF	No further meetings arranged. Issues to be taken forward through Development Day agendas		
14	Amber	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.	CF	Subject will be Identified by Governors and appropriate arrangements put in place	ongoing	
15	Green	Governor Development Days to take place in person quarterly with tea/coffee before the start and a sandwich lunch after.	KC	Dates agreed for face to face meetings		

16	Green	Agendas should be forward planned, and NED Chairs Feedback/Q&A should be a standing item.	KC	Added to the Development day agenda from June 2022	June 22	
17	Green	Update Visit Guidance Policy including numbers on visits.	MM/CF	Document sent to Chair	Aug 22	
18	Green	Establish a NED/Governor Visits Programme for 2022/23 with a dedicated member of the BSU to organise and liaise with NEDs and Governors.	KC/KN	Work is in progress to arrange a programme of visits. Katie Colrein and Kerrie Neilson are supporting this work	Aug/ Sept 22	Dates have been arranged. Programme sent out to Directors, NEDs and Governors 3.10.22
19	Amber	Action Log to be reported to Council of Governor Meetings until completed.	JJ	Added to CoG agendas until all actions are complete	ongoing	

Agenda Item 13

Title & Date of Meeting:	Council of Governors Public Meeting– 13 th October 2022										
Title of Report:	Performance Report August 2022										
Author/s:	Name: Peter Beckwith/Richard Voakes Title: Director of Finance/Business Intelligence Lead										
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To receive & discuss</td> <td></td> </tr> <tr> <td>For information/To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> </table>			To approve		To receive & discuss		For information/To note	✓	To ratify	
To approve		To receive & discuss									
For information/To note	✓	To ratify									
Purpose of Paper:	<p>This purpose of this report is to inform the Council of Governors on the current levels of performance as at the end of August 2022.</p> <p>The report is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits presented in graphical format</p>										
Key Issues within the report:											
<p>Matters of Concern or Key Risks to Escalate:</p> <ul style="list-style-type: none"> • Safer Staffing Dashboard - The thresholds for CHPPDs have been revised upwards based on the latest model health system data and this accounts for the increased number of units flagging at red. <p>5 wards continue to have below target levels of fill rates on days in most instances this is due to having 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 60% due to frequently having 1 registered nurse on nights. The fill rates on Inspire are based on an incorrect demand template which has now been corrected.</p>	<p>Key Actions Underway:</p> <ul style="list-style-type: none"> • Focus will be maintained on improving the delayed transfers of care position in order to achieve the best outcomes for our patients and to ensure it does not adversely impact on the improved position we have achieved in reducing out of area placements. The ICB and Provider Collaborative are escalating DTOC as an issue requiring action. 	<p>Commissioned/Work</p>									

- Waiting Times - Appendix B provides a review of current waiting times performance.
- August 2022 saw a 0.6% increase in incident reporting when compared to July 2022, increasing slightly from 1040 incidents to 1046. There had been an increase in reporting between June and July with the incident rate increasing by 10.1%, with the increase rate being sustained into August.

Overall incident reporting for the month remains above the level at the same time last financial year and above the average monthly reporting rate for 21-22. It is pleasing to see that near miss reporting is increasing which accounts for some of the increase.

97.8% of the total reported incidents in August resulted in no harm or low harm. 99.5% no/low harm in the previous month. The highest reported category of incident for the month was 'Self Harm' at 21.6% of the total incidents reported in-month

- The performance for Care Programme Approach (CPA) reviews is below target but has been maintained. Recovery plans are in place with robust monitoring within planned services within the Mental Health Division for those areas that are lower than target. Robust reports are in place at patient and team level reporting to support the recovery plans and the requirement is expected to be met in October.
- After reducing to zero for a short period in the summer, the number of *out of area placements* is beginning to increase as a direct result of the increasing number of patients whose

discharge is delayed due to available social care packages or specialised hospital placements.

- *The number of delayed transfers of care* has risen above the upper control limit and means that of the available beds between 18-20% are occupied by a patient who is ready to be discharged. These patients are waiting predominantly for specialised hospital placements with other NHS providers or local authority provided residential placements. System escalation mechanisms are in place to address this overseen by the Chief Operating Officer. Focus will be maintained on improving this position in order to achieve the best outcomes for our patients and to ensure it does not adversely impact on the improved position we have achieved in reducing out of area placements. The ICB and Provider Collaborative are escalating DTOC as an issue requiring more action particularly as we enter the Winter period.

Positive Assurances to Provide:

- Statutory and mandatory training overall remains above the Trust target of 85%, currently at 91%.

Decisions Made:

- n/a – report to note.

Governance:

	Date		Date
Appointments, Terms & Conditions Committee		Engaging with Members Group	
Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	✓
Trust Board	Sept 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	

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:

Aug-22

Chief Executive: Michele Moran

Prepared by: Business Intelligence Team



Humber Teaching NHS Foundation Trust

Trust Performance Report

For the period ending: **Aug 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.

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

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

Dashboard	Safer Staffing	A dashboard to provide overview on a number of clinical indicators for the Trust's inpatient units across all services
Dashboard	Mortality	Learning from Mortality Reviews
Goal 1	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:

Aug 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

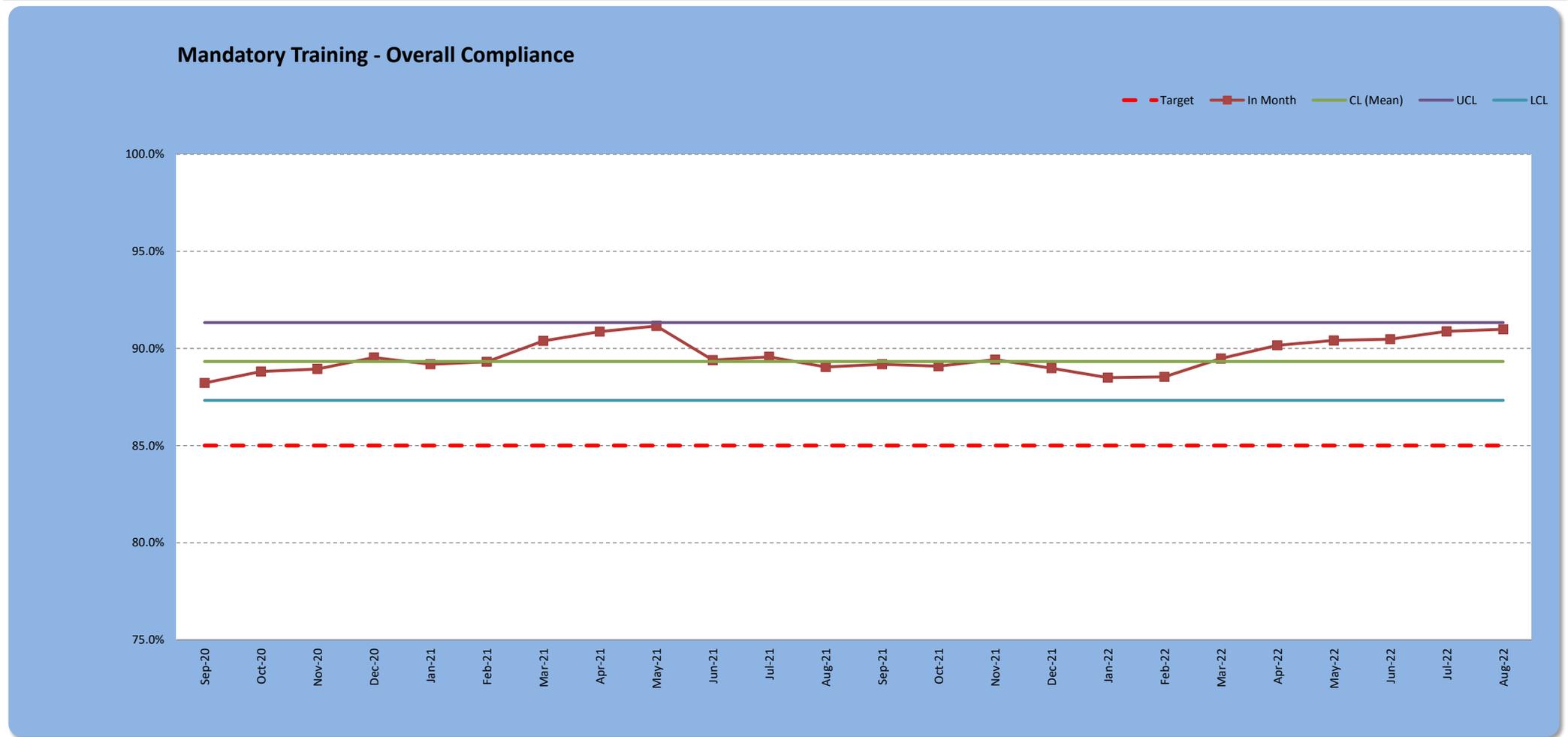
PI RETURN FORM 2022-23

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Aug 2022**

Target:	Amber:	Current month stands at:
85%	80%	91.0%

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

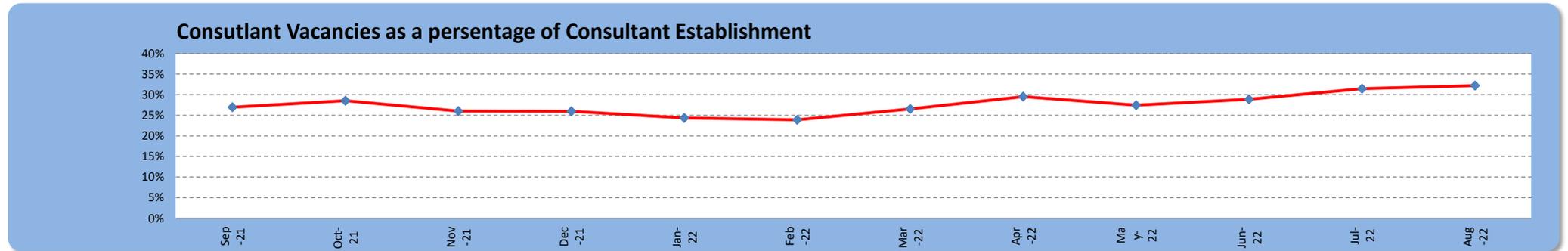
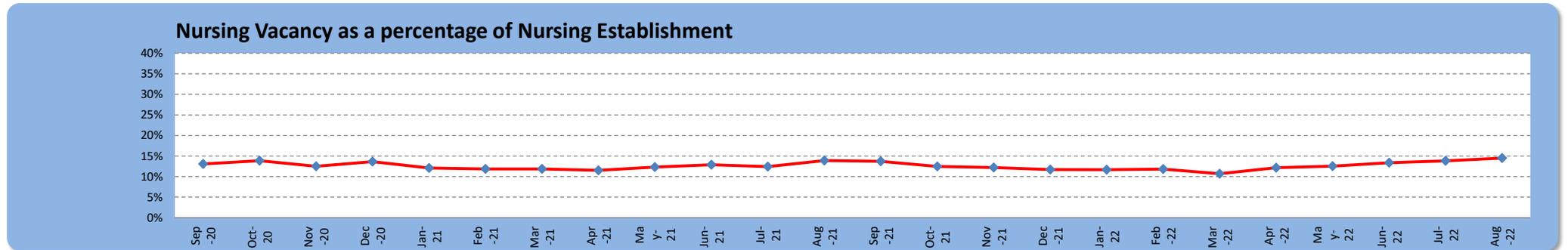
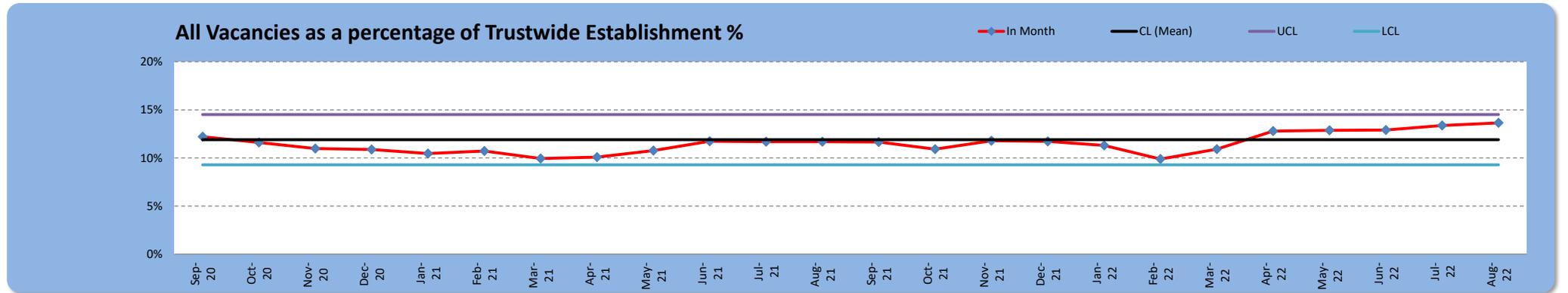
Goal 1 : Innovating Quality and Patient Safety

For the period ending:

Aug 2022

Target:	Amber:	Current month stands at:
85%	80%	13.6%

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



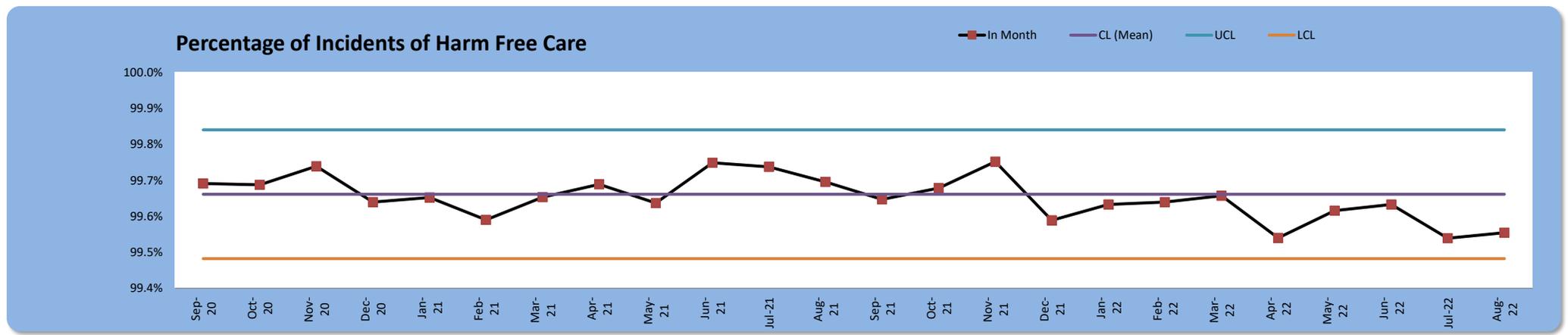
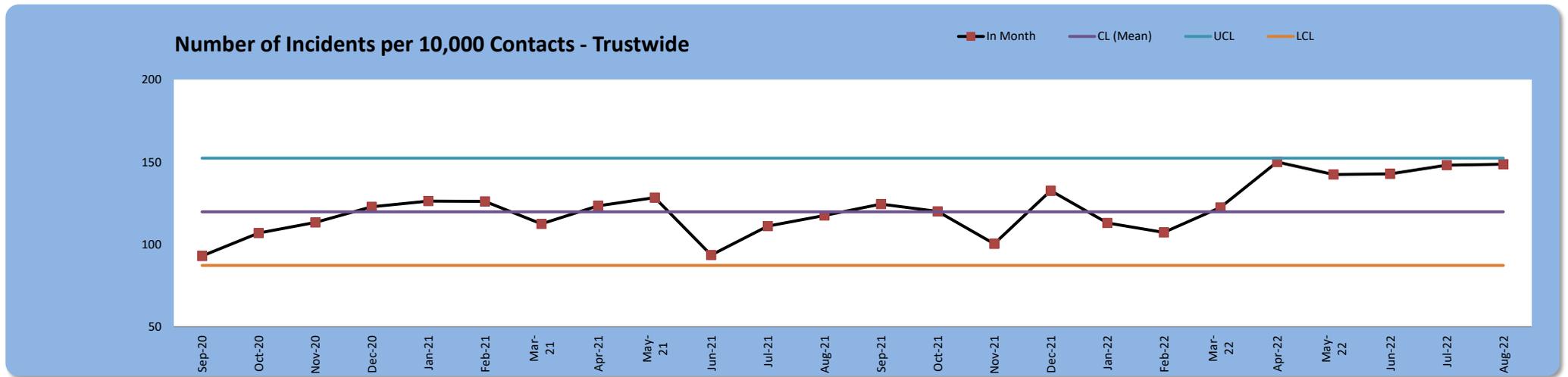
PI RETURN FORM 2022-23

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Aug 2022**

Target:	Amber:	Trustwide current month stands at:
0	0	149

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



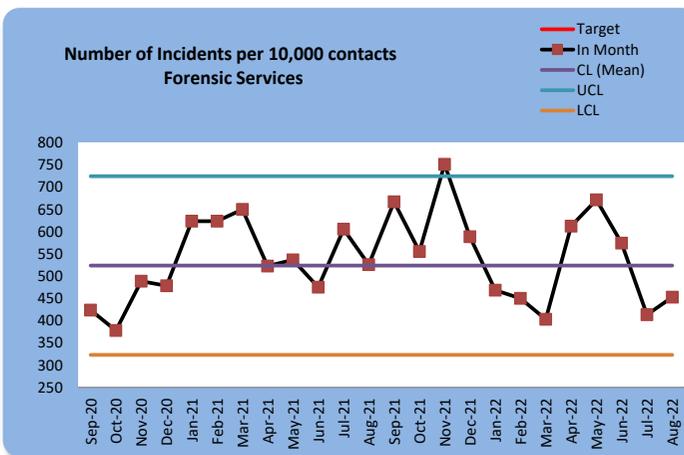
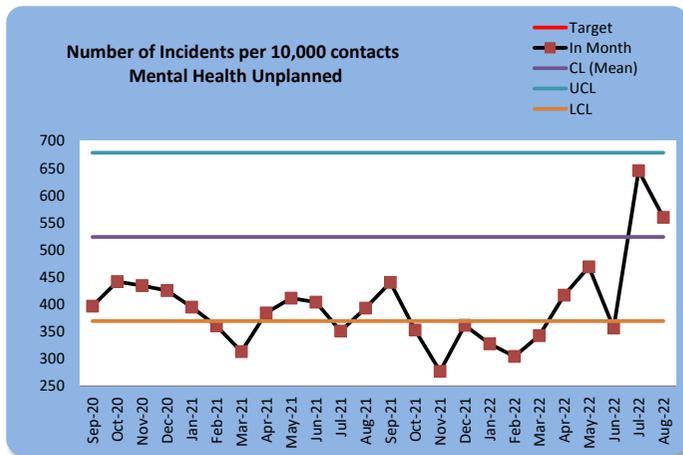
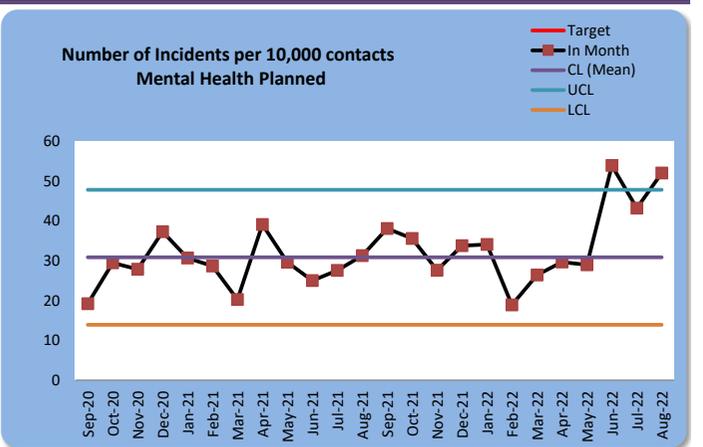
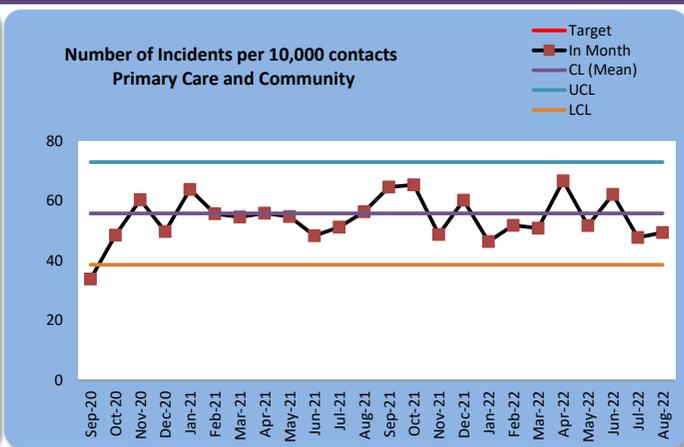
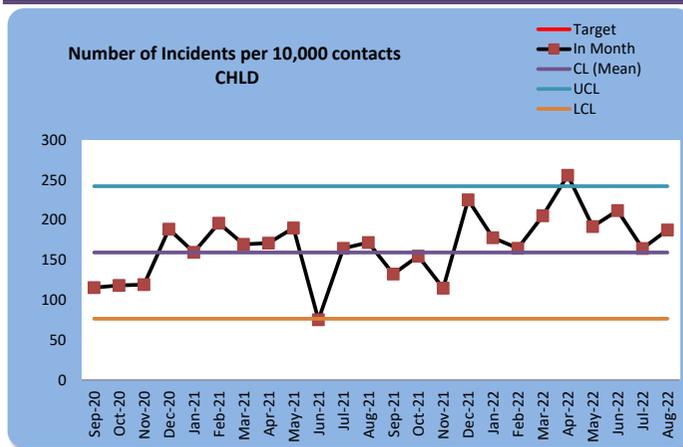
PI RETURN FORM 2022-23

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Aug 2022**

Target:	Amber:	Trustwide current month stands at:
0	0	149

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



Division	Value
Children and Learning Disability	188
Primary Care and Community	49
Mental Health Planned	52
Mental Health Unplanned	559
Forensic Services	453

	Jul-22	Aug-22
Never Events	0	0
% of Harm Free Care	99.5%	99.6%
% of Incidents reported in Severe Harm or Death	0.9%	0.3%

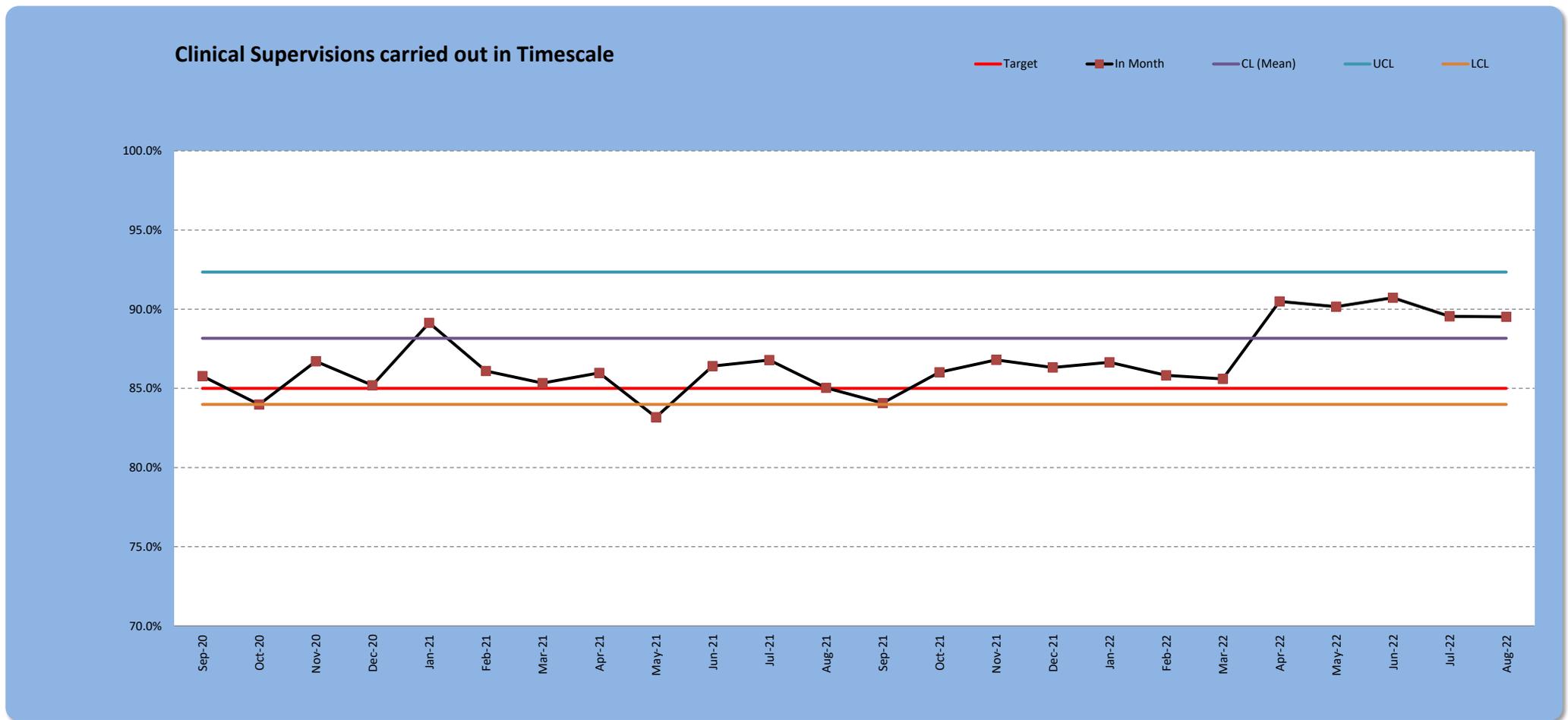
PI RETURN FORM 2022-23

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Aug 2022**

Target:	Amber:	Current month stands at:
85%	80%	89.5%

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

Staffing and Quality Indicators

Contract Period: 2022-23
Reporting Month: Jul-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)										Jun-22	Jul-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	26.8	73%	12.0	31.0%	↓	6.9%	↑	78%	88%	99%	100%	0	10	8	0	77.3%	89.0%	75.0%	66.7%	5.4%	4.0	0	1
	New Bridges	Adult MH Treatment (M)	38.4	98%	7.93	8.8%	↑	6.0%	↑	78%	84%	92%	101%	0	21	2	0	77.8%	93.9%	82.4%	84.0%	10.9%	1.8	2	3
	Westlands	Adult MH Treatment (F)	35.0	89%	9.15	20.7%	↓	24.9%	↓	90%	74%	95%	122%	1	18	2	0	87.1%	91.5%	92.9%	72.7%	14.6%	2.4	3	3
	Mill View Court	Adult MH Treatment	24.3	92%	7.97	22.5%	↓	16.5%	↑	82%	80%	90%	105%	0	5	0	0	80.0%	91.6%	80.0%	73.3%	2.6%	4.6	5	2
	STARS	Adult MH Rehabilitation	36.6	92%	24.68	18.8%	↑	1.5%	↓	62%	175%	100%	100%	0	1	0	0	74.3%	93.9%	84.6%	79.2%	3.4%	-0.5	4	3
OP MH	PICU	Adult MH Acute Intensive	29.9	78%	20.00	25.9%	↑	26.5%	↑	87%	113%	95%	131%	1	41	0	0	100.0%	80.5%	71.4%	73.3%	6.8%	4.0	0	1
	Maister Lodge	Older People Dementia Treatment	30.2	71%	14.86	17.5%	↑	5.0%	↑	89%	99%	107%	97%	0	33	0	0	100.0%	94.7%	81.8%	95.5%	4.2%	2.0	2	0
	Mill View Lodge	Older People Treatment	23.1	95%	17.23	20.2%	↓	15.5%	↑	70%	116%	107%	137%	0	22	0	0	83.3%	91.6%	90.9%	85.7%	3.5%	1.8	3	2
	Maister Court	Older People Treatment	16.4	90%	17.39	21.7%	↑	14.3%	↑	107%	83%	100%	111%	0	1	0	0	100.0%	96.7%	100.0%	90.0%	0.5%	0.8	1	0
	Pine View	Forensic Low Secure	31.8	89%	8.06	16.9%	↑	0.0%	→	79%	99%	69%	94%	0	6	0	9	100.0%	95.6%	100.0%	81.8%	5.9%	0.2	1	2
	Derwent	Forensic Medium Secure	27.1	95%	11.92	28.2%	↓	0.0%	→	86%	90%	96%	114%	0	4	1	0	95.7%	93.1%	88.9%	82.4%	9.5%	0.8	2	2
	Ouse	Forensic Medium Secure	24.9	80%	7.70	14.7%	↑	0.0%	→	86%	90%	100%	97%	0	1	1	1	96.0%	94.5%	100.0%	84.2%	10.2%	2.6	0	2
	Swale	Personality Disorder Medium Secure	25.6	95%	9.72	34.0%	↑	0.0%	→	72%	119%	100%	100%	0	5	6	5	69.6%	95.5%	90.0%	88.2%	9.5%	2.2	3	4
	Ullswater	Learning Disability Medium Secure	27.7	58%	17.21	16.7%	↑	0.0%	→	86%	128%	97%	123%	0	7	0	1	89.3%	91.9%	66.7%	90.0%	10.6%	2.6	1	1
	Child & LD	Townend Court	Learning Disability	39.6	72%	29.30	31.0%	↓	0.0%	↑	51%	72%	78%	111%	3	48	0	2	82.8%	89.9%	91.7%	52.0%	16.2%	3.0	3
Inspire		CAMHS	49.8	67%	28.78	0.0%	↑	21.8%	↓	45%	86%	66%	100%	5	0	0	0	80.4%	88.4%	66.7%	54.8%	10.6%	6.2	5	4
Granville Court		Learning Disability Nursing Care	49.8	83%	17.36	27.6%	↑	14.1%	↓	120%	83%	106%	103%	0	3	0	0	95.8%	88.6%	83.3%	94.1%	5.7%	0.0	0	1
CH	Whitby Hospital	Physical Health Community Hospital	46.1	97%	7.85	2.6%	↑	0.0%	↑	90%	84%	100%	100%	0	0	0	0	88.6%	87.9%	50.0%	30.4%	4.9%	-1.4	4	4
	Malton Hospital	Physical Health Community Hospital	32.1	87%	6.72	Not on eRoster	↓	Not on eRoster	↓	105%	69%	113%	92%	0	0	0	0	100.0%	80.3%	94.4%	44.4%	8.9%	-2.0	4	3

HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

Exception Reporting and Operational Commentary

Safer Staffing Dashboard Narrative : July

The thresholds for CHPPDs have been revised upwards based on the latest model health system data and this accounts for the increased number of units flagging at red. Five wards continue to have below target levels of fill rates on days. In most instances this is due to having only one RN on duty instead of two. The registered fill rates on nights are all above the threshold with the exception of Pine view which is showing fill rates of 60% due to frequently only having one registered nurse on nights. The fill rates on Inspire are based on an incorrect demand template which has now been corrected.

ILS compliance has improved to 88% overall in September and Whitby and Ullswater are now at 100%. BLS at Townend Court has improved to 60% in September and Inspire has improved to 59.5%. Whitby and Malton have improved to 70% and 72% respectively.

Supervision is above target for all units with the exception of STARs and Swale. This been addressed with the Matrons who report significant clinical pressures, vacancies and absence as the reasons.

Sickness remains a significant concern and the clinical leads have been asked to provide a more detailed review of contributory factors which would suggest that this has been covid related.

The CHPPD RAG ratings are based on the Organisational National Average Benchmark as at March 2022

For all MH units other than Pine View/Ouse the RAGs are set at: >10.3 = Green, 9.3 to 10.3 = Amber, < 9.3 = Red.

Pine View/Ouse ratings are set as: >6.3 = Green, 5.8 to 6.3 = Amber, < 5.8 = Red

Community Hospitals are RAG rated based on Model Hospital national average: > 9.07 = Green, 9.07 to 8.07 = Amber, < 8.07 = Red

We are now collecting Occupied Bed Days for Granville Court. However as this is a nursing home and not MH unit. As such the fill rate and CHPPD is not RAG rated

OBD RAG ratings for Safer Staffing (exc Forensics) are: < 87% = Green, 87% to 92% = Amber, > 92% = Red

OBD RAG ratings for Safer Staffing for Forensics are: < 50% = Red and > 50% = Green

Staffing and Quality Indicators

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



Humber Teaching
NHS Foundation Trust

Registered Nurse Vacancy Rates (Rolling 12 months)

Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
8.70%	11.20%	8.70%	10.90%	10.30%	10.50%	8.80%	7.20%	13.90%	13.80%	14.90%	15.27%

Slips/Trips and Falls (Rolling 3 months)

	May-22	Jun-22	Jul-22
Maister Lodge	5	9	12
Millview Lodge	1	3	2
Malton IPU	2	6	6
Whitby IPU	11	5	0

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

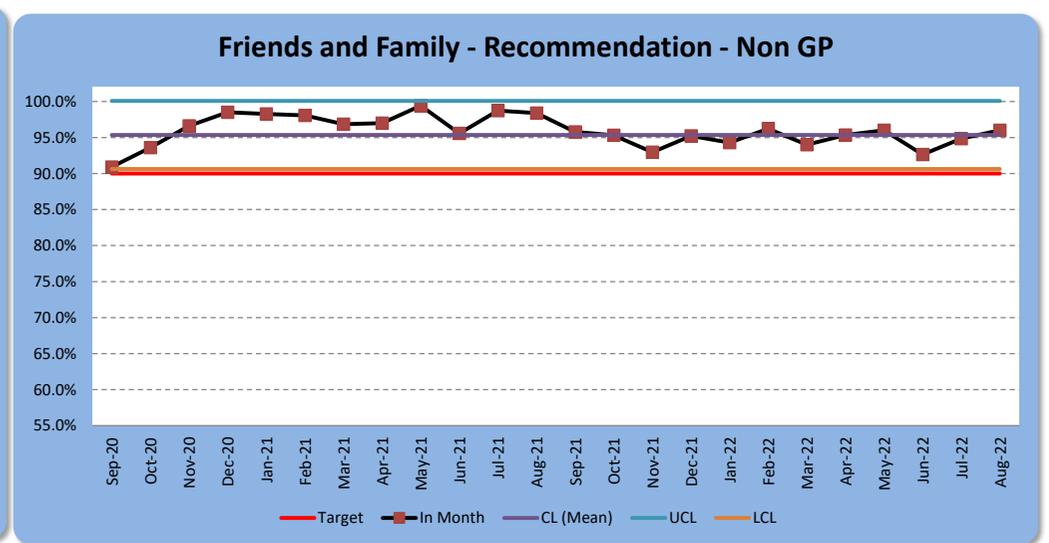
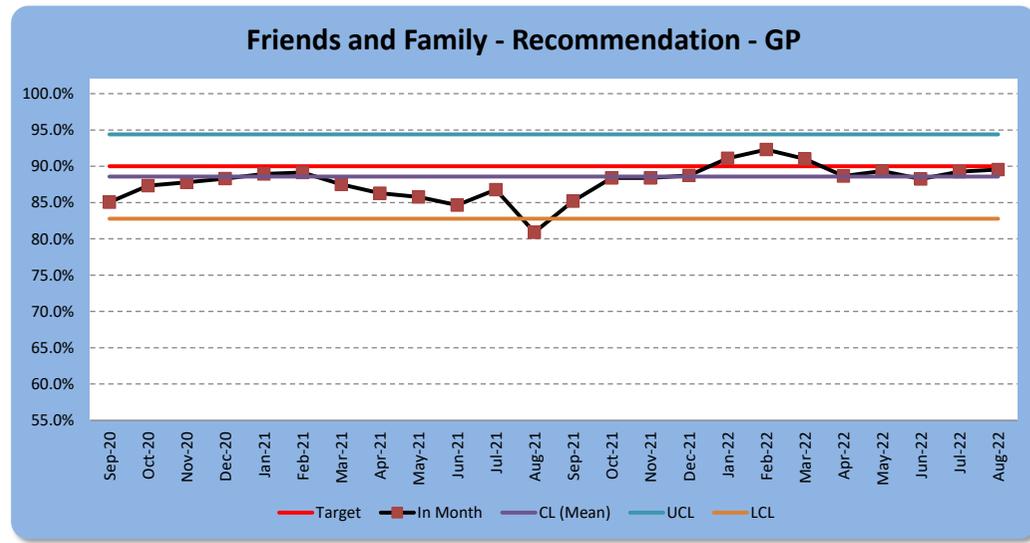
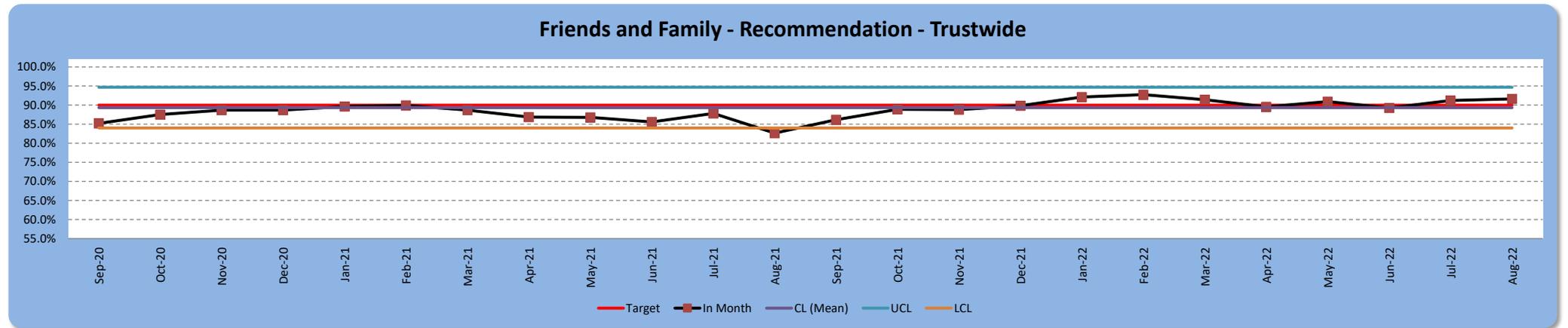
PI RETURN FORM 2022-23

Goal 1 : Innovating Quality and Patient Safety

Target:	Amber:	Current month stands at:
90%	80%	91.6%

For the period ending: **Aug 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 %



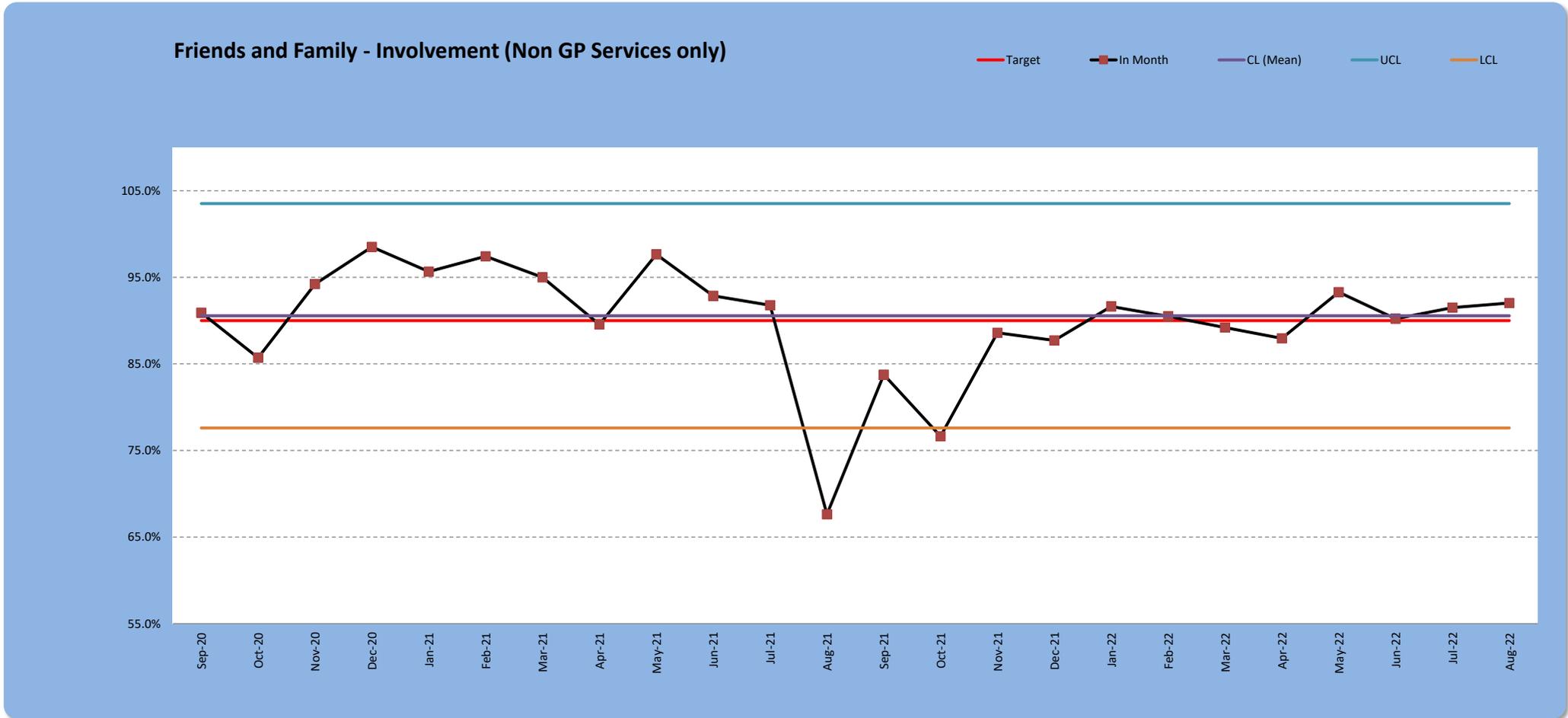
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2022**

Target:	Amber:	Current month stands at:
90%	80%	92.0%

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 %



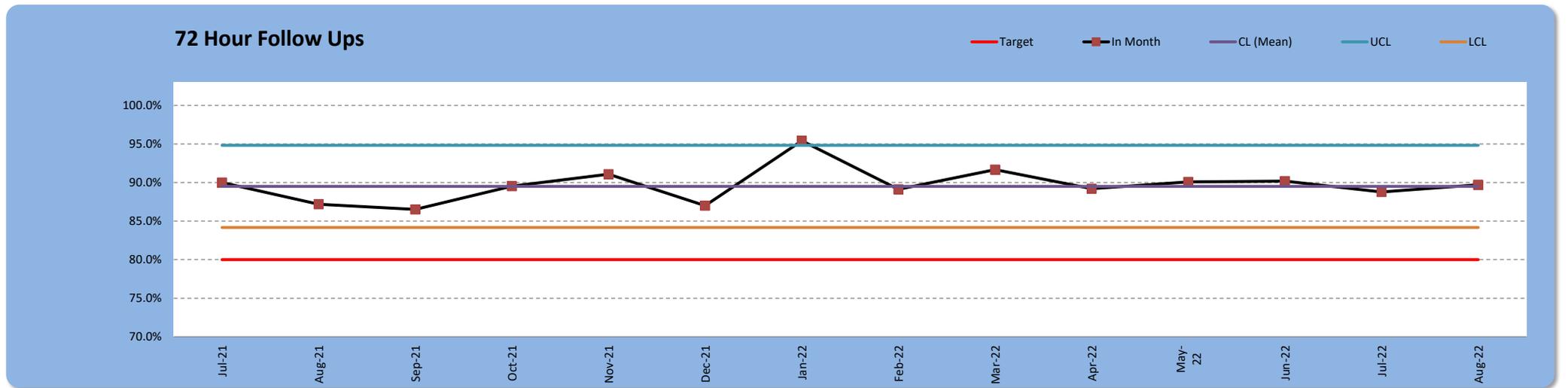
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2022**

Target:	Amber:	Current month for 72 hour stands at:
80%	60%	89.7%

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



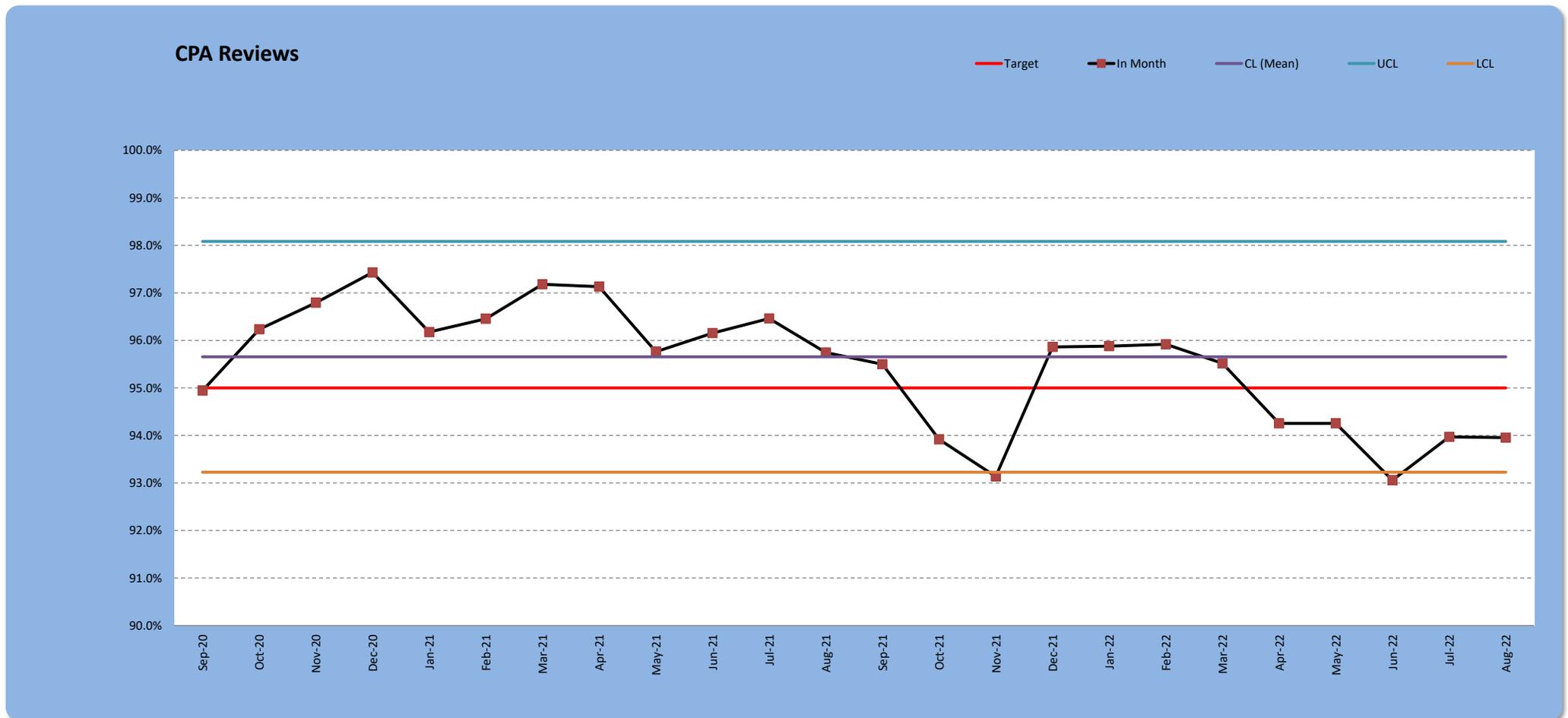
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2022**

Target:	Amber:	Current month stands at:
95%	85%	94.0%

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



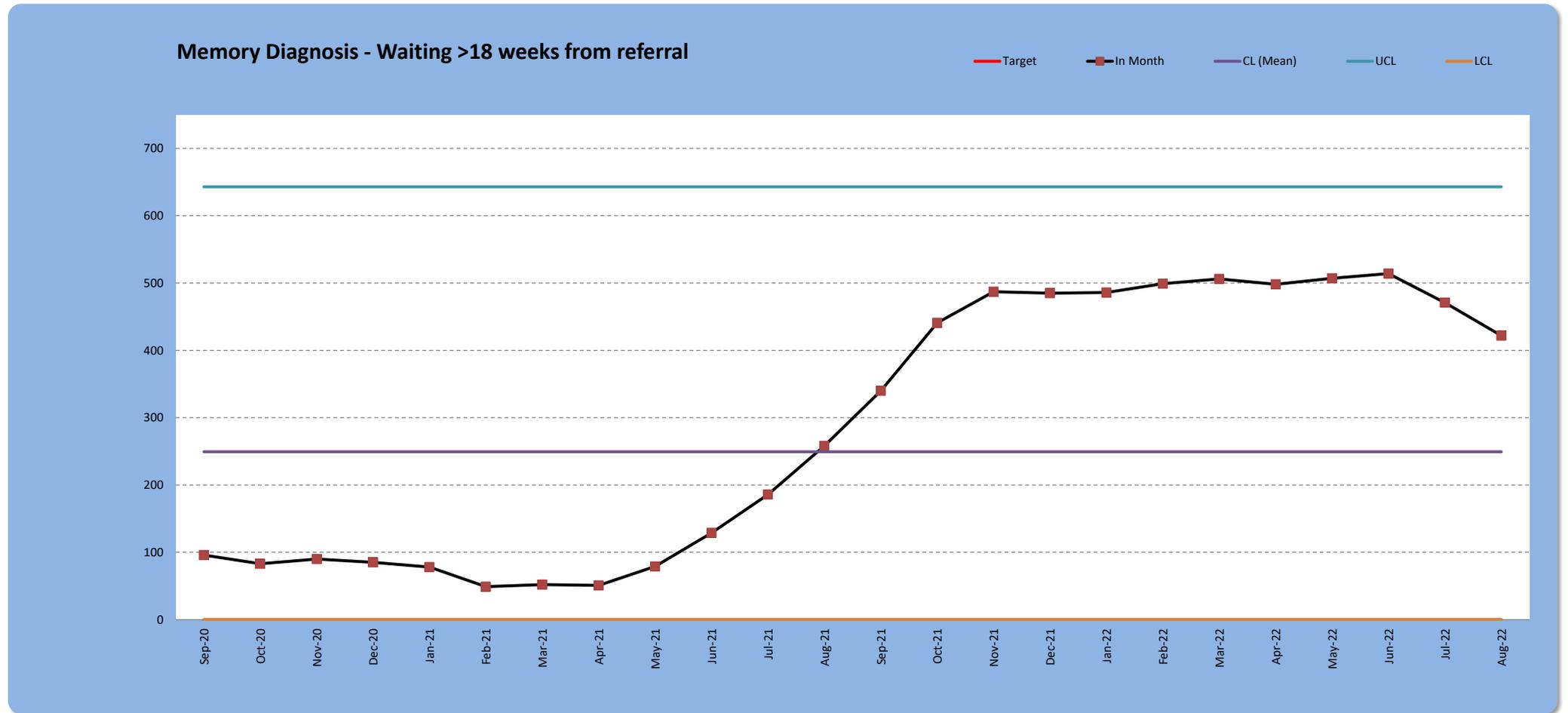
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2022**

Target:	Amber:	Current month stands at:
n/a	n/a	422

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



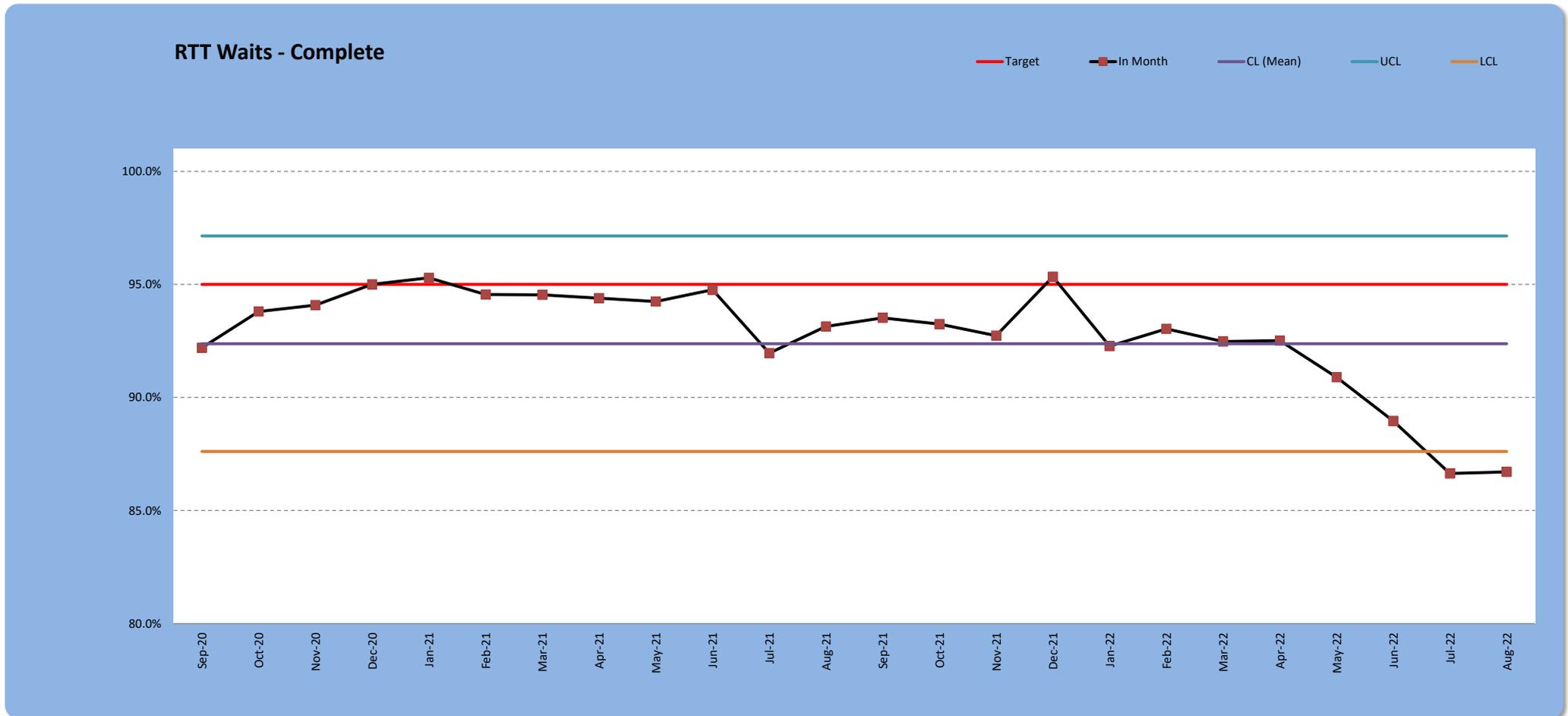
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2022**

Target:	Amber:	Current month stands at:
95%	85%	86.7%

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



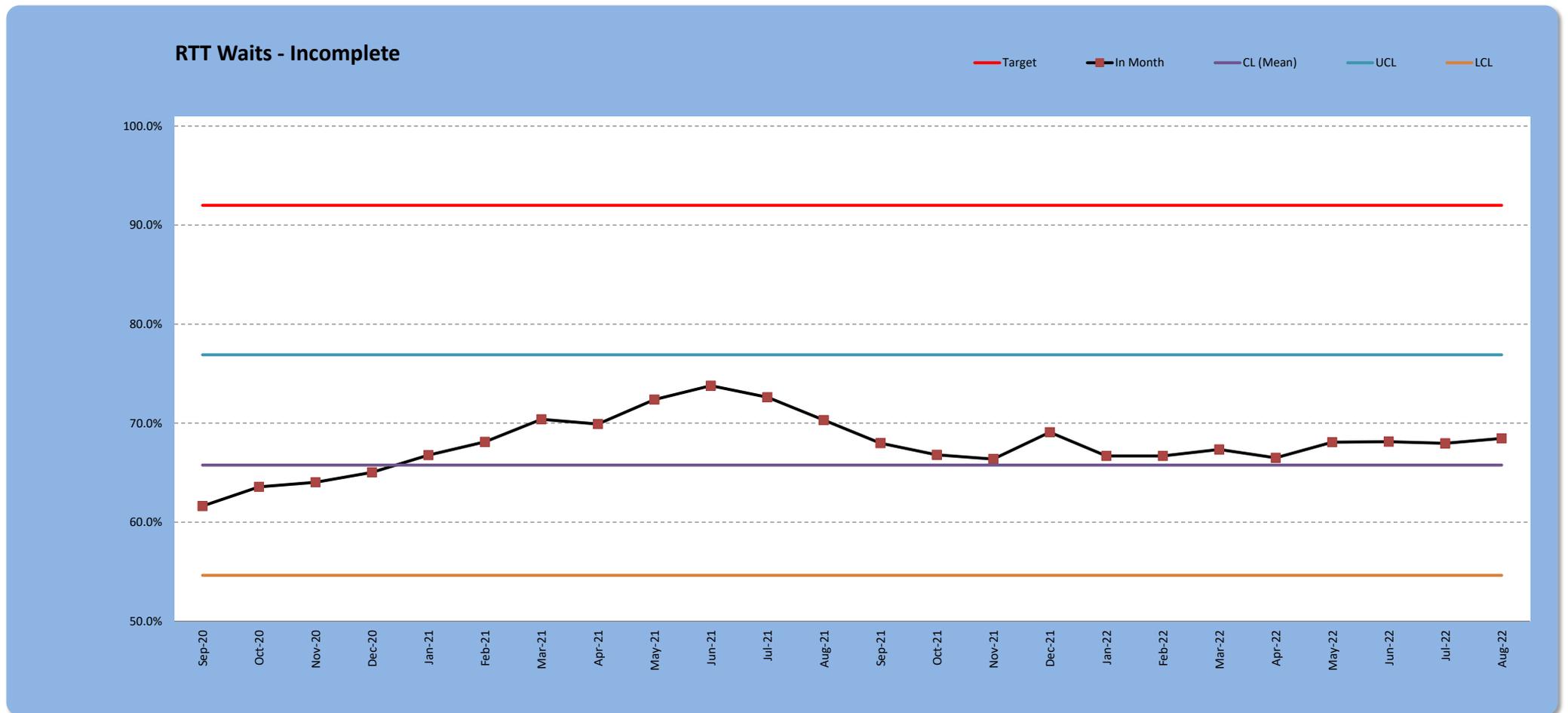
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2022**

Target:	Amber:	Current month stands at:
92%	85%	68.5%

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



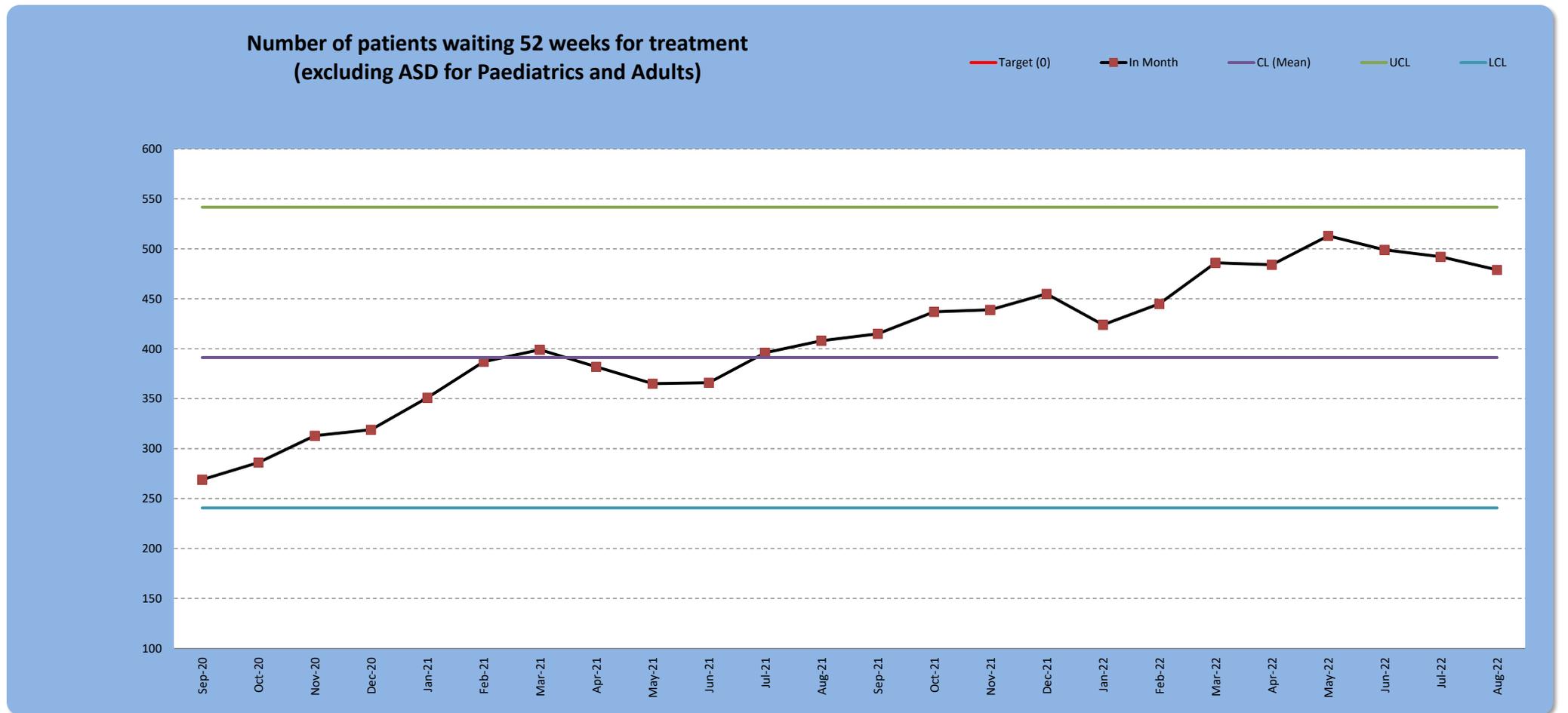
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2022**

Target:	Amber:	Current month stands at:
0	0	479

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



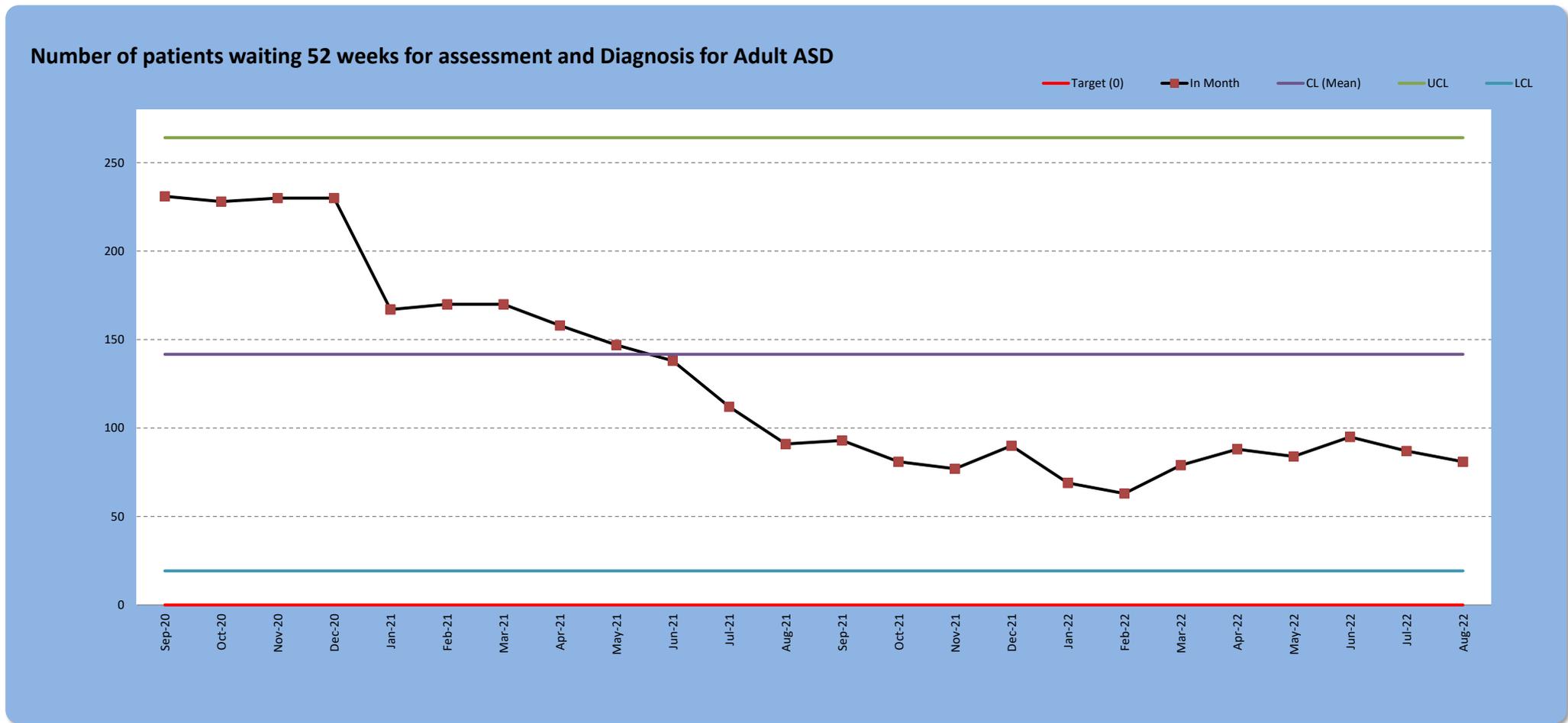
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2022**

Target:	Amber:	Current month stands at:
0	0	81

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



PI RETURN FORM 2022-23

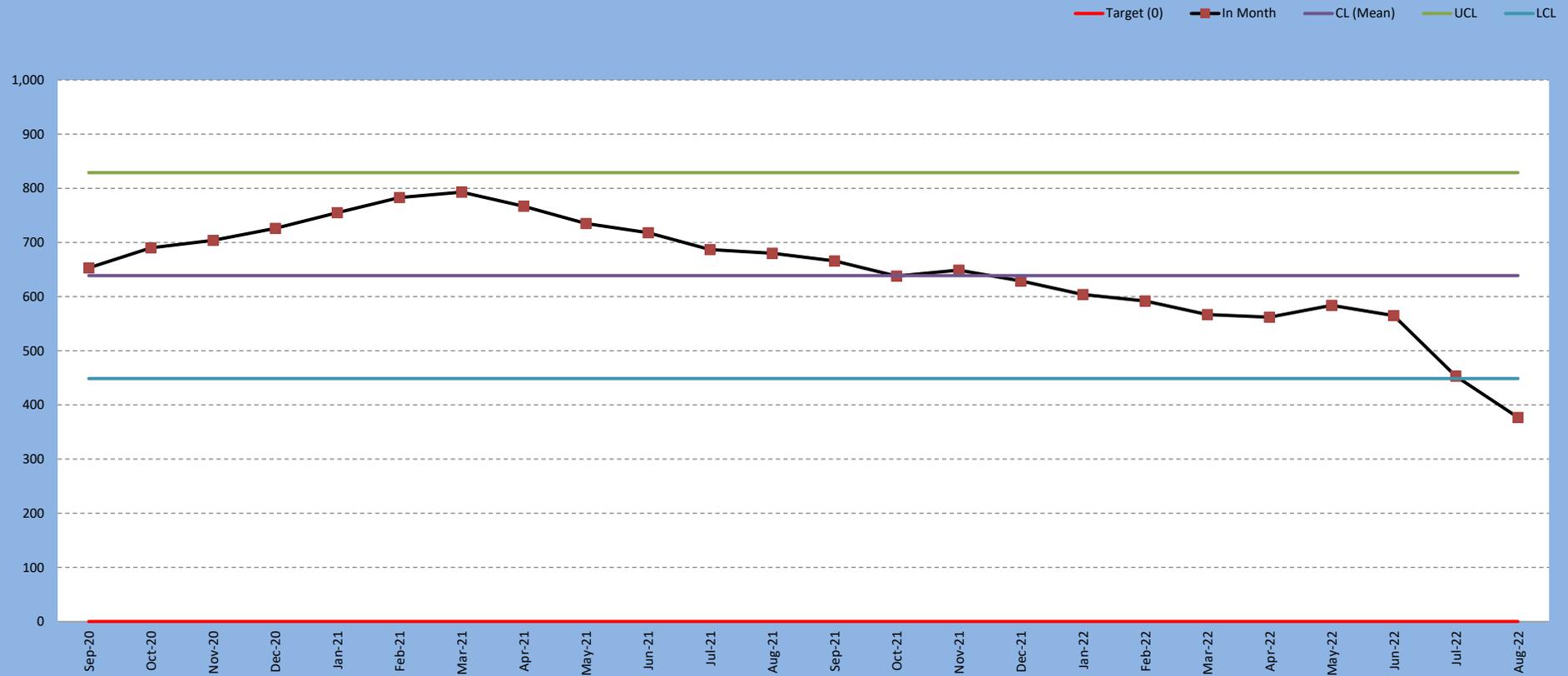
Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2022**

Target:	Amber:	Current month stands at:
0	0	377

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

Number of patients waiting 52 weeks for assessment and Diagnosis - Paediatric ASD



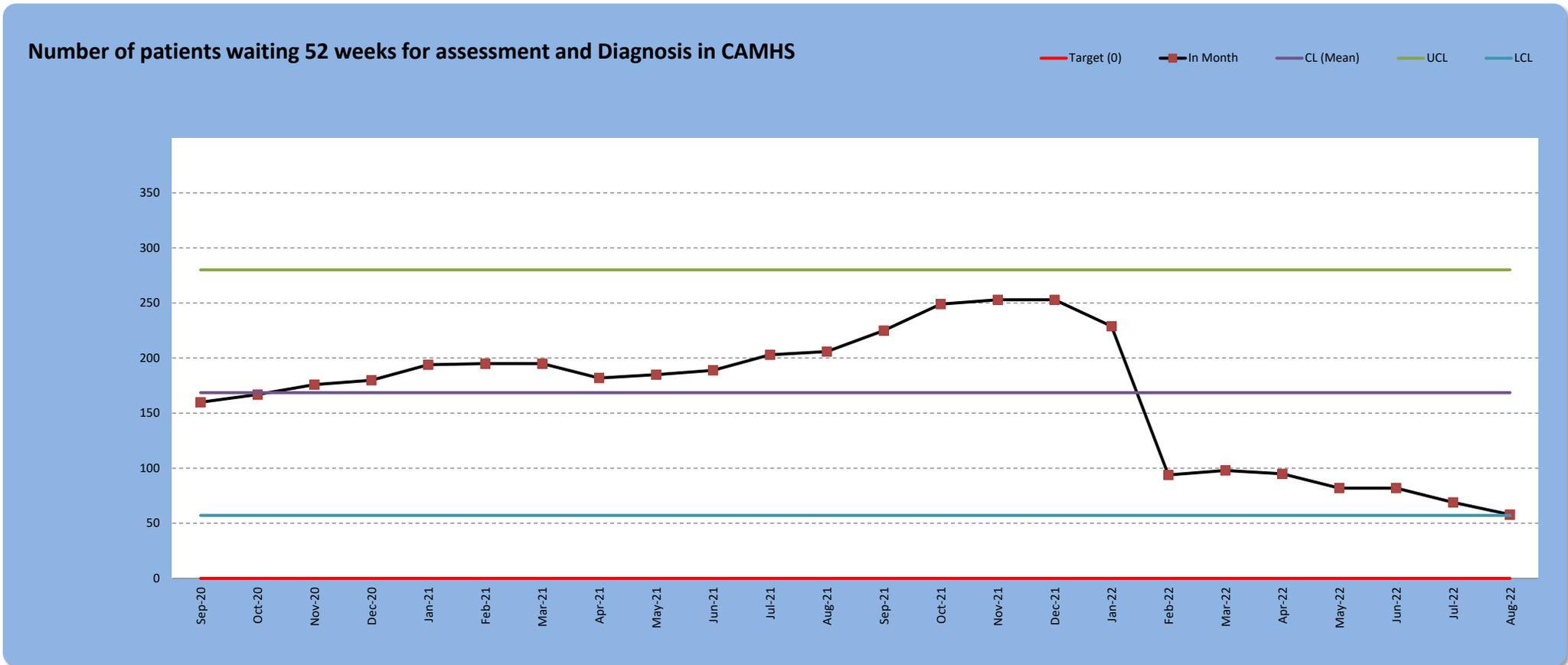
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2022**

Target:	Amber:	Current month stands at:
0	0	58

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



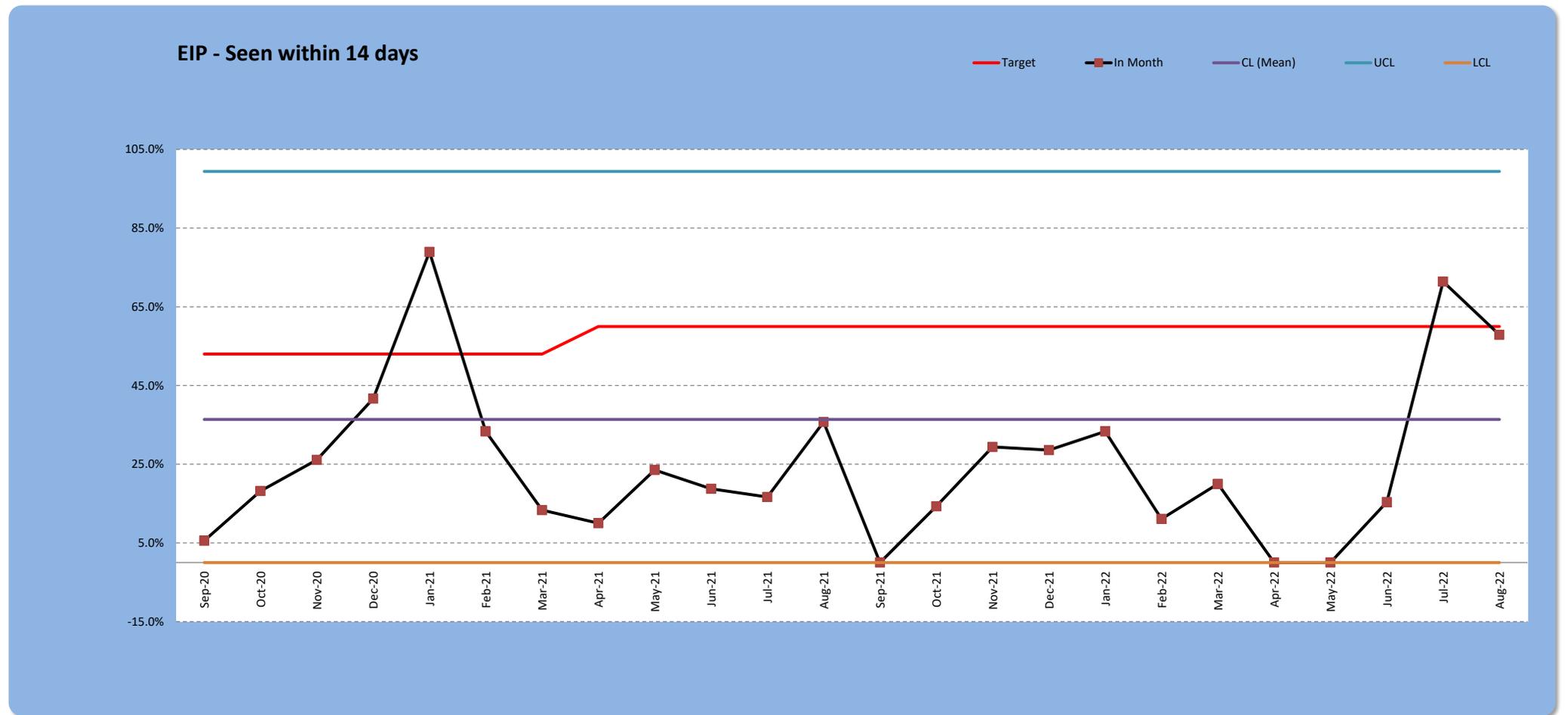
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2022**

Target:	Amber:	Current month stands at:
60%	55%	57.9%

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



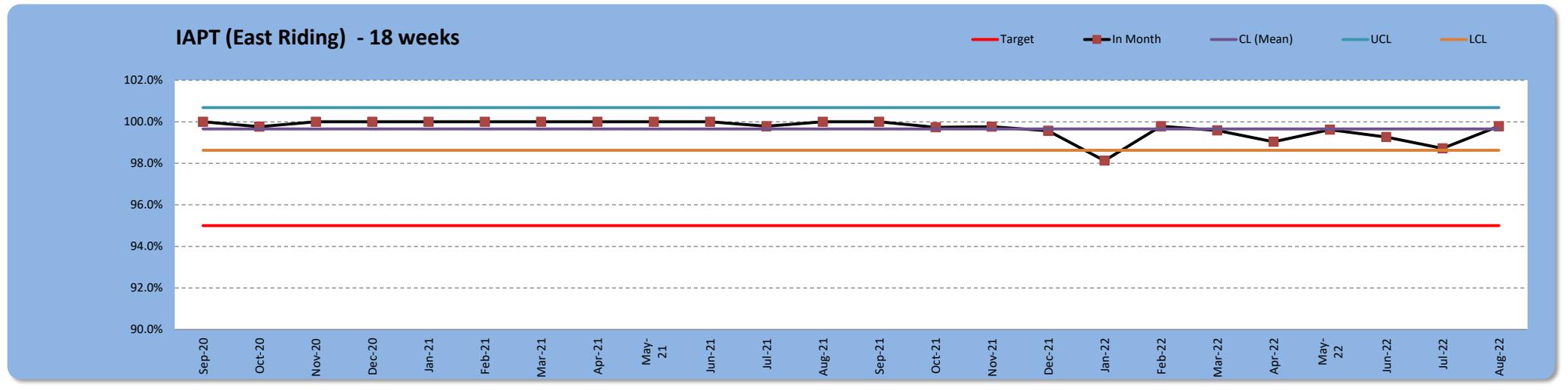
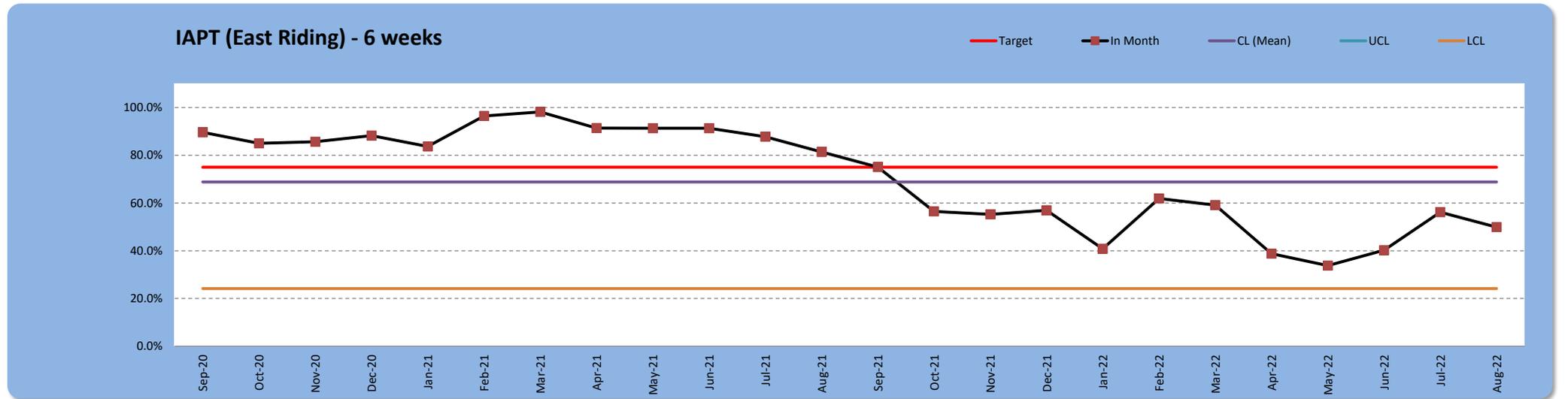
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2022**

		Current month 6 weeks stands at:			Current month 18 weeks stands at:
Target:	Amber:		Target:	Amber:	
75%	70%	49.9%	95%	85%	99.8%

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



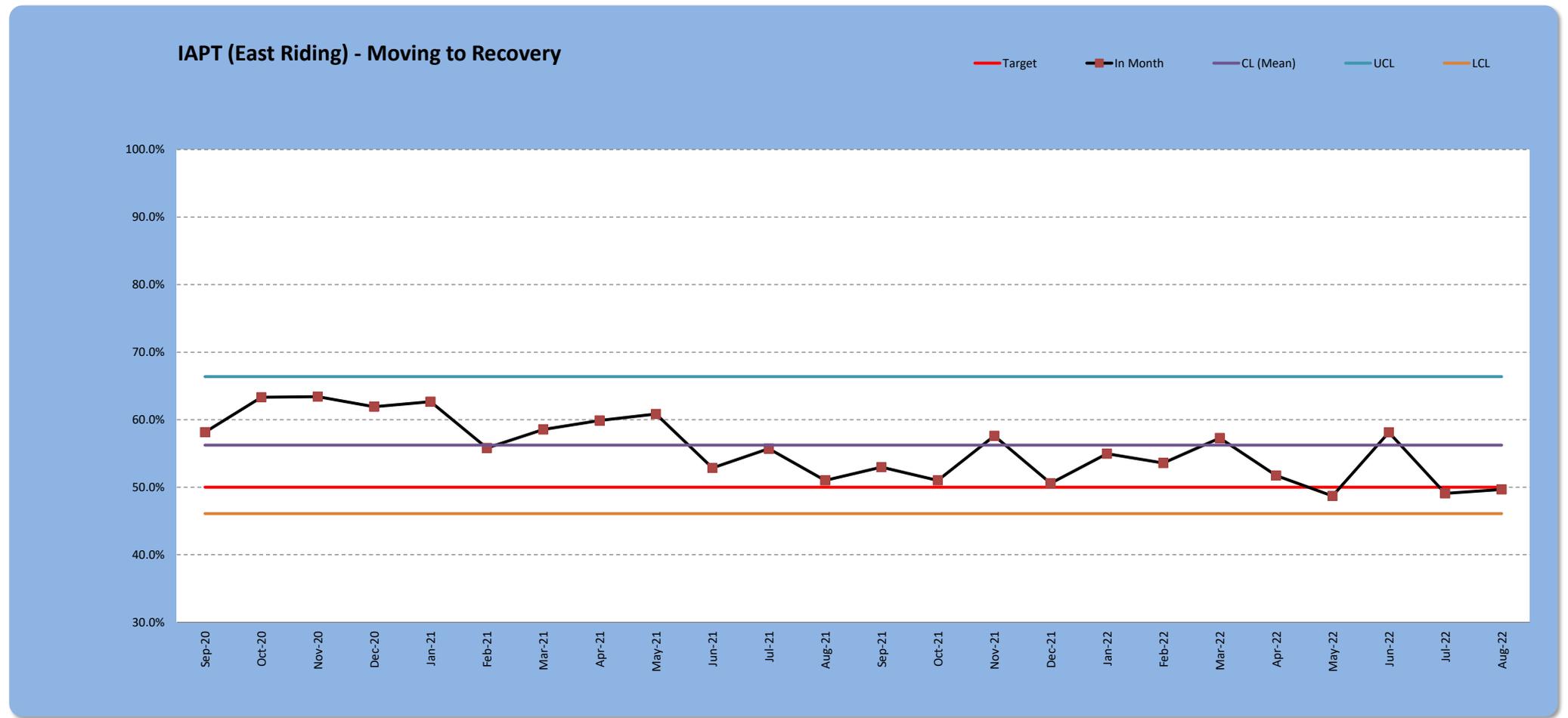
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2022**

Target:	Amber:	Current month stands at:
50%	45%	49.7%

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

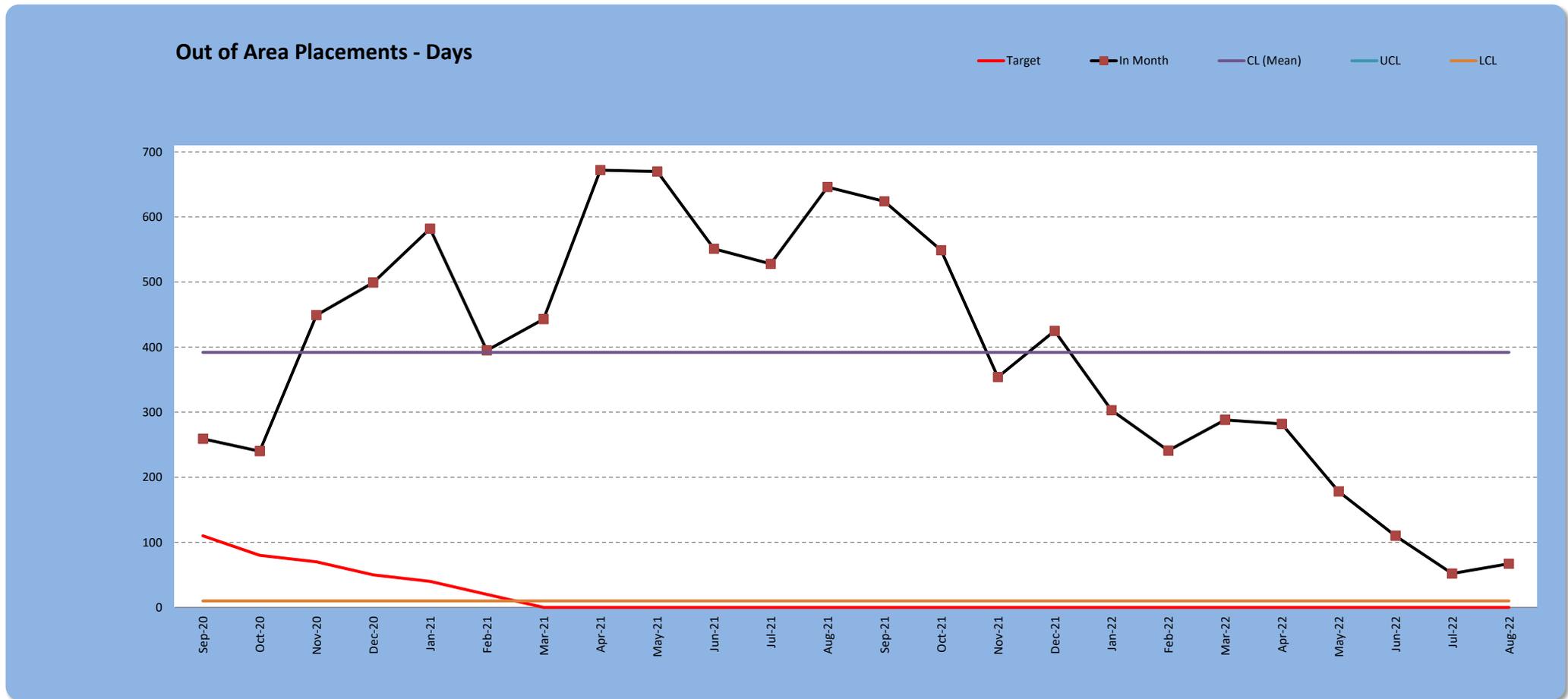
Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Aug 2022**

Target:	Amber:	Patients OoA within month:
0	0	5

Split:	# days	# patients
Adult	25	3
OP	42	2
PICU	0	0

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Out of Area Placements	Number of days that Trust patients were placed in out of area wards	Lynn Parkinson	ST 4b



PI RETURN FORM 2022-23

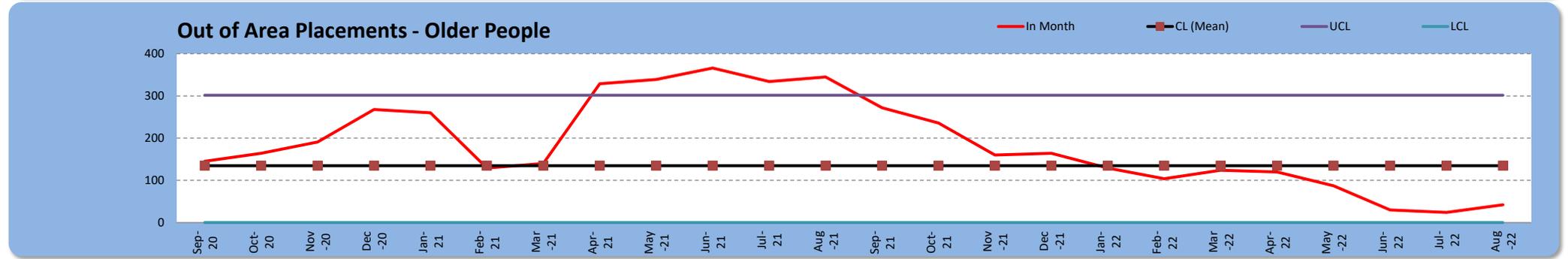
Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Aug 2022**

Split for Current month:

Aug-22	
25	Adult
42	OP
0	PICU
67	Total

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Out of Area Placements	Number of days that Trust patients were placed in out of area wards - split by service	Lynn Parkinson	ST 4 split



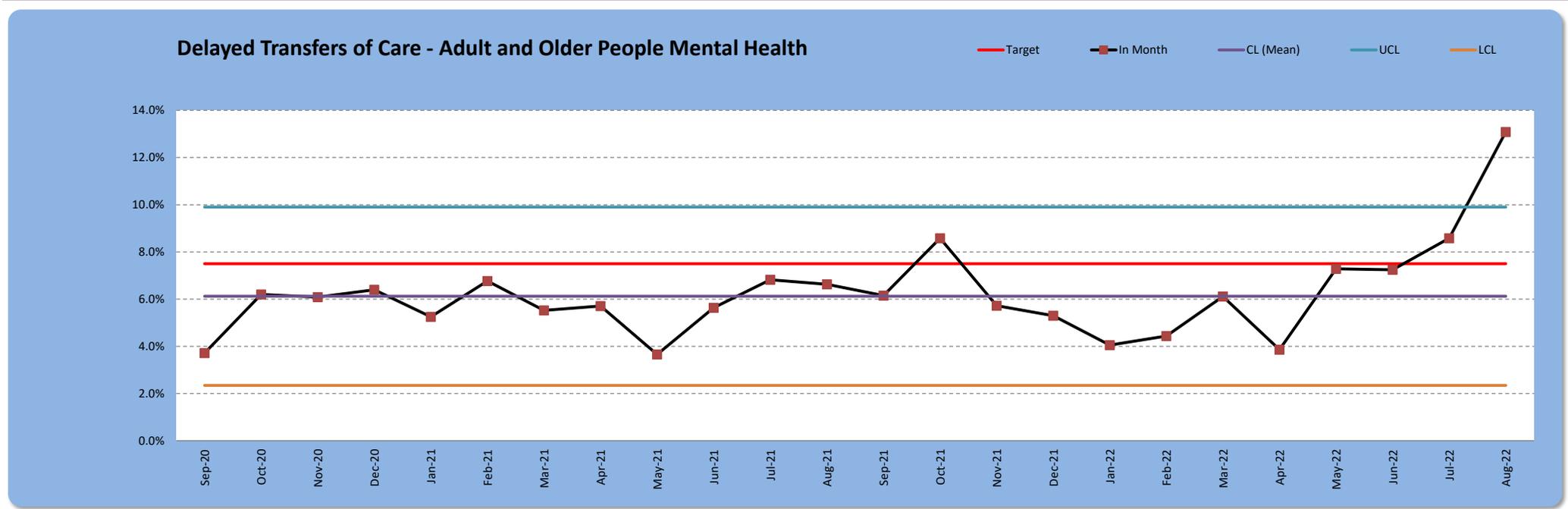
PI RETURN FORM 2022-23

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Aug 2022**

Target:	Amber:	Current month stands at:
7.5%	7.0%	13.1%

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

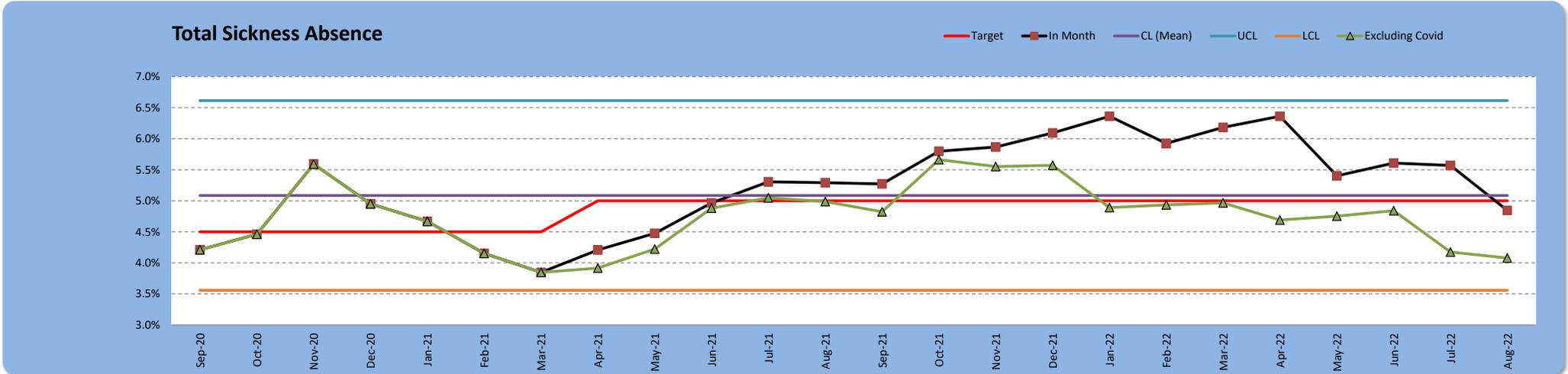
Goal 4 : Developing an Effective and Empowered Workforce

For the period ending:

Aug 2022

Target:	Amber:	Current month stands at:
5.0%	5.2%	4.8%

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	



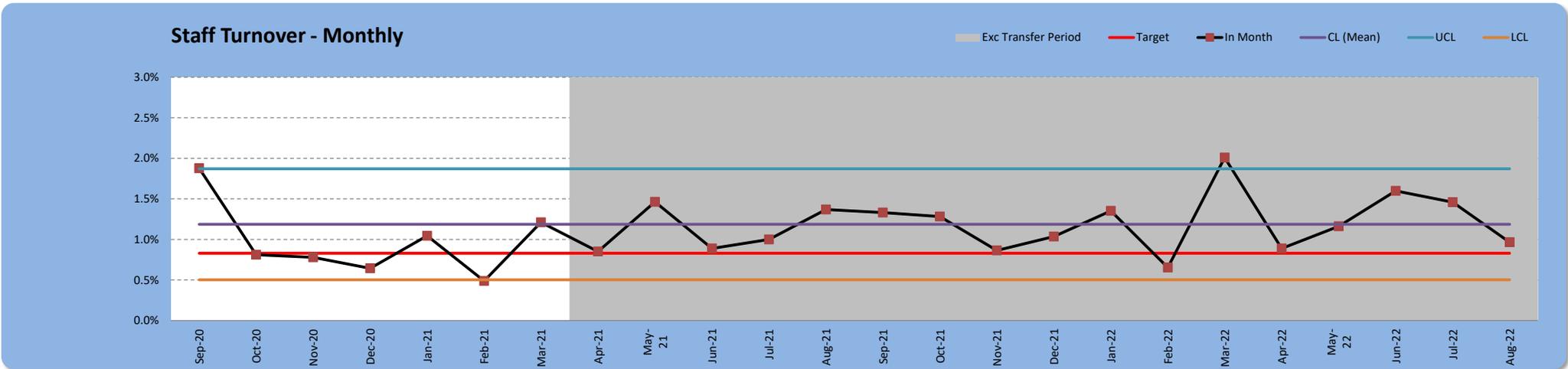
PI RETURN FORM 2022-23

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Aug 2022**

Target:	Amber:	Current month stands at:	Target:	Amber:	Rolling figure stands at:
0.8%	0.7%	1.0%	10%	9%	15%

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



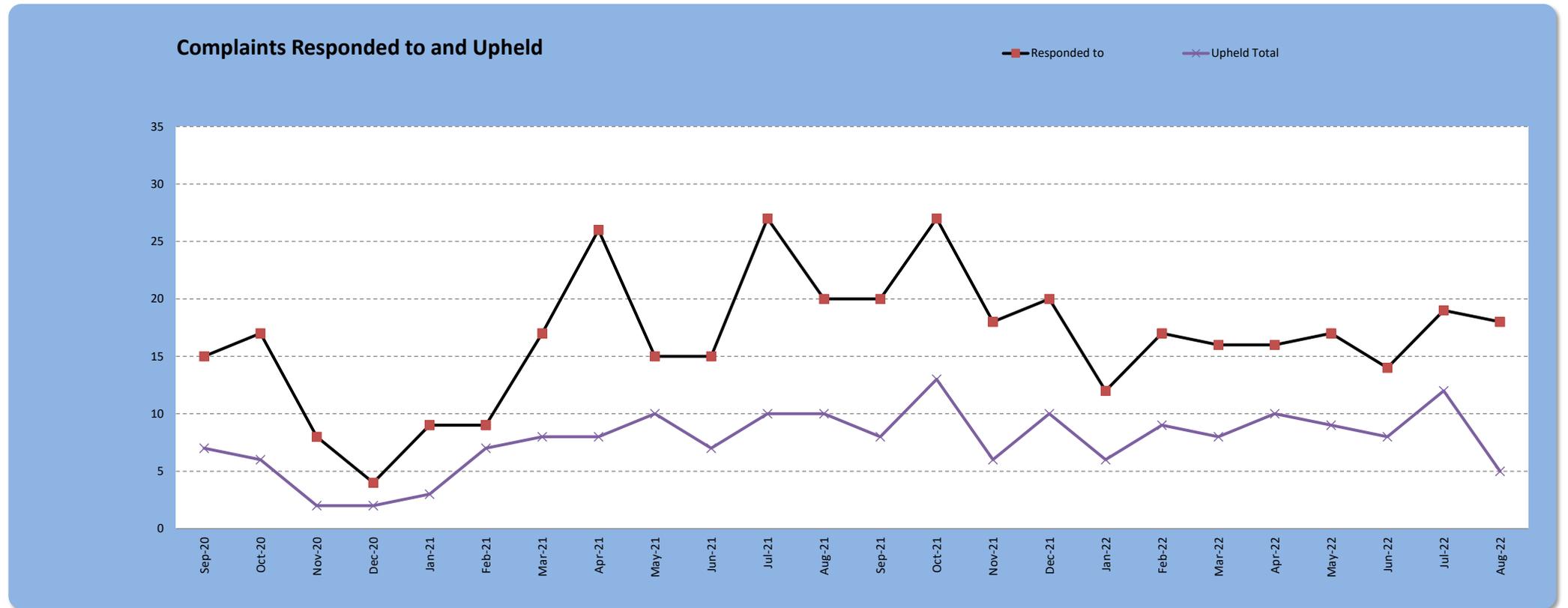
PI RETURN FORM 2022-23

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Aug 2022**

YTD Upheld	No. of Complaints upheld in month	Current month upheld stands at:
50.0%	n/a	0

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



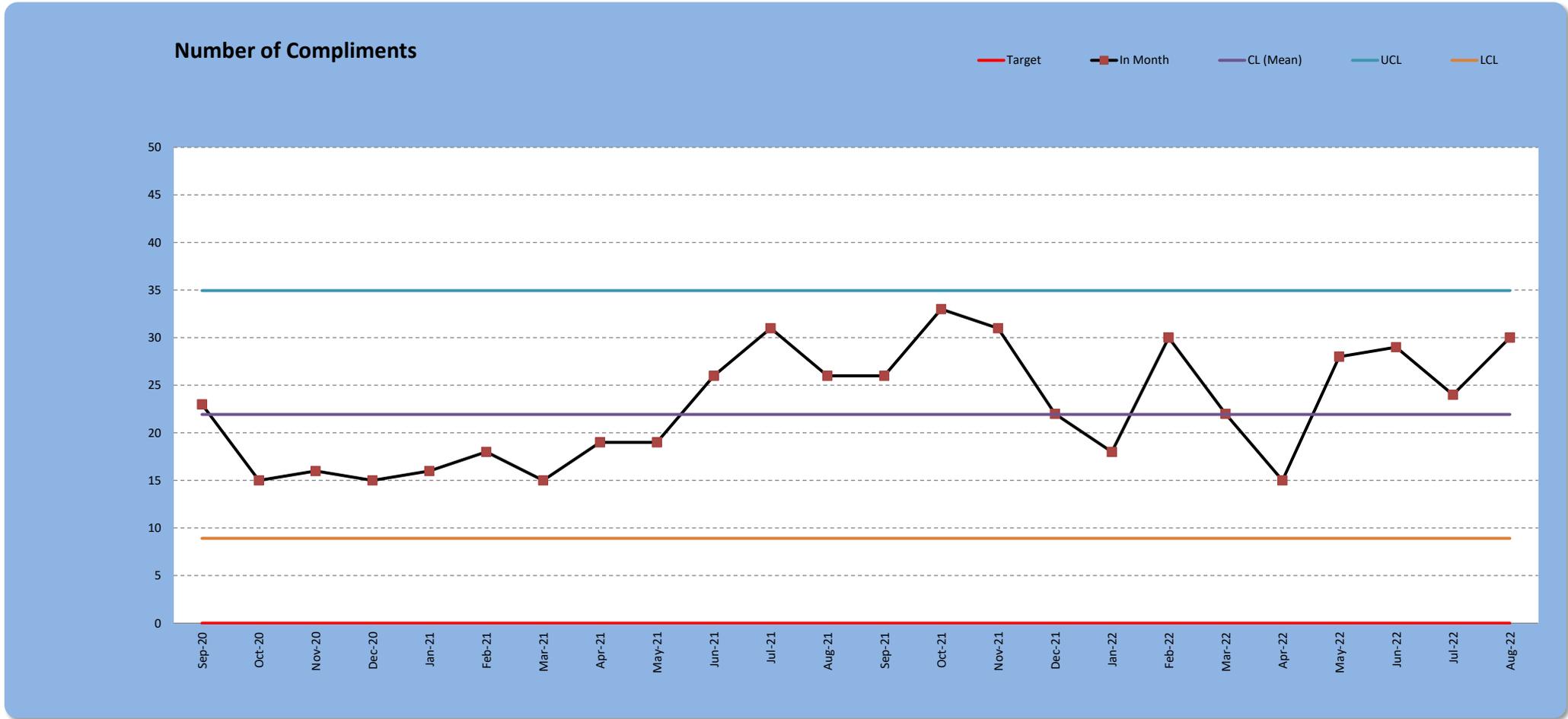
PI RETURN FORM 2022-23

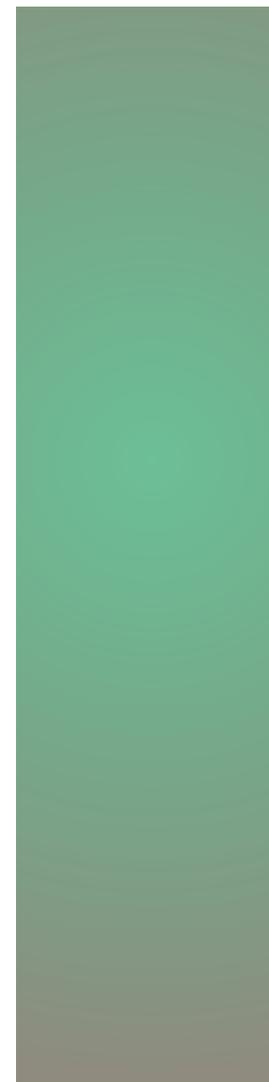
Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Aug 2022**

Target:	Amber:	Current month stands at:
n/a	n/a	30

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: Michael Dasari

Director of Nursing: Hilary Gledhill

Issue Date: 14/09/2022

Appendix B

Indicator/Service	Narrative
RTT Waits – Complete	<p>August’s position continues to demonstrate an anticipated deterioration as a result of having a higher number of clock stops for patients who have already waited longer than 18 weeks. Recovery plans and our focus on achieving reduction in over 52ww being the main contributing factors. This position will continue to be adversely impacted during the recovery phases and will improve once waiting times have been driven down to perform within the 18ww standard – detailed analysis was provided in the last detailed waiting times report and will be provided in the next quarterly update to the board.</p>
RTT Waits - Incomplete	<p>Whilst focus remains on eradicating the longest waiting patients, attention and emphasis continues on ensuring waiting lists are validated, operational processes for communicating with patients waiting are in place and that improvement trajectories are being closely monitored. Detailed recovery plans are in place to improve waiting times in the following areas, these are directly overseen weekly by the Deputy Chief Operating Office, the Operational Delivery group and Patient Care Performance and Accountability Reviews with the executive directors.</p> <ul style="list-style-type: none"> - Paediatric Autism Spectrum Diagnosis (ASD) (recovery of over 52ww position) - Adult Attention Deficit Hyperactivity Disorder (ADHD) - Adult ASD - Core CAMHS - Paediatric ADHD - Memory Assessment Service
52 Week Waits	<p>August’s position demonstrates a continued improving position in relation to the over 52wws. This is mainly attributed to the work in place to recover and improve in the following areas:</p> <ul style="list-style-type: none"> - Continued weekly process of validation for all over 52wws - Paediatric ASD recovery plan – the new provider has delivered the expected activity in August - Adult ASD recovery plan - the current trajectory forecasts recovery of the over 52 week wait position will be achieved by December 2022. - Memory Assessment Service recovery plan - Core CAMHS recovery plan
IAPT	<p>Compliant against the 18ww access standard. Recovery planning work is in place to address the 6ww standard. The service continues to work with sub- contracted providers to increase capacity against the required clinical modalities within the model.</p>

Agenda Item 14

Title & Date of Meeting:	Council of Governors Public Meeting– 13 October 2022		
Title of Report:	Finance Report May 2022		
Author/s:	Name: Peter Beckwith Title: Director of Finance		
Recommendation:	To approve		To receive & discuss
	For information/To note	✓	To ratify
	The Council of Governors 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>	<p>This purpose of this report is to provide the Council of Governors with a summary of financial performance for the Trust for the 3 month period June 2022 to September 2022.</p> <p>This is to allow the Governors to be informed of the Trust's Financial position and to enable any areas of clarification to be sought.</p>		
Key Issues within the report:			
Matters of Concern or Key Risks to Escalate:	Key Actions Commissioned/Work Underway:		
<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> None 		
Positive Assurances to Provide:	Decisions Made:		
<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> The Council of Governors are asked to note the Finance report for May 2022, and comment accordingly. 		
Governance: <i>Please indicate</i>		Date	Date
	Appointments,		Engaging with

which committee or group this paper has previously been presented to:	Terms & Conditions Committee		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	

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 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 up to the end of Month 2.

The ICB planning process concluded on 20 June, under this process the Trust is required to achieve a break even position for the year.

Table 1 shows for the period ended to 31 August 2022 the Trust recorded an operating deficit of £0.275m, details of which are summarised in table 1 on the following page.

The current financial position is based on the planning assumption of a 2% Pay award, confirmation of pay award funding is awaited from the ICB and the impact of the pay award will be factored into the month 6 financial position. The expectation from NHSE is that funding distributed will cover the impact of the pay award for Trusts.

There is one item which doesn't count against the Trust's financial control targets, which is the Donated asset Depreciation of £0.024m year to date, this takes the ledger position to a deficit of £0.299m.

Table 1: Reported I&E Position 2022/23

	June 2022 £003	July 2022 £003	August 2022 £003
Income	42,564	57,074	71,687
<i>Less: Expenditure</i>	40,890	54,651	68,470
EBITDA	1,674	2,423	3,217
Finance Items	2,033	2,753	3,517
Ledger Position:	(359)	(330)	(300)
Exclude: Donated Asset Depn	(14)	(19)	(24)
Net Position Surplus/(Deficit)	(345)	(311)	(276)
EBITDA	3.9%	4.2%	4.5%
Deficit (-)/Surplus %	-0.8%	-0.5%	-0.4%

A more detailed summary of the income and expenditure position as at the end of August 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 £0.154m underspend. There are some pressures relating to the CAMHS Inpatient Unit and the use of Agency Medics in Community CAHMS, this is offset by underspends elsewhere in the service.

3.2 Community and Primary Care

Community and Primary Care is reporting an overspend of £0.374m.

Primary Care is showing an overspend of £0.681m which is primarily due to pressures caused by the required increase of Locum Doctors which are significantly more expensive than substantive staff, offset by underspends in Community of £0.307m.

Primary Care have produced a recovery plan which has oversight at Executive Management Team. The main aim of this plan is to reduce the reliance on Locum Doctors. Three new GPs were due to start with the Trust in August however visa delays have stalled this and Locum expenditure has continued to be used to fill these roles.

3.3 Mental Health

The Division is showing an underspend of £0.236m. There are pressures within the Unplanned service division which relates to the acuity of patients within PICU and the Older Adult Units which requires increased safer staffing numbers. This is currently offset by underspends within the Planned division..

3.5 Corporate Services Expenditure

Corporate Services are showing an underspend of £0.814m.

4. Cash

As at the end of August 2022 the Trusts Cash Balance was £29.826m, cash balances across the reporting period are summarised below:

Table 3: Cash Balance

	June 2022 £000	July 2022 £000	August 2022 £000
Government Banking Service	31,638	30,512	29,531
Nat West	201	345	243
Petty Cash	50	51	52
Net Position	31,889	30,908	29,826

Included within this amount is the Provider Collaborative cash amount of £3.734m, this has increased as the payment mechanism between lead provider collaboratives has moved to recharges rather than the former block payment mechanism.

6. Recommendations

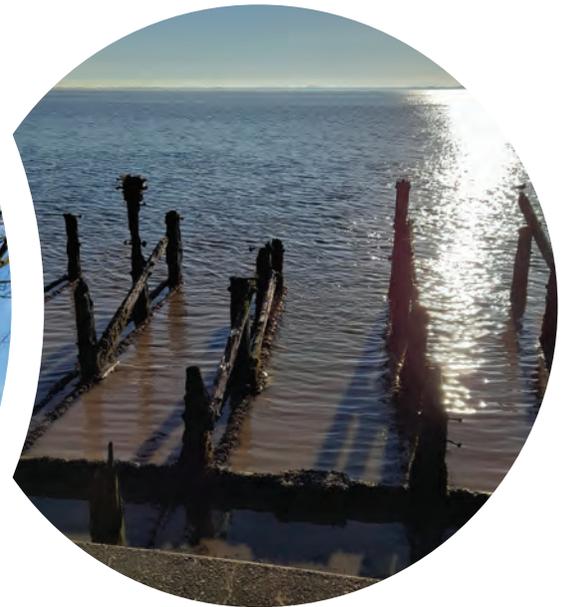
The Council of Governors is asked to note the Finance report and comment accordingly

Appendix 1 Income and Expenditure Position Month 5

	22/23 Net Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Income							
Trust Income	157,249	13,087	13,151	63	65,270	64,392	(877)
Clinical Income	16,104	1,371	1,462	92	6,723	7,295	572
Total Income	173,353	14,458	14,613	155	71,993	71,687	(305)
Expenditure							
<u>Clinical Services</u>							
Children's & Learning Disability	35,275	2,861	2,942	(82)	14,529	14,375	154
Community & Primary Care	30,596	2,547	2,682	(134)	12,927	13,301	(374)
Mental Health	53,207	4,478	4,393	84	22,676	22,440	236
Forensic Services	11,896	989	986	3	5,049	4,992	56
	130,975	10,875	11,004	(129)	55,181	55,108	72
<u>Corporate Services</u>							
	36,793	2,975	2,815	159	14,176	13,362	814
Total Expenditure	167,767	13,849	13,819	30	69,357	68,470	886
EBITDA	5,585	609	794	185	2,636	3,217	581
Depreciation	4,596	411	446	(35)	1,719	2,230	(511)
Interest	148	12	(18)	30	61	(45)	107
IFRS 16	-	-	17	(17)	-	88	(88)
PDC Dividends Payable	2,341	195	195	-	976	976	-
ICS Contribution	-	-	-	-	-	64	(64)
Operating Total	(1,499)	(10)	152	162	(120)	(96)	24
BRS	(1,500)	(45)	116	(161)	155	179	(24)
Operating Total	1	36	36	1	(275)	(275)	0
Excluded from Control Total							
Donated Depreciation	70	6	5	1	29	24	5
	(69)	30	32	2	(304)	(299)	5
Excluded							
Commissioning	1	0	(0)	0	1	1	0
Ledger Position	(71)	30	32	2	(305)	(300)	6
EBITDA %	3.2%	4.2%	5.4%		3.7%	4.5%	
Surplus %	-0.9%	-0.1%	1.0%		-0.2%	-0.1%	



Humber Teaching
NHS Foundation Trust



Caring, Learning
& Growing Together

Trust Strategy

2022 – 2027

Introduction

Humber’s strategy is an important statement of who we are, what we do and why it matters. It describes the building blocks we will put in place to grow and innovate services which meet the needs of our patients, service users, families and communities. This strategy is an opportunity to build on our past achievements and to set ourselves ambitious goals for the next five years, including our target of achieving a CQC rating of outstanding to recognise our success in delivering high-quality care. We aim to continue to develop as a leading integrated health and care provider, delivering safe, responsive and accessible care across mental health, forensic services, community services, primary care and services for children, young people and people with learning disabilities and autism.

Since our strategy was last refreshed in 2019, we have lived through the unique challenge of continuing to deliver excellent care in the context of a global pandemic. Our staff, patients, carers and health system partners have faced huge pressures and our staff have gone above and beyond to maintain safe, high-quality care. We recognise the continued importance of supporting the wellbeing and mental health resilience of our workforce, not only because it is the right thing to do, but because it will help our staff feel valued and fulfilled and help our health and care system to thrive.

Humber is passionate about working in partnership with our communities to co-produce services which support the most vulnerable and which reach out to under-served groups.

This entails involving and truly listening to people to understand their unique challenges, from children and young people to older adults and from diverse communities including inner cities, coastal towns and small rural villages.

Humber aspires to be an ‘anchor institution’. This is an organisation which has a strong connection to our local population and has a strong influence on the health and wellbeing of our communities. In this role, we are committed to improving the lives of local people and contributing to addressing the wider drivers of health inequalities through our procurement practices, by offering routes into employment and by reducing our impact on the environment.

At the time of writing, the NHS is changing. Integrated Care Systems (ICS) are taking on a stronger, statutory role in integrating services and improving population health. Over the five-year period covered by this strategy, we look forward to working together with our partners in

health and care, local government, education and the voluntary and community sector to improve the health and wellbeing of people across the Humber and North Yorkshire Health and Care Partnership.

Integrating with health and care services provided by other organisations is an important part of our future development, but no partnership is more important than the partnership we have together within Humber. From community services in Whitby to mental health support in Hull, our new strategy is deeply rooted in our values of caring, learning and growing.



Michele Moran
Chief Executive



Caroline Flint
Chair

About Humber Teaching NHS Foundation Trust

As a multi-specialty health provider with a broad out of hospital portfolio, we're proud of our role in leading service integration across all six Places in the Humber and North Yorkshire Health and Care Partnership area and beyond. We are passionate about using our high-quality research and our proven track record in co-producing services with our staff, patients and carers to drive innovation.

How Humber supports our workforce and our communities:

- Delivering services which support people across their life course, from providing health visitors and supporting children's mental health and wellbeing, to working with older people with dementia.
- Working in partnership with other NHS providers, local authorities and voluntary and community sector organisations such as MIND, Smile Foundation, Matthew's Hub and ADS (Alcohol and Drug Service) to deliver services to our communities.
- Paying tribute to the dedication and support of our staff through our staff rewards scheme and our annual programme of events to recognise and celebrate success.
- Enabling staff to lead healthy lives and look after their mental and physical wellbeing, both at home and in the workplace with dedicated support from our Staff and Volunteer Health Trainer Service.
- Our Patient and Carer Experience (PACE) strategy feeds into everything we do. We listen to what people want and take action accordingly. For example, a Youth Action Group has recently been established to improve engagement with young people.

Humber's track record in delivering innovation and transformation:

- Investing in our estate by redeveloping Whitby Community Hospital's Tower Block to house a refurbished modern space which contains an Urgent Treatment Centre, Inpatient Unit, Therapy Services and much more.
- Leading digital innovation across the Humber and North Yorkshire Integrated Care System and beyond by hosting the Yorkshire and Humber Care Record, which improves patient care by securely sharing information from patient records between health and social care services.
- Delivering innovative health services to meet the needs of our diverse communities through our Humber Primary Care practices.
- Supporting our Humber mental health service users on their journey to recovery in the community and inpatient services, such as Inspire our award-winning Child and Adolescent Mental Health inpatient unit.



Our Trust Strategy on a Page

Our Trust Mission:

We are a multi-specialty health and social care teaching provider committed to Caring, Learning and Growing.

Our Trust Vision:

We aim to be a leading provider of integrated health services, recognised for the care compassion and commitment of our staff and known as a great employer and a valued partner.

Our Trust Values:

Our internal values shape our behaviours and guide the way we work with our patients, staff, partners, within our community and with each other.

- **Caring** for people while ensuring that they are always at the heart of everything we do.
- **Learning** and using proven research as a basis for delivering safe, effective and integrated care.
- **Growing** our reputation for being a provider of high-quality services and a great place to work.

How we will deliver our strategy

Our strategy describes our overarching long-term goals for Humber and explains in broad terms how we will achieve them.

The detail of how Humber will make this vision a reality is set out in a series of enabling strategies covering People, Estates, Digital, Patient and Carer Experience and our Clinical Strategy.

In addition, each of our divisions produce operational service plans each year which translate our strategic goals into direct actions which benefit staff and patients within each service area.

The organisation has developed a detailed set of measurements and ambitions which sit alongside this document, which will be used to monitor the progress we are making towards achieving our strategic goals. This will be updated throughout the five-year lifespan of the strategy.



Innovating for quality and patient safety



? How we will achieve this:

- Attain a CQC rating of outstanding for safety to inform our ultimate aim of achieving a rating of outstanding in recognition of our success in delivering high-quality, safe, responsive and accessible care.
- Use patient experience and other forms of best available evidence to inform practice developments and service delivery models for the services we provide and commission.
- Work collaboratively with our stakeholders to co-produce models of service delivery and deliver transformation programmes that meet the needs of the communities we serve and address health inequalities, both in our provider role and in our role as lead commissioner.
- Continually strive to improve access to our services and minimise the impact of waiting times for our patients, their carers and families.
- Shape the future of our health services and treatments by building on our existing research capacity, taking part in high-quality local and national research, embedding research as a core component of our frontline clinical services and translating research into action.

✓ How we will know we have achieved this:

- Inspection by the CQC will result in a rating of outstanding for patient safety and an overall rating of outstanding at the next inspection.
- Quality improvement methodology and validated patient and clinical outcome metrics are routinely used to measure health outcomes and inform continuous service improvements.
- Access to our services will be in the top quartile in the Yorkshire and North East Region.
- The number of service areas which offer opportunities for people to take part in high-quality research will increase.
- We can evidence that research and audit are used to promote change across our clinical pathways.



Enhancing prevention, wellbeing and recovery



? How we will achieve this:

- Focus on putting recovery at the heart of our care. This means supporting people using our services to build meaningful and satisfying lives, based on their own strengths and personal aims. We will offer holistic services to optimise health and wellbeing including our Recovery College, Health Trainers, Social Prescribing and Peer Support Workers.
- Embed a trauma informed approach to supporting the people who use our services. In doing this, we will acknowledge people's experiences of physical and emotional harm and deliver our services in a way that enables them to feel safe and addresses their physical, psychological and emotional needs.
- Empower adults, young people, children and their families to take control by becoming experts in their own self care, making decisions and advocating for their needs.
- Work in partnership with our staff, patients, service users, carers and families to co-produce integrated services which take a collaborative, holistic and person-centred approach to care.

✓ How we will know we have achieved this:

- A recovery focused approach will be embedded in Humber policies and procedures covering supervision and appraisal, risk management, MDTs, how we provide information to patients and how we develop our estate.
- Dedicated resources will be allocated to transformative projects to creatively support recovery.
- Humber will adopt a trauma informed approach to care, covering clinical models for patient care and underpinning our approach to supporting our staff.
- Shared decision making will be embedded in all services, enabling patients and service users to plan and measure their own recovery and wellbeing, working towards self-defined personal goals with involvement from their carers and families.
- People with lived experience will be involved in co-designing, co-producing and co-creating all new or changing services.
- Expanded volunteer roles including Patient Safety Partners and opportunities for patient and carer representation on interview panels will give our patients, carers, families and service users a meaningful role in shaping and delivering services.



Fostering integration, partnerships and alliances



? How we will achieve this:

- Work alongside our partners in health, social care, the voluntary, community and social enterprise sector, Healthwatch, local government and other fields to develop integrated services as part of the Humber and North Yorkshire Health and Care Partnership.
- Take a collaborative approach to facilitating the provision of modern innovative services, building on our role as Lead Provider for perinatal mental health and aspects of specialised mental health commissioning.
- Work closely with all six Place-based partnerships across Humber and North Yorkshire to facilitate collaboration and empower local systems. Place-based partnerships have responsibility for improving the health and wellbeing outcomes for the population, preventing ill health and addressing health inequalities at a local level.
- Collaborate with system partners to maximise the efficient and effective use of resources across health and care services.
- Empower Humber staff to work with partners across organisational boundaries, embracing a 'one workforce' approach to enable patients to access the right support, in the right place, at the right time.
- Use our system-wide understanding of our local population's health needs and our knowledge of the impact and effectiveness of interventions to plan services.

✓ How we will know we have achieved this:

- Humber will maximise its role in leading and supporting provider collaboratives and enable the delivery of patient-centred, multi-partner care models and pathways.
- Humber's ambitions and service delivery at Place or local authority level will be aligned with local Health and Wellbeing Strategies, recognising the different and unique priorities of each of the Places Humber serves.
- System-wide solutions to long-term problems, including workforce challenges and access to services, will be designed and delivered in collaboration with our partners.
- Humber will build on its strong ICS and regional leadership role to develop our influence at a national level.
- Our own and our partners' clinical and financial data will be used to inform the delivery of more effective services, building on Humber's role in leading development of the Yorkshire and Humber Care Record and our partnerships with local universities.



Promoting people, communities and social values



? How we will achieve this:

- Take action to address health inequalities and the underlying causes of inequalities, both in our role as a provider of integrated health services and our role as a developing anchor institution, supporting the long-term aim of increasing life expectancy for our most deprived areas and for population groups experiencing poorer than average health access, experience and outcomes.
- Work collaboratively with our partners in the voluntary sector to build on our shared strengths - our deep knowledge of service users' needs and our ability to respond to changing circumstances.
- Strengthen Humber's relationships with statutory partners including housing, education and Jobcentre Plus to deepen our understanding of our communities.
- Celebrate the increasing cultural diversity of Humber, offering opportunities for our staff, patients, families and the communities we support to safely express their views and shape and influence our services.
- Work alongside economic development and health and care system partners to ensure that our investments in facilities and services benefit local communities.
- Offer simplified routes into good employment for local people.
- Provide opportunities to people with lived experience of mental and physical ill health, autism and learning disabilities and people from communities experiencing deprivation.

✓ How we will know we have achieved this:

- Humber's staff will have a strong understanding and awareness of the principles of health inequalities. Health inequalities data will be incorporated in performance reporting to enable the organisation to deliver services in a way that maximises our ability to address health inequalities.
- Strong relationships with voluntary sector organisations and networks will increase the role of this sector in developing and delivering services.
- A wide range of statutory partners will be involved in strategic decision making and service design.
- Humber staff, governors and our patient and carer experience champions will fully represent the diversity of the communities we serve, including rural and urban areas, under-served communities and young people, through our Youth Action Group.
- Information is regularly gathered about the views of staff as residents and valued representatives of their communities, covering our services and wider social issues.
- Our Social Values Report will continue to demonstrate the social value our work generates through the use of our resources for community benefit and our spend within the local economy.
- By working with education providers and local support services, Humber will help people facing barriers to employment to access entry level roles as a starting point on a fulfilling career pathway. A wide range of volunteer and apprentice roles will be offered across Humber's services.



Developing an effective and empowered workforce



? How we will achieve this:

- Attract, recruit and retain the best people by being an anchor employer within the locality; with roles filled by staff that feel happy and proud to work for Humber.
- Grow a community of leaders and managers across Humber with the capability, confidence and values to create a highly engaged, high performing and continually improving culture.
- Maximise a diverse and inclusive workforce that is representative of the communities we serve.
- Enable new ways of working and delivering health care, anticipating future demands and planning accordingly.
- Prioritise the health and wellbeing of our staff by understanding that staff bring their whole self to work, so we place mental and physical wellbeing at the heart of the individual's experience of working at Humber.
- Engage with schools, colleges and universities to create a highly skilled and engaged workforce who want to grow and develop to deliver high-quality care.
- Ensure all colleagues are highly motivated to achieve outstanding results by creating a great employer experience, so that they feel valued and rewarded for doing an outstanding job; individually and collectively.
- Develop a culture of learning, high engagement, continuous improvement and high performance that builds on our values and enables us to realise the potential of our people.

✓ How we will know we have achieved this:

- Humber will score above the benchmark group average for each of the People Promise themes in the NHS National Staff Survey.
- The percentage of staff recommending us as a place to work will increase to 80% or above.
- Our positions filled will increase to 95% and our retention rate will increase to 92%.
- The number of disabled, black and ethnic minority and LGBTQ+ staff in leadership roles will be equivalent to the communities we serve.
- Sickness rates will be lower than the ICS average.



Optimising an efficient and sustainable organisation



? How we will achieve this:

- Empower all staff to contribute to the efficiency and sustainability of the organisation by making informed decisions about the efficient use of resources.
- Work with our partners to optimise the efficiency and sustainability of the Humber and North Yorkshire Health and Care Partnership in our role as lead provider.
- Continue to develop our estate to provide safe, environmentally sustainable and clinically effective environments that support operational delivery.
- Embrace new, safe and secure technologies to enhance patient care, improve productivity and support our workforce across the health and social care system. We will design technologies around the person's needs and will make sure that people are not excluded from accessing services due to digital poverty or poor rural connectivity.
- Work with our partners and communities to minimise our effect on the environment to meet the NHS climate change target.

✓ How we will know we have achieved this:

- The organisation's financial position is in line with targets set by NHS England.
- Humber achieves its aim to be in the top 25% for efficiency and sustainability measured against national financial benchmarking tools, where this is compatible with maintaining appropriate levels of investment in the future of high-quality services.
- Humber adopts a lead provider role for an increased number of services.
- The organisation scores above the national domain for 'Condition Appearance and Maintenance' against the annual Patient Led Assessment of the Care Environment surveys.
- Humber achieves the Government backed Cyber Essentials accreditation in recognition of the organisation's robust cyber security approach by October 2022.
- Data Quality Maturity Index (DQMI) scores are maintained above the national average.
- Humber meets its Green Plan Target to reduce CO₂ by 25% by 2024/25.



How we developed our strategy

Humber’s approach to developing our strategy was based on listening to our staff, our governors, our non-executive directors and our patients, families and carers through our Patient and Carer Engagement Forums. Over 30 engagement events were held which were attended by a wide range of people from inside and outside the Trust, including partner organisation across health, care and local government as well as voluntary and community sector organisations.

The conversations at these events covered a rich and broad range of issues and have informed the style and content of this document. We would like to take this opportunity to thank everyone who was involved in this process for their invaluable contribution to developing our shared Trust strategy.

You said, we did

Our Care

You said:

- “Listen to front line staff first before making changes.”
- “Invest in service provision, resources, staff.”
- “Over next 5 years it’s about how we take the best of the last 2 years and use that to move forward”
- “Services that are person-centred based on individual needs and where the service user is involved in decisions about their care and support.”
- “Work on waiting list backlogs, ensuring patients feel communicated with and tackling inequalities.”

We did:

Committed to reducing waiting lists, co-producing person-centred services with staff and patients and reducing our vacancy rates to below the ICS average.

Our Partnerships

You said:

- “Collaborative relationships with providers resulting in creative packages of care. Aim to create a culture of helpfulness, what CAN we do not what we CAN’T do.”
- “Encourage more take up of volunteers across teams.”
- “Keep people motivated to engage with the Trust in a virtual world.”
- “Overcoming the impact Covid 19 has had on people and the local communities we work in.”

We did:

Committed to working with partners to develop integrated services, using volunteers more widely across the Trust and building on our role as an Anchor Institution to better support our communities.

Our Workforce and Organisation

You said:

- “Time and thought from managers and leads to check in and ask if everything is ok.”
- “Support managers to understand and manage resources.”
- “Recognition and respect of all professionals within the Trust and opportunity for development based on choice of the professional.”
- “Trauma-informed services in physical spaces that are welcoming, warm and comfortable.”

We did:

Committed to growing a community of leaders and managers with the capability, confidence, and values to create a highly engaged, high performing and continually improving culture and empowering all staff to contribute to the efficiency and sustainability of the Trust.

If you have any comments or questions about this document,
please contact: hnf-tr.partnerships@nhs.net

The following photographs from this document were taken by Humber staff to show places and communities which mean something to them:

- Sunk Island – Dave Trowsdale, Mental Health Nurse, Home Based Treatment Team (Community Mental Health)
- River Humber – Susan Cavanagh, Forensics Division
- South Cave, Wolds Way – Kate Yorke, Psychologist
- Bridlington – Karen Cawkill, Support Worker
- Hull Marina – Angie Wainwright, Senior Admin Assistant, Partnerships and Strategy Team



Agenda Item 16

Title & Date of Meeting:	Council of Governors Public Meeting – 13 October 2022			
Title of Report:	Public Trust Board Minutes – June & July 2022			
Author/s:	Caroline Flint Trust Chair			
Recommendation:	To approve		To receive & discuss	
	For information/To note	✓	To ratify	
Purpose of Paper:	The minutes from the public Board meetings for June and July 2022 are presented for information.			
Key Issues within the report:				
Matters of Concern or Key Risks to Escalate:		Key Actions Commissioned/Work Underway:		
<ul style="list-style-type: none"> No matters to escalate 		<ul style="list-style-type: none"> N/A 		
Positive Assurances to Provide:		Decisions Made:		
<ul style="list-style-type: none"> Contained in the minutes 		<ul style="list-style-type: none"> 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 <i>(please indicate which strategic goal/s this paper relates to)</i>	
√ Tick those that apply	
	Innovating Quality and Patient Safety
	Enhancing prevention, wellbeing and recovery
	Fostering integration, partnership and alliances
	Developing an effective and empowered workforce

	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			
Risk	√			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 22 June 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 Anna Addison, Specialist Clinical Pharmacist Frailty Service (for item 115/22)
Ms Kerry Finch, Medicines Safety Officer/Medicines Optimisation technician Inspire (for item 115/22)
Ms Colette Conway, Assistant Director of Nursing, Patient Safety & Compliance (for item 123/22)
Mr Oliver Sims, Corporate Risk & Compliance Manager (for items 127/22 & 128/22)

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.

112/22 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.

113/22 Minutes of the Meeting held 18 May 2022

The minutes of the meeting held on 18 May were agreed as a correct record.

114/22 Matters Arising and Actions Log

The action log and work plan were noted.

115/22 **Staff Story – Pharmacy Services**

Ms Anna Addison, Specialist Clinical Pharmacist Frailty Service and Ms Kerry Finch, Medicines Safety Officer/Medicines Optimisation technician attended the meeting to talk about their different roles. The Chair commented that when she goes on visits, she hears about the good work that is being done by the Pharmacy team and the impact it has on patients and staff.

Dr Byrne explained that the Pharmacy service plays a fundamental role in services both in the community and at an inpatient level. The team played an important part in the vaccination programme which would not have been able to be delivered if they were not involved. The profile of Pharmacy staff and the pharmacy technician are seen as important roles across the NHS

Anna works in the community in the Scarborough and Ryedale area. She told the Board of her wide experience from qualifying in 2013 to her current role. Anna explained that she sees frail and housebound patients helping them with their medication and also checking if they need any other help or assistance from other services which she can help sign post to. She explained that Pharmacists have many specialities including being independent pharmacists or consultant pharmacists.

Kerry also has a breadth of experience working in different roles. She is currently on secondments as the medical Safety Officer which is a statutory role in NHS trusts. She will be increasing her time in this role from July. Kerry enjoys the patient contact within her role and was part of the Covid vaccination programme and she has also expanded her experience to be a trained phlebotomist.

Mrs Gledhill thanked them for their fantastic and enthusiastic presentation. They are dealing with patients and their physical health needs and medication waste due to not taking medication which can result in readmission to acute services in some instances. The Trusts Safer Staffing dashboard focusses on registered nurses but the dashboard does not take account of the work that Pharmacists are doing currently working with nurses. Mrs Gledhill asked if there are any barriers that they are encountering where the Board can help. Kerry felt that a full time post would benefit the organisation which could cover the weekends to enable seven day coverage. In the future she felt that consideration could be given to changing shift patterns for pharmacy technicians to give more coverage. Anna felt that more cross cover would be an advantage as she is currently limited to the Scarborough and Ryedale area and that expertise could be shared across boundaries.

Mr Patton referred to the bringing pharmacy provision inhouse and what advantages are being seen from this. Kerry explained that there is now increased efficiency for ordering medication which can be done more or less immediately, and the most appropriate option can be chosen from the wholesalers. It has helped save time for patients who are transferring and need medication dispensing. It has also saved money. From Anna's perspective the collective experience of colleagues is beneficial and to have them available to discuss any issues and not having delays.

Mrs Parkinson appreciated the presentation and will take back the comments from Kerry and Anna around a seven day service. She hears from staff the benefits of having pharmacy staff on site with teams. In terms of recruitment, she asked if there were any ideas on how this could be helped to attract people into the roles. Kerry felt that growing our own staff from an apprenticeship role and working updated would be the best way in her view various roles

Anna was asked about the benefits of face to face and online consultations by Mr McKinnon-Evans. Anna felt that it depended on who she was seeing as some patients prefer face to face if they were not technically confident. Other aspects such as location is also taken into account, but for older people a face to face appointment is an opportunity to check on other aspects of their lives.

Mr Malik referred to the impact of Covid and whether there is anything as a result of changes

that needed to be taken forward. Anna said that from a Community Services perspective a mixture of face to face and virtual appointments needs to continue as patient's can't always get to the team and due to their personal circumstances, they may have a preference. It is a mix of meeting their requirements and also those of the team. The Chair was reassured that patients needs are considered and that appointments are offered that meet their requirements. Face to face visits are still needed especially to see the impact things are having on them for example there may be people who may be living in fuel poverty and may benefit from some assistance or signposting to other areas.

The Chief Executive was pleased to hear about the service and its diversity with a high standard being provided. It has helped on the transformational journey and the wider skill mix across the Board. The presentation showed how help and benefit patients and patient care. Important around educational piece with service users and families. The Executive Team will take on board the comments made and will keep you updated. The story needs to be shared as it is a great example. Some of things like electronic prescribing and bringing the service in house were progressed in a pandemic which is a credit to the team. The Chief Executive thanked Anna and Kerry for sharing their stories and for their contribution to patients and patient care.

116/22 **Chair's Report**

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

- Meetings with the new appointed Governor for Hull City Council, Cllr Linda Chambers and the Public Health Director for Hull CCG Dr James Crick
- A meeting was held with the representatives from Market Weighton to look at engagement and opportunities for this going forward
- A visit to Townend Court to look around the facility and speak to staff and patients
- Attendance at the BAME Network meeting. There were good discussions as the Trust takes any abuse seriously but particularly verbal/physical abuse of staff. Abuse in any form is not acceptable and the main area of discussion was around racism towards staff. It is important to hear from staff members about their experiences.
- A Governor development session was held in its new revised format which was well received. There was attendance from some Non-Executive Directors who talked about their roles and a presentation on Primary Care services. A session on Health Inequalities was presented with information provided to show the depth and poverty across the area and how this affected health communities. Visits were also discussed at the meeting and a suggestion made of a log to be kept. NED views on visits are being sought which will result in a report back to Board about how these are undertaken going forward.

Resolved: The verbal updates were noted

117/22 **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: -

As mentioned by the Chair, a meeting took place with Market Weighton representatives around Primary Care services. It was a positive meeting, and a follow up meeting is planned.

There were no policies this month to ratify. The report detailed the awards that services have been involved with. There has also been recent notification that the Trust has been shortlisted for a HSJ patient safety award. It is of testament to the staff who continue to achieve these awards on the back of the challenges they face. The Menopause Friendly award is also great achievement. Thank you to all involved

Place development with ICS is progressing and our own internal links are being developed.

There has been a lot of communications during the month and the Health Stars update is provide.

The Chief Executive reported that an event is being undertaken at Miranda House to celebrate 25 years of it being open on 15 July. There is also another visit taking place on 27 June with two Non-Executive Directors from the ICB.

With Dr Byrne leaving the organisation we are appointing to the Medical Director post with a good response received. Until an appointment is made, Dr Michael Dasari has been appointed as the Interim Medical Director. Dr Michael has previously been in this role for the Trust and will work 2/3 days in addition to his Consultant role at Townend Court.

The Communications and Marketing team continue to support teams and positive engagement. This will include working with the team on the new office space at Willerby Hill. Investment was made in Poppulo some years ago, a software tool that allowed specific groups of staff to be targeted and help to reduce the amount of unnecessary e mails for some staff. 65% is current performance which is twice the current rate of the healthcare sectors. Awards, events and celebrations are also supported by not only the team but across the Trust.

Mrs Parkinson reported that the processes are in place for winter planning. Providers and system partners are reviewing last year's plans in preparation for the coming winter. It is likely that it will be challenge especially with potential to provide an Autumn Covid booster vaccination, the usual flu campaign and other winter pressures. Mrs Gledhill explained that infection control guidance has been updated in relation to social distancing and mask wearing. From today in line with national guidance masks no longer need to be worn in our services and social distancing does not have to be maintained. However, these requirements continue to be based on a risk assessment if a patient has a transmissible infection.

Mr Patton commented that it was good to see the ongoing development of partnership with East Riding for Adult Mental Health Services and TEWV referred to in the report which are good examples of partnership working.

Resolved: The report and updates were noted.

118/22 **Publications and Highlights Report**

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

It was noted there is a further report on the agenda in relation to the Messenger report.

Resolved: The report was noted.

119/22 **Performance Report**

Mr Beckwith presented the report relating to the current levels of performance as at the end of May 2022

Areas highlighted to the Board included the Safer Staffing Dashboard and positive assurance on mandatory training and clinical supervision. Waiting times data included in the report with a more detailed quarterly report due next month. Over 52 week waiting times remain a challenge and a high operational priority.

Mrs Gledhill referred to the Safer Staffing dashboard explaining data for the Care Hours Per Patient Day (CHPPD) for Granville Court, Whitby and Malton has been entered in error as we cannot RAG rate these as nothing to benchmark against. Clinical Supervision this month for Newbridges is at 79% compared to the April position. It is pleasing to see no reds in the end column and quality indicators are ok, although sickness is a concern. Last year in inpatient units is persistently around 12 – 13% and last year it was at 8% for some time and it has increased with work ongoing to look at the reasons for this. Like the rest of the population

access to Primary Care for staff may be a factor in this for inpatient units

Mr Patton noted that Covid cases have dropped dramatically so will await outcome of sickness work. He referred to the paediatric ASD highlighted on the cover sheet of the report, asking how many suppliers there are and what the market is like for this. It was good to see the memory diagnosis and he asked when an impact of the work being undertaken will be seen and the same questions was posed in relation to the Early Intervention in Psychosis (EIP) service. Mrs Parkinson explained that for the paediatric ASD there has already been testing with the market and a due diligence process completed with one supplier. We are going through the contractual process with hopefully a new supplier on board in July. Part of the issue is that it is a growing market and independent suppliers are competing with each other for staff and which is also having an adverse impact on the availability of people into the NHS.

In relation to the Memory Assessment service, additional medical resource should be seen from the beginning to mid July and the EIP service is predicated on filling vacancies in that service. It is hoped that these will come on stream by the end of July into September and the trajectory is predicated on this recruitment.

Mr McKinnon-Evans referred to the over 52 week waiting list graph in the report. Discussed in context of increasing no of referrals and line is persistently creeping up. As a Board it is recognised that this is an area to be monitored and to have an understanding of what more can be done to increase the capacity to bring this line down. Mrs Parkinson explained that this is underpinned by all the work that is being done. She is happy to bring more detail in the update due at the Board next month which will include a deep dive into the waiting times and description of the capacity and demand work in train and where this is leaving us. The Chair commented that Governors are also interested in this area and an update presentation will be coming to the Governor Development Session in September.

Mrs Gledhill referred to the incident data included in the report suggesting that it should also show the percentage of harm free care as this detail is readily available. It was agreed this should be included

Resolved: The report and verbal updates were noted
Percentage of harm free care to be included in the incident data Action PBec

120/22 Finance Report

Mr Beckwith presented the highlights from the finance paper as at the end of May 2022. He reported that based on the ICS planned submission aware of last month and does not reflect the most recent planning change which is a deficit of just over £1m for the financial year. In month 2 recorded a deficit of £275k which is in line with the plan.

Agency spend continues to be above the agency ceiling and has been reviewed by EMT and a recovery plan in place. Mr Patton confirmed that when the plan has come to EMT it will come to the Finance & Investment Committee.

An increase in the cash position was reported predominantly due to the payment mechanism for lead provider where last year it was in blocks and this year it is provider to provider invoices which are taking a little longer to process.

The Better Payment Practice Code figures show achievement of 84.2% for Non NHS invoices and 68.1% for NHS invoices, work is ongoing to improve the position. This is partly due to invoices not being put on hold on SBS systems which is being addressed.

Mr Royles appreciated the update on the agency spend. He noted it was a dilemma of when there are constraints with the struggle to recruit and the reliance on people doing overtime or agency cover to keep the balance going. It was good that work is happening on a plan together to help with this.

Resolved: The report was noted.

Analysis of Ethnicity and Mental Health Act Report

The report provides ethnicity data for Hull and East Riding population in relation to the Mental Health Act for the Committee's Analysis of Ethnicity Annual Report. Dr Byrne explained that the report has previously been discussed at the Mental Health legislation Committee earlier in the year. Carried out exercise for past few year. As an NHS institute we have to think about how people are treated, how our colleagues treat each other with regards to race and also how patients and service users treat colleagues from BAME backgrounds

There are wider national challenges with race and ethnicity which are being talked about more openly now. The work that the CQC is doing around closed cultures how to look after citizens and how we detain people and provide services to them. The Use of Force Act discussed recently at Board is important as are the changes that will be made to the Mental Health Act (MHA) in the coming years. There is a lot of good work going on in NHS but there is still more work to do. It is clear there is a significant challenge nationally people from minority ethnic backgrounds are more likely to be detained under the MHA than people from a white background.

As an organisation we have a small data set and it is a challenge as to how we benchmark with the Hull and East Riding population data. Work on how we record ethnicity data is underway to improve this. Sometimes small numbers increase the risk of complacency or the risk of bias. The organisation is not a significant outlier when it comes to how the MHA is applied to minority groups. The report indicates that there are lots of Eastern Europeans who perhaps have moved into local areas and may be recorded as white for ethnicity. We need to understand the origins of these people across the groups to ensure that when it comes to detaining and use of the powers that they are being used appropriately.

The Mental Health Act Legislation Steering Group has asked for continued discussion in networks and with consultant psychiatrists, with particular focus on the issue that of the ethnic population not accessing services and how this can be addressed. Data has been shared with appropriate networks for review.

The Chair thanked Dr Byrne for the report. She was interested to note that that over 16s from an ethnic minority group are not choosing to use our services voluntarily. Dr Byrne advised caution with the data as this could be an assumption and a view of others and may need to look at in more detail.

Mr Smith was pleased to see the report at the Board and agree that it should come direct to Board. In his work with other areas, he was aware that with patients and access to services there is a temptation for mental health issues to be kept in the family and he felt clinicians were right with their assumptions. Statistics and data is not helped with small numbers, but we are in a better place than a few years ago with our understanding. Mr Smith is starting to see a connection with this work and Health Inequalities and wondered whether the Health Inequality statistics in terms of detentions is potentially more important than the ethnicity. This was a good question and Dr Byrne agreed and it is something that could be thought about. It would be interesting to see the link between deprivation and admission and whether someone is more likely to be detained if they are in a lower social economic group. This could be looked at as part of the work. The Chair agreed that making connections to the wider health inequalities agenda is key as poverty is such a big thing.

Mr McKinnon-Evans was interested in the data and he thought the sample size was probably valid apart from the ones on right hand side of the document. He felt there was more opportunity for the data to be interrogated and to identify what the underreported groups were with more questions to be asked around the outcomes from this. He suggested that geographical location analysis may give more information. Dr Byrne agreed that it is interesting data and the real win going forward is working to equip all colleagues throughout organisation with the right skills around diversity.

Mr Malik commented about the trajectory which showed there is still a lot to do. He asked what this looks like and where it is articulated within the organisation strategy and who it will be picked up by with Dr Byrne leaving. Dr Byrne was sure this will be picked up by the new Medical Director. The education piece will be led by the Director of Medical Education. It will continue to be monitored by the Mental Health Legislation team where it is covered annually and have been doing so for the last three or four years. The data has not a lot changed over these years, but the data set is beginning to build up

The Chief Executive said it was good to see the report at Board and would be helpful as it develops year on year. It did ask more questions than there were answers to and how it links into the population work that is going to EMT to look at this data and to start to develop it further.

Resolved: The report was noted.

122/22 **Summary Briefing – Independent report – Leadership for a Collaborative and Inclusive Future**

The report provided a summary of the report which was published on 8th June 2022. The Secretary of State asked Sir Gordon Messenger and Dame Linda Pollard, to examine the state of leadership and management in the health and social care sector. The scope of the review was to examine the nature of leadership across the entirety of health and adult social care, and from the top to the bottom of both. It set out seven recommendations to support areas where change and improvement are necessary to ensure leaders and managers are supported to deliver the best possible care. The methodology was around feedback from a breadth of areas

Mrs Parkinson explained that of the seven recommendations one that stood out was the recommendation around training and development being standardised across the NHS and Social Care and a description of how this will happen and entry levels.

Generally, those trusts, providers and organisations that engage positively with the EDI agenda are perceived as having a more effective leadership which is something to continue to consider going forward. Comments on appraisals with the findings in relation to these mirror Trust conversations and around talent management going forward. It is expected that the recommendations will be taken forward into a detailed implementation plan. Fundamentally is that need for focus on collaborative leadership underpinning the intentions across the Health and Social Care sector going forward underpinned by access to training and development which are issues worthy of consideration

Mr Royles felt it was a helpful summary. It was a report across Health and Social Care and he felt it was light in terms of primary care and social care. As the action plan develops there could be an opportunity to suggest what this means for both of these areas. He also referred to the good leadership in the report noting that this can be interpreted as the answer to all problems. There are some systemic problems in the NHS and some fantastic leaders and also challenging organisations which is important to consider and understand. In light of the previous discussion around equality and diversity, Mr Royles felt it was about what needs to be done differently and how this will be done this through organisation. He looked forward to the implementation plan and the opportunity to influence this as an organisation. The Chief Executive said it was more about taking this take this report forward through Workforce & OD Committee. Perhaps using it to support leadership programme and for a sense check which Mr McGowan and EMT can look at and also help to influence the ICS agenda and the People agenda.

The Chair felt it would be helpful to have the Trust position/views against the recommendations Some things not in our control, but we can be involved with. it was suggested that it would be a good item for a future Board Development session

Resolved: The report was noted

Further discussion to take place at a future Board Time Out Action SMCg

123/22 **Draft Quality Accounts 2021-22**

Ms Colette Conway, Assistant Director of Nursing, Patient Safety & Compliance attended the meeting for this item.

Mrs Gledhill explained that it is a requirement for all NHS providers to produce Quality Accounts. They include information regarding quality monitoring and improvements over the last 12 months. The Quality Accounts have been to EMT and the Quality Committee for approval prior to being submitted to the Board.

Ms Conway added that updated information on the Data Security Protection toolkit is now included which has been risk rated as moderate and a high assurance level. Data in relation to the Q&A position for incident reporting is now also available. In Q4 there were 1698 incidents with 30 for severe harm or death and which serious incidents were declared. The accounts have to be submitted by the end of June. The report showed the fantastic work that has been done which goes from strength to strength. This can be seen by the comments from stakeholders which are provided verbatim in the report.

Mr McKinnon-Evans commented that this report aligns with the annual report and together tell a story. He asked if it is independently reviewed or verified. Mrs Gledhill explained that pre Covid there was a requirement for the accounts to be audited, but this has not been required for the last two years. It is a factual report with organisational input and the detail is also picked up in the annual report and it is an opportunity for people to be proud of the work they do. Lots of confirm and challenge is undertaken for all the data and through Board and Sub Committees.

The Chair referred to engagement and that Governors received the Accounts late in the day with a short turnaround time for comments and some Governors were not sure of the context of receiving the report. She asked that for future years, consideration is given to allowing more time for Governors to look at the report. Ms Conway explained that the timescales this year came out very late, but this will be taken on board for future reports.

Resolved: The Quality Account was approved by the Board

124/22 **External Well led Action Plan Update**

The updated action plan was presented 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.

Mrs Hughes reported that adverts for Freedom to Speak Up Ambassadors have gone out and an update will be provided in July. For the Board Assurance Framework overarching statement against each risk has been prepared and awaiting sign off.

The Chair explained that at a recent Non-Executive Director (NED) catch up meeting, visits for NEDs and Governors were discussed and comments welcomed on the process. These will be collated and shared when finalised.

Resolved: The action plan was noted

125/22 **Fit & Proper person Regulation (FPRR) and Trust Compliance**

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

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.

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

127/22 **Board Assurance Framework (BAF) Update**

The report provides the Trust Board with the Q1 2022/23 version of the Board Assurance Framework (BAF) allowing for the monitoring of progress against the Trust's six strategic goals.

Mr Oliver Sims, Corporate Risk & Compliance Manager attended to present the report. He explained that following the well-led review undertaken by Grant Thornton during Q1 2022, an action was identified for the inclusion of overarching risk statement to be developed for each of the Trust's Strategic Goals and for them to be incorporated into the Board Assurance Framework. This will be presented to the Executive Management Team and the relevant sub-committees for approval ahead of their incorporation into the main strategic goals sections of the Board Assurance Framework document.

Progress against the aligned risks is reflected within the framework to highlight the movement of current risk ratings from the previous position at Quarter 4 2021/22. Changes have been made to strategic goal 5 and these have been aligned to the risk register.

Mr Patton referred to the developing an empowered workforce suggesting that with the increasing sickness levels that this should be included in the negative assurance. In terms of positive assurance on the maximising a sustainable and efficient organisation, he suggested considering including that the control total has been delivered over last few years. Mr Beckwith commented that on goal 5 it was about non recurrent items being used to balance the financial plan and that this was not the correct wording. Mr Sims appreciated the comments and will take them forward.

Resolved: The Board noted the report.

128/22 **Risk Register Update**

The report provided the Board with an update on the Trust-wide risk register (15+ risks) since last reported to Trust Board in March 2022. The Trust-wide risk register detailed the risks facing the organisation scored at a current rating of 15 or higher (significant risks) and agreed by Executive Management Team.

There are currently six risks held on the Trust-wide Risk Register. One risk previously held on the Trust-wide risk register has been closed / de-escalated since the last report and there are 174 risks held across the Trust's risk registers. The current position represents an overall increase of 5 risks from the 169 reported in March 2022.

Mr Sims provided updates on the changes to the risk register including the finance risk F11205 which has been retired and new risks scoped to represent the current position.

Mr Patton felt it would be helpful if on trust wide risk register to have the date the initial risk scored 20 for example and then have the date that the risk score changed. Mr Sims confirmed that the initial score is linked to the open date of the risk which does not change, and the date of a score change can be included.

Mr McKinnon-Evans commented that the Audit Committee reviewed its risk in May. He noted that potential risks around, inflation, significant pay rises, or potential industrial action will be monitored. Mrs Gledhill noted that when the Trust strategy is approved both the Board Assurance Framework and the Risk Register will be reviewed in line with the new strategy

Resolved: The risk register was noted

129/22 **Equality Delivery System (EDS2) 2022**

Implementation of EDS2 is mandated for all NHS organisations in the NHS Standard Contract.

The EDS2 is a toolkit designed around four primary goals:

- Goal 1 – Better health outcomes
- Goal 2 – Improved patient access and experience
- Goal 3 – A representative and supported workforce
- Goal 4 – Inclusive leadership

The EDS2 is carried out jointly by the Patient and Carer Experience Team and the Workforce Team. Due to timing, it has not been discussed at the Workforce & Organisational Development Committee or the Quality Committee. It was signed off at Executive Management Team on 13th June 2022 and is considered and agreed by the Trust Board annually and presented for support to submit.

Mr Malik was interested in the criteria and how we arrive at the self assessment is arrived at what the benchmarking is between achieving excelling and working towards this and who is involved in the process. Mr McGowan explained that it was a joint effort between Mrs Dawley and Mr Duncan as organisation leads and consultation in the EDI group and patient groups. A number of people were involved, but it is signed off by EMT. There is no science around the scoring with the best fit made against the criteria that has been set with debate around the margins.

Mr Malik asked if the outcome of the work is cascaded back to people and patient forums that have been involved. Dr Byrne was not sure this on this however the report can be shared with the relevant groups. The Chair suggested that Mrs Dawley and the person replacing Mr Duncan could perhaps come to the Board and provide more detail on this process. The Chief Executive supported this suggestion and also that the timings for it to go to the Workforce Committee is reviewed. She asked about 3.2 where it stated that we had achieved excelling in all but the equal pay for work of equal value asking what the reason is for this. Mr McGowan explained that we do not do an equal pay audit across the Trust which is the reason for the score. This may be something to look at in the future. It was agreed that this would be added into the report to provide an explanation. Mr Royles has picked up the same point outside the meeting with Mr McGowan. The work on equal pay for work of equal value is a legal requirement for the organisation to achieve and is different to the pay gap work and we use Agenda for Change a nationally job evaluated system to ensure that we pay equal pay for equal value. Reassurance can be taken from this. The Chief Executive appreciate this and said it is something that needs to be developed.

The Chair found the document hard to read as the template is difficult to navigate. It is how we explore the information further and it was not clear how we arrived at the ratings. Does not tell us what happens as a result of this which may be found in other areas and how this might be triangulated better.

Resolved: The report was
Consideration of leads for the work to come to the Board and provide more detail on the
process **Action JB/SMcG**

130/22 **Collaborative Committee Assurance Report**

The report from the meeting held on 27 May was presented for information. Good work and progress continues to be made.

Resolved: The report was noted.

131/22 **Audit Committee Assurance Report**

Mr Mckinnon-Evans provided a verbal update on the meeting that took place yesterday. It was

a successful meeting and the accounts and annual report were submitted which were reviewed and supported by the Committee.

The annual report from the Counter Fraud team was also receive with positive outcomes reported on performance.

Resolved: The verbal update was noted

132/22 **Items for Escalation**

No items were raised.

133/22 **Any Other Business**

Thank You

Two Board members will be leaving us shortly. Dr Byrne, Medical Director is leaving the Trust at the end of the month to take up a new post in London. Mrs Hughes, Head of Corporate Affairs will also be retiring shortly.

The Board thanked them for their work, contribution and support during their time with the organisation and wished them good luck for their future endeavours.

134/22 **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.

135/22 **Date and Time of Next Meeting**

Wednesday 27 July 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 July 2022 via Microsoft Teams

Present:

- Rt Hon Caroline Flint, Chair
- Mrs Michele Moran, Chief Executive
- Dr Phillip Earnshaw, 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
- Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals
- Mr Steve McGowan, Director of Workforce and Organisational Development
- Dr Dasari Michael, Interim Medical Director
- Mrs Lynn Parkinson, Chief Operating Officer

In Attendance:

- Mr Iain Omand, Deputy Director of Finance
- Abbie-Leigh, Volunteer (for item 139/22)
- Ms Emily Magowan, Clinical Psychologist (for item 139/22)
- Mr Jon Duckles, Head of Business Development, Projects & Innovation (for item 146/22)
- Ms Sarah Clinch, Strategy & Planning Lead (for item 146/22)
- Ms Cathryn Hart, Assistant Director Research & Development (for item 148/22)
- Mr Rob Atkinson, Head of Estates, (for item 151/22)
- Dr Kwame Fofie, Designate Medical Director
- Mrs Jenny Jones, Trust Secretary (minutes)

Apologies:

- Mr Peter Beckwith, Director of Finance
- Mrs Michelle Hughes, Head of Corporate Affairs

Board papers are 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.

The Chair welcomed Dr Phillip Earnshaw, Non-Executive Director to his first meeting.

136/22	<p>Declarations of Interest</p> <p>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> <p>The Chair reported that she is a member of the UK Commission on Covid Commemoration. This runs from 21.7.22 – 31.3.23 and is unpaid.</p>
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137/22	<p>Minutes of the Meeting held 22 June 2022 The minutes of the meeting held on 22 June were agreed as a correct record with the following amendments:-</p> <p>119/22 Performance Report The third paragraph, fourth sentence should read “Last year in inpatient units is persistently around 12 – 13 units and last year it was at 8 units for some time, and it has increased with work ongoing to look at the reasons for this”.</p> <p>123/22 Draft Quality Accounts 2021-22 The third paragraph, first sentence should read “Q4” not “Q\$”</p>
138/22	<p>Matters Arising and Actions Log The action log and work plan were noted.</p> <p>18/22 Health Inequalities and the Humber Approach The Chair queried when this work would be completed. Dr Michael will provide an update outside of the meeting.</p> <p>Post Meeting Note The Trust has a team which works with the homeless which was established 2 years ago with funding from Hull City Council. In addition to Nursing, Psychology and Social Workers, in-reach into soup kitchens, hostels, churches, they also link up with Drug and Alcohol Services, Charities. The team identify any individuals who may have a Mental Health concern and support them to access not only Mental Health but also other services such as Housing, physical health via GP</p> <p>We as Humber are in the process of developing a more detailed plan to address Health Inequalities in our area as an Anchor Organisation.</p>
139/22	<p>Patient Story – Abbie’s Journey The Board welcomed Abbie-Leigh and Emily to the meeting. Abbie-Leigh is a volunteer and wanted to share her journey and experience with the Board. She had recently attended the Council of Governors meeting and was pleased to share that she graduated with 1st class honours in Psychology and will be progressing to take a Masters. The Board congratulated her on this achievement.</p> <p>Abbie-Leigh explained the role she has as a volunteer and how this has helped with her confidence and also benefitted staff and patients. She started her volunteering role with the Covid vaccination programme and also became a telephone befriender during the pandemic supporting individuals. These roles encouraged her to become more involved and she now assists the Clinical Psychologist on the inpatient unit and participates in assessments and other patient/staff meetings.</p> <p>Board members asked about any improvements Abbie-Leigh thought could be made to pathways following her experiences and whether there was anything that could be done to improve volunteer recruitment and to retain them. Abbie-Leigh explained that it was about making people aware of the opportunities that are available as there are many volunteering roles in different environments. Staff can also benefit from having volunteers on wards and this should also be promoted.</p> <p>The Board thanked Abbie-Leigh for sharing her experiences and explained that if she needed any support during her studies the Trust’s Research Department was available to assist.</p>
140/22	<p>Chair’s Report The Chair provided a verbal update on activity she has been involved with since the last meeting that included: -</p>

- Taking part in the interviews for the Medical Director and Head of Corporate Affairs posts.
- Time was spent in Scarborough with the Community District Nurses and Specialist Nurses and also the East Hub who are at the forefront of primary care and was an opportunity to hear about their work and changes made to services and home visits. The cost of living situation with fuel was a concern and the ways this is being managed were discussed. The Chair was impressed with the notice boards which were placed in prominent positions and included details on KLOE's and what these meant to the teams.

A staff awards event was also held in Scarborough Rugby Club for long service employees. There was also an opportunity to see the physio service that operates from the venue.

- A Council of Governors meeting was held earlier this month. Proposals for Governor support were discussed and approved.
- A meeting with Non-Executive Directors was held last week with attendance from Dr Kate Yorke who provided an update on Psychology services

Resolved: The verbal updates were noted

141/22

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: -

- The Digital Clinical Safety policy was presented for approval.
- Appointments have been made to the Medical Director and Head of Corporate Affairs post and will be announced when process has been completed
- Staff awards event was held at Scarborough which also included a visit to Community teams who felt that overall, the transformation changes that have been made were positive. The Clinical Lead Dr Iqbal Hussain attended and highlighted the GP pressures that are being seen.
- Cost of living is an area of concern, and the organisation has put things in place to try to ease this for staff which were detailed in the report. This includes increasing the lease car mileage and continuation of the working from home allowance.

Mr Smith added that in some other organisations consideration is being given to salary advances, contact with local Credit Unions and wondered if these are things that might be taken forward. The Chief Executive explained that these are being considered however there are tax implications which have to be worked through. The Executive Management Team continues to discuss suggestions including access to more support vehicles and other initiatives. Any other suggestions are welcome.

- The pay award has been announced and is being worked through and will be in September salaries.
- Board Assurance Framework (BAF) statements are included in the report.
- Place Leads – Erica Daley who was interim Place lead has now been appointed to the post for Hull with the York post still to be confirmed.
- Humber Centre gym pictures were included in the report and showed the changes that have been made.
- Service pressures continue and Covid infection rates continue to rise adding to system pressures. Trust OPEL levels remain between 2 & 3 with other areas including the ambulance service seeing significant pressures. Winter plans are being reviewed and plans for Flu and Covid vaccination will come to a future meeting.

With the heatwave last week, Mr McKinnon-Evans asked if there was any impact or implications for the organisation. The Board was informed that air conditioning units were provided where needed and staff were fantastic in dealing with the heat. Staff were also given the opportunity to

	<p>purchase ice cream or ice lollies paid for by the Trust to help keep cool. The Chief Operating Officer, Mrs Parkinson explained that the Heatwave Plan had been put into action and overall worked well. Work with the Estates team will be undertaken to look at inpatient areas to ensure that the environments are appropriate for any similar events that might arise in the future. Integrated water coolers were installed as part of the Covid response, and these were available for staff and patients.</p> <p>In relation to the BAF statements included in the report, Mr Patton felt these were helpful and suggested that for strategic goal 2 something could be added that would stop already overstretched services being further stretched. He also noted that throughout the Board papers there was a mix up between maximising and optimising with the latter being the correct word. This will be reviewed and brought back to the Board in September</p> <p>Reference was made to the early implementer site evaluation work in the report, and it was queried what the long term impact of this work would be. Mrs Parkinson explained that the organisation was one of the 12 early implementer sites, and the full report will go to the Quality Committee in due course. This did enhance the overall staffing for the primary care mental health staff by around 80 staff. In terms of longevity the ambitions is to make a stepped change in mental health provision and as it is sited in primary care it should augment the prevention early intervention agendas significantly. Onward referrals to secondary services, if working as it should there should be a stepped change for providing early support negating the need for onward referrals. Before the pandemic there was recognition that Community Mental Health Teams were under significant pressure from the volume of referrals and need. There are early signs that this work is coming to fruition with further work to be done. Over the next couple of years more data will be reported, and the focus is not just on the number of referrals but outcomes and patient experience. Having access to mainstream mental health in primary care in a way that has not been done before is expected to make a big difference. Dr Earnshaw welcomed this approach to working giving a holistic pathway to the patient.</p> <p>The Chair noted the training requirement around Autism was pleased to hear that this training programme is in place.</p> <p>The Digital Clinical Safety Policy was ratified by the Board.</p> <p><u>Resolved:</u> The report and updates were noted. <u>Winter plans which include details of Flu and Covid vaccination programmes will come to the September meeting Action LP</u> <u>BAF statement around strategic goal 5 and wording to be reviewed and brought back to the next meeting Action MM</u></p>
142/22	<p>Publications and Highlights Report</p> <p>The report provided an update on recent publications and policy with updates provided by the Lead Executives.</p> <p>The Board's attention was drawn to the Care Quality Commission (CQC) report on the changes they are making. Discussion has taken place with the CQC around the organisation potentially being an early adopter site which is being considered.</p> <p><u>Resolved:</u> The report was noted.</p>
143/22	<p>Performance Report</p> <p>Mr Omand presented the report relating to the current levels of performance as at the end of June 2022. Areas brought to the Board's attention included:-</p> <ul style="list-style-type: none"> • The incidents sheet has been updated to show the % of incidents that were recorded as harm free • The waiting times appendix provided a full review of current waiting times performance,

- Primary Care Quality Outcomes Framework (QOF) performance was appended to the report
- Fill rates on five wards were below target, however Care Hours per Patient Day (CHPPD) levels remain above the threshold for all wards except Malton
- Clinical Supervision is above the revised target at 91.2%

A further verbal update was provided in relation to waiting times with the increase in demand continuing month on month. Capacity and demand modelling work is taking place in all areas to review the capacity to meet the demand on an ongoing basis. Changes are being seen in Children's Autism Spectrum Diagnosis (ASD) services with additional resources provided from an independent provider. Some changes have been seen in the Memory services which should see improvement in the coming months. Early Intervention in Psychosis recruitment has been progressed and staff will be coming into the service during August and September. Reassurance was provided to the Board that operational priorities are progressing to optimise staffing and resources to reduce the waiting times as quickly as possible.

The Director of Nursing, Mrs Gledhill reported that the incidents chart for quarter 1 is showing an increase. She explained this is due to more acuity and complexity of patients and there are two inpatient units driving the numbers and details of these have been provided to the Quality Committee for the next meeting. Of the incidents 97.7% is low or no harm and is a positive culture that staff are reporting incidents and an increase in the reporting of near misses is being seen. North Yorkshire Community services is reporting higher for quarter 1 which is attributed to discharges from the acute sector earlier due to their pressures. It is positive that there is high reporting with low or no harm to patients.

Clinical Supervision has increased and passed the target agreed which is a great achievement given the sickness levels being seen. Current figures show that Pine View is now at 97% for clinical supervision and Swale has reduced due to sickness and acuity levels.

On the safer staffing dashboard sickness is an issue with 16 teams showing red this month compared to 10 the same time last year. This has been discussed at the Workforce & OD Committee and is being driven by increased Covid case as staff go about their work with no social distancing of face mask requirements. Despite the sickness levels there are no teams flagging red with five indicators.

Basic Life Support is a concern as there are some reds showing on the dashboard. The new Resus training has started, and inpatient units are being targeted with sessions already arranged at Whitby Hospital due to their low compliance.

A query was raised about the Referral to Treatment (RTT) Complete and Incomplete cases where cases. Mrs Parkinson reported that that the biggest waiting list impact is from Children's ASD. With the delivery and plans in place it should mitigate the risk of this and July data should show an improvement. One of the new contractors is potentially offering additional services which may be taken up going forward.

Reference was made in the report to contracts including a penalty clause for non delivery. Mr Patton asked about quality assurance around the contract. He was informed that this is to ensure that the quality of interventions meet the organisation's requirements as a new provider. Measures and safeguards are in place with senior clinical staff in the Trust having oversight on the delivery and quality of contracts.

It was commented that the referrals graph showed increasing numbers at an aggregated level and Mr McKinnon-Evans presumed the composition and drivers for this is understood. Mrs Parkinson confirmed there is more detail at an aggregated level which is also seen at team and service level, so trends are identified. A key hotspot is Child & Adolescent Mental Health Services (CAMHS) where a rise in demand is being seen for Neurodiversity services and a correlation with Covid, schools and education on the back of pre-existing challenges particularly

in Hull. A rise is also being seen in core CAMHS due to Covid and the impact on children and young people which is a national issue. System pressures are also having an impact and is a key focus of the mental health/learning disabilities collaborative programme to see what more can be done in schools at an early stage to help prevention in later years. The Chief Executive added that national work for children and young people is taking place not just around mental health wellbeing but also eating disorders which is more of an acute concern across the patch and community solutions are being looked at for this. We are having a major effect on out of area not just for Humber and North Yorkshire but from a Y & H perspective. We have a good system flow and a reduced number of beds across the organisation before Covid were an exemplar site in relation to benchmarking. Our throughput, readmission rates are good although there were some restrictions for out of area placements due to Covid resulting in a reduction in capacity.

Dr Earnshaw saw the biggest issues being workforce, staff turnover and sickness. Referrals have doubled in the last two years, and he asked if there is any work through the Integrated Care Board (ICB) to help. Patients are being seen more remotely and it has become a more admin process for referrals. If the system is to cope and provide excellent quality of care referral rates need to be looked at in general. The Chief Executive explained that from a system perspective there is more work to do with primary care demand and recruitment and retention issues. The ICB is newly established and is looking at priorities and workplans and the areas raised are on the list. The ICB is doing things differently and already there is massive pressure before we go into winter. The primary care collaborative should build on the work of PCNs so they can work together, and it would be helpful to have Dr Earnshaw's involvement in this work.

The Chair has had discussions previously around referrals, assessments and rates of referrals for GPs or Special Educational Needs Co-ordinator Service (SENCO) in schools and for a better understanding across the different referral routes. She assured the Board that despite the waiting lists there is engagement taking place with individuals and their families, so they are in regular contact. Mrs Parkinson clarified that for any children on any waiting list are protocols and escalation plans in place to ensure there is regular contact. The clock stops on a referral at the point of an Autism and ASD diagnosis and there can be a lot of interventions up to the point of diagnosis. Mr Smith appreciated the additional information and asked what the ambition is for the service if anything was possible. Mrs Parkinson said that it would be around children and young people and a system change to allow children and their families in the early years to get support at that time in a way that is accessible to them. The large demand that is being seen through secondary care would not likely be seen. Hull & East Riding services need to challenge themselves to make stepped changes to make this happen. Support is put into 30 schools in Hull and there are plans to expand this.

The Chair referred to the Quality outcomes Framework noting that some areas were 10% or more below other areas. Some of this is due to data collection and when this happens through the year. The expectation is that this will improve as the year goes on and it is being monitored. Dr Earnshaw felt that compared to the national average some scores were low. He explained that in his experience prevalence is a struggle for some practices and things difficult to diagnose eg heart failure which relates to finance. There are other areas that could be fruitful for the organisation

Resolved: The report and verbal updates were noted

144/22

Finance Report

Mr Omand presented the highlights from the finance paper as at the end of June 2022.

Under the ICB planning process which concluded on 20 June the Trust is required to achieve a break-even position for the year and this updated the previous plan which was a £1.011m deficit.

- The year-to-date agency expenditure was £2.028m, this is £0.376m more than the

	<p>previous year's equivalent Month 3 position.</p> <ul style="list-style-type: none"> • Primary Care is showing an overspend of £0.257m which is primarily due to pressures caused by the required increase of Locum Doctors • The Trust recorded an overall deficit of £0.347m for Month 3 consistent with the Trust's planning target • Cash balance at the end of Month 3 is positive with £31.889m in the bank • Work continues with Commissioners in relation to income. • Work to reduce the level of agency costs continues with the aim of recruiting to permanent medical consultancy posts. Plans are in place with EMT to move posts into substantive posts • A Primary Care Recovery Plan has been developed with oversight at Executive Management Team. • The Better Payment Practice Code figures show achievement (<i>Value</i>) of 90.4% for non-NHS invoices and 93.6% for NHS invoices, work is ongoing to improve the position. <p>Dr Michael informed the Board that a plan is in place in relation to have a Medical Staffing Strategy that addresses medical staff shortages and the options that can be explored to mitigate against this. Contact has been made with the Royal College of Psychiatrists to see if there is anything that can be done to attract people to the region.</p> <p>The agency spend is high, but this is a national issue and not unique to the Trust. Mr McGowan referred to the targets that are being set for the organisation and there will be scrutiny of these. He wondered if there is the option in the report to show the framework for agency spend within the overall target including primary care spend which might be helpful for the Board to differentiate between the two. Reassurance was provided around the medical staff with all agency staff that work for us having had the opportunity to move into substantive posts. All of them apart from one have agreed to move to temporary posts and go onto the system. Governors have asked about this area and have been reassured every effort is being made to take this forward.</p> <p>The report in two areas showed underspend and Governors in the past have asked why funding is not being used employ more staff in those area and the issue is finding staff to fill these positions. The issue is recruitment which is a major challenge and on the risk register. It isn't that we are holding onto the money and an explanation will be included in future reports. Mr McGowan explained that when 0-19 services is a good example of due to additional investment there are 25 vacancies which looks like they are not filled but are actively recruiting into these new roles. There is a time lag as only just taken the contract on. The Chief Executive has seen the data for mental health and learning disabilities and our recruitment figures are significantly better for new initiatives and we do fill these posts. There is a clearly demonstrable position that the organisation is doing better than others.</p> <p>Mr Omand reported that budgets are designed to be flexible and dynamic to allow underspends in certain areas. Mr Patton provided assurance that the detail is shared across Finance & Investment, Quality Committee and Workforce & OD of which he is a member of</p> <p><u>Resolved:</u> The report was noted. <u>Narrative for any underspend to be explained in future reports Action IO/PBec</u></p>
145/22	<p>Trust Suicide Strategy Briefing</p> <p>The report provided an update regarding the development of a refreshed Suicide Strategy for the organisation. It has been produced in conjunction with the Director of Nursing, Deputy Director of Nursing and Clinical Lead for Mental Health. A consultative process has been undertaken for the strategy and any comments received have been considered and included as appropriate.</p> <p>The strategy uses the findings from the National Confidential Inquiry into Suicide and Safety in Mental Health, The University of Manchester, 2022 as its evidence base which made 10</p>

	<p>recommendations to reduce suicide rates:</p> <ul style="list-style-type: none"> • Safer wards • Early follow-up on discharge • No out of area admissions • 24-hour crisis resolution/home treatment teams • Family involvement • Guidance on depression • Personalised risk management • Outreach teams • Low staff turnover • Reducing alcohol and drug misuse <p>Progress to date against the 10 areas is described in the strategy with the strategy focusing on the areas where more work is required.</p> <p>Following consultation with the medical workforce the strategy will be finalised and presented to EMT and the Quality Committee in August for further consideration and comment with the aim of presenting the final strategy to the Board in September for approval.</p> <p>It was queried whether consultation included external stakeholders, police and taxi drivers association. Dr Michael confirmed external stakeholders have been involved and will review the other suggestions made.</p> <p>Mr Royles appreciated the reassurance about the work that is already taking place. He referred to the language in the report referring to medical staff assumed this included General Managers, Allied Health Professionals and clinical leads and not just medical staff. It was confirmed it was the terminology used but those groups had been involved in the work. Mr McGowan reported that the strategy has been discussed at the Local Negotiating Committee (LNC) meeting attended by BMA representatives and it was positively received.</p> <p><u>Resolved:</u> The report was noted.</p>
146/22	<p>Trust Strategy</p> <p>The refreshed strategy has been developed through a co-production approach with broad input from staff, patients, carers and partner organisations. The process has been closely overseen by EMT. Execs and NEDs have been engaged in the process throughout.</p> <p>Details of the strategy development process were included in the report including the consultation process undertaken with staff.</p> <p>The new strategy retains the 6 strategic goals from the previous strategy and expands on key themes from a newly developed distillation of the Trust's USP: "As a multi-specialty health provider with a broad out of hospital portfolio, we're proud of our role in leading service integration across all six Places in the Humber and North Yorkshire Health and Care Partnership area and beyond. We are passionate about using our high-quality research and our proven track record in co-producing services with our staff, patients and carers to drive innovation."</p> <p>It also proposed a Communications Plan for the launch of the strategy. Reference was made to the photographs used which will be reviewed although there are often issues with permissions if people are in them. It was confirmed that social media and working with the Humber Youth Action Group has been included. Mr Patton noted that the plan on a page referred to maximising rather than optimising as raised in a previous item.</p> <p>Board members thanked Mr Duckles and Ms Clinch for their work with Mr Royles also thanking the Executives for their input and for continuing the work throughout Covid. He recognised</p>

	<p>there had been plenty of opportunities for Non-Executive Directors to engage in the process</p> <p>The Chief Executive appreciated the team's patience in progressing the strategy. She acknowledged that when she commissioned the work, she did not appreciate how good and high quality the level of work would be. Reference was made to the intelligence gathered as part of the work and how it could be used going forward.</p> <p><u>Resolved:</u> The Trust strategy was approved by the Board</p>
147/22	<p>Six Month Review of Safer Staffing – Inpatient Units Oct 2021– March 2022</p> <p>Th report presented the outcomes of the review of safer staffing requirements across our inpatient units using the National Quality Board (NQB) guidance and NHS Improvement 'Developing Workforce Safeguards'. The requirements state the need for a comprehensive review of staffing at team level which should be reported to the Board twice a year. This report covered the period October 2021-March 2022. It provides a current position in relation to Care Hours per Patient Day (CHPPD) and key performance indicators (KPI) for each unit. The report provides assurance that our levels of staffing are safe and supports the Director of Nursing and the Interim Medical Director in providing a confirmation statement to the Trust Board to this effect.</p> <p>Mrs Gledhill explained that the report has been discussed at EMT and the Workforce & OD Committee. It was noted that CHPPD remains above national and peer group CHPPD and that good assurance was given that the units were safely staffed in the majority of units (15/18). Work required for the remaining 3 units was noted. No incidents causing harm related to safer staffing in the reporting period was also noted. Inspire, Townend Court, and MVL require further review and improvement in relation to fill rates, sickness and Clinical supervision.</p> <p>The Chair commented that on her visits she had noticed how staff worked together to ensure areas are covered and there are good working relationships</p> <p><u>Resolved:</u> The report was noted.</p>
148/22	<p>Research & Development Report</p> <p>The report provided an update on the work of the research team to ensure there are opportunities for our community to participate in research, trial new interventions and enhance quality. It also provided the Board with assurance and reassurance around the Trust's obligations in relation to the delivery of NIHR Portfolio research, performance against targets and the Research Strategy</p> <p>The areas below were highlighted to the Board:-</p> <ul style="list-style-type: none"> • 49 studies running both local and national • The team was shortlisted for Yorkshire & Humber Clinical Research Network (CRN) awards • An annual review meeting was held with the CRN. The meeting was positive, and the CRN was pleased with performance and impressed with plans for future years in relation work with primary care and GP practices. The target is 45% to be engaged in research and seven out of our eight GP practices are recruiting people into studies. • Research posts are being hosted by the Trust on behalf of the region • A research post has been appointed to with someone who can speak Eastern European languages to work with the Yorkshire & Humber regional team • Research Conference is taking place on 3 November 2022 with speakers confirmed. This will be a blended approach of online and in person. • 96% of people surveyed would take part in research again • 37 clinical staff trained in new interventions as part of research • A case study story was also included in the report

	<p>The Board thanked Ms Hart for her work and for an excellent report. In response to a question about how this information is used to attract people to work in the Trust, it was noted that a video has been produced which features Ms Hart, is about to be signed off. Once agreed it will be shared as part of the resources.</p> <p>Mr Malik was pleased to see the progress with the Eastern European communities. He asked if there was anything planned with the transient communities eg refugees, asylum seekers, destitute etc. Ms Hart explained there is a new programme in Hull, Research Ready Community funded by the Yorkshire & Humber CRN. It is a pilot programme and Hull has been chosen for this to reach out to these communities that are hard to access.</p> <p>The Chief Executive declared an interest as the chair of the CRN. She thanked Ms Hart for work on research. She liked the way the report was structured especially the visual sections and suggested this could be used in other areas.</p> <p><u>Resolved:</u> The report was noted by the Board.</p>
149/22	<p>Gender Pay Gap Report</p> <p>The report was presented for the Trust Gender Pay Gap Report 2022 as required under The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, which came into force on 31st March 2017. The report has been considered by the Executive Management Team meeting and the Workforce & OD Committee and any comments received have been included.</p> <p>Mr McGowan explained that the report is a legal requirement for organisations with over 250 employees and shows the difference in the average pay between all men and women in the workforce.</p> <ul style="list-style-type: none"> • The Trust has a Gender Pay Gap of 11.4%, an improvement of 1.51% on the previous year, which is significantly lower than the national average of 15.4% • The Trust workforce comprised 78.7% Female and 21.3% Male and whilst the Trust has a high proportion of Female staff overall this is generally in line with National NHS Figures (76.7%) • Women occupy 74.84% of the highest paid jobs and 81.08% of the lowest paid jobs. <p>Details of performance in relation to bonus was also included in the report with 16 people receiving a bonus. Sixteen people are reported to have received bonus pay; medical staff who received Clinical Excellence Awards and the Chief Executive.</p> <p>There is recognition of further work to be done in positively impacting the gender pay gap position with a focus on those things that the data and insight are telling us need attention and these areas were outlined in the report</p> <p><u>Resolved:</u> The Board approved the Gender Pay Gap report</p>
150/22	<p>External Review of Governance Action Plan Update</p> <p>The updated action plan was presented 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.</p> <p><u>Resolved:</u> Progress on delivering the action plan was noted and that a review of embeddedness will be undertaken in quarter 3 and reported to Board Action MM</p>
151/22	<p>Annual Non-Clinical Safety Report</p> <p>Mr Atkinson, head of Estates attended to present the report and highlighted the following areas:-</p>

	<ul style="list-style-type: none"> • All safety related policies have been approved by the Health & Safety Group are in date • Safety assessments for the Trust have been completed fully apart from evacuation exercises which were not done during Covid and due to flexible working. Work is taking place with building managers to put these back in place and it is being monitored by the Health & Safety Group • 9 RIDDOR reportable incidents were recorded 6 for violence and aggression, 2 slips and falls and one in the preparation of food • 3 fire incidents were reported, 2 in bedroom accommodation and one relating to food in a microwave • Unwanted fire signals reduced to 68 from 98 the previous year • 34 activations of fire alarms resulted in attendance by the fire service on 5 occasions. The call filtering system in place negated the need for attendance and gives a 30 second delay to contact Scamps to confirm whether there is a fire. • 21 unacceptable behaviour letters sent to service users for verbal abuse to staff • Training compliance was achieved <p>The report has been discussed at the Finance & Investment Committee where Mr Dent, the author was complemented on the report. A fire warden online course has also been developed and is being sold to other organisations. The increase in violence and aggression to staff was noted and reinforced that this was unacceptable.</p> <p>Mr Smith asked if there had been feedback from the fire service about the improvement in call outs. He was informed that there is a good working relationship with the fire service, and they appreciate the work the organisation has done in this area. The Chair commented that Jonathan Henderson from the service will be representing them as a Governor from September.</p> <p>Thanks were extended to Mr Atkinson and the team from the Chief Executive for all their work and their responsiveness throughout the pandemic.</p> <p><u>Resolved:</u> The report was noted.</p>
152/22	<p>Humber & North Yorkshire (HNY) Integrated Care Board Governance & Operating Arrangements</p> <p>This item and the following item were taken together. No comments were made on this report</p> <p><u>Resolved:</u> The Board noted the report.</p>
153/22	<p>Humber & North Yorkshire (HNY) Integrated Care Board Meeting 1 July 2022 Minutes</p> <p>The minutes from the inaugural meeting on 1 July were presented for information.</p> <p><u>Resolved:</u> The minutes were noted</p>
154/22	<p>Finance & Investment Committee Assurance Report</p> <p>The report provided an executive summary of discussions held at the extra meeting held on 20th July 2022. Mr Patton highlighted the areas below from the report:-</p> <ul style="list-style-type: none"> • Potential issue with pay awards discussed • The Committee felt that the Quality Committee should look at and gain assurance of the use of agency staff. • The forecast deficit and options available to Board within Primary Care should form a topic for a Board Strategic Session. • The Non-Clinical Safety report was received and assurance gained from the report <p><u>Resolved:</u> The report was noted</p>
155/22	<p>Workforce & Organisational Development Committee Assurance Report & 12 April 2022</p>

	<p>Minutes</p> <p>The report presented by Mr Royles provide an update of discussions at the meeting held on 13 July 2022. The minutes from the April meeting were presented for information.</p> <p>Discussions took place around the cost of living and the pay award. The Equality Diversion Inclusion report was presented, and it was agreed to delay presentation of the report to the Trust Board until it has been considered by the Quality Committee. The number of leavers is increasing following a fall during the covid period and work is underway to try and encourage people to stay with the organisation.</p> <p>Mr Royles confirmed that he has attended all three sub groups that report into the Committee.</p> <p>Resolved: <u>The report was noted.</u></p>
156/22	<p>Collaborative Committee Assurance Report</p> <p>Mr McKinnon-Evans provided an update on the meeting that was held on 30 June where the focus was on the Schoen Clinic and providing oversight and support to return to a business-as-usual position.</p> <p>The frequency of meetings was discussed, and it was agreed to go to follow a similar pattern to other Committees. The Committee will mee every other month going forward. An action for the Committee from the Well Led Review about composition of the Committee has been completed.</p> <p>Resolved: <u>The report was noted</u></p>
157/22	<p>Council of Governors 14 April 2022 Minutes</p> <p>The minutes of the public meeting held on 14 April 2022 were presented for information. The Chair highlighted that under positive assurance, the “not quorate” item should have also included the actions taken following the meeting to email Governors who were not present for any items requiring approval. This was done and the appropriate approval levels were received</p> <p>Resolved: <u>The minutes were noted</u></p>
158/22	<p>Items for Escalation</p> <p>No items were raised.</p>
159/22	<p>Any Other Business</p> <p>No other business was raised</p>
160/22	<p>Exclusion of Members of the Public from the Part II Meeting</p> <p>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.</p>
161/22	<p>Date and Time of Next Meeting</p> <p>Wednesday 28 September 2022, 9.30am via Microsoft Teams</p>

Signed Date

Chair